



Pearson New International Edition

Family Therapy

A Systemic Integration

Dorothy Stroh Becvar Raphael J. Becvar

Eighth Edition

Pearson New International Edition

Family Therapy
A Systemic Integration
Dorothy Stroh Becvar Raphael J. Becvar
Eighth Edition

PEARSON®

Pearson Education Limited

Edinburgh Gate
Harlow
Essex CM20 2JE
England and Associated Companies throughout the world

Visit us on the World Wide Web at: www.pearsoned.co.uk

© Pearson Education Limited 2014

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without either the prior written permission of the publisher or a licence permitting restricted copying in the United Kingdom issued by the Copyright Licensing Agency Ltd, Saffron House, 6–10 Kirby Street, London EC1N 8TS.

All trademarks used herein are the property of their respective owners. The use of any trademark in this text does not vest in the author or publisher any trademark ownership rights in such trademarks, nor does the use of such trademarks imply any affiliation with or endorsement of this book by such owners.

PEARSON®

ISBN 10: 1-292-04198-6
ISBN 13: 978-1-292-04198-8

British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Printed in the United States of America

Table of Contents

1. Two Different Worldviews Dorothy Stroh Becvar/Raphael J. Becvar	1
2. The Historical Perspective Dorothy Stroh Becvar/Raphael J. Becvar	15
3. The Paradigmatic Shift of Systems Theory Dorothy Stroh Becvar/Raphael J. Becvar	67
4. Postmodernism and Family Therapy Dorothy Stroh Becvar/Raphael J. Becvar	93
5. The Family: Process, Development, and Context Dorothy Stroh Becvar/Raphael J. Becvar	111
6. Psychodynamic Approaches Dorothy Stroh Becvar/Raphael J. Becvar	139
7. Natural Systems Theory Dorothy Stroh Becvar/Raphael J. Becvar	155
8. Experiential Approaches Dorothy Stroh Becvar/Raphael J. Becvar	171
9. Behavioral/Cognitive Approaches Dorothy Stroh Becvar/Raphael J. Becvar	189
10. The Structural Approach Dorothy Stroh Becvar/Raphael J. Becvar	217
11. Communication Approaches Dorothy Stroh Becvar/Raphael J. Becvar	239
12. Strategic Approaches and the Milan Influence Dorothy Stroh Becvar/Raphael J. Becvar	255
13. Postmodern Approaches Dorothy Stroh Becvar/Raphael J. Becvar	281

14. Family Assessment	
Dorothy Stroh Becvar/Raphael J. Becvar	307
15. Therapeutic Intervention/Perturbation	
Dorothy Stroh Becvar/Raphael J. Becvar	325
16. Training and Supervision	
Dorothy Stroh Becvar/Raphael J. Becvar	353
Index	367

Two Different Worldviews

Welcome to the world of systems theory/cybernetics and family therapy! Hesitation and second thoughts are perfectly normal at this point, and we would be surprised if you were feeling otherwise. Approach the systems world just as cautiously as you would any foreign area.

In this text the fundamental assumptions that comprise the roots of two different worldviews are described. As we shall see, each of these worldviews provides the foundation for two very different approaches to working with clients: individual psychology and systemic family therapy. The framework, or worldview, underlying individual psychology approaches probably is familiar to you because it is so much a part of our culture. On the other hand, the worldview underlying family therapy is both different and counter-cultural. That is, its assumptions are inconsistent with those basic to Western society, hence the discomfort students in this field usually experience when they first encounter systems theory and cybernetics. In time, however, the language will become familiar and it is likely that you will become comfortable with the concepts. You may even find your own viewpoint has changed so that you will decide to take up residence in systems territory yourself. But that possibility probably is going to seem remote for quite some time.

The Framework of Individual Psychology

Most of us have been socialized into a world whose philosophical assumptions (basic epistemology) are firmly rooted in a Western, Lockean (Rychlak, 1981), scientific tradition. By *socialization* we mean the processes, both implicit and

Learning Objectives:

- Describe the eleven basic assumptions of a Lockean worldview.
- Describe the eleven basic assumptions of a Kantian worldview.
- Define the basic concepts of a systems theoretical perspective.
- Explain the significance of the paradigm shift to a systems theoretical perspective.

explicit, by which one learns the appropriate behaviors and ways of thinking consistent with a particular social group. For most of us, informal socialization occurs in our families, and formal socialization occurs in schools. In both places we are taught the rules that enable us to become productive members of our society. Thus, if you, and especially if your parents as well, were educated in Western society, you likely were immersed in a perspective derived from the thinking of John Locke and those who followed him about the appropriate rules for theory construction and methodology in the physical sciences. In other words, you were immersed in what is currently referred to as the world of *modernism* (Gergen, 1991).

For example, you probably have been taught that linear cause/effect thinking is appropriate and that any problem is solvable if we can find an answer to the question, *why?* From this perspective it is believed that event *A* causes event *B* ($A \rightarrow B$) in a linear (unidirectional) fashion. We therefore hold *A* responsible for *B*, or blame *A* for causing *B*. Why did *B* happen? Because *A* did such and such. Or another way of expressing the same idea is to say that *A* did something to *B* and then *C* happened ($A \rightarrow B \rightarrow C$).

Similarly, you probably have been taught, consistent with the Lockean tradition, to understand the world as consisting of subjects and objects, or *Xs* operating on *Ys*. From this point of view, reality is considered to be separate from us, to exist outside our minds. Thus, meaning comes from external experience and we are recipients: we recognize order rather than create it. Further, if we can reduce sequences of reality, which we believe are “out there,” into their smallest possible components (reductionism), then we can uncover the laws according to which the world operates. We understand the world to be deterministic and to operate according to lawlike principles, the discovery of which will reveal some absolute truths about reality. We as individuals are seen as reacting to and/or being determined by our reality rather than as creating it.

According to this tradition, the appropriate scientific methodology is empirical and quantitative; knowledge must be pursued by means of observation and experimentation. The results of such experimentation must be measurable and objective. And not only is the subject separate from the object of his or her observations, but reality and theories about reality are seen as either/or, black-or-white, right-or-wrong explanations.

When beliefs such as these were translated from the physical sciences into the behavioral sciences, they were interpreted into theories that described human behavior as determined either by internal events and/or by external environmental sequences to which persons may react. Behavioral scientists embraced the notion of the mind/body dualism inherent in the belief that mind and reality exist independently of each other. Thus, I as subject/mind can view object/reality from a distance without imposing my values or beliefs on object/reality. This premise has led us to believe that both objective measurement and a value-free science are possible and to distrust the subjective dimension as being nonscientific.

These particular assumptions have served researchers, especially those in the so-called hard sciences, extremely well for generations and no doubt will continue to do so for many more. It is not surprising, therefore, that this scientific tradition has been and continues to be well respected in Western societies. Nor is it surprising that psychologists, in their early efforts to gain credibility within the scientific community, adopted this tradition wholeheartedly. We in the behavioral sciences, the so-called soft sciences, have accepted the importance of objectivity and the value of measurable, quantifiable data. We were taught and hence believe that our focus should be on root causes. We therefore have directed our attention toward history, or previous events that led to current problems, in order to

understand human behavior and find solutions to such problems. If our goal is to reduce behavior to the lowest common denominator, then we must focus either on the individual and the individual's specific behaviors or on the internal events of the human mind.

Premises such as these are consistent with many of our basic American values. Not only do we have a great respect for science in the United States, but part of the tradition that we as Americans hold most dear is a belief in individualism. Indeed, the individual rather than the community traditionally has been at the heart of all our social and political speculation (Becvar, 1983). Thus, with its emphasis on the individual as well as its consistency with the Lockean scientific tradition, psychodynamic theory fit and was well received and warmly embraced in the United States. Have you ever noticed, for example, how often psychodynamic terms occur in our everyday conversations? *Freudian slip*, *rationalization*, *unconscious behavior*, and *defense mechanism* are common examples.

Throughout the first half of the twentieth century, theories based either on Freudian notions or on reactions to them proliferated. As a result, we have a variety of individual psychologies, intrapsychic theories, learning theories, and therapies that combine elements of these psychologies and theories, all of which, though they may look different on the surface, are expressions of basically the same worldview. Although some of these theories and therapies are clearly more humanistic than scientific or mechanistic, they all focus on the individual and share similar fundamental beliefs. An examination of individual psychologies such as psychoanalysis (Freud), analytical psychology (Jung), individual psychology (Adler), Rogerian therapy (Rogers), behaviorism (Skinner), rational-emotive therapy (Ellis), reality therapy (Glasser), and transactional analysis (Berne) reveals that each is based on a foundation that includes most of the following assumptions about reality and its appropriate description:

- Asks, Why?
- Linear cause/effect
- Subject/object dualism
- Either/or dichotomies
- Value-free science
- Deterministic/reactive
- Laws and lawlike external reality
- Historical focus
- Individualistic
- Reductionistic
- Absolutistic

To illustrate this worldview, we may think of each of these intrapsychic and learning theory approaches as slices of an individual psychology pie (see Figure 1). We then may think of the foundation, or crust in which the pie is baked, as being made up of the "ingredients" enumerated in the previous list of basic assumptions (see Figure 2).

To continue with our pie metaphor, as anyone who appreciates good cooking knows, the pie and its crust need to fit. That is, they need to be consistent with each other. Similarly, theories and the assumptions on which they are based must have a good fit if they are to have a logical consistency. Just as we need to know the ingredients of a crust to know if it is appropriate to its filling, part of understanding various frameworks or approaches involves knowing the assumptions that influence and give meaning to theories built on

FIGURE 1 Filling for an Individual Psychology Pie.

