

Third Edition

GROUPWORK

A Psychosocial Therapy

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CHAPTER 10

FAMILY THERAPY AND PSYCHOSOCIAL CASEWORK: A THEORETICAL SYNTHESIS

One of the distressing paradoxes of modern life is that at the same time that the support of the family structure is needed the most, the turbulence of the larger social system is endangering it. As American society has become more impersonal and bureaucratized, it has rendered people in ever greater need of the shelter and solace of family life. Concurrently, rapid social changes and widespread shifts in traditional values have had a disturbing effect on the quality of family relationships, often depriving the individual members of essential built-in supports.

Indeed, the family is being challenged from within as well as from without. Families have given up some of their former functions: socialization of the very young and the nursing care of the old and ailing, for example, are shared with the broader community. Women are more independent economically than ever before. Many customary family patterns have died out and unfamiliar lifestyles have sprung up. Often, families splinter and disperse. Although the trend is leveling off, the divorce rate doubled from 1967 to 1977.¹ Many children are now living in single-parent homes. When the family has been weakened or fractured, it may be unable to fulfill its ideal—if never fully realized—function as a haven of love and acceptance. With greater frequency than ever, we hear people denying any commitment to their families. There are even some who question whether the American family as an institution will survive the forces that threaten to undermine it.

In our view, however, it is inevitable that some form of family life will endure. No adequate substitute has been found for the nurturance and socialization of the young. Family relationships cannot be compared to any other social connections in the depth and intensity of their effect upon individual members. Indeed, "the family is the cell to which people revert in times of social disorganization."² In spite of the many changes it has undergone, and the diversity of life styles it now encompasses, the modern family is still seen by many of its members of all ages

as the primary place for comfort and refuge from the larger, unpredictable world.

The burgeoning of the family therapy movement has been, in part, a response to the growing need to counteract the disruption of the traditional family network in this age of unsettling change.³ It is beyond the limits of these chapters to present an overview of the literature or to review in detail the often disparate points of view that have flooded the family therapy field. Nevertheless, our intent is to provide a synthesis of some of the basic concepts and to demonstrate that these relatively recent developments in family treatment have broadened casework theory and now provide us with additional procedures for assessment and intervention. The psychosocial approach, with its commitment to understanding families and interpersonal relationships, is uniquely equipped not only to assimilate the principles but to contribute to their synthesis.

FAMILY GROUP TREATMENT AND THE SOCIAL CASEWORK TRADITION

The family outlook is woven into the fabric of the social work tradition. From the earliest days of the profession, social workers have recognized the importance of family life to the healthy development and functioning of its individual members. The report of the first White House Conference on Child Welfare in 1909 defined home life as "the highest and finest product of civilization," and urged that homes should not be broken up for reasons of poverty alone.⁴

In her groundbreaking work of 1917, *Social Diagnosis*, Mary Richmond was remarkably cognizant of the need to study the individual in interaction with the environment. Recognizing what we, today, may take for granted, the pioneering Miss Richmond pointed out that the individual must also be regarded in the context of the family group:

Family caseworkers welcome the opportunity to see at the very beginning of intercourse several of the members of the family assembled in their own home environment, acting and reacting upon one another, each taking a share in the development of the client's story, each revealing in ways other than words social facts of real significance.⁵

In less quaint language, perhaps, current family therapists, including those interested in home visits and nonverbal communication, share her approach to understanding the family.

Over sixty years later, Miss Richmond's advice can serve to remind

to arrange individual treatment for the child. In the first interview with mother and son, the worker noted that when the boy complained that his teacher never punished an equally mischievous student, the mother dismissed him with "the teacher wouldn't play favorites." At another point, the boy told his mother *with a smile* that he was frightened when she yelled at him, to which the mother responded, "You couldn't be or you would behave." The worker pointed out to the mother that she was denying the boy's experience, to which only he could attest. In this case (unlike many others), the mother, a hard-working and caring single parent, got the point immediately. She was able to acknowledge that the boy's school problem had been "one more pressure," and that she was probably trying to ignore it by insisting to her son that he saw and felt things differently than he did.

