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Theme Issue: FAMILY THERAPY

The Journal of Group Psychotherapy, Psychodrama and Sociometry is indexed in **Current Contents, Social Behavioral Sciences,** and **Social Sciences Citation Index.**

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COMMENTS ON THE THEME ISSUE: FAMILY THERAPY

This is the first special issue of the Journal since its return to a format of four issues a year. There will be a number of future issues focusing on special areas of interest to those in the field of group psychotherapy, psychodrama and sociometry. Family Therapy is the theme of this first issue. In the last few years family therapy has had a major impact upon the mental health field. The Department of Health, Education and Welfare recognized it as a distinct profession during the 1970s. Departments of family therapy have been emerging in professional schools and within departments of medicine, psychology and family studies. Free standing training institutes have been evolving. Professional associations have developed around the world to recognize the unique domain of the family therapist. Increasingly psychotherapists are no longer unidimensional but multidimensional in approach and in the kinds of services offered. This is evident in our own field and association as reflected in conference programs, workshops our members provide, and types of articles in the Journal.

This special issue begins with an article that sets the stage for what follows. Its brief history and typology of family therapy approaches enable the reader to place self in context. This is followed by an article comparing the spontaneity approaches of Minuchin and Moreno. Minuchin comments at a workshop in Montreal in September, 1982, that he would like to have entitled his latest book *Techniques of Spontaneity* rather than *Techniques of Family Therapy*. This is a further reflection of how close his thinking is to that of Moreno. The Dodson article integrates the classic work of Jung with system thinking and action techniques. It is a bridge spanning article tying together significant elements of three approaches. The Malone and Williamson article describes a group approach to intergenerational therapy. Intergenerational approaches appear to be the direction family therapy is taking in the 1980s. The issue concludes with a bibliography to aid the reader in further development in the family field.

Claude A. Guldner
Special Issue Editor

A Brief History of the Family Therapy Movement

Claude A. Guldner
Patricia P. Tummon

The history of the family therapy movement is traced from its origins in the late 1940s until the present. Family therapists are classfied under three main groups: conductors, reactor analysts, and system purists. Major family therapists making an impact upon the developing field today are categorized under this classification.

The family movement, which includes theoretical thinking, family research, and family therapy, began in the late 1940s and early 1950s, the result of several investigators working separately, unknown to each other. After World War II, psychiatry suddenly became popular, psychoanalysis being the most accepted of psychological theories. Many young psychiatrists experimented in an attempt to extend psychoanalytic treatment to a fuller range of emotional problems, and this included experimenting with families. There were those who argued that child psychiatrists, social workers, and marriage counselors had been working with families for years. However, though they moved close to family concepts, the focus on the pathology of the child or the individual prevented a view of the family. Sociologists and anthropologists also contributed to the literature, but had no direct application to psychiatry. Freud stressed the major role of the family in the development of the individual's symptoms. He believed, however, that the most effective way of working with psychopathology was on a one-to-one basis. Freud's psychoanalytic principles of safeguarding the privacy of the patient/therapist relationship, and preventing contamination of the transference process, may have accounted for the family movement remaining underground for many years.

About 1955-56, investigators who had been working privately and independently began hearing about each other and the first national meeting was organized for psychiatrists doing family research. It is believed that this

was the first time "family therapy" or "family psychotherapy" was discussed as a definite method of psychotherapy. By 1958 national meetings were dominated by new therapists eager to report new experiences in family therapy. The family research and theoretical thinking that had given birth to family therapy was lost in the rush to "do" family therapy. But this time of "healthy unstructured chaos" (Bowen, 1978, p. 286) brought an awareness to some in clinical work of the theoretical dilemma, and this awareness resulted in efforts to clarify it. Some therapists worked toward establishing order and structure in the field through the development of conceptual models. Others saw family therapy as a method based on conventional individual therapy, or as an intuitive experiential method conducted by therapists guided by their own feelings and use of "self" in therapy. Others fell between these two extremes. Today, these same differences in acceptance of structure and theoretical thinking are reflected in the clinical practice and writings of people working in the field of family therapy.

The first investigators began family research with studies of schizophrenia. Family therapy was so associated with schizophrenia in those early years that some did not think of it as separate until the 1960s, when it was accepted that observations made while studying families with a schizophrenic member were applicable to other families as well. A principal feature of these studies was "the emphasis on the systems qualities of the phenomena being considered and of their conceptualizations in communications terms" (Block and La Perriere, 1973, p. 2). Beginning around 1951, papers and books were being written presenting various concepts and theories of family therapy. The publications at that time reflected the concept of family homeostasis and the double bind theory of schizophrenogenesis, which became a central concept among family theorists. Other publications addressed themselves to the relationship of client and family, not only in schizophrenia, but also in depression, paranoid illness, and neurosis. Patterns of interaction and characteristics of boundaries in families with schizophrenic members, depression and mourning, were reconsidered in family terms. Clinical studies focused on the relationship between family process and psychosomatic illness. Behavioral management problems in children were examined as being reflective of the family system.

Family psychotherapy borrows techniques from other fields. An important source has been child psychiatry, where work with the child was extended into work with the child and mother, then the father, and initially each member was seen by separate therapists. A logical outgrowth was to conduct interviews with the entire family as a group, to reduce the investment of therapeutic time, as well as the hazards of miscommunication and con-

cealed differences among therapists (Bell, 1975). Group therapy continues to contribute techniques to family therapy; today couples and families are being seen in groups. Gestalt, transactional, and encounter orientations have been used in the techniques of family therapy. Games theory and communicational analysis have provided their inputs. Specific techniques of psychodrama have been adapted for use in family psychotherapy, such as role playing, simulations and "doubling."

A major difference between family therapy and other methods of psychotherapy has been the orientation towards *direct observation* of the phenomena under consideration as opposed to reports *about* the phenomena. This has come about by the development of a teaching method largely built around live supervision, utilizing the one-way mirror, audio and video tapes, as well as the development of the clinical home visit as a diagnostic and treatment tool.

Beels and Ferber classified family therapists into three main groups: "conductors, reactor analysts, and system purists" (Ferber et al., 1973, p. 175).

Conductors

"Conductors" become "super parents," confronting and challenging the family to exert changes in their pathological functioning. They enter the family system with clear, definite value systems of their own and quickly establish themselves as leaders or "conductors" of the therapeutic session. "Conductors" are usually vigorous, charismatic public personalities.

Salvador Minuchin, Virginia Satir and Murray Bowen would all be considered "conductors," yet their own personalities and backgrounds produce the different ways they would pressure their clients to exert change.

Minuchin (1974), a psychiatrist and structuralist, is dramatic, forceful and provocative.

Satir (1967), a social worker and expert in communication, is also dramatic and presents a powerful public figure. She effects change by her persuasive emphatic manner, moving about the room constantly touching, cajoling, at times enticing her clients to risk change.

Bowen (1978), a psychiatrist, is quiet and understated but remains in absolute control. His confidence and mastery are gained from his belief in his own theory developed from a lifetime of research.

Reactor Analysts

The second group, labeled "reactor analysts," enter the family system as personal self, reacting to what the family brings to them. They operate more as an equal to the client, as a "child" or "parent" rather than "super

parent." The family is confronted with the truth about themselves in a very different way. "Reactor analysts" do not avoid emphasizing their own values or lifestyles with their clients. As the name implies the family therapists in this group have a backgrond in individual psychoanalysis and believe that the potential for change and growth lies within both the individual and family system.

Carl Whitaker, James Framo and John E. Bell are examples of "reactor analysts." All facilitate change in the therapeutic session in dramatic if different ways. All advocate the use of co-therapists to assist in the working through of the transference process, and Whitaker considers a co-therapist essential for his own emotional equilibrium.

Whitaker (1978), a psychiatrist, is experiential in his approach to family therapy, immersing himself completely in the family system, whether cuddling a baby or wrestling with an adolescent. His methods are unconventional, "crazymaking," and he considers the therapeutic session as an opportunity for his growth as well as that of the family.

Framo (1975), a psychologist, is less physically active when working with clients than Whitaker, but none the less powerful. He is very concerned with intergenerational issues and likes to work with the parents of his clients as a means of enabling all to gain greater individuation and freedom from internalizations and projections. Working with couples in groups is a primary modality of his.

Bell (1975), a psychologist, sometimes considered "the father" of the early conjoint family therapy sessions, is a quiet wizard in his work. In a confident quiet manner he works with the "gut issues" of family life, sorting out the distortions which get in the way of a family's growing through their appropriate life cycles.

System Purists

The third group of family therapists are labelled "system purists." Unlike the analysts, they do not believe that the truth of the unconscious will make the family free. Concerned with the power struggle between therapist and client, they appear to allow the family to define their own problem while, paradoxically, the family is following the therapist's covert lead. This attitude, along with their method of working, which is highly structured with each move planned and executed like a chess game, has offended some people and their critics have referred to them as "cynical or disingenuously artful" (Ferber et al., 1973, p. 188).

John Haley (1976) and his wife, Cloe Madanes (1981), a family therapist, are most representative of this group. Haley, a communication analyst, views the therapist as a problem-solver. Focusing on the problem the family

offers, the therapist makes a precise strategic plan to achieve its resolution. Strategists often rely upon paradoxical interventions which create chaos in the system, forcing it to change.

Maria Palazzoli-Selveni (1978), a psychiatrist, and her colleagues at the Milan Family Therapy Institute have emerged as a significant force in this group of system purists. Making extensive use of a consultant team who observe co-therapists working with the family, the therapist gives very precise prescriptions to the family as a part of each session. Sessions are spaced from three weeks to a month apart in order to allow this information to have a change effect upon the family system.

Peggy Papp (1977), a social worker with the Ackerman Institute, utilizes a model similar to that of the Milan group. However, it is flexible in that Papp becomes actively involved with families through the use of sculpting and choreography, which are techniques used to facilitate awareness and change in the family system.

In a little over thirty years family therapy has advanced rapidly. Although still considered to be in its formative years it is having a profound impact upon the field of psychotherapy. Training of most therapists today would be considered incomplete without an understanding of the theory and methods of the family therapy field. Systems thinking, perhaps the major contribution of the family therapy movement, has been both revolutionary and evolutionary in terms of its impact upon the conceptualizing and conducting of both individual and family treatment.