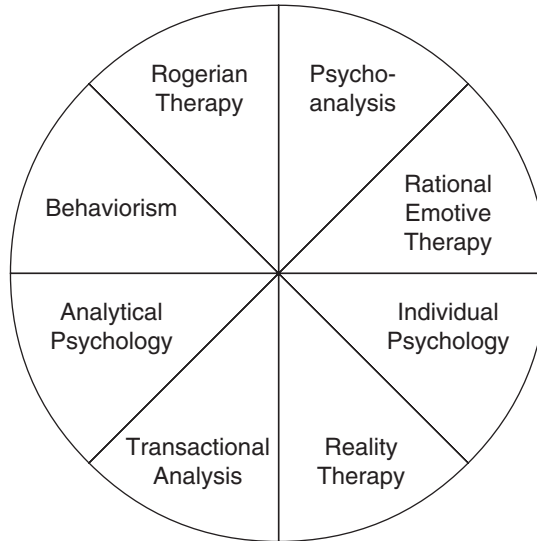


FIGURE 2 Crust for an Individual Psychology Pie.

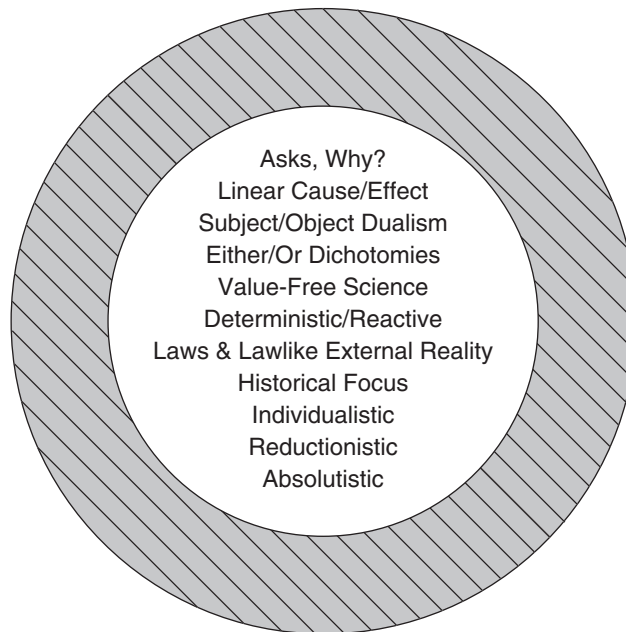
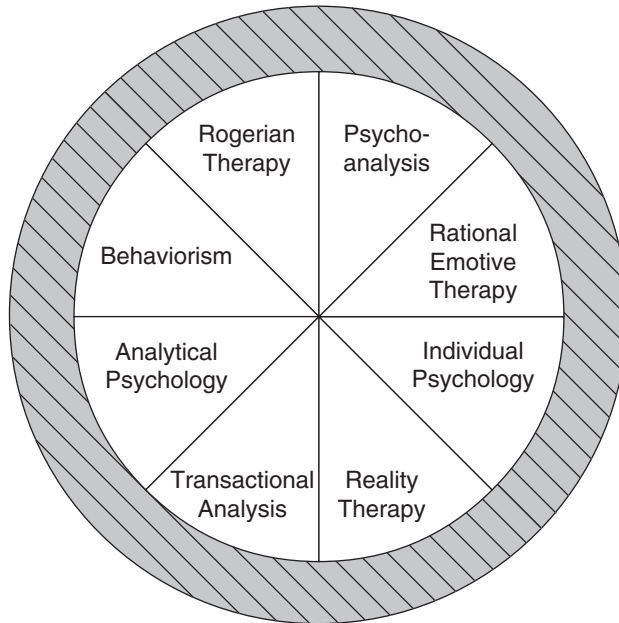


FIGURE 3 Individual Psychology Pie.



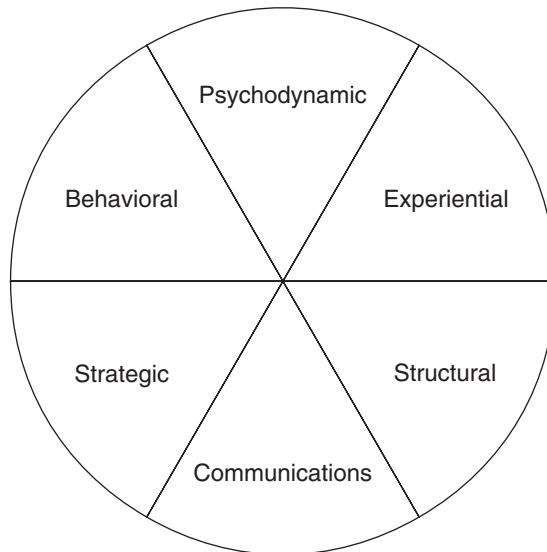
these assumptions. Thus, if we put assumptions and theories together, we come up with a pie as illustrated in Figure 3.

As you, the students of family therapy, attempt to journey into the world of systems theory/cybernetics and understand the concepts according to which its natives are socialized, the dilemma you face is not unlike that encountered by the cook who only knows how to bake a pie with a flaky pastry crust and must now learn how to make a pie with an unbaked crust. The fillings for each are likely to be made in different ways; and most importantly, their crusts contain entirely different ingredients. Further, putting a filling that doesn't fit in either crust—apples in an unbaked pie shell, for example—does not bode well for the desired outcome. Similarly, attempting to do family therapy based on an individual psychology framework is likely to lead to a process of doing individual therapy in the context of the family. This is very different than doing systemic family therapy.

The Framework of Systemic Family Therapy

Whereas individual psychology approaches are based on assumptions fundamental to the Western, Lockean tradition, systemic family therapy rests on a very different set of assumptions. In the former case, the assumptions are consistent with such basic American values as individual responsibility and autonomy. In the latter case, however, the underlying assumptions are contradictory to traditional ways of thinking in Western society. Hence our use of the term *counter-cultural* to characterize systems theory and cybernetics. Systems theory/cybernetics directs our attention away from the individual and individual

FIGURE 4 Filling for a Family Therapy Pie.



problems viewed in isolation and toward relationships and relationship issues between individuals. In contrast to the Lockean tradition, systems theory is consistent with the tradition labeled as *Kantian* (Rychlak, 1981). Accordingly, the observer replaces the observed as the focus of attention. Subjectivity is seen as inevitable based on the assumption that the one who is observing perceives, acts on, and participates in creating his or her own reality. In addition, the interdependence of observer and observed is an important aspect of a holistic perspective that takes into account the context of their interaction. Such interaction is seen as a noncausal, dialectical process of mutual exchange in which both have influence. Finally, understanding a family or other system requires assessing patterns of interaction, with an emphasis on *what* is happening, rather than *why* it is happening.

Just as the individual psychology pie contains slices representing various theories and therapies, there are several different slices, or schools, of family therapy. Some of these schools look deceptively like slices cut from the individual psychology pie. We might illustrate the filling for the family therapy pie as in Figure 4.

It is important to emphasize, however, that the part of the family therapy pie that gives it a unique flavor and makes it difficult to learn how to create it is the crust. Systemic family therapy is based on a different foundation of assumptions about reality and its appropriate description, which includes the following:


- Asks, What?
- Reciprocal causality
- Dialectical
- Holistic
- Subjective/perceptual
- Freedom of choice/proactive
- Patterns

Here-and-now focus
 Relational
 Contextual
 Relativistic

Systems theory, or the crust for the family therapy pie, is illustrated in Figure 5. And putting the pie and crust together gives us the final product, comparable to the individual psychology pie (see Figure 6 and compare with Figure 3).

In the following section we provide an introduction to the important concepts that form the theoretical foundation of a systemic/cybernetic perspective.

■ Basic Concepts of Systems Theory and Cybernetics

In the world of systems theory/cybernetics, the notion of linear causality is not meaningful. Instead, we find an emphasis on reciprocity, recursion, and shared responsibility. *A* and *B* exist in the context of a relationship in which each influences the other and both are equally cause and effect of each other's behavior:  or "I am with you as you are with me as I am with you."

Over time, *A* and *B* establish patterns characteristic of their particular relationship. If we wish to understand the issues and events in their relationship, we do not ask *why* something happened. Rather we ask *what* is going on in an effort to describe these patterns. Our perspective is holistic, and our focus is on the processes—the context—that give meaning to issues and events instead of only to the individuals, issues, or events in isolation.

FIGURE 5 Crust for a Family Therapy Pie.