After a total of four joint sessions, the school reported significant improvement in this boy's behavior, and the mother commented that it was easier to listen to her son than to struggle with him. When the mystification was eliminated, the boy's symptoms did not return. Incidentally, it can be assumed that the boy protected himself by smiling; in the event that his mother had persisted in her "right" to define his experience, he was prepared to oblige by disavowing what he felt with a smile. We might add that the mother continued for some brief individual treatment, consisting mainly of emotional and environmental support. The worker offered encouragement and resource suggestions to help her broaden her social life. As she became more personally fulfilled, she was better able truly to "hear" her son. Had the worker decided on play therapy for the boy, the mystification might never have been revealed. By the same token, had the school symptoms been less vexing, this mother might have unwittingly participated in the creation of a deeper personality disturbance in her son.

THE PSYCHOSOCIAL FRAMEWORK AND FAMILY THERAPY

Is family therapy casework? Can the psychosocial framework comfortably accommodate principles and methods from the family therapy field? There are some who would insist that one must take sides and declare oneself as either a caseworker or as a family therapist. Among casework advocates of the either/or position are those who contend that family problems are fundamentally the function of the psychosocial difficulties of each individual member. From this point of view,

improved family functioning depends on the resolution of individual problems.

On the other hand, there are some family therapists who claim that assessment or diagnosis of the individual family members is irrelevant for therapy purposes. From this standpoint, change for the family and the individuals in it requires therapeutic approaches aimed at the family structure—the transactions, behavior, and communication patterns of the dysfunctional family system. The individual's inner life, personality structure and dynamics, and even past history are downplayed or disregarded.²²

In our view, the dichotomy is unfortunate. Certainly, a particular caseworker may feel better equipped by training or temperament—or may simply prefer—to concentrate on one treatment method over another. As individual practitioners we may be partial to particular kinds of clients, problems, or settings, and our propensities may lead us to choose among modalities as well. To confine ourselves theoretically to one point of view to the exclusion of another, however, is quite a different matter. We need not close out new information and approaches that can expand our knowledge base and enhance our effectiveness as caseworkers. Conversely, as we welcome new ideas, let us not assume that we must scrap traditional knowledge and methods of proven value.

The rationale for the incorporation of family therapy concepts by casework or clinical social work requires a review of some of the central features of our psychosocial framework.

THE PERSON-IN-HIS-SITUATION. Social work treatment—by tradition and by definition—has never exclusively addressed either the inner life of the individual, on the one hand, or the social-environmental situation, on the other. In fact, despite variations in emphasis during different historical stages or in particular settings, social work thinking has always stressed person-situation interaction and the interdependence of the person and the context. "The-person-in-his-situation" concept, as we pointed out in Chapter 2, has three components: (1) the person—including personality system, emotional life, and biological characteristics; (2) the situation or environment, including other people; and (3) the nature of the interactions between the two. Whatever the particular theoretical orientation, consistent attention to all three components has distinguished social work from the other helping professions.²³

Of particular importance to casework's integration of family therapy principles is the interactional component. Human beings are influenced by their environments and, in turn, affect the people and circumstances around them. Often, the most salient feature of a person's environment is the family. The transactions and the quality of the

to arrange individual treatment for the child. In the first interview with mother and son, the worker noted that when the boy complained that his teacher never punished an equally mischievous student, the mother dismissed him with "the teacher wouldn't play favorites." At another point, the boy told his mother *with a smile* that he was frightened when she yelled at him, to which the mother responded, "You couldn't be or you would behave." The worker pointed out to the mother that she was denying the boy's experience, to which only he could attest. In this case (unlike many others), the mother, a hard-working and caring single parent, got the point immediately. She was able to acknowledge that the boy's school problem had been "one more pressure," and that she was probably trying to ignore it by insisting to her son that he saw and felt things differently than he did.

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interdependence between the individual and the family are of prime importance to casework diagnosis and treatment. Systems theory reminds us that "encounter between an organism and the environment *leave both changed;*"³⁴ in fact, our clinical practice has always been based on this awareness. Although we can think of the person, the situation, and the interaction between them as discrete matters, casework recognizes how each affects the others. Internal and external phenomena are intertwined. When changes occur in a family system, the behavior and inner lives of individual members shift. Conversely, individual changes reverberate upon the family as a whole. The actions of one individual are both cause and effect of the actions of others. In contrast to the single-cause, linear approach to understanding human behavior, the psychosocial orientation is one that assesses the multidimensional, reciprocal influences of the personality, the family, and the larger social system—as each acts on and reacts to the others.