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Addresses: Claude A. Guldner
Professor-In-Charge
Child and Family Services
and Research Unit
Department of Family Studies
University of Guelph
Guelph, Ontario N1G 2W1
Canada

Patricia P. Tummon
Family Therapy Private Practice
222 Frederick Street
Kitchener, Ontario N2H 2M8
Canada

Structuring and Staging:

A Comparison of Minuchin's Structural Family Therapy and Moreno's Psychodramatic Therapy

Claude A. Guldner

This article compares and contrasts the structural family theory of Salvador Minuchin with that of the psychodramatic theory of Jacob Moreno. It discusses how each views the development of the individual within the family. It examines the therapeutic system and its context. It compares and comments upon the therapeutic process. Six key elements of Minuchin's structural therapy model are used as a guide and similarities and differences in Moreno's psychodramatic process are discussed. A brief integrative statement follows the discussion of each key technique. A concluding summary is presented.

Family therapy has emerged as a unique approach within the psychotherapy field essentially within the last 20 years. Its primary epistemology challenges those forms of therapy which place emphasis upon intrapsychic phenomena as well as upon linear (cause and effect) processes. In an individual approach, when symptoms emerged in childhood or adult life their causes were searched out within the intrapsychic conflicts of the individual. Family therapy's basic epistemology is systems theory, which simply stated is the concept that a system denotes a number of parts that are relatively organized so that a change in one or more parts is usually accompanied by a change in the other parts of a system (Bertalanffy, 1966). From a systems viewpoint, a symptom in a child or adult is seen as a reflection of a disturbance in the balance of emotional forces in the person's relationship systems, especially the family system.

During the past 20 years there have been a wide variety of approaches to family therapy all grounded on systems theory and yet each having slightly different theoretical foci and most differing in their approaches to therapy.

As a psychodramatist who has been closely involved with the development of the family therapy field, I have maintained a fascination with theoretical and technical similarities and differences between psychodrama and varied family therapy approaches. The model of family therapy with which

I most closely identify myself today is that of the structuralists, essentially as developed by Salvador Minuchin and his colleagues at the Philadelphia Child Guidance Center. Frequently when I find myself reflecting on the family therapy session just completed, I find the process brings back many familiar strains from my psychodramatic background.

In my teaching and training of therapists, both as family therapists or as psychodramatists, I find that there is often reluctance or fear in developing new models for therapy. For many it seems like taking on a whole new educational adventure for which the person is uncertain and full of conflicts. It is my belief and experience that a therapist trained in one orientation can often enhance new learnings in another orientation through an overlapping of the conceptual and technical frameworks of the two models. It can help to see what is similar and what is not as one learns a model different from that of earlier training. Since I find that there are an increasing number of psychodramatists who are moving into the field of family therapy, I write this paper to assist that transition.

The paper will first explore how both Minuchin and Moreno conceptualize the individual within the family. It will then look briefly at the context for therapy, that is, who is involved and the setting. The final part of the paper will focus upon the therapeutic process. It will take the basic techniques as conceptualized by Minuchin and compare and contrast these with similar concepts and processes in the psychodramatic work of Moreno. Linguistics always pose some problem in attempting to make this kind of comparison for seldom do theorists, especially working in different periods of history, use the same conceptual language. I have thus had to draw implications more frequently in examining Moreno in order to make the parallels with Minuchin.

The Individual Within the Family: Minuchin

Minuchin believes that Western languages pose problems for understanding of individuals within the family. To get beyond this problem he adapts Arthur Koestler's term *holon*, from the Greek *holos* (whole) with the suffix *-on* (as in *proton*), which suggests a particle or part (Minuchin, 1981). The family is divided into holons: the individual, nuclear family, extended family, etc. Each is both a whole and a part. Part and whole contain each other in a process that is ongoing.

The individual holon is seen as the self-in-context. It contains the personal and historical elements of the self while at the same time including input from the current social context. The person is influenced by and in turn influences others. This is a circular and continuous process which tends to develop and maintain a fixed pattern, and yet one in which there is capacity for flexibility and change. The other significant holons within the family

system are: the spouse holon, the parental holon, and the sibling holon.

Minuchin believes that family systems have a tendency toward both maintenance and evolution. The system is always evolving toward increasing complexity and the family has the capacity to adapt and change while maintaining continuity.

There is great emphasis placed by Minuchin on family developmental stages. Developmental changes in the individual affect the family, and changes in the family and extrafamilial holons affect the individual holons. Thus family development moves in stages that follow the progression toward increased complexity. This movement is marked by periods of balance and adaptation which highlight the achievement of appropriate tasks and skills. There may then be a period of disequilibrium which is generally followed by a jump to a new and more complex stage.

Minuchin conceptualizes four primary stages of family development organized around the developing children. The first stage is the formation of the couple holon. The second stage consists of families with young children. The third stage contains those families with school-age or adolescent children. The final stage is that of families with grown children.

Throughout this process of development the family organism is moving between the two poles of change and continuity. Minuchin believes that families get into difficulty when they become stuck in the homeostatic phase and family members do not use their ability to deal creatively with change. They must be assisted to regain flexibility through a process of creative turmoil which can move the family toward a higher level of complexity.

A primary tool which a structural family therapist will use to achieve this process of movement toward higher complexity within a family system is to challenge their narrow or fixated concept of reality. The therapist will do this through providing a variety of alternative constructs, conceptualized and experienced within the therapeutic process.

The Individual within the Family: Moreno

"Spontaneity-creativity is the problem of psychology; indeed, it is the problem of the universe" (Moreno, 1956, p. 105). Moreno's view of the individual and the family is based upon his theory of spontaneity and creativity. From the point of conception the child is co-actor or co-being with significant others. This co-being, co-action and co-experience, which exemplify the infant's relationship to the persons and things around him, are characteristics of the matrix of identity (Moreno, 1977). Moreno believed that a child moved through several overlapping developmental stages. The first stage is the other person being a part of the infant, a kind of all-identity. The second stage is that of the infant centering attention upon the other stranger part of himself. The third stage is that of the infant lifting the other

part from the continuity of experience and leaving all other parts out, including himself. The fourth stage is that of the infant placing himself actively in the other part and acting its role. The fifth stage is that of the infant acting in the role of the other towards someone else, who in turn acts in his role, and it is with this stage that the act of reversal of identity is complete. This process is important for the understanding of Moreno's concept of role development. The child first of all develops its psychosomatic roles of eater, eliminator, etc. The social roles emerge which are personifications of imagined things. The concept of role underlies Moreno's theory. The role can be defined as "a unit of synthetic experience into which private, social and cultural elements have merged" (Moreno, 1977, p. 184). Moreno viewed a role as an interpersonal experience and needed two or more individuals for it to be actualized. Since every individual portrays a variety of roles in any day or any lifetime, that individual is in a constant stage of movement or change as one element of a complex drama being played out with other significant persons. The individual's primary "cast" is composed of those in his social atom. The social atom is divided into psychological and collective. The psychological social atom is the smallest number of individuals that each person needs in order to function. Collective social atoms comprise linkages that one has through personal or associative connection with a number of formal and informal structures within society. The constant interplay of the collective and psychological social atom upon the development of the individual is crucial. The social atom can enhance spontaneity and thus creativity within the individual or reduce it through rules which are experienced as debilitating.

Moreno emphasized, both in his spontaneity theory and in the development of the science of sociometry, that the individual is never static but is rather constantly in a process of change and continuity. Sociometric theory stresses that when there is a change in any element of the sociogram it will be reflected in changes in some other element. At the same time most individuals retain a relatively constant sociometric position provided the sociometric criteria do not change radically (the star, the isolate, the pair-bond, etc.).

Moreno held that spontaneity could be defined as an adequate response to a new situation or a novel response to an old situation. It is the capacity for spontaneity that allows for the creative act. It is the creative act which permits an individual to move from the level of creature to that of creator, and this for Moreno is the goal of human functioning. Spontaneity and creativity go hand in glove and are reflected in one's body, behavior, thinking and feeling. When an individual is lacking in spontaneity he will experience an increase in anxiety due to role inhibition. In order to reduce anxiety individuals often strive toward security, desiring to hold static their relational

states. Moreno has indicated that this is not possible since the act of being alive requires spontaneous interactions. For Moreno, one becomes stuck when there is this reduction of spontaneity and role rigidity takes over. These individuals must be assisted to regain interpersonal flexibility and self-centering through a re-experiencing of spontaneity which allows for expanded role repertoire. Maintaining role flexibility within oneself, with others, with one's environment and with the universe is what Moreno believed vital for well functioning individuals.

Although Moreno did not use the current language of system thinkers he came close to it through his concept of roles and role reversals. Moreno believed that each individual within a significant grouping (social atom) had to learn to leave one's own role and enter the role of another which he called role reversal. This process brought with it the awareness of broader views of reality, wrenching one from his own narrow perspective.

The Therapy Context

Minuchin and structural family therapists prefer to work with the entire family, especially at the initial phases of therapy. Later they may structure the sessions to see differing holons such as the spouse, sibling, father and children, or mother and children. This process enhances awareness of the structures within the family system. Even an individual holon may be seen alone, and despite how it may appear the therapist is doing family therapy if that therapist operates from this systematic framework. At times the structuralist may wish to work with the extended family and any other persons within the life of the family that may be significant to their current or future functioning.

Moreno was in many ways a pioneer in seeing more than one party of a family within a therapy session. This was contrary to the current practice of psychiatry in the early stages of Moreno's work. When couples or families came to him he worked with them through the methods of encounter or through using what he termed multiple protagonists. At the same time, when only one individual within a family unit came for therapy, Moreno was not handicapped. He created the client's family through the utilization of auxiliary egos, that is, persons who took the role of the client's significant others. Whichever case it might be, the focus of the therapy was upon enabling the client(s) to define through enactment their problematic situation and to explore through additional enactments alternative means for dealing with these problems. Therapy was an interpersonal and interactional process.