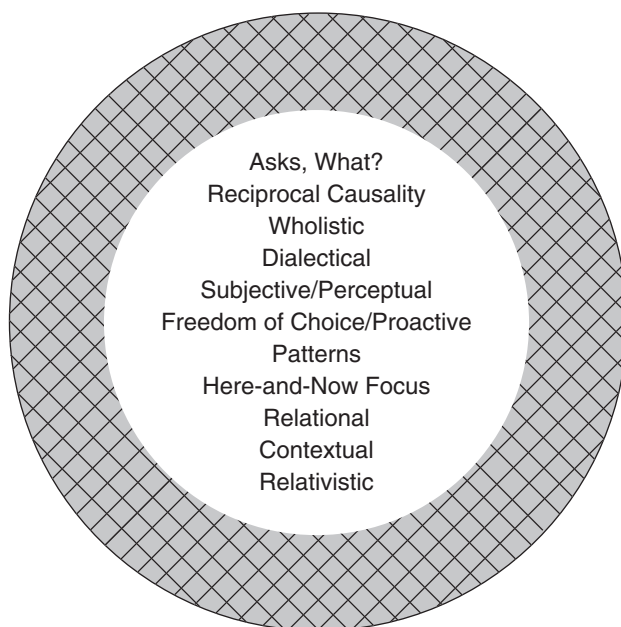
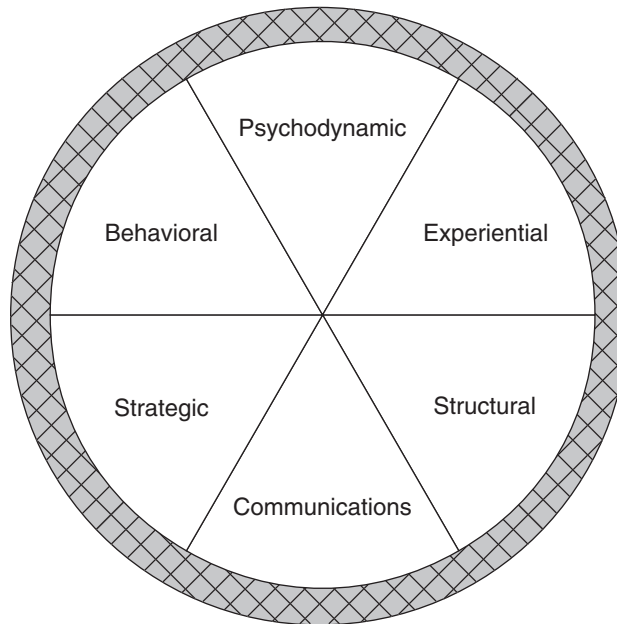


FIGURE 6 Family Therapy Pie.



Our focus is also present-centered: we examine here-and-now interactions rather than look to history for antecedent causes.

Thus, in this world we are all concurrently subjects and objects; we are all involved in one another's destiny. Reality is not external to us but is constructed by us as we bring our own personal perceptions to bear on it and thus give meaning and order to it. We are proactive. We act on the world and have choices relative to the creation of our own destiny. We recognize that mind and body are inseparable, that subjectivity is inevitable, and that a value-free science is therefore not possible.

We attempt to transcend either/or dichotomies by acknowledging the necessity for, or complementarity of, both sides of the coin, if the coin is to exist at all. Thus, we do not reject one side of the coin in favor of the other; we attempt to consider the utility of each side of the coin relative to a given context. For example, to understand the concept of light, we must have darkness. Only as they are contrasted can we observe difference and thereby understand the meaning of each. Just because we may prefer the light doesn't mean we can do away with darkness. Further, there are times when darkness may be equally useful. Certainly it is easier for many of us to create an atmosphere of romance with darkness and candlelight than it would be in broad daylight. Therefore, the utility of each is decided situation by situation, or relative to context.

The characteristic of the systemic/cybernetic world just described is *theoretical relativity*. According to this concept, we realize that just as we cannot reject one side of a coin or issue without destroying it entirely, embracing one theory does not require or imply the rejection of a different theory. Rather, we recognize that each theory gives meaning to the other and that each has utility relative to a given context. Thus, entry into the

systemic/cybernetic world does not require rejection of the individual psychology world. Just as light and darkness are contrasted to each other and enable us to observe difference, so the individual psychology world and the systemic/cybernetic world are intricately connected as each gives meaning to the other.

Indeed, entry into the systemic family therapy world does not require that you leave the individual psychology world behind forever. Rather, we find that systems theory/cybernetics provides us with a passport to travel freely back and forth between the two worlds. Systems theory/cybernetics therefore may be said to be a theory of theories, or a metatheory. It is descriptive only and suggests that we suspend judgments about what is good and bad, right and wrong. We are urged to consider goodness and badness relative to context. The important issue is utility, or appropriateness, neither of which can be decided out of context.

Similarly, when making use of systems theory/cybernetics, with its notions of transcendence of dichotomies and utility relative to context, we recognize that sometimes the utilization of one family therapy approach is appropriate, and at other times it makes sense to make recourse to a different family therapy approach. The selection of interventions must be made relative to the uniqueness of each family system. While both approaches may be part of our therapeutic repertoire, the one utilized is selected because it is appropriate rather than because it is good and the other is bad.

Finally, one way in which the systemic/cybernetic perspective has been described is as a “skeleton of science” (Boulding, 1968), one whose bones may be fleshed out by whatever discipline one chooses. What systems theory/cybernetics is not, however, is a pragmatic theory. Even though it can be used to describe relationships between pies, between theories and approaches, and between human behaviors, and can tell us where to focus our attention if we wish to understand events or make changes, it cannot tell us what to do to make those changes. Once again, it is not a pragmatic theory. Many of the seminal thinkers in family therapy adopted systems theory because of its utility in describing human interaction. They then fleshed out its bones with concepts drawn from a variety of sources, including individual psychology, anthropology, biology, cybernetics, and communications theory. This process accounts in part for the evolution of the various schools of thought within the field of family therapy. It also may account in part for the differences among these schools in terms of their consistency with the systemic/cybernetic perspective.

Family Therapy or Relationship Therapy?

It is important to note that from our perspective the term *family therapy* is probably a misnomer. When family therapy is built on the assumptions of systems theory/cybernetics, a more appropriate label would probably be *relationship therapy*. As mentioned previously, this perspective guides us to describe relationships and patterns of interaction. Therefore, the choice to work with families to solve everyday human problems is one of expediency rather than of necessity. The family is the primary group from which each of us derives meaning, and it is the context in which most of us live, so it is the family to which we as therapists have directed most of our attention. However, it is just as appropriate to work at the individual level, the couple level, the extended family level, the neighborhood level, or the societal level; and indeed many family therapists do that.

■ Summary

This concludes the introductory portion of our trip. We have briefly discussed the worldview underlying individual psychology, noting its basic assumptions and the fit of this perspective in Western societies. We also have outlined the bare essentials of a systemic/cybernetic perspective and have addressed its counter-cultural aspects. It is important to emphasize the fact that systems theory/cybernetics, as a metaperspective, is inclusive of individual psychology and does not require the students of family therapy to make either/or choices between these two types of approaches or the worldviews on which they are based. Finally, we have expressed our belief that family therapy based on systems theory and cybernetics might more appropriately be called *relationship therapy*. Table 1 summarizes some of the ideas just articulated.

Systemic Family Therapy Is Not About:	Systemic Family Therapy Is About:
1. Who is in the room	1. How the therapist thinks about who is in the room
2. People in isolation	2. People in context/interdependence
3. Treating patients	3. Interaction, recursion, mutual influence, and perturbation
4. Paradox/paradoxical interventions	4. Understanding the logic of what appears paradoxical
5. Maintaining objectivity	5. Recognizing subjectivity
6. Cookbook approaches	6. Using the basic ingredients to create recipes appropriate to each client system
7. What caused the problem	7. How the problem is being maintained and the solutions desired by the client
8. The truth	8. A story about stories
9. Reality as "out there"	9. How we each participate in creating our reality
10. Either/or dichotomies	10. Both/and complementarities
11. Content	11. Process
12. Judgments about clients	12. What is going on/the logic of behavior in context

PRACTICE TEST

The following questions will test your application and analysis of the content found within this text. For additional assessment, applying, analyzing, synthesizing, and evaluating this text's content with practice, visit **MySearchLab**.

1. Describe the major philosophical perspectives underlying the Western ideology of individualism, and discuss the major contributor to the Western philosophy.
2. Psychological theories (Freud, Rogers, Ellis) share similar fundamental beliefs. Explain the logic that follows understanding these various approaches.
3. Identify the appropriate scientific methodology for the individualistic perspective, and explain the components of that methodology.
4. Defend the underlying assumption(s) of the systemic/cybernetics perspective.
5. Explain the linear cause/effect thinking that any problem is solvable.
6. Define and discuss at least three assumptions of the systemic/cybernetic perspective.
7. What is the meaning of theoretical relativity, and what are some of the components of theoretical relativity?
8. Why is the systemic/cybernetic perspective not a pragmatic theory?

MYSEARCHLAB CONNECTIONS

Reinforce what you learned in this text by studying videos, cases, documents, and more available at www.MySearchLab.com.

Watch These Videos

Developing an Action Plan That Changes the Internal and External

In this video, four women work with a social worker to develop strategies for their current psychological/emotional issues. Summarize their issues, and explain how the plan is individualistic or systemic/cybernetic.

Applying Critical Thinking

What supports either an individualistic or a systemic perspective for family therapy?

The Ecological Model Using the Friere Method

“Systems theory/cybernetics provides a passport to travel freely back and forth between two worlds.” How do the interactions in this video support this statement? Provide specific examples.

Read These Cases/Documents

Δ Attachment and Grief in a Stepfamily with Children Adopted Internationally

Like Bob and Marie, families face different challenges with extended family. How might you work with this family to help them provide support to each other during this loss?

Δ Family Feud

How does birth order impact the dynamics of sibling rivalry?

Δ In-Laws

What impact do in-laws have in the dynamics of their children’s families?

Explore These Assets

Website: American Association for Marriage and Family Therapy: AAMFT.org

Website: Casey Family Programs

Interactive Case Study: Group Work

Research These Topics

Personality Theories

John Locke

Immanuel Kant

Assess Your Knowledge

Go to **MySearchLab** to test your knowledge of key topics in this text with topic-specific quizzes. Conclude your assessment by completing the exam for this text.

^ = American Association for Marriage and Family Therapy Core Competency Asset Δ = Case Study

References

- Becvar, D. S. (1983). *The relationship between the family and society in the context of American ideology: A systems theoretical perspective*. Unpublished doctoral dissertation, St. Louis University, St. Louis, MO.
- Boulding, K. E. (1968). General systems theory—the skeleton of science. In W. Buckley (Ed.), *Modern systems research for the behavioral scientist* (pp. 3–10). Chicago, IL: Aldine.
- Gergen, K. J. (1991). *The saturated self*. New York: Basic Books.
- Rychlak, J. F. (1981). *Introduction to personality and psychotherapy* (2nd ed.). Boston, MA: Houghton Mifflin.