Psychiatry and Freudian theory have deepened our view of individual dynamics. The social sciences have advanced our understanding of the human environment. More recently, the ideas that have emerged from the family therapy movement equip us with means for studying the transactions of individuals in the family environment; new information about the properties of the family as a system has become available. The family concepts described in this chapter fill some real gaps in casework theory; the place for including them is provided by the psychosocial framework.

THE PERSONALITY SYSTEM. Freud, whose ideas have been basic to the psychosocial approach, broke new ground with his proposition that personality is shaped by social as well as biological forces. Neurosis, he asserted, is an outgrowth of the individual's family experience and inborn drives. The intrapsychic Oedipal conflict, for example, is grounded in early parental relationships. In his well known case of "Little Hans," Freud worked with the father, not with the boy himself. The successful treatment of the boy's horse phobia was achieved through interventions in the family system. Unfortunately, as psychoanalytic theory was passed down, some followers not only failed to expand on the interactional aspects of personality, but narrowed the theory to minimize the social side of Freud's thinking, which—although not fully developed—was there all along.³⁵

Concepts derived from the study of personality—*internalization* and *introjection*—point us to some of the significant theoretical links between intrapsychic and family systems phenomena. As we know, the child's superego internalizes or introjects the commands, prohibitions, and ideals of the parents or other authority figures, with the result that the youngster learns to conform to their demands and values even in

their absence. Yet our understanding of a particular client requires an additional, interactional perspective. Take, for example, a man who feels hostile toward his mother, oppressed by demands he believes she makes on him. Often we discover that he is reacting to his early mother introject, which bears little resemblance to his mother of today; the demands—if she ever made them—are no longer hers but his own. Yet his negative attitude toward her may provoke angry or defensive responses from her that, in turn, tend to reinforce his internalized representation of her. To see the total picture, then, we must understand the client's inner life, the interdependence of the past and the present, and the circular nature of the mother-son interactions. Joint or family sessions may be the most efficient approach with which to expose and correct internalized distortions as they are played out in interpersonal relationships.

Similarly, our understanding of the notion of *externalization* (sometimes referred to as *projection*) helps to bridge theories of individual dynamics and family relationships. Externalization refers to the act of attributing inner, subjective phenomena—including wishes, fears, conflicts, and thoughts—to the external world. We can see how such internal matters or aspects of one's self, once externalized, become part of an interactional process, particularly when they involve other people. For example, a client may tell us he is unhappily married but that he will not leave his wife for fear she will break down emotionally when, in fact, he is externalizing his hidden concern about his own stability. Or, a wife who says she wants to plan a vacation because her husband needs it may have difficulty giving herself permission for a holiday. Unacceptable, dissociated inner experiences—in these examples fears and wishes—once externalized are no longer discrete internal events. They affect and are affected by the interpersonal arena.

Taking this process one step further, Wynne describes the *trading of dissociations*. This concept refers to the complementary and interlocking externalizations of intrapsychic dissociations. To illustrate: a man, unaware of a particular quality in himself, sees it located in the personality of his wife, and believes his problem can be relieved only by changes in her. Similarly, the wife locates her own unacceptable qualities or ideas in her husband and sees her difficulties as a function of his personality. The fixed view that the man has of his wife is unconsciously exchanged for the fixed view she holds of him. The purpose of the reciprocal and shared trading of dissociations is twofold: first, both individuals protect themselves from experiencing their dreaded feelings; yet, second, each is able to "retain these qualities within his purview, at a fixed distance from his ego." A teenage daughter may perceive her mother's punitively moralistic qualities, while dissociating those same features in her own personality; the mother, unaware of

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dreaded sexual impulses within herself, becomes keenly attuned to those of her daughter. Each sees the need for change in the other, since each perceives aspects of the other that are outside of the awareness of that person. It is easy to see how complicated and futile the relationship between this mother and daughter could become. As Wynne explains: "The trading of dissociations means that each person deals most focally with that in the other which the other cannot acknowledge. Thus, there can be no 'meeting,' no confirmation, no mutuality, no shared validation of feelings or experience."³⁶ This process can be extended to involve every family member in a network of traded perceptions. The individuals involved, as Wynne points out, might be diagnosed as ego-syntonic character disorders who may not be motivated for individual treatment. Often, these same people become engaged in family therapy because they recognize the need for other family members to get help. In family sessions, intrapsychic, dissociated aspects of individuals that they have located in the personalities of others can be identified.

