

# Family Therapy: Some Thoughts about Theory and Practice

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# Why family therapy?

- Most individuals come to therapy to seek help with feelings and thoughts that are causing emotional pain and suffering, usually as a result of family of origin struggles
- For the family therapist, the most effective way to facilitate a change is to address the relationships that contributed to the person's current struggles
- Past unresolved wounds and disappointments and working models of attachment are alive and accessible in the room
- The family therapist can facilitate healing moments of connection during the family sessions

## Why family therapy cont...

- More traditional models of psychopathology and psychoanalytic theories chose to focus on the individual as the container of problems
- Central premise organizing the various schools of family therapy is that an individual's problems are inextricably related to his or her context
- Each family member develops thoughts and personal definition in response to one another

## Why family therapy cont...

- “The arena of change is the present relationship”  
(Susan M. Johnson, 1996)
- By mobilizing the strengths and resources of the family as a group, change can occur that may impact how people relate to one another now and in the future
- Rather than becoming the reparative relationship for the individual, the family therapist is thinking: How can I use my self to facilitate a moment of connection between the people in front of me?

## Why family therapy cont...

- How can I help the people in front of me develop different stories about themselves and one another?
- How can I help family members change patterns of interactions that are constricting and painful?
- How can I help create a safe environment where family members can express their needs, longings, and desires to one another?
- How can I help the family members listen to one another in an attuned, empathic way?

# Changes in family therapy

- Main organizing premise of family therapists, both past and present, is that the problems of individuals occur in social context, which plays a role in sustaining problems or ameliorating them
- Early family therapists focused on observing and attempting to directly alter, through strategic language and tasks, repetitive patterns of interaction among family members
- The therapist was the expert with the knowledge about what needed to change and what intervention would create a change

# Changes in family therapy

- Family therapy was dominated by modernistic thinking, where it was believed that emotional problems could be researched and solved
- Little attention was paid to how reoccurring interactions helped to *construct meaning* and *beliefs* of individual family members
- Symptom reduction and behavior change was the goal, change in meaning may or may not follow
- Little attention was paid to what it felt like to be in the family
- Current day family therapy (at Ackerman Institute for the Family) focuses on eliciting, questioning, and facilitating a change in family members' perceptions, beliefs and feelings

# Changes in family therapy

- Rather than seeing patterns of interaction as being a system's way to maintain homeostasis, we now believe that certain interactions have become habitual and effect how family members see each other and themselves
- When meaning shifts, individual members are allowed to use parts of themselves that may have been underutilized in the past

# Current practice at Ackerman Institute

- Questions are asked in a way that bring forth relational constraints
- Questions shift the lens from a child who is seen as a “bad seed” to a child who is reacting to a relational pressure in the family system
- Patterns of interaction are seen as relational beliefs in action
- Focuses on how families within and across generations construct meanings, and how these meanings inform family interaction and constrain or promote families flexibility and capacity for change

# The stance of the family therapist

- Enter into a dialogue that respects and empowers families
- See people as experts on their own lives
- Take a position of “not knowing” – instead of listening for what we know, we listen for what we do not know
- Recognize the power of problem saturated narratives - focus on areas of expertise and resources that can be used to solve problems
- Look for unique outcomes - notice events that contradict the dominant, often problem saturated story

# The stance of the family therapist

- Stay curious about how different family members attach meaning to experience
- Hold on to the complexities of the family, allowing room for multiple descriptions
- Explore how stories from prior generations provide coherence to the narrative and acknowledge the power and influence of loyalties and attachments
- Avoid definitive terms that constrain change
  - (ie. she's borderline, he's an abuser)

# Principles of practice used in maintaining the stance

- Both/and rather than either/or thinking:  
We stay with the tension of two contradictory perceptions so that a person does not have to deny one set of feelings to have a coherent life narrative
- Individual to relational:  
We explore how the individual story fits into and affects the family relationships and how the family relationships affect the individual

# Principles of practice used in maintaining the stance

- **Transparency:**  
As we ask the family members to tell where their knowledge and experience is coming from, so should we be able to do the same
- **Collaboration:**  
We work together with family members to develop solutions to the problems rather than imposing ideas, beliefs, or interventions upon them

# Why the therapist's relational stance matters

- When one holds the belief that everything is connected to something else, how one asks questions shifts, *what one listens for shifts*
- Problems can no longer exist within the individual
- The therapist who maintains a relational stance asks questions to bring forth information about how behaviors, beliefs, actions, and perceptions are linked and enacted in family interactions
- Lineal, reductionistic thinking, full of judgment can creep into questioning, leaving the family members feeling judged and defended

# Listening and asking questions...

- Questions that gather relational information help the therapist to better understand how people relate to one another, and how people see themselves in relation to others in the family
- Asking one family member to comment on another encourages listening, as the family member wants to hear if the other gets it right
- Hearing one another voice concern, longings, hopes, and fears can be transformative
- Hearing something new can create a change in the family

“I think of listening and hearing as interrelated, active, mutual processes. I define listening as attending to, interacting with, responding to, and trying to learn about a client’s story and its perceived importance” (Harlene Anderson, 1997)

# Questions that gather relational information

- Who did you call first when you found out about the illness?
- Who in your family was most supportive? Least?
- Who in your family worries the most about Johnny not going to school?
- Johnny, after your grandmother, who else helps you to get out of bed in the morning?
- When Johnny is upset, who does he talk to?
- If that person is not available, who does he talk to?

## Questions that gather relational information:

- Dad, how can you tell when Johnny is worried?
- Johnny, did Dad get that right?
- Mom, how can you tell when Dad is worried?
- Johnny, who else do you wish you could talk to?
- If you were living back home (in your country of origin), who would you turn to for help?

## Questions that track family patterns of interaction:

- What is usually happening at home before mom and dad have an argument?
- What does Johnny do when mom and dad are arguing?
- What happens after the argument?
- Who consoles whom?

# Questions to identify and learn about unique outcomes

- Was there ever a time when it was different?
- Was there ever a time when the depression was not present?
- Was there ever a time when you were able to get out of bed and go to school even though you didn't feel like it?
- What do you think made it possible to do this?
- What were some of the things you were thinking about at the time that made it possible for you to do this?

# Questions that explore meaning/explanation of the problem

- What are your thoughts about how this illness came to be?
- Do other family members share this belief?
- How do you think people heal?
- Who else shares this belief?
- How would your life be different if you believed other wise?

# Future oriented, hypothetical questions:

- What are you worried would happen if you were to talk to your mother about these feelings?
- If you knew that your mother would listen to you without getting mad, would you be able to tell her?
- If the depression went away, what would be different in the family?
- If Sarah and Johnny were to spend an afternoon playing together, with the fighting gone, what would they do together? What would they enjoy?
- How would your parents relationship be different if your father returned to work?
- What would be different if you knew you could visit your dad without having to live with him permanently?

## Books/articles to read...

- Anderson, H. (1997). *Conversation, language, and possibilities*. New York: Basic Books.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine.
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## Books/articles to read...

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- Russel, S & Carey, M. (2004). *Narrative Therapy: Responding to your questions*. Adelaide, South Australia: Dulwich Centre Publications
- Sheinberg, M & Fraenkel, P. ( 2000) *The relational trauma of incest: a family-based approach to treatment*. New York: The Guilford Press.

## Books/articles to read

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- Stern, M. (2002). *Child-friendly Therapy: biopsychosocial innovations for children & families*. New York: W.W. Norton & Company.
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