

# Family Therapy: A Therapeutic Vehicle for All Families

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Since we have all grown up in some form of family, that is the best place to start our discussion of family dynamics and family therapy.

What function did our family of origin serve in our lives? Primarily that is where we learned who we were. That is where the matrix of our identity took place. Here was the school where we learned how a girl or boy, man or woman, husband or wife, mother or father was expected to act, think, feel; the kinds of values that were acceptable and those that were unacceptable.

Harry Stack Sullivan further breaks down the development of our identity within a family into three facets of self. He calls them the "good me," the "bad me," and the "not me." The times we acted in ways which the family had theorized as acceptable and we were rewarded were the times that we owned and accepted the "good me." The times when a particular behavior activated our parent's or sibling's anger and rage, we knew we were turning into the "bad me." And finally, if a behavior was so repellent or made our parents so anxious that they totally ignored it, that behavior (idea, feeling, thought) became the "not me." This idea, feeling, thought, or behavior was disowned, perhaps forever, or it might have been projected outward toward friends or enemies. Often the pattern of the family encouraged us to deal with particular facets of the "not me" or unacceptable portions of ourselves in particular ways. If anger was considered unacceptable to our family system and we experienced anger, we said, "I'm not an angry person, but the Jones are angry people"; if the message was that anger was the "bad me," we knew that one way to rebel and be bad was to be angry. However in another family, anger may have been the "good me," that is, if the family needed someone to express their anger. On some level we were rewarded for expressing anger

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since it allowed another family member to consider anger "not me." We expressed the anger for him. I am sure you have been in situations where you were anxious or angry or whatever, and another person seemed to be more angry, anxious. Somehow as they became more anxious and angry, you became less so. In a sense they began to express the emotion for both of you.

So therefore, the family is the place where we learn to deal with or to ignore our feelings, impulses, and thoughts. Each family has different ways of dealing with humanness. All thoughts, feelings, and emotions are expressions of our humanness — not just the ones defined as acceptable or good but also those defined as unacceptable or even bad — since they are always relative to the values and expectations of the family system. For example, one family may consider inquisitiveness and aggression in a child as indicative of a healthy sense of self. In another family these exact same behaviors may be considered signs of a disobedient and evil disposition. In still a third family, the same behaviors may be considered acceptable within the family setting and totally unacceptable outside of the family.

And here is where family therapy comes into the picture. Family therapy is an outgrowth of the needs of a complex, rapidly changing society with its conflicting messages and conflicting value system. In some cultures there is consistency in expectations: people have generally agreed upon values, goals, and roles; there are established patterns of behaviors for all family members; there is a distinct separation between generations; children know what is expected of them; parents know exactly what kinds of behaviors are acceptable in their children. As in all other human situations, this situation has its pros and cons. For example, individuality is often played down and family connectedness is encouraged.

In our society, however, individuality is stressed, even strongly encouraged by the overall social system, and close family ties are played down. People marry and are generally expected to move away from their family of origin. In moving away from the family, they also move away from many of the cultural and environmental supports which come from the extended family during times of stress and crisis as well as during times of calm.

Family therapy is also an outgrowth of clinical observations coupled with newer ways of looking at human beings. As we left the domain of Newtonian physics and arrived into Einstein's domain of relativity, we gave up some of our simplistic cause and effect ways of thinking and began to look at human beings in relation to other human beings and in relation to their environment.

With this perceptual shift we graduated from viewing Johnnie as a problem to the point where we looked at the part Johnnie's mother played in Johnnie's behavior. Then we shifted from looking at "bad" Johnnie to "poor deprived" Johnnie and his "bad" mother. Those were the days when we blamed parents for all their children's problems, physical as well as mental.

And finally, with the advent of systems thinking and the relativity of all situations, we have come to the golden age of the family as a focus for study. In this view, parents and children, young and old, are seen as parts of a family system. Yet that system is more than and different from the sum of its parts, i.e. Johnnie, Tommy, Mommy, and Daddy, when they are interacting as a family, are entirely different human beings than Johnnie, the student, Daddy, the worker, or Mommy, the clubwoman. When you look at a human system, you observe the relationship of the circulatory subsystem to the respiratory subsystem. When you look at a family system you observe the relationship of Mommy to Daddy to Johnnie. Is one overfunctioning and another underfunctioning? This will influence the functioning of the family system.