Individual and family thinking merge again when we examine the writings and research findings of Bowlby, Spitz, Mahler, and others from the psychoanalytic tradition on *separation* and *individuation*.³⁷ Family theorists too—as discussed earlier in this chapter—have been keenly interested in these matters. There is general agreement that the development of a relatively autonomous, self-reliant personality depends heavily on two conditions of the individual's childhood: (1) consistent parental availability, responsiveness, and support; and (2) parental encouragement of the child's independence and self-direction appropriately timed to the child's age. Absence of either of these conditions can contribute to lasting separation anxieties in the youngster. A mother (and/or a father, grandmother, or other key person to whom the child is attached), sensing her child's emerging independence, may be threatened by separation feelings and withdraw more completely and abruptly than the child—who still requires steady reassurance and support—can bear. Or, on the other hand, the mother's anxiety may lead her to cling to the child; she may do this by overprotecting or "parentifying" the child (i.e., treating him or her as a parental substitute). In any case, the mother's separation and abandonment fears are transmitted to the child. Unwittingly, parents may pass on to their children the unfulfilled longings, or wishes to retaliate, that grow out of their own childhood experiences.

Thus, the adult who in early life was abandoned—literally or emotionally—may cling to a person or even a memory out of fear of feeling alone again. Or the individual may set up interpersonal situations in which the experience of abandonment is painfully repeated over and over again. Similarly, the adult who was steadily discouraged from

functioning independently may hold on desperately to others to maintain a sense of belonging. In family treatment, we frequently see families in which the members—sometimes alternately—cling to or abandon their parents, their spouses, or their children. Such overdependency and estrangement among family members can often be traced to earlier separation-individuation disturbances. The longings, fears, and anger derived from old parent-child experiences are transferred to current family relationships. It is Leader's hunch that "in the majority of families seeking help, the intergenerational theme of abandonment flows deep like an underground stream."³⁸ Family myths, roles, and interactions are patterned to guard against conscious and unconscious separation fears. As we have already illustrated, often family members deny inevitable differences of opinions, thoughts, or feelings among them—for fear that these will lead to separation or estrangement. In these situations, each individual is deeply enmeshed in the larger family process. Symptoms and troubled feelings—although in part a function of the dynamics of the personality—cannot be appraised fully in isolation from this outer reality.

In summary, the selected illustrations included in this section support our view that the psychosocial framework can accommodate family concepts. Caseworkers can improve their treatment skills when they are equipped with specific information about the nature of the complex interplay of forces that prevail in a family system. "How," asked Ackerman shortly before his death, "can we choose between the family and the person? The person is a subsystem within the family, just as the family is a subsystem within the community and culture."³⁹ We agree with Minuchin that "changes in a family structure contribute to changes in the behavior and the inner psychic process of the members of that system."⁴⁰ Repeatedly, in our clinical practice, we see how the moods and behavior of individuals change as their families change. However, with Ackerman, we would caution against a mechanistic approach to systems that tends to deny the force and integrity of the individual personality. Each family member has a private inner world, unique natural endowments, character structure, and personal identity that endure over time. The special qualities of the individual reverberate upon the family system as well. The greatest possible sophistication about the dynamics of the personality system and the family system, and the nature of the reciprocal influences between them is required to understand the problems individuals and families bring to treatment.

In the chapter that follows we will demonstrate how, as we broaden our knowledge base, we increase our choices of treatment methods, strategies, and goals.