The Historical Perspective

We may say that the seeds of the family therapy movement were planted in the late 1930s and early 1940s. Having found fertile soil, the movement put down roots in the 1950s, began to bud in the 1960s, and finally blossomed in the 1970s. Having made such an assertion, however, it is also important to remember that much that preceded the emergence of family therapy can also be said to have influenced the timing and shape of its flowering as a viable clinical modality. Thus, our making a division at the 1940s is somewhat arbitrary and is done in light of our personal perceptions and interpretations of particular historical events.

In the same vein, it is interesting to note the variations and even conflicts among accounts of the development of family therapy written by those who were there (e.g., Ackerman, 1967; Guerin, 1976; Keith & Whitaker, 1982). Such variations make sense in that human beings are unique in terms of their ability to be both actors and observers of their own actions. The observer's perceptions always color what is being observed. Nowhere is this more the case, and possibly a dilemma, than when the subjects are also the objects of their own observations. Indeed, one goal of therapy is to enable clients to acquire some distance from life experiences in which they are involved and thus, to gain a different perspective on these experiences.

History writing, particularly by people who helped create the history, is a process by which the historians (in this case family therapists) attempt to distance themselves from their actions and record them from the perspective of observers. However, the process of distancing, reflecting on, and describing is necessarily different from the process of experiencing. The same events will vary in degree of importance relative to the framework of each observer. Further, just as Maturana (Simon, 1985) indicates that each member of the same family (from the perspective of an outsider) lives in a slightly different family (from the perspective of the insider), so each historian gives different meaning to, and writes a slightly different account of or story about, the same experience.

Learning Objectives:

- Summarize the evolution of family therapy over time.
- Describe the major themes of the decades of the 1940s, 1950s, 1960s, 1970s, 1980s, and 1990s.
- Describe the impact of World War II on the development of family therapy.
- Evaluate the contributions of the seminal family therapy theorists and therapists.
- Estimate the impact of the current challenges in the family therapy field.

Accordingly, no single description of the family or one historical account of family therapy is necessarily any more right or accurate than any other. From a systemic/cybernetic perspective, we believe that we live in a multiperspectival, multiconstructed universe in which each viewer participates in creating his or her own reality and for whom that reality is his or her own truth. We will be returning to this important point many times.

For now, it also is important to remember that we are second-generation family therapists. We have integrated various accounts filtered through the frameworks of both first- and other second-generation family therapists and then through our own cognitive lenses. We hope, however, that this particular historical survey will provide a full sense of the development and effects of the movement. In addition to giving our account of the main events, some key people, and the various climates in which family therapy sprouted and grew, we believe that a thorough understanding also requires that we delineate and examine the larger historical context that both nurtured and was influenced by this developmental process. Therefore, we have provided you with an historical table in which we have recorded highlights in the development of family therapy along with some background world events that help to capture a sense of the environment in which family therapy originally flowered and continues to grow (see Table 1 at the end of this text). Our discussion focuses on both.

We have divided our historical survey into periods corresponding to decades beginning with the 1940s and continuing into the second decade of the new millennium. Having guided you to the present, we then take you back before the so-called beginning. That is, we look briefly at the period before the 1940s and at the contributions of various theorists and therapists who helped prepare the soil in which the seeds of family therapy were sown. Perhaps you may feel we are putting the cart before the horse, and in a way we are. But given our theoretical orientation, it makes sense to use this format in order to emphasize the circularity we see in all processes and the difficulty we experience with designating beginnings and endings.

Planting the Seeds: The 1940s

■ Cybernetics

The seeds of the family therapy movement were sown by a disparate group of researchers and theorists from a variety of disciplines who were early explorers in the realm of cybernetics. Included in this group were mathematicians Norbert Wiener, John Von Neumann, and Walter Pitts; physician Julian Bigelow; physiologists Warren McCulloch and Lorente de No; psychologist Kurt Lewin; anthropologists Gregory Bateson and Margaret Mead; and economist Oskar Morgenstern, as well as others from the fields of anatomy, engineering, neurophysiology, psychology, and sociology (Wiener, 1948).

In what since has been recognized as a major departure in the way we study and come to know our world, the science of cybernetics early on concerned itself with organization, pattern, and process rather than with matter, material, and content. In the words of Ashby (1956), another pioneer, cybernetics “treats, not things but ways of behaving. It does not ask ‘what does it do?’ . . . It is thus essentially functional and behavioristic” (p. 1).

The field of cybernetics dates from approximately 1942, and Norbert Wiener is usually given credit for naming the science. Wiener, writing in 1948, defines the term and also traces its roots to the Greek word for steersman, *kybernetes*. Noting that it is also the root

of the Latin word for governor, he describes its use as referring to a control or feedback mechanism, “which is especially well represented by the steering engine of a ship” (p. 14).

By means of a focus not only on feedback mechanisms but also on information processing and patterns of communication, cyberneticians began in the early 1940s to study inanimate machines and to compare them with living organisms in an effort to understand and control complex systems. Much of the early work in this area, as well as its interdisciplinary nature, was assisted by and emerged out of the events of World War II (Heims, 1975).

■ Development of Interdisciplinary Approaches

By tradition, research previously had tended to take place within the fairly rigidly maintained boundaries of particular disciplines housed in separate university departments. During World War II, however, many efforts were undertaken by teams of researchers whose areas of expertise cut across various disciplines in both the physical and social sciences. Thus, for example, Norbert Wiener was a member of an interdisciplinary team at the Massachusetts Institute of Technology. His assignment was to section D-2 of the National Defense Research Committee, and his focus was on anti-aircraft fire. At the same time, John Von Neumann was a consultant in mathematics to the Manhattan Project in Los Alamos, New Mexico, where the first nuclear weapons were constructed (Heims, 1977).

Although their goal was the improvement of the technology of war, many concepts coming forth from these research efforts have had an impact that continues to be felt. In a 1943 article entitled “Behavior, Purpose, and Teleology,” Rosenblueth, Wiener, and Bigelow state: “In classifying behavior the term ‘teleology’ was used as synonymous with ‘purpose controlled by feedback’. . . . It may be pointed out, however, that purposefulness, as defined here, is quite independent of causality, initial or final” (p. 22). With radical ideas such as these, an alternative perspective on knowledge and reality began to come into being.

In addition to belonging to multidisciplinary teams focused on the technology of war, Wiener and Von Neumann communicated with each other on other topics during this period. Indeed, as early as 1943 they had begun to share their thoughts about the relative advantages of studying organisms and machines together. By the time the war ended in 1945, they had organized a small study group and were beginning to plan ways to implement some of their ideas.

■ Gregory Bateson

Meanwhile, anthropologist Gregory Bateson had been formally introduced to the world of hypnosis and the ideas of Milton Erickson at two conferences held in New York City, the first on December 7, 1941, and the second on May 14–15, 1942. According to Bateson (Bateson & Mead, 1976), psychologist Lawrence Kubie played an important role in this drama. Through both the earlier conference and joint writings, he helped “respectabilize” hypnotherapist Erickson. Indeed, the title of the latter conference, “Cerebral Inhibition,” was, as Bateson noted, nothing more than “a respectable word for hypnosis” (Bateson & Mead, 1976, p. 32). The upshot of these conferences for Bateson was resolution of the problem associated with purpose and the mystery posed by the concept of the final cause. In retrospect he noted that the idea of recursiveness ultimately would require reconstruction of “the whole of logic” (p. 33).

At the 1942 conference, Bateson also became acquainted with the as-yet-unpublished contents of the Rosenblueth, Wiener, and Bigelow paper mentioned previously. Although

an article by Ross Ashby would achieve a prior publication date of 1940, Bateson was not aware of it at the time and thus considered the 1943 article to be the first great paper on cybernetics (Bateson & Mead, 1976).

During the war, Bateson, an Englishman, worked for the U.S. Office of Strategic Services in India, China, and Ceylon. At the same time, he continued to ponder and be intrigued by the concepts to which he recently had been introduced. He was particularly interested in creating new and better ways of interpreting the data he had collected during his studies of the Balinese and Iatmul cultures before the war. His overriding goal was to find a more appropriate framework for the behavioral sciences than those currently in use (Heims, 1977). With this in mind, Bateson corresponded with physiologist Warren McCulloch, who shared similar interests. By the end of the war, they were among those who were pushing the Josiah Macy Jr. Foundation to sponsor another conference (Bateson & Mead, 1976).

By March 1946, the scientists who had been employed in the defense effort were looking for new projects and for ways to explore new ideas that had emerged in relation to their war research. In the United States, the prestige of science was high, there was great faith in the potential of science to solve most problems, and money was available to support civilian research. Thus, it was without much difficulty that the Macy Foundation was persuaded to sponsor a multidisciplinary conference on “Teleological Mechanisms” (Heims, 1977).

At this point, it seems appropriate to note that Gregory Bateson is considered one of the most important figures in the development of systemic family therapy, especially in the delineation of the philosophical framework underlying this movement. His translation of the concepts of engineering and mathematics into the language of the behavioral sciences was crucial. However, Bateson himself was not an engineer, a mathematician, or a family therapist. Rather, he has variously been labeled anthropologist and/or ethnologist, and his ultimate contributions were in the realm of epistemology, or the study of the grounds of knowledge. At the 1946 Macy Conference, Bateson’s talk focused on his search for an adequate framework for the social sciences and the limitations of learning theory for describing stability mechanisms in various cultures. At later conferences and in subsequent communications, he continued his conversations with other cyberneticians, particularly Wiener and Von Neumann. Thus, Bateson played a vital role in the process of bridging the worlds of the physical and behavioral sciences.