Since my primary use of psychodramatic method has been within the framework of my family therapy practice, I have always believed that the focus of the psychodrama must maintain the interpersonal perspective. I

think that this focus on the interpersonal process which Moreno emphasized nearly a half century ago is as significant a contribution as his change of the therapeutic process from the couch of Freud to the psychodramatic stage, that is, from reflection to enactment. This is not always the conceptual frame of psychodramatists, especially those who work primarily with individuals and have had little therapeutic experience with couples or families. A reorientation to this framework so essential to Moreno can aid the psychodramatist's transition to family therapy.

The Therapeutic Process

The material that follows is an attempt to make comparisons and contrasts of techniques used in the therapeutic processes of Minuchin and Moreno. The material is organized on the therapeutic principles of structural family therapy as developed by Minuchin. Moreno's psychodramatic model will be compared with those processes of Minuchin. The brevity of this work does not do justice to either model but it does give a cursory view of how the two approaches compare.

1. *Joining and accommodating*
Minuchin holds that joining and accommodation are two ways of describing the same process. Joining is used when emphasizing actions of the therapist aimed directly at relating to family members of the system. Accommodation is used when the emphasis is on the therapist's adjustments of himself in order to achieve joining (Minuchin, 1974, p. 123). Joining is as much an attitude as it is an act. It is that ability to be truly there with a family and yet not inducted into their system. As the therapist accommodates to the family he will make the decision as to just how he will use himself in joining them. He can join from a close position or one that is more mid-range, that is, being both in and yet able to withdraw, or he will take an essentially disengaged position.

1. *Joining and accommodating*
Warming up is Moreno's term for this process. The first basic manifestation of spontaneity is warming up to a new setting. This process begins with an awareness of what is going on in one's self and an enhanced awareness of the other which creates a self-other encounter. One may aid the process through the use of starters. These are exercises or games to aid all participants to interact more freely. The final stage of the warming up is the sociometric process. Moreno believed that this could be scientifically measured. It is that stage where a theme emerges, the roles of different members are revealed, and a star or protagonist emerges. "The completeness of the warm-up period determines the propensity for creativity. Incomplete warm-ups result in incomplete psychodramas and other life function" (Hollander, 1978, p. 189).

Many modern therapists talk about the initial stages of therapy, however, few stress this initial stage so deliberately as does Minuchin. He believes that it is the glue which holds the therapeutic system together. Moreno held that

warming-up and spontaneity were circularly unitary, for the more spontaneous one was, the more rapid the warm-up and the more warmed-up one was, the higher the level of spontaneity. Without adequate warming-up the therapy process will have major difficulty getting off the ground and moving to the next level of development. Insufficient joining can fail to produce a workable therapeutic system.

2. *Planning*
From the very earliest transactions the therapist is observing structure. This aids the formation of process hypotheses which will be probed and tested in the session and in the ongoing course of therapy. The structural therapists' guidelines for planning are the underlying principles of family structure. Understanding composition of families gives clues, for a family of two is different from a family of ten. A family with three generations differs from a nuclear family. A single parent family differs from an intact family. The stage of family development provides additional clues to structure and planning. How contact with the therapist is made and who does it aids planning. How the family enters and seats themselves in the room is important information. The early transactions which the family makes in the first few minutes of a session all provide rich information the structuralist uses in "planning" for the future.

2. *Planning*
The psychodramatist works within an overall structural framework: the warm-up, the enactment, and the integration. How this structure is filled in is determined by the artistic style of the director. The warming-up process provides the director (therapist) cues. Warming-up proceeds from the periphery to the center. The therapist begins on a superficial level allowing self-involvement of the client to carry him deeper to the core. Two techniques which often aid the director in his psychodramatic plan are the soliloquy and self-presentation (Moreno, 1969). The soliloquy consists of a monologue in situ. As the client warms up to work he carries on a monologue reflective of both external and internal processes. Self-presentation is a method through which a client presents himself, and significant others in his life context, through role enactments. Through these behavioral samples and with increased clarity of the core theme to be addressed, the director "plans" the process for the drama.

Although both Minuchin and Moreno consider planning a vital part of the therapeutic process, both want this to be flexible and open to the emergent new material of the on-going process. In the structural model interventions are made on the basis of a plan for bringing change into the usual structure of the family system. It is not haphazard but based upon conceptual principles the therapist has from understanding of family structures and from what experiences and observations are made during the therapeutic family enactment. In psychodrama the therapist is gathering a number of cues all of which support a central concern or "theme." Planning relates to designating scenes the protagonist will recreate to move toward that central theme. The plan is designed to move the protagonist from peripheral scenes to the central scene of catharsis and then into new scenes of release and in-

tegration. In both models the therapist has a plan; however, that plan is always flexible and can be instantly changed on the emergence of new information. There is no rigid, pre-set formula the therapist applies based upon diagnosis of a problem.

3. *Change*
In structuring, the function of the therapist is to challenge the dysfunctional aspects of family homeostasis. The therapist does this through technique. Technique must be based upon a conceptual framework of family functioning as well as an understanding of the process of change. Structural approaches to family therapy view the family as an organism. When the organism is dysfunctional it is because underfunctioning within the complex system usually results in homeostasis. The structural therapist strives to realign significant organizations of the structure to produce change in the entire system. The therapist will also be challenging the family's accepted view of reality with one aimed more toward growth of the system.

3. *Change*
To produce change the psychodramatist challenges the role rigidity of individuals and relationships which results from a loss of spontaneity. Spontaneity does not exist in a vacuum but rather leads to the creative act which is a new way of behaving for a person or group (family). It could as well be a product such as a story, poem, or music. The end states of spontaneity and creative acts are what Moreno called cultural conserves. There is a reciprocal relationship within the spontaneity-creativity-cultural conserve which flows back and forth throughout time and space. An individual or relationship is stuck and develops anxiety when this free flow is not present. The psychodramatic experience aims at reactivating this triadic flow.

Minuchin and Moreno both see the need for change being a result of stuckness within the system or within the role relationships of individuals. Both structuring and staging have techniques which can challenge this stuckness. In structuring it produces a temporary period of turmoil which results in a system transformation moving it to a higher level of complexity. In staging, the techniques challenge the role set of individuals, expanding their repertoire, freeing them to draw upon the cultural conserve in acts of creativity that are releasing, freeing and growth producing.

4. *Challenging the Symptom*
a) Enactment. Minuchin defines enactment as "the technique by which the therapist asks the family to dance in his presence" (Minuchin, 1981, p. 79). The therapist constructs an interpersonal scene during the session at which point the dysfunctional transactions of the family will be played out. These transactions occur in the present. The therapist can observe and intervene in the enactment. All of this gives both the therapist and the family information important for understanding the problem.

4. *Challenging the Symptom*
a) Enactment. In psychodrama acting from within, or acting out, is a necessary phase in the process of therapy; it gives both the therapist and the client an opportunity to evaluate behavior which produces action oriented insight. Enactment is the primary therapeutic medium of psychodrama. Enactment always takes place in the present, whether it be a scene from the past or the future. In psychodrama, enactment is used at all levels: for diagnosis, for therapeutic change, and for the crystallization of

b) Focusing. A structural goal and a strategy for achieving that goal are always in the therapist's schema. How this is done will be determined by the content and process of the session. "The data will go through a transformation imposed by the therapeutic theme" (Minuchin, 1981, p. 99). Every therapy session produces volumes of data and the therapist must learn to explore one small area in depth in order to develop a theme. This is the process of focusing. The therapist must remain tied to the theme so as not to get pulled or distracted by the family in directions irrelevant to the therapeutic goal.

c) Achieving intensity. Minuchin says that "intensity can be likened to a shouting match between therapist and a hard-of-hearing family" (Minuchin, 1981, p. 141). Families resist calibrated communication efforts (those communication patterns similar to what the family is used to) by absorption without change. Minuchin has developed a number of means to achieve intensity. One is through repetition of messages. The therapist repeats the message again and again in the session until it is heard and acted upon. Intensity through repetition can use either content or structure. Getting parents to agree on how and when a child's homework will be done is structure, whereas the homework is content. Intensity is also achieved by repetition of isomorphic transactions (isomorphic means equivalent structures). For example, if one wants to change an enmeshed dyad then whenever that structural pattern appears in the family system the therapist finds ways to challenge it for increased autonomy. This always has more impact than if challenged in one area of the system only. Intensity can also be achieved by changing the time formats for transactions. A therapist may keep a parental unit working through until they come to a different level of functioning. Not allowing the dyad to triangulate other family members or therapist, keeping the focus new behavioral patterns.

b) Focusing. Moreno believed that a vital part of the sociometric process was the emergence of the necessary theme. In focusing one identifies the theme, then makes peripheral explorations through scenes which move the protagonist through resistance to the central point of cathartic abreaction. This is followed by scenes of integration and closure. Focusing keeps the director on track of the central theme of the session and not pulled off into material that appropriately belongs to future sessions.

c) Achieving intensity. Changing the format of therapy from the couch or chair to the stage is one of the primary means Moreno used for achieving intensity. Staging of all scenes in the here and now pushes the protagonist to be more in touch and congruent with internal and external processes. One of the most significant means of producing intensification in psychodrama is the use of the double or multiple double. An auxiliary ego represents the client and has freedom to expand on either potential internal or external processes. For instance, if the client is talking angrily at a family member but staying controlled the double may shout and wave arms as a means of pushing the potential parameters of the client's feeling. Multiple doubles portray varied parts of a client historically or presently as a means of enhancing awareness of internal or external conflict and defenses. When multiple protagonists are being worked with (husband and wife or family) the use of multiple doubles enhances the encounter. Role reversal is also a means of intensification as it keeps the client from staying with known and comfortable patterns of operation. These have to be given up temporarily to get into the role of the other. A director may also use surplus reality to aid intensity. Having the client become a noisy elephant may produce a greater sense of power and volume which may be releasing to the person when back in his own role.

on the theme, reframing the reality of staying with conflict can all be means of keeping the unit constructively operating over increased time so that a resolution is achieved.

