THE INTEGRATION OF INDIVIDUAL AND FAMILY THERAPY

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ABSTRACT: It is time to put an end to the separation in training programs between individual and family therapy. Competent therapists should be able to think at an intrapsychic and circular level concurrently. Training programs should maintain their current major focus and develop their minor area of expertise sufficiently so that their graduates can practice both individual and family therapy and choose whichever modality is more appropriate to the case at the time. Bridge concepts, essential differences, and some integrative approaches in individual and marriage and family therapy are discussed.

KEY WORDS: family; individual therapy integration; training.

Individual and family therapy, growing out of different paradigms, have developed along parallel, separate lines. However, there has been a growing movement toward integrating the two approaches in the last 15 years so that each might benefit from the other’s perspective (Pinsof, 1983; Feldman & Pinsof, 1982; Wachtel & Wachtel, 1986; Feldman, 1982; Mallouk, 1982; Bentovim & Kinston, 1991). This has accelerated recently into the area of illness, especially psychiatric illness, where thinking multifactorially and intervening at several different levels is a necessity. Psychodynamic psychotherapy

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has borrowed its concepts of individual development from psychoanalysis but has modified and shortened its treatment approach. Family therapy has borrowed its concepts from general systems and communication theory and has adapted them to human functioning.

It is this author's thesis that it is time to put an end to the separation between the two fields and move toward a process of integration. Both fields are now mature enough to recognize the complexity of human functioning, to think in terms of both the linear and the circular modes of psychological development, and to leave room for the biological component of human dysfunction and illness. Since we need to be more efficient therapists in this day of shrinking resources and since each paradigm can enrich the other, it is time that training programs in both individual and family therapy become more integrated.

Does this mean that individual and marriage and family therapy training programs should give up their distinctive focus? Not at all. It means that while each training program focuses on its major area of expertise it must further develop its minor area sufficiently so that its graduates can practice both, and choose whichever one is more appropriate to the case at the time. It means that systems oriented training programs need to put greater emphasis on personality development and psychopathology while individual training programs need to expand their focus on context and circularity, taking into account the effect of the individual on the system. Not only does this make professional sense, since human beings need to be understood as individuals in relationships, but it also makes economic sense. There are relatively few therapists who can fill their practices today by doing exclusively individual or marriage and family therapy. Therapists who are able to do both are not only better able to fill their practices, but they also are preferred by third party payers (Personal communication by the director of an Employee Assistance Program).

The development of relationally based psychoanalytic theories (Bacal & Newman, 1991; Mitchell, 1988; Slipp, 1984; Stolorow, 1992) has brought analytically oriented individual psychotherapy closer to the multi-person paradigm of family therapy. By the same token, family therapists have become increasingly aware of the need to understand the individual in the system (Nichols, 1987) and have been concerned about the possible marginalization of family therapy conceptually and professionally if it continues along a completely separate developmental path (Shields, Wynne, McDaniel, & Gawinski, 1994).