During the 1946–47 academic year, Bateson was a visiting professor at the New School for Social Research in New York City. In 1947–48, he was a visiting professor at Harvard University. Failing to receive a permanent appointment at Harvard, he then went to join Juergen Ruesch as a research associate in the department of psychiatry at the University of California Medical School. He worked full time at the Langley Porter Institute for the next two years. It was during these two years that Bateson (1977) believed he laid the foundation for his subsequent work, including the concepts included in his seminal book, *Steps to an Ecology of Mind* (1972). At the same time, Bateson gave credit to the work of Norbert Wiener and Warren McCulloch for developing many of the powerful concepts he brought with him to the Langley Porter Institute.

The concepts to which Bateson refers were drawn from *Principia Mathematica*, written by Alfred North Whitehead and Bertrand Russell and published in 1910. The major contribution of this work was its delineation of the theory of logical types, with mathematical proofs of the inevitability of self-reference and paradox in all formal systems. Such inevitability was described as being due to a discontinuity between a class and the members of that class. We return shortly to these extremely important, if somewhat complicated, concepts.

Applying these notions within the context of a cybernetic perspective, Wiener already had begun by the 1940s to see such psychological constructs as Freud's id and unconscious and Jung's archetypes as informational processes. The importance for Bateson of such insights cannot be underestimated. For him, cybernetics resolved the ancient problem posed by dualistic thinking about mind and body. Rather than being considered transcendent, mind now could be described as immanent in systems. Thus, in the company of Juergen Ruesch and equipped with both Ruesch's communication expertise and knowledge gained from Wiener and other members of the Macy group, Bateson set about translating the practice of psychiatry into a theory of human communication (Heims, 1977).

Putting Down Roots: The 1950s

■ Bateson (Continued)

The 1946 Macy Conference was the first in a series of ten small conferences held over the course of seven years, the final one taking place in April 1953. Continuing to attract theorists from a variety of disciplines, "each conference included about twenty-five participants, of which approximately twenty were regular conferees and five were guests. The title of the conferences, 'Circular Causal and Feedback Mechanisms in Biological and Social Systems,' was later changed to 'Cybernetics' " (Heims, 1975, p. 368). However, the term *cybernetics* was not as widely adopted in this country as it was in Europe, where Wiener had taken the label as well as the concepts (Bateson & Mead, 1976). Rather, in the United States it was systems theory, following Ludwig von Bertalanffy's use of "general system theory" in articles published during the 1950s, with which the family therapy movement became identified. As we repeatedly observe, many strands of thought eventually converged as various researchers and practitioners arrived at a similar theoretical position from different initial starting points. Bateson (1972) acknowledged the importance of this phenomenon as one of the most significant historical events to occur in his lifetime. He described how cybernetics, or communication theory, or systems theory grew from the integration of ideas developed during World War II in many different intellectual centers as researchers attempted to understand "what sort of thing is an organized system" (p. 475).

As Bateson indicated, his ideas already had begun to crystallize by the time he went to California to work with Juergen Ruesch. After two years there, he changed his status at the Langley Porter Institute from full time to part time and initiated what would become a lengthy association with the Veterans Administration Hospital in Palo Alto. In 1951 Ruesch and Bateson published *Communication: The Social Matrix of Psychiatry*, in which they delineated the "role of feedback and information theory in communication" (Foley, 1974, p. 5).

In 1952 Bateson received a grant from the Rockefeller Foundation to direct a research project on the role of the paradoxes of abstraction in communication. This study was aimed at an examination of the levels of communication in terms of the theory of logical types. Jay Haley and John Weakland became part of Bateson's research team in early 1953, and were joined later that year by William Fry. Haley was a communication specialist, Weakland a chemical engineer turned cultural anthropologist, and Fry a psychiatrist interested in studying humor. This disparate group undertook research on a variety of aspects of animal and human behavior. In all cases, however, the focus was on the levels of communication and, more importantly, on conflicts between these levels. In the process, they

studied the language of people with schizophrenia, popular movies, and humor, as well as guide-dog training and otters at play (Nichols & Schwartz, 2004).

In 1954 the Macy Foundation awarded Bateson a two-year grant to direct a research project on schizophrenic communication. The original team of researchers soon was joined by Don D. Jackson. Jackson, a psychiatrist, became clinical consultant to the group and supervised the therapy with schizophrenic patients. At this point, the goal of the research project shifted to outlining a theory of communication that would explain both schizophrenia in general and schizophrenia in the context of the family in particular. However, this idea was not entirely new; the Bateson group had hypothesized about the appropriateness of family versus individual therapy in some instances as early as 1949. In addition, Bateson subsequently had questioned the traditional concept of psychosis as an illness. Thus, he had considered the possibility of defining a schizophrenic episode as a “spontaneous initiation ceremony” (Heims, 1977, p. 153).

■ The Double-Bind Hypothesis

Although the group did not begin to see families until 1956 or 1957 (Simon, 1982), by 1954 Bateson had developed his now well-known double-bind hypothesis. In 1956 the landmark paper “Toward a Theory of Schizophrenia” was published (Bateson, Jackson, Haley, & Weakland, 1956). An interesting historical note recounted by Haley (Simon, 1982) reveals that “we wrote the double-bind paper in June 1956; it was published in September 1956—the fastest journal publication ever done, I think” (p. 22). Why such immediate attention? To answer this question, we must consider the theory in some detail. It also will help clarify some previously unexplained concepts.

According to the theory’s authors (Bateson et al., 1956), the necessary ingredients for a double-bind situation include the following:

1. Two or more family members: the victim plus mother, father, and/or siblings.
2. Repetition of the experience leading to persistent expectation that it will recur.
3. A negative command to which the victim’s response involves avoiding punishment.
4. A second command that at a more abstract level conflicts with the first. It, too, involves the threat of punishment or endangerment of one’s survival.
5. A third command that forbids the victim to escape.
6. With repeated experience of these ingredients, the victim learns to see reality in double-bind patterns, and his or her rage or panic may be triggered by any part of the sequence and/or by internal voices.

In assessing the effects of the double bind, the theory’s authors hypothesized that when a double-bind situation occurs, the ability to discriminate between levels of logic, or logical types, will be lost. There are three additional requirements for such a situation to occur. First, the relationship in which the victim is involved is intense, leading to a need to interpret messages correctly in order to be able to respond properly. Second, the victim is trapped in a context in which the messages being sent by another person express two conflicting commands. Third, the victim is unable to comment on the discrepancy in order to identify the appropriate message to which to respond. Therefore, the victim of such a double-bind situation will, following a psychotic breakdown, show symptoms that include

an inability both to identify the signals that enable one to understand the meaning of a message, and to metacommunicate, or talk about the communication.

The authors explained the double-bind theory in terms of the theory of logical types, according to which a discontinuity between a class and its members must be recognized. In other words, based on the idea that communication involves different levels of abstraction, a class (e.g., all Cretans) and a member of the class (e.g., Epimenides the Cretan) must remain distinct, with the one unable to be a part of the other. Acting as if they exist at the same level of abstraction inevitably creates a paradox (e.g., Epimenides—himself a Cretan—states that all Cretans are liars). According to the double-bind theory, when a person loses the ability to maintain the appropriate distinction between levels of abstraction, pathological communication patterns occur. This pathology, particularly in the communication between mother and child, was considered to be inevitable and was classified as schizophrenia.

Certainly many elements of this theory assume a linear rather than a circular epistemology. Further, consistent with much of the thinking of the period, it is primarily mothers who are considered to be part of the problem. What is more, no subsequent research has been successful in validating the theory, and it contributed to damage done to families in terms of mother-blaming. At the same time, however, the basic message was revolutionary. What the Bateson group did was focus on schizophrenia as an interpersonal, relational phenomenon rather than view it as an intrapsychic disorder of the individual that secondarily influences interpersonal relationships. However, appreciating the significance of this paper requires that we again turn our attention to the historical context: at the time of its publication, psychodynamic theories dominated therapy, and insight was understood as the only means of change (Simon, 1982).

It was little wonder that such psychodynamic theories were dominant. Their basic tenets were consistent with fundamental American beliefs in both rugged individualism and the power of science. Indeed, individualism is the most frequently cited characteristic of our society (Becvar, 1983), and “what Freud did was to legitimize and, eventually, institutionalize an emphasis on the individual and the self” (Reeves, 1982, p. 119). In addition, science has long been revered in the United States “with a veneration approaching worship” (Truxall & Merrill, 1947, p. 47), and faith in the limitless possibilities of science forms part of the characteristically American belief in the individual’s ability to reform and/or master the environment (Smelser & Halpern, 1978). Certainly Freudian theory was consistent with this thrust. Thus, when we say that systems theory/cybernetics and family therapy are counter-cultural, these are some of the aspects to which we refer. No longer is our attention directed at the internal workings of the mind, which can be controlled through examination and understanding. Rather, we now are charged with considering the external dimensions of relationships.

■ Nathan Ackerman

The Bateson group was not totally alone in proposing such a radical shift in thinking as was represented by the double-bind theory. Several other so-called voices in the wilderness also had begun to question the traditional focus on individuals in terms of its effectiveness in dealing with mental illness. In the clinical world, the primary bridge between intrapsychic and systemic approaches to therapy was provided by Nathan Ackerman, M.D., a psychoanalytically trained child psychiatrist. His article “The Family as a Social and Emotional Unit,” which appeared in 1937, gets credit for being the earliest publication in the field, and

Ackerman is considered by some (Foley, 1974), including himself, to be the grandfather of family therapy. Indeed, "Ackerman saw his work and the work of his colleagues in the Child Guidance Movement as the 'real' beginning of the family movement" (Guerin, 1976, p. 4). Thus, while much of the other early work with families was an outgrowth of research in the area of schizophrenia, Ackerman (1967) believed that undue emphasis on that fact obscured what he considered to be family therapy's true origins "in the study of nonpsychotic disorders in children as related to the family environment."