In structural theory, enactment, focusing, and achieving intensity are techniques used to support the experiencing of a new therapeutic reality where the symptom highlighted by the family is challenged as well as the symptom bearer's position in the family structure. In psychodramatic theory, symptoms are challenged through the process of role expansion. The symptom bearer's position is challenged through the means of role reversal, doubling, using surplus reality and especially enabling the client to draw upon the reserve of the cultural conserve to bring new energy into the reservoir of spontaneity. Both structuring and staging provide a means of reframing the family's reality so that both symptom and the symptom bearer are experienced differently.

5. *Challenging Family Structure*
a) Boundary making. Movements in space are universally recognized as representative of psychological events or emotional transactions among people. Boundary making techniques are aimed at the psychological distance between family members and also at the duration of interaction within a significant holon (spouse, parental or sibling). Boundary making is a very significant technique in structural therapy. Boundaries are the rules defining who participates and how within the various subsystems. Boundaries are needed to protect the differentiation of the system. Boundaries within a family system are viewed as disengaged, differentiated or enmeshed. Disengaged systems tolerate wide variations of its individual members. Enmeshed systems emphasize belonging at the cost of autonomy on the part of its members. Differentiated systems allow for both autonomy and mutuality and its boundaries allow members to carry out necessary functions without undue interference as well as allowing adequate contact with other elements of the overall system. Minuchin emphasizes that these terms refer to transactional styles and do not reflect necessarily functional or

5. *Challenging Family Structure*
a) Boundary making. "A role is an interpersonal experience and needs two or more individuals to be actualized" (Moreno, 1977, p. 187). Boundary making within psychodrama entails clarification of the private, social and cultural elements within the roles portrayed by the protagonist and auxiliary egos. In Moreno's theory the concept of boundaries has always been important. In the development of the psychodramatic stage Moreno conceptualized it as having three distinct boundaries. The lowest level made a connection with the audience and warmed the director and audience to one another. The next level allowed for the emergence of the protagonist (client) and the director to interact together with some removal from the audience but still enough connection to be sociometrically expressive of the group theme. The final level of the stage marks off the action, past, present or future. Another means of boundary making in psychodrama is through the process of careful scene establishment. The detail to which the director has the protagonist establish the scene clearly marks boundaries (sets parameters) for action. This can be used to help establish how loose

dysfunctional systems. The therapist must take over the functions of boundary making aiding the subsystem or system to clarify diffuse boundaries and to open up those boundaries which are too rigid. In many ways boundary making is the foundation stone of the structural therapist's work, for its goal is to aid the family in protecting the integrity of the total system and the functional autonomy of its parts.

b) Unbalancing. Minuchin views the process of unbalancing as changing the hierarchical relationship of the members of a subsystem. To achieve this the therapist must use self to challenge and change the family power allocation. The therapist may thus join and support one individual or subsystem at the expense of others. The therapist may affiliate with a family member low in the hierarchy or with one at the top of the hierarchy to further stress the family into a position demanding change. Minuchin defines three primary means for unbalancing. One may affiliate with family members as a means of confirming them, giving them strength and self-esteem. The therapist may ignore family members, thus becoming a challenge to the person's basic right of existence. The sequel may be a challenge of the therapist by the family member; however, more often it moves the individual to develop a means of involvement with the rest of the family unit. Finally, the therapist may form a coalition against some family members. This is especially powerful when the therapist uses expert power to challenge and/or disqualify the previous expertise of a family member. Unbalancing produces an affective and cognitive shock by challenging an accepted definition of self by a family member of the family system. Unbalancing is a demanding technique, for the therapist must be able to support family members while stressing the system.

c) Teaching complementarity. Minuchin believes that a major function of family therapy is enabling family members (disengaged), rigid (enmeshed) or clear (differentiated) the protagonist experiences self in context. Boundary making is further reflected in the psychodramatic process through the use of the closing phase of audience integration. When the director and protagonist have done their work within clear boundaries the audience will feel a resolve as well as have points of identification with the protagonist's theme.

b) Unbalancing. Although this is a term that does not appear in Moreno's work it can be extrapolated from his psychodramatic process. In psychodrama unbalancing can occur from the outside (by the director) or from the inside (by the auxiliary egos). When it occurs from the outside, the director selects scenes or structures which can achieve all the alternatives Minuchin describes. Scenes may highlight family affiliation emphasizing the alienation of the protagonist. The director may ignore moving to scenes which star family members the protagonist has viewed as central to the problem and may thus enable the protagonist to gain a new affective and cognitive reality of experience. The director may form a coalition through instructing the auxiliary ego to enact the designated role differently, thrusting the protagonist into new perceptions. Change from within the drama can also be used to achieve these ends through the use of designated auxiliaries and instructions for ways in which the roles will be portrayed. Again, the use of the double can be a major means of unbalancing. If the protagonist is firm and demanding the double may produce statements of a paradoxical nature resulting in a shift in perception for the protagonist of the hierarchical relationships in the system.

c) Teaching complementarity. Moreno stated that the catharsis in one person is dependent upon the catharsis in another person. The catharsis has to be interpersonal (Moreno, 1977, p. 180). Moreno moved away from the couch to the stage as a means of enabling his clients to rec-

bers to experience their belonging to an entity that is larger than the individual self. The therapist must challenge the way in which the family problem is defined. Rather than "I am depressed" the therapist may ask, "Who is depressing you?" The therapist must challenge linear control by helping the family recognize mutuality of context rather than of ownership. One does not "own" a depression but rather experiences that effect in a context containing other persons. Through the introduction of the concept of expanded time, that is, framing the individual's behavior as a part of a larger on-going whole, the therapist challenges the way in which family members punctuate events. This challenge enables them to recognize that each is a functional and more or less differentiated part of the whole which they call family. The achievement of complementarity not only enables the family to be less blaming and stressed, it releases energy which can thrust the family into growth producing higher levels of complexity in the system.

ognize the complementarity existing in their situation. When the protagonist is on the stage with other family members or auxiliary egos, the interpersonal nature of the role dilemmas is emphasized. A reduction in spontaneity causing one not to know how to "act" in the context usually results in one's labeling of self as "the problem." Reconnecting the person with that scene and providing an expanded role repertoire facilitates an awareness of the reciprocal nature of the problem. One does not develop static roles in isolation. "The full psychodrama of our interrelations does not emerge; it is buried in and between us" (Moreno, 1977, p. 190). Psychodramatic reenactment brings a truthfulness to past situations which can result in catharsis for the individual and role expansion for all members of the social atom (family).

Minuchin and Moreno use their unique methods of structuring and staging to bring about challenges to dysfunctional ways in which families organize themselves. As a system theorist, Minuchin uses a language which has emerged appropriate to that epistemology to describe those means he has for challenging family structure. These means all rely upon the "feedback loop" of the system. Positive feedback keeps the system homeostatic and negative feedback thrusts the system into turmoil forcing it to re-balance at a new level of functioning. Although Moreno used a different language, his psychodramatic method aimed at much the same process. As long as clients saw themselves and significant others in their social atom in distinct role functions then alternative perceptions and behaviors were blocked. Psychodramatic enactment challenged and expanded the perceived roles enabling the client(s) to gain new perspectives on past and current role behaviors. With this understanding one could choose (a creative act) more spontaneous and satisfying ways of being in interpersonal contexts.

6. *Challenging the Family Reality.* According to Minuchin every family constructs its current reality by organizing facts in a way that maintains its par-

6. *Challenging the Family Reality.* Moreno introduced into his theory the Greek word tele, meaning far or far off. It means feeling into distance and en-

ticular structural arrangement. They have difficulty seeing alternatives. The family is stuck at its current level because it chooses to stay with the preferred explanatory schema. The therapist needs to challenge these constructions helping them to modify and make new modes of family interaction. Minuchin states that the therapist can do this changing of family reality through three primary means: the first is by the use of universal symbols which give therapeutic interventions a consensus far greater than that of a particular family. The second means is through the use of family truths. The therapist attends to how the family justifies their transactions and uses their own world view to expand their functioning. It is an extension of the "yes, and" technique (Minuchin, 1974). For instance, Minuchin gives the example, "Because you are concerned parents, you will give your child space to grow" (Minuchin, 1981, p. 227). At one level the therapist says "yes" to their transactional schema and then adds the "and" which challenges and expands it to change their reality and family structure. The final means he uses is called expert advice. Here the therapist presents a different explanation of the family reality which is based upon knowledge, wisdom and past experience. Minuchin points out that the separation of a cognitive challenge from a structural challenge is an artificial construct. This is because any challenge to the family's world view will at the same time produce changes in its interactional structure and vice versa.

ables one to perceive the real characteristics of another person. It is the tele phenomenon which draws us close or apart from one another. Tele is a trainable attribute of a person. Children have it spontaneously but as one develops, its power and significance to the person may atrophy. Much of the psychodramatic process is aimed at unleashing the tele energy so that a person can use internal resources to guide choices and can utilize feedback from others to correct perceptions of reality. The psychodramatic process of role reversal is one of the most powerful techniques for the challenging of reality. By taking the role of the significant other in the client's life, he/she gains a new awareness of both self and other. The use of the "mirror" technique can also be used to achieve this goal. In this process the client's role is played by one or more auxiliaries to aid in revealing inconsistencies in belief and behavior or to reveal different ways in which the client could respond to any given situation or relationship. The client, now back in his own role, can try on for size any of these mirrored roles, discarding or integrating what is significant from the past or creating a new role more adequate to the situation. The director and/or auxiliary egos draw upon the cultural conserve to bring into reality the wide variability open to any person which energizes the spontaneity potential and enhances greater choice in one's creative acts.

Minuchin and Moreno both hyopthesize universal constructs which are much broader than the individual's or the family's reality orientation. Both believe that the therapist must challenge the family's narrow perspectives as one means of furthering movement in therapy. Neither believes that cognitive interpretation alone is sufficient. Cognitive expansion moving in hand with structural interaction or psychodramatic staging has a double impact on the client or family's cognitive and behavioral reality.