When they are interacting within that family system, members must adhere to the rules, role assignments, values, and communication patterns defined by that system. And this is where we get to the crux of family therapy, the assessment of that functioning family system and intervention which helps that system to function in a way which is most beneficial to the entire system without putting undue stress on any of the interacting subsystems.

If you recall at the beginning of this presentation, I mentioned that we learn about the "good me," the "bad me," and the "not me" in the family setting; so does every other member of the family system. It is as if during certain times in family development, people are needed for particular family functions. By accepting the particular role assignment at a period in family history, we decrease the family pressure; perhaps we assumed the role of family healer, or the good one, or the rebel, or the pacifier. Whatever the role, our assumption of this role helped the family to overcome a particular stress or crisis.

The problem is that once the family system becomes patterned to meet stress in particular ways, every time a new stress occurs, the old solution is used, and an activity or behavior that was once a solution to a problem can eventually become a problem in its own right.

Let me give you an example of what I mean. Suppose Mr. and Mrs. Jones are having some difficulty coming to terms with the need for change in their marriage. When they were first married Mrs. Jones was a quiet, dependent, passive person. These qualities appealed to Mr. Jones, and this is one of the reasons he married her. As she matured, Mrs. Jones became less dependent and more assertive. If the "good me" in Mrs. Jones' family of origin was a quiet, dependent person, Mrs. Jones will have some inner conflict regarding her new tendencies towards independence and assertion. This conflict will be picked up by the family communication system.

In addition, if Mr. Jones becomes concerned about the changes in his once quiet wife because he was brought up to think a wife should be docile and dependent, more conflict is extruded into the family system.

One way of dealing with this situation would be to accept the fact that Mr.



and Mrs. Jones need to relook at their relationship and at their expectations and perceptions of one another. However, if a family rule says that you should not change and must stay the way you are since the family needs you that way, opening the issue of change and disagreement is not a feasible possibility, and more conflict is fed into the family system.

The problem becomes: How does the family deal with this excess input of disharmony into their system?

And this is where young Johnnie once more comes into the picture. Last year, when Grandma died, Johnnie had a bad cold which turned into pneumonia. The function of this in the system was to allow the Jones family to avoid dealing with the pain and loss of Grandma's death by redirecting all their concern and energy into Johnnie's state of ill health. Johnnie was rewarded with extra attention, keeping his parents distracted from their own pain. So getting sick served a function: it was a solution to the problem of pain in the family system.

Now this year, conflict is back in the Jones family system and there is a charged environment in the household. Johnnie moves in with his role and gets another case of pneumonia which turns into a chronic bronchitis. For the duration of their marriage, or at least until the time that Johnnie moves out or decides he wants to become healthy, Mr. and Mrs. Jones have a built-in protection against looking at the basic conflict in their own relationship. Johnnie's illness is a wedge which they can use to deflect concern about the marital relationship. So that, if his wife's assertion begins to bother Mr. Jones, rather than discussing it with Mrs. Jones, Mr. Jones looks at Johnnie and says, "Johnnie, you don't look well," and Johnnie will frequently pick up the message and develop an attack of bronchitis. Once again the Joneses are deflected from looking at their own relationship.

And so it goes. Although this example sounds rather simplistic, versions of this take place with many of the families with which each of you deal.

How many times have you seen an entire family structure revolve around the health of one family member? Mom has a weak heart, and everyone in the family arranges his life so that Mom is not upset.

Sometimes we see families whose very life revolves around a chronically ill member. Friends and neighbors often admire these families and comment on what good people they are. This tremendous focus on the chronically ill person serves a purpose for them, however. The family can avoid dealing with some of the real unresolved family issues.