Let us briefly consider, then, the events that led Ackerman to play such an important role in the family therapy drama. Following completion of his medical training, he was part of a research project looking at mental health problems among unemployed miners in western Pennsylvania. This experience was significant in that it revealed the impact of environmental factors on emotional well-being as well as their ramifications for the well-being of the entire family. Subsequently, Ackerman began his professional career as a staff member at the children's division of the Menninger Clinic in Topeka, Kansas. In 1937 he was promoted to chief psychiatrist of the Child Guidance Clinic, where by the 1940s he had begun to experiment with having both mother and child seen by the same therapist rather than splitting their treatment in the usual manner. In addition, consistent with his interest in the effects of chronic economic hardship on family life (from his experience with the miners), he began in the 1940s and 1950s to send members of his staff on home visits in order to study families (Guerin, 1976).

Ackerman organized and led the first session on family diagnosis and treatment at the 1955 meeting of the American Orthopsychiatry Association in New York City (Nichols & Schwartz, 2001). In 1957 he was secretary to a panel on the family at the annual meeting of the American Psychiatric Association (APA) in Chicago. He also began in the 1950s to produce numerous articles about his work with families, and in 1958 he published *The Psychodynamics of Family Life*, "the first full-length study combining theory and practice, in which he emphasized the importance of role relations within the family" (Foley, 1974, p. 6).

Ackerman was responsible for establishing the Family Mental Health Clinic of Jewish Family Services in New York City in 1957, and in 1960 he opened the Family Institute, also in New York City. In 1962 he and Don Jackson began publishing what is today one of the most influential journals in the field, *Family Process*, with Jay Haley as the first editor. During this period, Ackerman was a professor of psychology at the College of Physicians and Surgeons at Columbia University, and from 1964 to 1967 he also served as a consultant to the family studies section at the Albert Einstein College of Medicine. Nathan Ackerman died in 1971, and soon thereafter the Family Institute was renamed the Ackerman Family Institute in his honor.

Throughout its early years, the family therapy movement was divided along ideological lines between those who leaned more toward an intrapsychic approach and those who espoused a more systemic orientation. Ackerman was the most outstanding proponent of the former position. He combined both psychodynamics and the notion of an individual's social role to understand the ongoing interaction between heredity and environment and the maintenance of homeostasis within and between the person, the family, and, ultimately, society. However, rather than emphasizing the concern shared by systemic family therapists with interactional sequences and patterns of communication, he chose to focus primarily on the psychological impact of families on individuals (Nichols & Schwartz, 2004).

Though Ackerman's contributions should not be underestimated, they lie more in the realm of a shift in focus from individuals to interpersonal interactions, and of clinical artistry than in the area of theory construction. Thus, although the Ackerman Family Institute continues to be a thriving center for family therapy, no school of thought in family therapy is distinctly traceable to the man himself.

With Ackerman's death, tensions between ideological camps lessened and family therapists in general tended to move more toward a systems perspective. However, there were others in the first generation who also had intrapsychic training, and their work with families continued to be flavored by this initial orientation. These people include early entrants into the field such as Murray Bowen and Carl Whitaker.

■ Murray Bowen

Murray Bowen became a staff member at the Menninger Clinic in Topeka, Kansas, in 1946. Having switched from neurosurgery to psychiatry, he was by then a fully trained psychoanalyst. He was among those influenced by John Rosen's work with schizophrenic patients and their families when Rosen, a psychiatrist from Bucks County, Pennsylvania, visited the clinic in 1948. By 1950, however, Bowen had begun to focus on mother-child symbiosis, on the assumption that "schizophrenia was the result of an unresolved tie with the mother" (Hoffman, 1981, p. 29). In 1951 he instituted a treatment plan at Menninger in which mothers and their schizophrenic children resided together for several months in cottages on the clinic grounds. Continuing in this direction, Bowen left Kansas in 1954 and went to the National Institute of Mental Health (NIMH), where he instituted and directed the classic study in which entire families of schizophrenic patients were hospitalized for observation and research.

In 1957 Bowen was part of a panel on family research at the meeting of the American Orthopsychiatry Association. This significant event marked the first public acknowledgment, at the national level, of studies that previously were unrecognized and somewhat underground. The panel, organized by John Spiegel, also included Theodore Lidz of Yale University and David Mendel of Houston, Texas. Bowen, along with Lidz and Don Jackson, was also part of the family research panel for which Nathan Ackerman served as secretary at the APA meeting in Chicago that same year.

At the time of these meetings, Bowen, who had left NIMH in 1956, was a faculty member in the Department of Psychiatry at Georgetown University Medical School. Although he had intended to take the family research project with him, these plans did not materialize, as the department chairman who had hired him died shortly after Bowen switched his affiliation to Georgetown. However, the change in plans did not seem to deter him. Bowen proceeded, while at Georgetown, to develop what remains one of the most elegant and complete theoretical approaches to family therapy. At the same time, he became a much sought-after teacher and trainer, with a host of devoted students and international recognition as one of the field's originators.

Indeed, Bowenian family therapy has made many important contributions to the field, including such concepts as triangulation, intergenerational transmission, differentiation of self, and undifferentiated family ego mass.

■ Carl Whitaker

Another clinical pioneer in the territory of family therapy is Carl Whitaker. Although Whitaker was a psychiatrist by profession, his training was anything but orthodox, and early experiences in the field were instrumental in the evolution of his self-professed atheoretical stance and unique style.

As with the early cyberneticians, Whitaker's career was much affected by World War II. Personnel shortages both in his initial hospital placements and at the University of Louisville resulted in training that emphasized play therapy and a behavioral rather than an intrapsychic focus and led to his teaching psychotherapy to medical students while still a resident himself. Further, as a staff psychiatrist at the Oak Ridge Hospital in Oak Ridge, Tennessee, from 1944 to 1946, Whitaker experienced the pressures associated with living and working in the shadow of the U.S. Army's atomic plant just before the development of the bomb; these pressures, too, made their mark. Lack of experience, psychological stress, and inordinately heavy client loads and schedules led Whitaker and John Warkentin, who had a doctorate in psychophysiology, to start working together as a cotherapy team. Eventually the two men involved the spouses and children of patients as part of their treatment approach.

In 1946 Whitaker (as chairman) and Warkentin went to Emory University in Atlanta, Georgia, to establish the Emory Medical School's first department of psychiatry. They were joined in 1948 by Thomas Malone, Ph.D., whose training was in psychoanalytic psychology. During his tenure at Emory, Whitaker continued his experiments with family therapy and focused increasingly on the treatment of schizophrenia. As a part of this emphasis, in 1948 he initiated a series of ten four-day weekend conferences on schizophrenia. In addition to the group from Emory, these conferences included at various times John Rosen, Edward Taylor, Michael Hayward, and Albert Scheflen, from the Philadelphia area, as well as anthropologist George Devereau. At the final conference in 1955 at Sea Island, Georgia, family therapy's first major meeting (Nichols, 1984), Gregory Bateson and Don Jackson were also in attendance. The format included a demonstration by each participant of his or her approach to therapy. Both individual clients and client families from Atlanta were involved in this process. Following observation of therapy, issues that emerged during the demonstrations were debated and discussed (Broderick & Schrader, 1981).

In 1955 Whitaker left Emory to go into private practice in Atlanta, and ten years later he left private practice to become a professor of psychiatry at the University of Wisconsin Medical School in Madison. By the time of his arrival in Madison in 1965, Whitaker thought of himself as a family therapist and was evolving what he later defined as his *psychotherapy of the absurd* (1975). Although initially less well known than some of his peers, he became one of the giants in the field. Missed by many since his death in 1995, Carl Whitaker will long be remembered for his highly unorthodox yet brilliantly effective approach, one that continues to shock and surprise many of today's students of family therapy.

■ Theodore Lidz

The research and treatment of schizophrenia were also the focus of two other original players in the family therapy drama—Theodore Lidz and Lyman Wynne. However, both these men were more like Bowen than like Whitaker in their initial psychodynamic orientation, and both usually are identified more with specific conceptual contributions than

with comprehensive models of their own devising. Further, Wynne is the only pioneer who continued his research on schizophrenia throughout the course of his career.

After receiving his M.D. from Columbia University in 1936, Lidz went to London to study neurology at the National Hospital. He returned to the United States in 1938 to begin a residency in psychiatry at Johns Hopkins University, completed in 1941. During his final year as a resident, Lidz initiated his studies of schizophrenic patients with an examination of the characteristics of their families, concluding that the influence of fathers could be at least as important as that of mothers (Lidz & Lidz, 1949).

Lidz was a faculty member at Johns Hopkins University from 1942 to 1946. From 1942 to 1951 he also trained at the Baltimore Institute of Psychoanalysis, although from 1946 to 1951 he was no longer affiliated with Johns Hopkins but was serving as a lieutenant colonel in the U.S. Army. During this period, he also undertook a longitudinal study of sixteen middle- and upper-middle-class families who had a member with schizophrenia.

As in his earlier study, Lidz consistently found patterns of severe dysfunction and pathology in these families, and ultimately he challenged some major beliefs in the field. He rejected the Freudian notion that fixation in the oral stage followed by stress-induced regression in young adulthood causes schizophrenia. Based on his research, he also refuted the belief that schizophrenia is caused by maternal rejection, as proposed by Frieda Fromm-Reichman and John Rosen. In addition, Lidz widened his focus to include both the entire maturation period (rather than just infancy) and the role of fathers (rather than just that of mothers) (Nichols & Schwartz, 2004).