Summary

It is my perception that Moreno walked the brink of the valley of systems theorizing without actually moving into it: his pioneering work on the interpersonal nature of individual conflict; his concept of tele and its influence on interpersonal space (sociometry); his view of personal development and the emergence of role and role reversal as an interpersonal experience; the concepts of collective and social atom which both influence and are influenced by the individual; his profound statement that "the catharsis has to be interpersonal." All these are indices of how close Moreno was in his thinking to what emerged as general systems theory. Moreno's practice of working with the marital or family unit was a forerunner to the family field of conjoint therapy. His development of the auxiliary ego to graphically represent to a protagonist that he/she is always evolving within an interpersonal context, provided an early treatment model which emphasized complementarity in the development of symptoms or problems. His development of techniques which are unique to psychodrama but which have very close corollaries in the treatment approaches of family system therapists is again a sample of walking the brink of the systems valley. Were Moreno alive today as family therapy takes the forefront in treatment approaches, I am sure he would recognize and acknowledge his role in leading us to the brink, through interpersonal and enactment theory and strategies. Thus he has enabled us to move down into the valley of systems theory and technique.

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Claude A. Guldner
Child and Family Services and Research Unit, University of Guelph
Guelph, Ontario N1G 2W1, Canada

Intertwining Jungian Depth Psychology and Family Therapy Through Use of Action Techniques

Laura Sue Dodson

This article sets forth basic concepts of Jungian psychology that relate to relationships and relationship therapy. Further, it links psychodramatic tools with a Jungian approach to couple and family therapy. A great gift of psychodrama is its activating symbols and images, which Jung calls language of the unconscious. As such, psychodrama provides a natural tool for access to unconscious material. Further, psychodrama allows one to confront figures from the past and aspects of the self and others in a symbolic way, offering a tool to connect with one's parents and ancestors and their impact on the psyche of the individual and the present family system. The article presents a case illustrative of the use of psychodrama in the application of Jungian family therapy.

Introduction

Family therapy I define as a process between therapist and one or more persons who live in relationship. The goals of the process are (1) to reach a depth understanding of the system in which one lives, understanding of the effects of the family system of origin on that system and on the individual, and deepening understanding of the inner systems of the individuals involved. Other goals are (2) to withdraw projections onto others, thus reclaiming parts of the self which can then be more fully developed within the person, and (3) to see the persons in one's family of origin and current family for who they are, beyond roles and projections, thus allowing them their personhood as separate individuals and freeing one's self to claim the same.

These three processes, though described above in a simple summary, when done well in therapy have a powerful impact on the person involved. They can be done with individuals, couples, or with an entire family. Adaptations of role play, projective chair, use of symbols such as pillows and other props in the room can allow for action therapies though only one per-

son may be present. Virginia Satir describes the impact of such a process as "claiming one's own personhood." She symbolizes this with the words, "Goodbye, mother (or father), Hello, Marie (or Ed)," using first names of the parents (Satir, 1975). Or one could say a similar goodbye to the role of husband, wife, or child and hello to the *person* who is there. When this ritual follows an understanding of the system and the psychology of each significant person in the system and how the psychologies intertwine, the impact can be transforming.

The painful interactions can begin to be seen in light of the dimensions of family system of origin, present family, the inner system of the partner and in the light of the same in the self. An ego observing the pain of the moment begins to be developed. Pain begins to be seen in a much fuller context. Expanding the context to see the pain of similar dramas throughout history further contributes to an observing ego position viewing the interaction that previously was seen in terms of fault or blame.

The protagonist can come to see more clearly the common humanity of us all. He sees that the flip side of living is betraying and that both are a part of the human process of unfolding the self. He sees himself as betrayer and betrayed in painful interactions.

With these deeper understandings and with the reclaiming of projections, the protagonist is freed to, and often even spurred on to, move more deeply into the process that Jung calls individuation. The internal system of the person—all the many facets of the self—becomes the focus now that the handicapping intertwinings with others are loosened. The family system now holds the possibility of becoming a support system to its individual members as they each develop themselves.

A healthy family system, then, is defined as a vessel that holds its members while they unfold (or individuate). This becomes possible only as one becomes conscious enough to withdraw projections and continues to do so in an everyday life process. The ability to do this seems to be greatly enhanced by becoming aware of one's family system of origin, the system in which one lives, and one's inner system and that of one's partner.

Action therapies for doing this will be discussed later in this article. First, it seems important to speak of premises of Jungian psychology behind the preceding paragraph and the entire introduction to this article.

Premises of Jungian Psychology that Relate to Family Therapy

The unfolding, or individuating of each person is what Jung sees as the major task of life—becoming more who we are. To Jung, most if not all emotional problems stem from blockages on that journey. For the unfolding of the self is as basic a drive as hunger. This approach assumes that

there is uniqueness in individuals and that there are different life journeys that can express the uniqueness of the individual. It implies that life's major purpose is the unfolding of that in every person.

This task must be done in some context or on some theatrical stage of life, so to speak. Marriage and family is one of the possible theatrical stages. The paradox of being separate and merging comes alive in the marriage context perhaps more than on many other "stages," such as career or priesthood or convent, for example. The ability to feel a sense of merging yet separateness seems essential to loving. A sense of the oneness of us all is part of the individuation process. Yet, the danger in merging is that one gives undeveloped aspects to a mate or other family member and together the two have a sense of wholeness, though they may be only two halves, so to speak, attempting to feel whole by joining. This is effective in the honeymoon stage of a relationship but will eventually bring a feeling of confinement and restriction.

The choice of mate, usually on an unconscious level, is related to the drive toward individuation. We tend to choose mates who have underdeveloped parts of ourselves and therefore daily we are confronted with this underdeveloped part of ourselves. Such a confrontation has the positive potential for further development of the self through (1) seeing aspects of the self more clearly in the other and then developing these in the self. There is also the possibility for either (2) enjoying having the partner carry that underdeveloped part of the self, thus further letting "sleeping dogs lie" and failing to develop the self; or (3) being angered at the daily confrontation with one's frailty, and further projecting that frailty by blame or anger at the partner or rejecting the partner. The last possibility can be lethal to the growth of individuals and to the relationship, the second sometimes workable but eventually stifling. The first possibility holds the hope of marriage as truly a pathway to individuation. Of course, no relationship arrives at one of these possibilities and stays there. Relationship is ever changing as are individuals. Consciousness of the process between ourselves and our partner and within ourselves allows us continually, more frequently, and more quickly to move to the first mentioned position.

It is in this sense that Jung speaks of marriage as a psychological relationship. Guggenbuhl-Craig (1977) goes further to de-romanticize and demystify marriage—to see it rather as a relationship where individuals are committed to a process of the development of self and the other. Another Jungian writer, Irene de Castillejo, leaves more room for the aspect of love and its mystery in relationship. She sees the psychological process of individuation in marriage but also cautions the therapist,

> I do not deny projections or the need to withdraw them, but . . . if we do not honour love itself as also present . . . I think we are wilfully blind and we be-

> little our human stature. When we allow this to occur, we have entered the realm of the debunkers and handed our psychological tools to the devil. (de Castillejo, 1974 p. 118)

We as therapists must always hold the door open for the mystical aspects of the meaning of people being together. Such an attitude can help us to be humble in the face of our work and to know that, much as we think we may see and understand, there are unknowable and unexplainable ingredients. Irene de Castillejo further differentiates love and marriage. Marriage is a contract or agreement between people to share a process of life. Love may also be present in that contract, but love can exist without marriage and marriage without love.

> Love happens. It is a miracle that happens by grace. We have no control over it. It happens. It comes, it lights our lives and very often it departs. We can never make it happen or make it stay. (de Castillejo, 1974 p. 116)

We cannot learn to love, but we can prepare ourselves for love by tending to our own development. Then we can more clearly see the other. As therapists we can only help people to become freer from the psychological garbage that clutters their lives so the love that is there can come through.

It seems to me that many marriage therapists overlook the mystical quality of relationship and work only on the level of communication between people. Looking at communication only, a relationship may look catastrophic. Looking more deeply to ask the question, "What is the edge of growth of each of these people that brought them together?" one can often catch a glimpse of the psychological meaning of the relationship that holds up beyond the poor communication. Awareness of this and of the mystery of love itself can help us see, beyond the pain of the moment that a couple or family may be experiencing, yet another larger context of meaning.

From a Jungian point of view, there is acceptance of the fact that we, of course, project onto our partner aspects of ourselves and aspects of our relationship with our parents. Life is seen as a process of projecting and reclaiming the projection and marriage as a possible container or vessel for this process. Most often we cannot see ourselves except as reflected in another; perhaps then we can see and reclaim what is ours. The process of relating is one of wounding and healing and such a process contains potential growth of the individuals involved. There is then "pain of birthing" in relationships—that is, pain in the service of growth. There is another quite different pain, "pain of death"—pain when the ebb and flow of the process of projection, reclaiming projections, wounding and healing is stagnant and the flow is lost. This is often when a therapist is called upon.

> Human relationship is not based on perfection, . . . it is based rather on im-

> perfection, on what is weak, helpless, and in need of support—the very ground and motive for dependence. The perfect has no need of others, but weakness has, for it seeks support and does not confront its partner with anything that might force him into an inferior position and even humiliate him. (Jung, 1964)

The last part of this quote refers to the vessel quality of relationship which holds the other in his/her frailty rather than using that quality against the other.

Another premise of family and couple therapy, Jungian style, is that "we do the best we can with what we have got." Family members do not set out to destroy one another. There is a core belief in the good of the person as well as the capacity there for evil. Another way of stating the same is that psychic energy tied up in destructiveness can potentially be transformed into positive energy. The first goal in couple and family therapy is to move beyond blame, which happens as individuals and the therapist see the larger picture described in the introduction to this paper.

Treatment too is beyond communication work, though that is important. The goal is the transformation of destructive energy into positive, life giving energy. To move toward such transformation we move from the depth of the self (as manifest in symbols, images, dreams) to the manifestations of these struggles in the self, in the system of the family of origin and that of the current family, and back again to the selves involved. Seeing the aspects of the self in one's partner is also part of the picture that is being flowered out. Since the language of the depth of the self is in symbols, action therapies that activate the unconscious and the imagination are excellent tools for a Jungian approach to family therapy.

Action Approaches to Jungian Based Couple and Family Therapy

Jungian/family therapy can be done with an individual, group, family or couple. While it is helpful for persons involved to be present, the techniques can be used with an individual as well as couple or family and accomplish the goals previously stated, at least for the persons participating.