Another version of the same situation occurs in focused families. In these families, the child becomes the center of attention for the parents. Everything revolves around his needs and wants. Excessive attention is focused on the child or children. The parental relationship is built up and the husband-wife relationship is played down. In this case any unresolved husband-wife issues are deflected into the parental relationship. The husband-wife relationship

becomes almost non-existent. The child suffers from this excess focus. He assumes an extreme importance to his parents which is beneficial to neither parents nor child.

Whether the excessive focus is the physically sick member, a child, or a member labeled mentally sick, the dynamics are similar.

In these situations, the boundaries of the family system are not flexible enough to permit the change that is a necessary part of human existence. Perhaps two newlyweds were so fond of one another that they made a contract they they would always act towards one another and feel towards one another as they did on their wedding day. The underlying message was: "Stay the way you are, don't ever change." Change is seen as a violation of the original contract.

However, change is a part of human growth and development. Change and growth do not stop at adolescence. In order to be free to change you must know who you are. That is, if your sense of self in your family of origin was defined by your role as the sick one, the happy one, the healer, or whatever, and another family member changes and decides to move into that role, then who are you? If your identity is very tied up with the role you played in your family or origin, that role in your mind becomes equated with your sense of identity as a person.

Therefore when you marry or pair off with someone, you will find a mate who will help you to carry out that role and hence enhance your identity. Here is where the family counselor or the family therapist comes into the picture. The pressures of a natural tendency toward growth and change conflict with the family rule which forbids change. This conflict lends to expressions of disharmony which are reflected in physical and emotional dysfunction or illness as well as conflicts with the larger social system including schools, jobs, and so forth.

It is at this point in the family history that the nurse counselor or nurse therapist comes into the picture. The therapeutic intervention will be very different for a professional who is individually oriented than the intervention for a family- and systems-oriented professional.

The individually oriented person will deal with the problem as the family defines it. If the family says that Johnnie or his sickness is the problem, Johnnie will be the focus of intervention. The family-oriented professional will accept that the family sees Johnnie as the problem, but in planning strategies for intervention, he/she will see a dysfunction and growth-inhibiting family system as the problem.

In individual assessment, one observes color tone, heart sounds, response of the individual to the professional, and so on. In family assessment, one focuses on the total interacting family as the client or the patient. As one looks at a diseased lung in terms of a total human system, so one looks at a person labeled "patient" in terms of the family system of which he is a part. The family may need his sickness as much as he needs to be ill. The family reinforces

him in the sick role and he accepts that role, thereby at least temporarily siphoning off some of the family tension and anxiety aroused by the threat of change or growth.

The next question becomes: How does one assess a family system? As in individual assessment, a series of processes are used.

- ① Initially one tries to assess the family skin or the family boundaries. Does the family have a flexible, elastic skin which easily accommodates growth and change? Or, conversely, does the family have a rigid, tight, closed boundary or skin which keeps outsiders out and insiders locked inside the system? Families can maintain rigid boundaries through too heavy doses of love as well as by strict authoritarianism. In the first case, members are led to believe that nowhere in the outside world will they be loved or cared for as they are in the family system. The inside is a place of trust, and the outside world is seen as a threat to the family system.
- ② How flexible is the role assignment of family members? Are people rigidly locked into roles such as the good one, the bad one, the healer, the trouble maker, the happy one, the sad one, the helper? As individuals mature, are they able to change roles to suit their growing abilities and needs, or are they maintained in roles which they have outgrown?
- ③ Is there clear role definition between generations? Do the parents know that they are the parents and not the children? Do the children know that they are not the parents, or are they expected to assume parental roles?
- ④ One can assess the degree of separateness or connectedness inherent in the family system. How much contact with the outside world is permitted? What areas of family life are closed off from the outside world? How much of a person's life does the family own? How far from the family system are members permitted to go? How much closeness is tolerated in family systems? Conversely, is everything in the family seen as an expression of "we-ness"? Are all members expected to feel and think and enjoy in the same way? Is it necessary to give up one's individuality in order to be part of the family system? Or is the family merely a refueling station where no close contact is permitted?
- ⑤ The therapist will also want to find out where the family power lies. Is the power equally distributed or do the parents have all the power or is the power vested in one person? Who is the final authority? Who controls who by looks, withdrawal of affection, or similar behaviors?
- ⑥ Are all the subsystems working equally, or is one subsystem or one member the cog around which the entire system revolves? Is one member siphoning strength from another member? In this case one finds overfunctional-underfunctional systems. An example of this type of situation is the competent wife and her alcoholic husband.
- ⑦ How does the family system accommodate change within and outside the system and between members?