Following completion of both his military service and his training in psychoanalysis, Lidz moved from Baltimore to New Haven, Connecticut, where he became a professor of psychiatry at Yale University. There he continued to study the relationship between schizophrenia and the family. *Marital schism* and *marital skew* are two concepts that grew out of this research.

Spouses who are unable to achieve role reciprocity, or complementarity of purpose, are characteristic of marital schism. Each partner may attempt to coerce the other into meeting his or her expectations, may distrust the other's motivations, and may undermine the position of the other, particularly in the area of parenting. By contrast, the presence of one strong and one weak spouse is characteristic of marital skew. In this case, the strong one allows the weak one to dominate; conflict is masked, and the discrepancy between what is felt and what is admitted is not openly acknowledged (Simon, Stierlin, & Wynne, 1985).

Lidz thus embraced a relational focus and a holistic perspective that included more than the symptom-bearing patient. Indeed, the significance of his work is in his early emphasis on the interaction of family communication patterns and role relationships with individual developmental processes in the context within which schizophrenia emerges. Lidz therefore moved from a belief in individual pathology to an emphasis on family dysfunction as the matrix out of which pathology may arise. This concept was one of the fundamental building blocks of family therapy.

■ Lyman Wynne

Like Lidz, Lyman Wynne also concluded from his studies of schizophrenia that the significance of the family could not be underestimated, that role relationships are crucially important, and that understanding pathology requires a consideration of communication

patterns. It is to Wynne that credit is due for the concepts of *pseudomutuality*, *pseudohostility*, and the *rubber fence*, all instrumental in helping people working with families to view and understand them at the level of process rather than of content.

Wynne graduated from Harvard Medical School in 1948. He then continued his studies at Harvard in the graduate department of social relations, where he received his Ph.D. in 1952. During these four years, he was introduced to the association between family problems and ulcerative colitis, and in 1947 he began to see entire families as part of the treatment process (Broderick & Schrader, 1981). Wynne joined NIMH in 1952, starting as a staff psychiatrist but soon becoming a clinical investigator. When Murray Bowen came to NIMH in 1954, the two men began to share their thoughts and struggles on issues related to mental illness and family treatment. In 1956 Wynne became chief of the family research section when Bowen left for Georgetown University.

Wynne began research on the families of schizophrenic patients in 1954. At the 1956 and 1957 meetings of the APA, he and Bowen initiated dialogues with Ackerman, Jackson, and Lidz. By 1958, Wynne had introduced the concept of pseudomutuality, "a predominant absorption in fitting together at the expense of the differentiation of identities of the persons in the relation" (Wynne, Ryckoff, Day, & Hirsch, 1958, p. 207). In pseudomutuality, that is, affirmation of individual identity is seen as a threat to the family as a whole, whereas in well-functioning families there is a more appropriate balance between separateness and togetherness. In addition, in pseudomutuality there is a lack of humor and spontaneity, roles are rigidly assigned and maintained, and family members insist on the desirability and appropriateness of this rigid role structure.

Families characterized by a pseudomutual pattern are totally focused on the whole. Such family-centeredness is maintained by a flexible but nonstable boundary Wynne referred to as a *rubber fence*. The rules constituting this type of boundary are in continual flux as the family opens to admit what it considers acceptable and closes in an unpredictable manner to exclude what is not acceptable. Communication, individual perceptions, and identity formation are all problematic in this context of confusion and enmeshment. Consistent with the systemic/cybernetic thinking of the time, Wynne and his colleagues saw the schizophrenic as a symptom of family dysfunction rather than as an example of individual pathology or as the victim of inappropriate, schizophrenogenic parenting. Togetherness in such families is valued above all else, and significant relationships outside the family are not tolerated. Thus, it may take the acting-out characteristic of schizophrenic behavior to achieve recognition of individual difference. Having succeeded in attaining this recognition, however, the now separate individual is labeled as a schizophrenic and, accordingly, is ejected from the family. And with this ejection the family returns to its pseudomutual stance.

Pseudohostility, on the other hand, refers to a superficial alienation of family members that masks members' needs for intimacy and affection as well as chronic conflict and alienation at a deeper level. Like its counterpart, pseudomutuality, pseudohostility reflects a distortion of communication and perceptual impairment as rational thinking about relationships is obstructed. In both cases, the focus is on descriptions of family alignments and splits that define the emotional system of which the member with schizophrenia is a part.

Although these concepts constitute some of Wynne's most significant contributions to the field, during his twenty years at NIMH he and his colleagues authored numerous articles detailing the results of their research and therapy with schizophrenic patients and revising

and updating their earlier theorizing. Wynne's emphasis on keeping theory consonant with practice continued following his move to the University of Rochester in 1972 to become a professor, and, until 1978, chair in the Department of Psychiatry. An active researcher and practitioner, Wynne pursued the expansion of our knowledge of communication deviance in the families of schizophrenics until his death in 2007. Wynne was also one of those who in more recent years spoke about the issue of the marginalization of family therapy (Shields, Wynne, McDaniel, & Gawinski, 1994), urging greater collaboration with other health care professions.

■ Ivan Boszormenyi-Nagy

As you probably have noticed throughout this review, several contributors mentioned peripherally were from the Philadelphia area. In fact, in 1957 Ivan Boszormenyi-Nagy founded the Family Therapy Department at the Eastern Pennsylvania Psychiatric Institute (EPPI), a large, state-owned research and training facility. With its emphasis on research and training in schizophrenia and the family, EPPI became one of the earliest family therapy centers. It has included among its staff at various times such key figures as Ray Birdwhistell, James Framo, John Rosen, David Rubenstein, Geraldine Spark, Ross Speck, Albert Schefflen, and Gerald Zuk. One of the earliest published volumes in the field was the 1965 book *Intensive Family Therapy*, edited by Boszormenyi-Nagy and Framo.

Boszormenyi-Nagy, a Hungarian psychiatrist with psychoanalytic training, immigrated to the United States in 1948. In the mid-1950s, he teamed up with Spark, whose background was in psychiatric social work and psychoanalysis and whose previous experience was in a child guidance clinic. Over the years, they worked out a theory of families that focused on the impact of intergenerational processes. In 1973 they published the book *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy*.

The approach to treatment created by Boszormenyi-Nagy is known as intergenerational-contextual. One of Boszormenyi-Nagy's most significant contributions was the introduction of an ethical dimension to therapy (Nichols & Schwartz, 2004). It was his belief that trust and loyalty are the crucial dimensions in relationships and that families must have what he referred to as *balanced ledgers* in this area. Thus, the goal of therapy is the "ethical redefinition of the relational context" (Boszormenyi-Nagy, 1966) such that trustworthiness is a mutually merited phenomenon and concern for future generations provides the impetus for health.

■ John Elderkin Bell

In contrast to the well-known figures previously described, a rarely mentioned and often excluded person among the founders of family therapy is John Elderkin Bell. Although Bell is associated with family group therapy, his early work with families tends to be overlooked, perhaps because he did not begin publishing until the 1960s. What is more, given the fact that he did not create a well-known clinical training center, his work did not have the opportunity to influence the generation of eager students who thronged to the programs provided by many of the other early family therapists.

However, Bell was one of the first to see families conjointly, although his initial decision to do so was based on a serendipitous experience during a visit to England. At the time, Bell, a professor of psychology at Clark University in Worcester, Massachusetts, was staying at

the home of the medical director of London's Tavistock Clinic, Dr. John Sutherland. Sutherland was describing for Bell the work of a psychiatrist on his staff, Dr. John Bowlby. He had just mentioned that Bowlby had begun having the entire family come in with the patient when the conversation was interrupted, never to be completed.

On his way home from London, Bell began thinking about the idea of seeing the entire family, and once back in the United States was presented with a case that seemed a likely prospect for such an approach. By the second session, Bell was convinced that it was the family that had the problem, rather than the thirteen-year-old son who had initially been identified as the patient. Only years later did Bell learn that Bowlby had not been seeing entire families but had been treating all the members of the family on an individual basis, occasionally calling them together for a group conference. Having stumbled onto family treatment, however, and finding it a viable option, Bell created an approach based on the theory of group dynamics and group psychotherapy. In 1961 he published *Family Group Therapy*, one of the classics in the field.

■ Christian F. Midelfort

Even less well known than Bell is Christian F. Midelfort. As in the case of Bell, Midelfort's relative anonymity seems to be a function of his isolation from a particular school or training center in the early days of the family therapy movement rather than of the value of his work or the timing of his entry into the field. Indeed, Midelfort's introduction to family therapy came through his observation of his father's techniques in the latter's medical practice. Midelfort's own experiments with this approach were some of the earliest and most innovative in this area.

Midelfort was a psychoanalyst who received his training at the Payne-Whitney and Henry Phipps psychiatric clinics. He then went into practice at the Lutheran Hospital in La Crosse, Wisconsin. In 1952 he delivered a paper on the use of family therapy techniques at the meeting of the APA. In 1957 he published *The Family in Psychotherapy*, one of the first books on the subject. In it he describes some practices used in his setting:

At this hospital relatives of psychiatric patients stayed as nurses' aides and companions in consistent attendance to supervise occupational, recreational, and insulin therapies, to minimize suicidal risk, fear, aggression, and insecurity and to take part in therapeutic interviews with patient and psychiatrist. . . . Family treatment is also extended to the out-patient department for all types of mental illness. (pp. v-vi)

Despite his innovations and orientation, however, Midelfort was outside the mainstream, and thus his potential as an early contributor to family therapy seems never to have been realized fully.