I will briefly discuss three areas for psychodramatic skills that can be catalytic for what I have called Jungian/family therapy. I will illustrate each and its relationship to the other by the material of one case.

The case I will discuss is one in which the couple played out the drama of wife as negative mother, and husband as deprived son. This can be spoken of as the "archetype" that compelled the behavior between the couple and directed the nature of the relationships they had with their children, particularly the oldest son, at the time they came into therapy. The presenting problem was that the husband was entering a new career after having been fired from two jobs in his previous profession and his wife was angry at

having to "once again support him while he gets what he needs."

1. *Action techniques and psychodramas can be used to amplify and visualize parts of the self.* The couple of this case came to therapy first without their children. I will call them Sara and Bill. In the first five minutes of their intense, pained discussion, it was evident that the present crisis was not actually sufficient to mobilize the strength of the feelings that were present. Assuming that the feelings that compelled them in criticism of one another, and their hurt and anger, had sources other than the present crisis alone, I asked each of them when in their lives they had felt similarly.

Taking the time to search this out with Sara, I learned that she resented being the "strong one." Her mother had constantly supported her father and only last year "gained the courage to divorce him." She had never had a chance to develop herself. I saw in Sara an inner split that, at least roughly for a beginning, could be described as polarities between strength and neediness, or power and her inner child. She experienced the two parts as irreconcilable within herself. Further her statement pointed toward the possibility of her seeing her mother and father when she looked at her husband, probably not seeing him or their own unique interaction. And it seemed that she projected neediness on him and kept the strength as her role, being angry at him for the shadow part or underdeveloped part of herself.

A brief drama of placing a pillow beside her to represent the "shadow" of repressed inner child or neediness and having her dialogue with this part of herself helped to elaborate this. I then had her hand the pillow to her husband to help bring to consciousness how he was carrying that part for both of them. Then the puzzle became: how is it he participates in taking that projection?

When I asked the same question of Bill as to when before he had felt feelings like those he is currently having, he mentioned at first a time in his 20's. I kept asking for a younger age as usually patterns that generate the intense situation the couple were locked in begin very early. He began to look as if he was going to weep and I asked him, "How old are you?" He responded, "About five." I asked, "Little boy, why are you sad?" and he responded that he was lonely. I asked, "Little boy, where is your mother?" The tears came as he told me she was dead. Bill's mother had died after a lengthy illness when he was five years old. I asked further, still addressing him as "little boy," what he was going to do with his pain, who could help him. I asked this because I find that it is not the events that we suffer in life that give us later pain but the sense we make out of them and the decisions we make about life as a result of them.

Bill had decided that he was left alone because he was bad and that he had to work hard and do well if he was ever going to be loved again. Now he had

failed in his profession and he was quite certain that his wife would leave him. His wounded child had been activated and he was "possessed" by it. Other parts of him had fallen into the background. This possession was further accentuated by the projection of the wounded child or needy child in his wife upon him. Between them now they had split two parts of a continuum of behavior and feeling—"power" and need.

I had him choose a part of him to be his wounded child and had him play his inner parent. This was quite purposeful, as he needed to observe the child and activate the parent in his ego. This could help him to lessen the need to project the parent-helper-strong one onto his wife and to reclaim that for himself.

Now, rather than having two characters present, the Bill and Sara who walked into the office, thinking they were talking to each other, we had four characters present (and there were many more as we amplified their inner parts while therapy continued). Whereas in the beginning they thought they were talking to each other, now it was clear that the dialogue was not properly placed. It more appropriately was carried by each with the inner self. As the inner split was more resolved, then each could converse with the other person. Seeing each one not as intentionally hurting the other, but rather inwardly psychologically bound, aided the couple in moving beyond blame to empathy for the other's pain and less projection of one's own pain.

There are many other possible approaches to bringing to life aspects of the self that are underdeveloped and may be projected. For example, symbolic representation of aspects of the self may appear in dreams. Dialoguing with dream figures, objects, and people and interacting with them in dreams can bring one more in touch with the self.

The goal is to amplify and visualize aspects of the self that are unconscious and/or projected onto others in the family. Reclaiming these gives a richer person to relate to and frees the system of carrying this stifling burden.

2. *Action techniques can be used to amplify the family system of origin and its impact on the present system.* One example of this is work with Sara about seeing the psychology of her mother and her father and separating herself from them. I had Sara use objects in the room to represent her mother and her father, and later, more objects to represent their inner parts. This technique offers a symbolic representation of their psyche. I had her show me body postures that represented their main stance toward each other. She saw her father lying down helpless and her mother trying to pick him up. This raised questions as to his pay off for being there, what in himself he disowned or protected, and what in her mother moved her to pick him up—assuming that there was more to that than human compassion.

I continued to ask more questions. "What do you know about a part in your mother that wanted to be picked up?" "What did that look like?" "Show me what your mother did with that part of herself inside herself." (She sat on it.) "Where did your mother learn to do that?"

We eventually constructed, with objects in the room, the inner psyche of Sara's mother and her mother before her, and their relationships to their men. Sara began to see that, whereas at first it looked as if these women were victims of irresponsible men, as we looked more closely, we saw that they disowned their own needs. She recalled numerous memories of how that happened. In later sessions she came in with dreams of how that happened in her life and more memories that further deepened this new perception. As she recalled the incidents, I had her talk with her grandmother or mother, asking for honest answers (which they could never give in real life) as to why they behaved as they did. What emerged was fear of being vulnerable and being hurt, need to keep control, fearing loss of being loved, and therefore never risking, hurts in early life and decisions they made as to how they would behave to keep the hurt from happening again. Thus, a pattern emerged. For several generations women had projected their need onto their men and then castrated them for having the need, demanded their love and care, yet not allowed them to give it. They had unconsciously chosen men who had complexes around this issue too, and so would receive the projection.

This, once again, is an example of creating the dramatic scene of life in which one's conflict is re-enacted, allowing the opportunity to heal it. Perhaps this time around, the issue can be resolved.

As we talked with her father and grandfather we saw men who had never taken the hero's journey (Jung, Vol. 9) to feel their power—men who had experienced a fear of the destructiveness of their power, therefore withheld the development of it, experiencing instead occasional explosions. Their power, then, had been shielded from themselves, in part, for fear of the pain it had once caused.

Sara had an inner struggle that women in her family for at least three generations had experienced. They had never become as conscious of it as she was now. Her task of individuation was to break this pattern and to stand on the shoulders of these women before her and find ways to solve this inner dilemma. The time of projecting it must end. The focus of work with the couple then became development of the self. Awareness, though, of the potential of this marriage to reach another level of interaction is part of the hoped for outcome, but focus must at least temporarily be withdrawn from that goal.

It is not surprising that Sara chose Bill to marry. It seems that it is true that "the sins of one generation are passed on to the second and third

generation" and somewhere we must become conscious and change the pattern. In the marriage of Bill and Sara, the opportunity to once again face the issue and be confronted with it day by day, and to become conscious of it, was created. The theatrical stage of marriage became one on which the needed step in individuation of both Sara and Bill was the theme of the play.

Though I have not here discussed how his family of origin intertwines, it can perhaps be imagined by the reader. It seems they had gone through a first and second act by this time but the play had never reached its climax or transformation. There was no release. The play's first part kept repeating itself like a stuck record. The crisis of Bill's changing career can be seen as an apex of the drama. It offered the opportunity for more depth and richness in the play.

Having seen more fully inner parts of each partner and the family of origin and the inner part of members of these families, a third area for psychodramatic tools to be applied emerges.

3. *Action techniques can be used to amplify how the present family system members see aspects of the self and family of origin when looking at each other.* This, of course, is most important to amplify with the couple or parents who are the architects of the system they live in. Their psychology gives the core building blocks to the entire family.

As Bill and Sara talked of more interactions between each other and with their children, these interactions were looked at in terms of when one is talking to the actual person present and when one is looking at the other and sees instead a misplaced aspect of the self projected, or sees one's own parents behind the other, failing to see the mate. As one example, Bill was relating to his quite robust and confident son as if he had the same pain Bill had had at his age, and the child felt unseen and not respected. Rightly so. This emerged by setting up a communication between Bill and his son with the inner parts of each present. The projection readily became obvious. His son had not consciously known the repressed, fearful part of his father.

Seeing it more clearly allowed the son compassion for his father and the ability to see him more as a person. Reclaiming the projection allowed Bill the same for his son. "Problems" do not have to be solved for release to come. A family member's awareness of what belongs to them and what belongs to the other brings immediate relief and opens the door for inner and relationship healing to begin to happen.

The therapist continually listens to interactions between family members and can construct around interaction dramas that are occurring, using the inner characters within and from the past that have now been identified. As one becomes *awake and alive* to these characters, the compulsion to relate in stereotypical ways diminishes and family members begin to have choices

about how to relate, rather than to be pushed and pulled around by their personal and system complexes.

Conclusion

This brief case example is intended to illustrate action possibilities in the areas of Jungian family therapy. It is perhaps oversimplified, for there were many dramas and many more nuances unfolded in each of the areas mentioned, inner system, current family system and system of origin. It does though, I hope, give the reader sufficient material to begin to interrelate Jungian depth psychology, family therapy and action techniques.

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Date of acceptance: August 15, 1982

Address: Laura Sue Dodson
Family Therapy
200 South Sherman
Denver, Colorado 80209

Systems-Oriented, Small Group, Family-of-Origin Family Therapy: A Comparison with Traditional Group Psychotherapy

Donald S. Williamson
Paul E. Malone

This paper extends the explanation of a method of family therapy intended for resolution of family-of-origin issues, developed by the senior author (Williamson, 1981, 1982a, 1982b) in order to focus on the very small group process utilized.

A recent conceptualization of intergenerational family issues, believed to occur in the fourth decade of the adult life-cycle, is summarized. Secondly, the small group methodology developed for working with these issues is described. Finally, this group method is compared, in terms both of similarities and important contrasts, with traditional group psychotherapy methods. It is concluded that the small group method described is the most effective way yet devised to practice family-of-origin family therapy.