(7) What is the relationship of the family system to the extended family? Have all ties been broken? What is the relationship of the family system to friends, neighbors, and society at large? The more open the system, the more readily it can accommodate change.

(8) The nurse therapist or counselor needs to identify the value system of the family. What is important to the family? What are the main family themes? Is human nature seen as basically good with a natural tendency towards growth? Conversely, is human nature seen as evil and in need of great control and manipulation? These basic values deeply influence the family functioning. They are passed on from one generation to another.

(9) Another important area for assessment is that of the family communication patterns. One needs to realize that one cannot communicate.<sup>5</sup> If one refuses to talk, the message becomes: "I don't want to talk to you," or "I am not interested." In assessing, one needs to differentiate the content of the communication from the message inherent in the communication. For example, the statement, "You cannot go out tonight," has a content which says, "I don't want you to go out." The message is: "I am in charge and I decide what you will do." Most problems in communication stem from the message rather than from the content. It is important to assess who speaks first, who speaks last. Who speaks for whom? A therapist usually encourages members to speak only for themselves and not for other family members. Are there triangles in communication, i.e. do people speak through third parties? The healthier the family, the more often one hears members take positions and accept responsibility for their thoughts and feelings. Do family members blame each other for making them sad, glad, angry, or do they accept responsibility for their own feelings?

(10) And finally, the most vital assessment is beginning to ascertain the rules of the family. All families have rules. The rule may be: "We have no rule." But if that becomes the rule, pity the family members who try to get a rule into that system. There are rules or rules about rules regarding many facets of a family's existence such as love, hate, sadness, joy, politics, roles, religion, school, getting what we need, survival, sex, who are friends, and who are enemies. Most importantly, there are rules about change and our freedom to grow, develop, and express our changing self and our changing relationship to family members. This is a key rule and the one that makes the many developmental facets of life such as birth, school attendance, adolescence, marriage, aging, and death either an expression of humanness or a threat to the existence or survival of the family system.

It is during the many maturational or situational crises of life that the family nurse can most effectively enter the family system and assist the family in actually assessing their own system and in repatterning it in ways that will be most conducive to the health and optimal development of all the family members.

If the rules say don't change, there will be conflict between inner needs and

outer pressures, and this is when one needs to relook at family rules to change them as the need arises.

Earlier we discussed the Jones family who had a rule about roles of men and women. Due to growth needs, change was needed. A family therapist would sit down with the entire family and observe how the family interacted, communicated, made decisions, where power was located, the degree of separateness and connectedness, and the therapist would comment on what he felt and saw. In time the nurse therapist would say: "Mr. Jones, I notice every time your wife starts acting assertive, you begin to look at Tommy in a very worried way. Then Tommy starts to cough. Have you noticed that?" The therapist might also make some rules such as:

1. No one speaks for anyone else.
2. Let's eliminate words like "should" or "right."

Also, the therapist might relieve anxiety by not getting anxious or excited about issues which are inflammatory to the family system. The nurse therapist would tone down the anxiety. Sometimes this may be done by gently joking about an issue.

Some techniques of family therapy which you may use in working with families are:

1. Find out some of the family rules.
2. Avoid getting sucked into triangles.
3. Encourage family members to say I instead of we.
4. If Mr. Jones says about his wife "She feels this way," turn to wife and say: "Mr. Jones thinks you feel this way. Is that really how you feel?"
5. Don't get sucked into the systems pattern of focusing on the person labeled patient. Rather than dealing with the problem child, say: "He really seems to bother you, Mrs. Smith. I wonder if you would like to talk about it?"
6. In highly charged situations, encourage people to distance a bit.
7. Encourage family members to spend time with friends and call up relatives, and encourage them to increase the input and supports into the family system.
8. In a family system where there is no connectedness, attempt to get at least two people to see their commonalities. Begin to encourage relationships by trying to get key dyads to find some connective link. It may be parents, or it may be two siblings.
9. In the case of a couple who are constantly fighting, say: "How did you two get together?" This helps the couple to see that their relationship once had some positive components, and they may begin to disconnect from the negative pattern to which they are now tuned.
10. Avoid getting sucked into the role of advice giver. Rather than telling people what to do and giving advice, ask them what they want or what they think. Support them in making their own decisions.
11. Avoid getting sucked into the "Idiot-Expert" role or the "I will take care of all your problems" role. Rather, get people to accept responsibility



for their own life. Assuming responsibility for people makes them weak and underfunctional.

12. Encourage family members to change behavior that does not get them satisfactory responses.

13. Try to help family members to see that it is impossible to change anyone but self. In addition, help them to recognize that a change in one part of the system will bring about change in the entire system. The message becomes: "Change self and the entire system will change."

14. Serve as a role model for the family. For example validate feelings. When someone says "I'm sad" or "I'm angry," rather than saying, "Try not to be sad" or "You're not really angry," accept and validate their feelings. The family will learn to do likewise.

15. Look at what was going on in the suprasystem at the time the problem, issue, or illness was first noticed. Did it correlate with births, deaths, or divorces in the extended family, or with wars, economic problems, and so on in the society? Help the family to see these relationships.

16. Encourage appropriate separation between generations in situations where parents are trying to be "pals" to their children. Encourage clarification of husband-wife relationship as separate from parent-child relationship.

17. Encourage openness in communication. Once the "unspoken" becomes spoken, it relieves pressure on the family system.

18. Discourage family secrets, since secrets lead to closure in the family system. They are also an effective means of acquiring power in a family system.

19. It is useful to use techniques such as role playing, taking an alter ego, or switching roles in order for family members to get some empathy and understanding into one another's feelings and thoughts about each other. These techniques help give family members the distance required to become more objective.

20. Another very effective technique is called family sculpting. This is a therapeutic art form in which each family member arranges the other members in a tableau which physically symbolizes their emotional relationship with one another. Each member creates a live family portrait arranging members in terms of posture and space-time. These arrangements represent actions and feelings. The essence of one's experience in the family will then be observed in a visual picture.<sup>4</sup> This technique cuts through the usual rationalizations, projection of blame, and defensiveness often observed in similar situations. It is an effective tool to help us understand family interactions, and it is also an effective means of increasing family empathy and family communication.

In closing, I would like to cite seven family stresses which may very well signal the need for some family intervention by a family nurse practitioner. They are:

1. Loss of family member (death, desertion, chronic illness).
2. Acquisition of a defective or stigmatized member (congenital defect,

illness, an adoptive member).

3. Acquisition of excess members (number of children exceed operative resources of parents).

4. Excessive environmental pressures or handicaps (severe poverty, community disorganization, racial discrimination).

5. Disordered relationships and patterns of communication (pseudo-mutuality, double binding, marital schisms).

6. Severely limited coping or adaptive capacity (insufficient income, schooling, or other social or personality handicaps).

7. Normal developmental crises that surpass a family's adaptive capacity (birth of child, toddler period, school entrance, adolescence, marriage, climacteric, retirement).<sup>3</sup>

Finally, family nurse practitioners have a prime opportunity to assess family systems and to plan nursing strategies for intervention which will enhance the health growth and development of all the families with which the practitioner comes in contact.

Once we begin to really focus on families as more than a group of individuals and as different from the sum of their parts, and once we begin to treat them as systems, we will do a great deal towards improving the health of our society.

And this gets us back to where I began, which is with our own family. In order to function more effectively as a family therapist, it is a good idea to begin by trying to assess and understand that family system in which you developed. The more you understand the roles and relationships you carried out in your family of origin, the more you understand yourself. Getting more understanding into your own family is a challenge each nurse practitioner might consider. The challenge is great, but the rewards are greater. In order to truly know who we are, it is worthwhile to try and find out where and how we got that way.

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