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NOTES

1. *New York Times*, November 27, 1977, p. 74. This article also cites statistics on the increased number of single-parent families, and of mothers of young children working outside of the home.
2. Kingsley Davis, "The Changing Family in Industrial Society," in Robert C. Jackson and Jean Morton, eds., *Family Health Care Health Promotion and Illness Care* (Berkeley: University of California Press, 1976), pp. 1-16. See also George Peter Murdock, "The Universality of the Nuclear Family," and Talcott Parsons, "The Stability of the American Family System," in Norman W. Bell and Ezra F. Vogel, eds., *A Modern Introduction to the Family*, rev. ed. (New York: Free Press, 1968), pp. 37-47, 97-101. A discussion of the vital functions that families perform can also be found in Shirley L. Zimmerman, "Reassessing the Effect of Public Policy on Family Functioning," *Social Casework*, 59 (October 1978), 451-457. An excellent compilation of articles that examine recent shifts in family patterns and relationships can be located in Arlene S. Skolnick and Jerome H. Skolnick, eds., *Family in Transition*, 2nd ed. (Boston: Little, Brown, 1977). (On the other hand, the notion that the family in any form has outlived its purposes is argued by David G. Cooper, *The Death of the Family* [New York: Pantheon Books, 1970].)
3. See, for example, Sanford N. Sherman, "Intergenerational Discontinuity and Therapy of the Family," *Social Casework*, 48 (April 1967), 216-221; Nathan W. Ackerman, "Family Healing in a Troubled World," *Social Casework*, 52 (April 1971), 200-205; Sanford N. Sherman, "Family Therapy," in Francis J. Turner, ed., *Social Work Treatment* 2nd ed. (New York: Free Press, 1979), pp. 449-477; and Nathan W. Ackerman, *Treating the Troubled Family* (New York: Basic Books, 1966).
4. Quoted in Frank J. Bruno, *Trends in Social Work: 1874-1956* (New York: Columbia University Press, 1957), p. 177.
5. Mary E. Richmond, *Social Diagnosis* (New York: Russell Sage Foundation, 1917), p. 137.
6. *Ibid.*, pp. 134-159.
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13. Group for the Advancement of Psychiatry, *The Field of Family Therapy*, vol. 78 (New York: GAP, March 1970), p. 536.
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NOTES

1. *New York Times*, November 27, 1977, p. 74. This article also cites statistics on the increased number of single-parent families, and of mothers of young children working outside of the home.
2. Kingsley Davis, "The Changing Family in Industrial Society," in Robert C. Jackson and Jean Morton, eds., *Family Health Care: Health Promotion and Illness Care* (Berkeley: University of California Press, 1976), pp. 1-16. See also George Peter Murdock, "The Universality of the Nuclear Family," and Talcott Parsons, "The Stability of the American Family System," in Norman W. Bell and Ezra F. Vogel, eds., *A Modern Introduction to the Family*, rev. ed. (New York: Free Press, 1968), pp. 37-47, 97-101. A discussion of the vital functions that families perform can also be found in Shirley L. Zimmerman, "Reassessing the Effect of Public Policy on Family Functioning," *Social Casework*, 59 (October 1978), 451-457. An excellent compilation of articles that examine recent shifts in family patterns and relationships can be located in Arlene S. Skolnick and Jerome H. Skolnick, eds., *Family in Transition*, 2nd ed. (Boston: Little, Brown, 1977). (On the other hand, the notion that the family in any form has outlived its purposes is argued by David G. Cooper, *The Death of the Family* [New York: Pantheon Books, 1970].)
3. See, for example, Sanford N. Sherman, "Intergenerational Discontinuity and Therapy of the Family," *Social Casework*, 48 (April 1967), 216-221; Nathan W. Ackerman, "Family Healing in a Troubled World," *Social Casework*, 52 (April 1971), 200-205; Sanford N. Sherman, "Family Therapy," in Francis J. Turner, ed., *Social Work Treatment* 2nd ed. (New York: Free Press, 1979), pp. 449-477; and Nathan W. Ackerman, *Treating the Troubled Family* (New York: Basic Books, 1966).
4. Quoted in Frank J. Bruno, *Trends in Social Work: 1874-1956* (New York: Columbia University Press, 1957), p. 177.
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19. Salvador Minuchin, *Families and Family Therapy* (Cambridge, Mass.: Harvard University Press, 1974), pp. 51-56.
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22. John P. Spiegel, "The Resolution of Role Conflict Within the Family," in Bell and Vogel, *Modern Introduction to the Family*, p. 393.
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 24. Minuchin, *Families and Family Therapy*, p. 102. See also, Murray Bowen's discussion of triangles, in Guerin, *Family Therapy*, pp. 75-78; and Thomas Fogarty, "Systems Concepts and the Dimensions of Self," in Guerin, *Family Therapy*, pp. 147-148.
 25. Lyman C. Wynne et al., "Pseudomutuality in the Family Relations of Schizophrenics," in Bell and Vogel, *Modern Introduction to the Family*, p. 628.
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 30. Gregory Bateson et al., "A Note on the Double Bind—1962," *Family Process*, 2 (March 1963), 154-161, reprinted in Jackson *Communication, Family, and Marriage*, p. 58.
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