It has been proposed (Williamson, 1981) that a previously unrecognized stage or transition in the family life-cycle comes to fruition during the fourth decade. This transition involves the termination of the hierarchical power boundary between the first and second generations, within the three-generational family life-cycle. It is the culmination of three or more decades of development and spontaneous preparation. The transition is the final step in changing the relationship that has existed between parents and child since birth.

Conceptualization of the Central Issue in Family-of-Origin Family Therapy

Initially, parents are in a position to determine unequivocally the fact of life or death for the new infant and the young child, through either the providing or withholding of physical and psychological sustenance and protection. This power over the young child is the basis for an obvious and indeed necessary hierarchical relationship during the developmental years (Haley, 1980). This relationship is usually locked in at least through mid-adolescence, due to the social as well as physical and biological needs of the child, and the child's inability to meet these needs alone.

During late adolescence or young adulthood, parents routinely maintain this position, with all the status, privilege, and sanctions that go with it. They are perceived by son or daughter as a potential safety net, in case of mistake or failure on the part of the new generation, as it seeks to gain independence and to find a separate place in the adult world. Such a safety net makes existential fears of moving towards independence more tolerable for the young adult, even if not fully used. However, this safety net is no longer needed nor necessary for the mature adult moving into the fourth decade of life. Usually it continues to be maintained out of fear that the new self is still emotionally inadequate to be relied upon totally, and partly in order to avoid facing the inevitability of both parental death and personal death.

This power of parents to determine life or death—first real and later imagined by the second generation—is the basis for intergenerational intimidation. This intimidation is in turn the basis for the hierarchical relationship continuing to continue. The adult's task is to become a peer with and equal to all authority figures, beginning with the parents, by terminating the hierarchical boundary and assuming total emotional responsibility for one's present and future life and well-being.

And so this "new" stage in the family life-cycle has to do with power, control, and authority. It is the occasion for: (1) a radical review of family politics and relational structures within the transgenerational system; (2) a radical renegotiation of the uses of power and sanction between the generations; and (3) a redistribution of power in the direction of equality and egalitarianism. To use the more candid language of the courts, there is a "termination of parental rights." As a consequence of this renegotiation, older parents no longer have any special position or status, simply and inevitably because of their historical role as biological, psychological and social source. No longer is any duty or obligation intrinsically required or owed. Much may be given spontaneously out of affection or gratitude, especially where there is unusual need or vulnerability. But it is freely given, and it is not required on the basis of some imagined sanction or power of

the first generation to continue to reward or punish. It is of the essence of the change process for the individual to renegotiate and to end that very parental intimidation which the individual himself or herself has colluded to maintain thus far, and replace it with *personal authority*.

As previously defined, the hallmark of personal authority is "the ability to experience and relate to all other persons, *without exception*, and therefore including the former parents, as peers in the experience of being human" (Williamson, 1982b). This ability requires the individual to have achieved a significant level of individuation (Bowen, 1978), and simultaneously to have the capacity to initiate and receive intimacy and social connectedness.

Preconditions for Terminating the Hierarchical Boundary

It has been hypothesized that the termination of the hierarchical boundary does not occur until the fourth decade, because of the passage of time and the degree of living experience required to meet the necessary conditions. One precondition is the establishment of an alternative intimacy system (usually marriage). A second precondition is adequate resolution of the vocational issue in life, and the related matter of the structure and use of personal time. The third precondition is simply to have lived long enough to experience the usual exigencies of human life, so that the following objectives have been met: (1) giving up unrealistic myths about love and marriage; (2) resolution of the matter of sex/gender identity; (3) facing the issue of the next generation, while simultaneously giving up one's own need to continue to be parented; and (4) being able to feel genuine compassion and fondness for the older man and woman who used to be "mommy" and "daddy," regardless of how "good" or "bad" they may have been perceived to have been as parents to this "former child."

There are few people for whom these goals have been met prior to the age of thirty years. Achievement of the termination of the intergenerational boundary is presently thought to be a developmental phenomenon, which may occur routinely when the prerequisite conditions have been met in the natural course of events. The political renegotiation occurs, ultimately, in face-to-face conversation with the "former parents." The consultant can guide and assist in preparing an individual who is experiencing difficulty with this transition. However, the consultant cannot negotiate *directly* for the client with the parents.

Small Group, Family-of-Origin Family Therapy

It is important for the consultant to treat the client in a way which is consistent with the tasks at hand, by successive approximations of peerhood

with the consultant. For this reason the individual seeking help is referred to as "the client," the process referred to as "consultation," and the group leader is referred to as the "consultant" rather than as the "therapist."

In the experience of the present writers, this preparation process occurs most advantageously and most effectively in the context of a *very small group*. This will be discussed further below. Through the course of the consultation, the allegiance and loyalty of the client moves from the consultant to the group consultation process, and ultimately to the *personal self* of the client.

There are four guides used by the consultant which result from different ways of viewing the helping process. When combined they mark out a sequence of activities found to be useful to the client. Individual modification is made, as necessary, according to the circumstances and idiosyncrasies of the individual client situation. These four guides are: structure, client's tasks, consultant's tasks, and common methods. (These sequences are summarized in Table 1.) Explanation of the specific patterns and sequences, other than the group methodology, is available elsewhere (Williamson, 1982a) and is beyond the scope of this paper. The focus here is upon the methodology of the small group. (See pp. 170–1 for Table 1.)

The Client Intake-Process

Clients are seen for intake and evaluation in individual or conjoint couple sessions, depending on whether the client is married or single, but regardless of how the presenting problem is described in the initial contact. However, whether entering as an unmarried single or as a member of a couple, the client will have several individual sessions. This is done to obtain a picture of the general life situation, and to assess whether the current problems in living are directly related to unfinished business within the family-of-origin. Unfinished business may be the major or only presenting problem, or it may be the more general context for multi-leveled vocational and relational difficulties in the client's current life. If fourth decade family-of-origin issues seem central, this is explained and the consultation method is described. If the client wants to work on these matters and in this way, then the intergenerational consultation will proceed in more formal fashion.

Each member of the couple is now assigned to a different group rather than to the same couples' group, based on the experience of the writers that it is demonstrably impossible to do family-of-origin work over a sustained period of time with both members of the same marriage in the same room at one time. The couple-fusion itself fuses readily and inevitably with the intergenerational fusion. This then simply compounds the complexity, confuses the preparation, and retards the renegotiation as it muddies various boundaries and boundary lines in confounding ways.

In these initial conversations the consultant's first task is to hear and grasp the client's story, so as to establish rapport and so that the client will feel heard and understood. This develops that mood of trust in the consultant and the consultation process which is necessary if the client is to accept and pursue the more challenging assignments which are to follow. When the time is ripe, the individual client moves to join a very small group for group consultation.

Assignment to the Very Small Group

In the method developed by the senior author (Williamson, 1982a) the very small group has only four members. Three or five persons will work, but two is not quite a group and it is difficult to hold in one's head and in one room at one time the important ongoing transgenerational data for more than five persons. Four seems ideal both for this reason, and because ninety minutes is adequate time for four persons each to do a significant piece of personal work in each session. Perhaps also, a family of four "kids" (or three or five) is itself more similar to and therefore an easier recreation of the primary family experience for most people, than is eight to ten persons plus the parents. Experience suggests that ninety minutes conveniently absorbs the psychic energy and mental concentration routinely available to most group members, and indeed to the consultant, for pursuing this kind of demanding personal work.

A new client is appointed to a given group only after the consultant has gathered considerable knowledge about the client's current total life-situation. *A good matching of client with group is critical.* Good matching includes consideration of such variables as age, education, general sophistication, socio-economic status, and character of the affective life, and therefore the consequent likely spontaneous affinity within a given small group. It also includes consideration of the individual's current posture within the family-of-origin, as well as the life style in general. However, having said all that, there is still an important non-rational or "intuitive" element involved on the part of the consultant. Having a good affinity within the group means that the members can go immediately to work upon the tasks within the family-of-origin, without having to negotiate and resolve spontaneous incompatibilities within the membership. In frankly uncertain situations it may be a matter of trial and error, with the situation constantly open to renegotiation on everybody's part. Usually the consultant recruits and includes members of both sexes. Occasionally a same-sex group is deliberately created, in order to provide a context in which important shared tasks may be faced. For example, this might be a male group with a central focus on gender identity issues, in light of male

Table 1: GUIDES USED IN THE CONSULTATION EXPERIENCE (Williamson, 1982b)

CHRONOLOGICAL SEQUENCES

Structure	Client's Tasks	Consultant's Tasks	Common Methods
Individual screening sessions (couple if married)	Summarize: presenting problems, life situations, social connectedness and intimacy systems; developmental history, intergenerational patterns	Hear the individual life story; provide empathy—establish rapport; identify missing pieces (especially area of unmourned loss); identify foci of rage and resentment (overt and covert); identify patterns in intergenerational relationships	Client autobiography: informal—free associations; formal—reading in office Audioletters to parents, played in office
Very small group (continue until termination)	Constant updating with new information Assume emotional responsibility for one's own life	Make assignments to the very small group Consult as to the *timing* for change Facilitate preparation for work with parents	Audiotapes of phone conversations and of in vivo conversations with parents Intergenerational role playing Data-collecting visits with parents

CHRONOLOGICAL SEQUENCES

Individual session preparing agenda for in-office parental visit	Identify all issues; hurtful memories and questions to be discussed with parents	Elicit agenda for discussion with parents	(No special method)
Office consultation with primary triangle, and/or graveside visit	Renegotiate the intergenerational hierarchical boundary	Guarantee the reciprocal ethical accountability in the family Affirm the authority of the client Guide use of agenda	Office consultation with primary triangle, and/or audiotaped graveside visits
Individual debrief after parental visit Ad hoc individual sessions upon request (with group's knowledge)	Consolidate the achieved personal authority	"Resist" termination in order to be "fired" Minimize "transference" by humanizing the self	(No special method)
Termination from group and from consultation	"Fire" the group and consultant as no longer necessary or useful	Accept "firing" reluctantly	(No special method)

transgenerational models and mandates. Or it might be a female group bonded by both transgenerational and nuclear family patterns of helplessness, submissiveness, and general political ineptness in negotiating power issues with the significant men in members' lives, including those thought to be "past" and those believed to be present.

The Special Value of the Very Small Group

The major value of offering this intergenerational consultation via the mode of the very small group, rather than seeing the client alone, lies in the fact that if good connection and cohesiveness develop in the group, then the members become "brother" and "sister" to each other in an intimate "family" experience. It is as if they all had one and the same set of parents. Many related benefits ensue. First, the overall mood and tone of the group process is playfulness, humor, and absurdity, for this serves as an antidote to the toxicity of family-of-origin legacies (Williamson, 1982b). In this context there is an intense mirroring one to the other of intergenerational fusion, dependency, protectiveness, manipulation, dishonesty, fondness and caring, and above all else of intergenerational intimidation. All of this allows the individual to see clearly in others what has been difficult to perceive in the self. And so the individual moves to a different position and gains something of an "outside perspective" on the self, as it is reflected in the behavior of the "sibling," a perspective not otherwise available. There is a remarkable decrease in intimidation and defensiveness when other group members concur with the consultant's observations and confrontations to a given client. This accelerates the preparation process.

There also develops a good-natured competition (or "sibling rivalry") which supports each person in getting on about his or her own family tasks. A good experience by one member in face-to-face renegotiation with parents—in fact simply coming back alive—is very encouraging to the others. There is a remarkable mutuality of support in dealing with intergenerational intimidation. Clients report that "the group goes along" on these visits to the parental home. Clearly the "group family" will continue to accept the individual, even if the worst fears about parental rejection are realized within the original family. This awareness and confidence is enabling. Sometimes a client will call in to the group by phone when out on assignment in the field (that is, when at the parental home), and so consult with the colleagues via the use of the speaker-phone. All these advantages make the very small group the method of choice for family-of-origin work.

The Process in the Very Small Group

Rarely does the small group focus upon intragroup behavior or

"transference." In fact, rarely are such phenomena perceived to occur. When this does happen, it is assumed to be and therefore treated as if a metaphor for current family-of-origin issues. And so it is readily taken out of the group and into the primary source within the family. There is usually such a plethora of reality experiences and reality-testing ongoing for each member with the real family-of-origin out there, that, as all of this constantly feeds into the group consultation, there is little energy or imagination left over to use to create transferential issues between group members, or between any member and the consultant. If it does happen, it will probably be experienced primarily as a detour and distraction from the task at hand. In short, the work is done *directly at the source*, that is, within the family-of-origin, and not within substitutive therapeutic relationships in the group, in the hope that this learning will then somehow generalize to the family. Consequently the group process is very immediate, existential, and reality-oriented.

The style whereby each member consistently presents new input about ongoing experience within the family-of-origin (largely focused around tasks and assignments), and then receives feedback and reality-testing from the group, means that the process itself retards and minimizes the development of "transference" or any other distorted perception. If this should occur with regard to the person of the consultant, then immediate feedback and personal information is offered, whether the distortion is favorable or unfavorable, in order to minimize projection. A group member may request an individual appointment around an ad hoc issue, and indeed this may prove useful. However, it only occurs with the group's knowledge, consultation and subsequent briefing as to what has transpired.

The Spouse of the Client-Member of the Very Small Group

If married, the group member's spouse (if not involved in another small group) will be included in the initial screening interviews. This is to insure that the marital process is reasonably stable as far as major life decisions are concerned, and to insure that the non-consulting spouse is supportive of, or at the very least neutral towards, the partner's consultation goals. The spouse is advised that the consultation is likely to create change both for the individual and for the marriage. Upon request, the non-consulting spouse may attend the small group at any time as an observer, if concerned, or indeed if simply curious about what goes on there. An overriding priority at all times is loyalty towards the marriage and the family. The spouse can call the consultant directly if concerned, and at any time may request a conjoint marital interview. Another essential ground rule is that nothing will be heard in the small group which is to be presented, or which will be regarded,

as confidential from the absent spouse. The small group should not be more intimate with the client-member than the spouse is. The small group should not be allowed to be used as a vehicle of support for one partner in a marriage who seeks to prepare to move out from the marriage emotionally in a unilateral way. The consultant models to the small group an attitude of equal loyalty to all members both of the group and of the families of the members of the group. Throughout the entire process there is a constant affirmation and eliciting of the authority, accountability, and responsibility of the individual member for his or her own life and personal experience within the family-of-origin, and for personal well-being.

The Family-of-Origin Small Group Process Compared to Traditional Group Psychotherapy

Similarities and Differences

The small group process described summarily above is in important ways both similar to but also quite different from traditional modes of group psychotherapy. Clearly it is therapy occurring in a group, even if an unusually small group. So at least in that minimum sense it can be identified as "group therapy." However, since each group member is focusing upon the self in relationship to the family-of-origin, it may then be called "group family therapy." Since the theoretical orientation is transgenerational, and since it acknowledges circularity and recursiveness in all human behavior, and since it shows "multi-directional partiality" (Boszormenyi-Nagy and Ulrich, 1981), and equal loyalty to both generations, it is therefore thoroughly systemic. At the same time, it uses the fact that the small group recreates both the sibling and the intergenerational experience, both real and imagined, both experienced and simply longed for, in the client's family-of-origin. This in turn permits the client to practice the art and strategy of connecting in a different way within his or her own family, as recreated within the "group family," before actually going on-stage for a live performance. Therefore, this mode of consultation might be called "systemic, small group, family-of-origin family therapy."

The mode of therapy is similar in many ways to traditional group psychotherapy (Durkin, H., cited in Durkin, J., 1981, p. 7), and to many of its adaptations (Kaplan and Sadock, 1971). For example, each of the "curative factors" noted by Yalom (1979) is present. There is a corrective recapitulation of the primary family. There is peer experience which encourages the development of socializing skills. Further, there is a new awareness of the *universality* of the human dilemma, and a continuing opportunity for catharsis of toxic feelings. All of this is in the safe context of a cohesive group experience.

However, in spite of the many similarities, there are striking, and it will be argued, critical differences between this mode and traditional group psychotherapy practice. Central to this is the fact that the group does not work directly on changing intragroup process or group relationships. Rather the consultant uses this phenomenology to go directly to the primitive sources, namely the family-of-origin.

The character of the existing intragroup process and group relationships might be pointed to by the consultant, and clients might be encouraged to explore these within a group session. However, the material developed is then used by the clients to explore how this relates to family-of-origin experience, and so to plan for future work in that context.

The consultant also functions in some ways which are similar to, and in other ways quite different from the traditional group leader. As is traditional, the consultant is responsible for the creation and maintenance of the group, and for the establishing of the group culture and norms. And the consultant does establish a here-and-now focus in the group. But this focus is upon the actual feelings and relationships of each member within his or her own nuclear family and family-of-origin, rather than between the members sitting together in the group room. And efforts at "process illumination" have reference to the process within the family of each member, rather than within the group itself. Consequently, working through transference and parataxic distortions is largely irrelevant (Yalom, 1979). If it does occur, it will tend to be covert rather than overt on the part of the consultant.

While it may be true that the group is a social microcosm which is isomorphic to the client's real world, yet for the new learning to occur, the client is encouraged to deal explicitly with that real world, and not via substitutive (that is, group) relationships. This refers to all members of the family-of-origin, but very particularly to the "former parents," whether physically alive or deceased (Williamson, 1978). It is this way of dealing with the existential real world that is considered to be the strongly curative factor in the mode of small group therapy described. That is, the consultation process is preparation for the work to be done by the client *outside of* the group consultation setting.

A Point of View

Choosing to use group consultation in this way—that is, choosing not to work through substitutive relationships—recapitulates, at least from this one perspective, a crucial difference between individual and family orientations. It is the observation and working hypothesis of the present writers that this style of group work has certain special advantages compared to the

more traditional approach. For example, it takes less time as well as providing change and *direct new learning* in the family-of-origin. Therefore it does not require generalization of learning from the artificial world of therapy into the real world. It is actually learned there. Most valuable of all perhaps, it frequently leads to a quality of rich and healing intimacy within the natural biopsychosocial family, with which no structured therapeutic community can compete. Lastly, it avoids the possibility, ever-present in non-systemic, non-family-oriented psychotherapy (whether individual or group), that an adversary posture, or much worse, that a malignant triangulation will develop between the client and the therapeutic system and the client's extended family.

Three Reservations

Three important reservations should be noted about the small group therapy described above. First, not everybody is ready for this at all times, and some people perhaps never. Secondly, since it can be quite powerful in the way in which it destructures and restructures intergenerational relationships, therefore the timing requires careful attention. While there is usually opportunity for remarkable re-creation for both generations, there is also sometimes the potentiality present for some measure of damage, particularly to the older generation. This is especially so where the older generation has borrowed extensively from the selfhood of the new, in order to sustain their own life-processes. Thirdly, it is very important to monitor individual client progress in the case of married clients, if the spouse is not involved in any way in the consultation work. This will provide the maximum contact with and feedback to the non-consulting spouse. In this way, the consultation process will be supportive of and occasionally, if necessary, protective of the marital system.

Despite these reservations, the systems-oriented, very small group, family-of-origin process described above seems to the present writers to be the most effective way yet available to practice family-of-origin therapy.

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Date of acceptance: July 29, 1982

Addresses: Donald S. Williamson
Houston-Galveston Family Institute
Suite 1200, Fannin Bank Building
Houston, Texas 77030

and

Paul E. Malone
(private practice/family psychology)
Suite 590, 7322 Southwest Freeway
Houston, Texas 77074

AN ESSENTIAL BIBLIOGRAPHY IN FAMILY THERAPY

For many years the number of books or journals in the field dealing with family therapy was sparse. Within the last decade there has been a deluge which makes it necessary to have a guide to sort out the wheat from the chaff. The following listing is designed to be that kind of guide. It is not meant to be exhaustive but rather discriminative for those who want some directionality to their continued learning or beginning ventures into the family field. Undoubtedly the number one book in the field today, and one which stands alone is *The handbook of family therapy*, edited by Gurman and Kniskern (New York: Brunner/Mazel, 1981).

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