■ Overview of the 1950s

We find that even though many voices were beginning to speak the language of family therapy, some were heard more than others. When we survey the events of the 1950s relevant to the development of family therapy, both within and without the movement, we can discern several other themes. In terms of the social, economic, and political context, these themes include the aftermath of the war; the infancy of the nuclear age; the McCarthy era; and, by the end of the decade, the beginning of a counter-cultural movement. Accordingly,

increased prosperity was balanced by the increased stress of reunited families, war-delayed marriages, and the baby boom. Peace at the international level was balanced by domestic suspicion and threats to internal freedoms. Pride in technology and the power of science was balanced by insecurity related to an awareness of the realities of nuclear power and the potential for annihilation. And optimism and complacency were balanced by the emergence of the hippie generation and the beginnings of the civil rights and ecology movements.

Moving from the level of the system to that of some of its members, we find that within both the physical and the behavioral sciences change was a major theme: “This change was facilitated by the many viable options open to scientists in that period of high prestige and economic support of science, the same period (the McCarthy era) during which other freedoms were at a low ebb” (Heims, 1977, p. 142). Thus, we may say that the ability of family therapy to put down roots that would support healthy growth and development was logical to context. As we look into the movement itself, we also find several key themes that support this view.

Perhaps most obvious is the enormous influence of research on schizophrenia. Although the world of therapy was dominated by psychiatry, psychodynamic explanations, and individual interventions, family treatment could be legitimized as part of a scientific endeavor to understand schizophrenia. Indeed, observation of a family for purposes of research justified what otherwise would have been considered a breach of appropriate therapist behavior. Contact with a patient’s family was frowned upon if not prohibited in then standard treatment approaches (Goldenberg & Goldenberg, 2000). But in an era of high scientific prestige, schizophrenia loomed as a mystery not amenable to solution by current therapeutic modalities. Thus, researchers were able to obtain grant money for the support of studies in this area, a factor whose importance must never be underestimated.

The second theme immediately apparent is the number of pioneers who stumbled onto, sailed into, and otherwise discovered the world of family therapy. Although we have highlighted a significant number of individuals who we feel were most influential, we might have added many others had our emphasis been different. Something seems to have facilitated the simultaneous but separate occurrence of similar events. Jung (Rychlak, 1981) would have called it *synchronicity*; Sheldrake (Briggs & Peat, 1984) would call it *seeding*. We would say that the context was able to support and help maintain the development of family therapy, and vice versa, and thus it was a logical occurrence.

The third and final major theme was the movement from isolation to community, cooperation, and shared creation. The 1950s saw the coming together and intermingling, at various times and in various places, of many participants. Family therapy, therefore, was nurtured by the encouragement and support of fellow travelers in this as-yet-uncharted land. Having traced the history of this process, we find that by the end of the 1950s there was a pattern of connection. Although the process may not have been neat and orderly, the root system was now well in place. Indeed, it was time for the movement to sprout and grow.

The Plant Begins to Bud: The 1960s

■ Paradigm Shift

In *The Structure of Scientific Revolutions*, Thomas Kuhn (1970) describes the process by which a scientific community shifts from being dominated by one particular paradigm to accepting another. By paradigm Kuhn refers to a set of presuppositions about what

the world is like, about the problems worthy of investigation, and about the methods appropriate for the investigation of these problems. During periods of so-called normal science, the major focus is on puzzle solving done according to the assumptions and rules characterizing the currently accepted theoretical and methodological belief system, or paradigm. Thus, solutions to problems are sought from within a given frame or perspective as practitioners of normal science attempt to make their findings fit the relatively inflexible categories of the paradigm according to which they are operating.

If, in time, serious problems arise or events occur that are not explainable according to the rules of the prevailing paradigm, an anomaly is said to exist and the search for new explanations begins. This is the point of crisis, and it is followed by a period of so-called extraordinary science, in which the old rules are loosened and a process of reconstruction of basic beliefs is undertaken. During this period of transition scientists are more open, more willing to consider alternative explanations, explore more widely, and express their discontent with previous belief systems and fundamental assumptions.

When the old belief system ultimately is replaced by a new one, the experience is similar to that of a gestalt switch (e.g., seeing a young girl where previously the image perceived was that of an old woman). That is, the world is seen from an entirely different perspective and old events take on new meaning. This, according to Kuhn (1970), is what is meant by the term *scientific revolution*. However, such revolutions do not occur easily or without great resistance. Such resistance is important as it prevents superficial changes and ensures real depth in terms of the knowledge that is evolving. This is evidenced as anomalies and novelties of significance within the scientific community often occur simultaneously in several different locations, with change evolving out of the pursuit of normal science.

Acceptance of a new paradigm requires that it be seen as an improvement over other possible explanatory systems (Kuhn, 1970). At the same time, like its predecessor, the new paradigm does not have to be able to provide explanations for every fact with which it might be faced; indeed, it cannot. What is more, once accepted, the process comes full circle as scientists return to their normal-science, puzzle-solving activities of developing their understanding of particularly salient aspects of the new paradigm and further delineating its dimensions.

Certainly the beginning acceptance of a cybernetic epistemology, which had occurred during the 1940s, is illustrative of the first stages of the process of scientific revolution described by Kuhn. Indeed, the gestalt switch from a linear to a recursive worldview, and ultimately to a shift from first-order to second-order cybernetics, that took place within the larger scientific community was, as Bateson noted, one of the great events of his lifetime. By the late 1950s, family therapy was not yet widespread within the behavioral sciences, but the movement was clearly consistent with the cybernetic revolution. For researchers and clinicians who had adopted or were moving toward a systemic framework, the time now had come to return to such normal-science, puzzle-solving activities as expanding their knowledge, delineating concepts, and enlarging the repertoire of techniques logical to the basic assumptions of the new perspective. Thus, the 1960s saw the expansion of family therapy in several directions: there was growing recognition of this modality at professional meetings, a continuation of previously begun research, initiation of new research projects, and increasing publication of books and articles on the subject.

■ The MRI

One case in point involved those working in California. In 1962 the Bateson Project at the Veterans Administration Hospital in Palo Alto, California, ended, and subsequently the Mental Research Institute (MRI), also in Palo Alto, widened its horizons in terms of both personnel and treatment focus. The MRI was opened on March 19, 1959, by Don Jackson, who had invited Jules Riskin and Virginia Satir to join him in this enterprise. According to Satir (1982), the MRI “was originally conceived of as an institute dedicated to researching the relationship of family members to each other, and how those relationships evolved into the health and illness of its members” (p. 19). Although initially focused on schizophrenia, the MRI now also began working with families around such issues as delinquency, school-related problems, psychosomatic disorders, and marital conflict. Further, the staff was increased to include Richard Fisch, Jay Haley, Paul Watzlawick, and John Weakland. Much of the credit for enhancing public awareness of family therapy, as well as for developing two of its major approaches, goes to the members of this group.

Although he lived only until 1968, Don Jackson “perhaps published more material on family therapy than any other theorist” (Foley, 1974, p. 70). Two books that he coauthored, now considered classics, are *Pragmatics of Human Communication* (Watzlawick, Beavin, & Jackson, 1967) and *Mirages of Marriage* (Lederer & Jackson, 1968). As previously mentioned, in 1962 Jackson and Nathan Ackerman also established the first and one of the most prestigious journals in the field, *Family Process*. In terms of his orientation, Jackson was a communications theorist, and some of his most important contributions include the notion of balance in families, as described in his landmark article “The Question of Family Homeostasis” (1957), along with his descriptions of the basic rules of communication.

In addition to Jackson, Virginia Satir became, and continued until her death in 1988 to be, one of the most popular spokespersons for the family therapy movement. Not only did she start making presentations at professional meetings early in her career, but, following publication in 1964 of *Conjoint Family Therapy*, she also earned her place as “one of the major forces in the field of family therapy” (Foley, 1974, p. 92). Like Jackson, Satir was concerned with communication, but she added to this emphasis the dimensions of emotional growth and self-esteem and was thus considered to be the humanist in the group. Satir (1982) labeled her approach a *process model*.

Jay Haley was an equally important influence on the field of family therapy as the first editor, in 1962, of *Family Process*; the author of numerous books and articles; and the person most closely associated with the strategic school of family therapy. As a co-author of the double-bind theory, Haley’s attention initially was focused on levels of communication, but this ultimately took him into the study of relationships, with an emphasis on the power tactics he felt were an inevitable part of all human interaction. In 1963 Haley published *Strategies of Psychotherapy*, his first delineation of this approach.

By the end of the decade, Jackson had died, Satir had moved to Esalen, and Haley had gone to Philadelphia. However, the MRI had begun the Brief Therapy Project, which continues to be its hallmark. It also had established itself as a major center of family research in the United States. In the process of its normal-science activities, it spawned both the strategic and the communications approaches to family therapy.

■ Salvador Minuchin

The 1960s saw the emergence of another spokesperson whose work would evolve into one of the major schools of family therapy. Salvador Minuchin is the architect of the structural approach to family therapy. Minuchin is a native of Argentina, where he received his medical training and planned to pursue a specialty in pediatrics. However, after the state of Israel was established in 1948, Minuchin volunteered as an army doctor during the war with the Arab nations. Following the war, he came to the United States, where he pursued further training in child psychiatry at the Jewish Board of Guardians in New York City. He also studied psychoanalysis at the William Alanson White Institute during this period. Minuchin then returned to Israel to work with children who had survived the Holocaust as well as with Jews who had emigrated there from Arab countries. Minuchin's interest in working with entire families can be traced to this point in his career.

After his second stay in Israel, Minuchin came back to the United States and, in 1960, began working at the Wiltwyck School for Boys in New York. Here he was involved with male juvenile delinquents, many of whom were either blacks or Puerto Ricans from New York City. It was also here that Minuchin began focusing on low-income and ghetto families with the need to develop techniques appropriate to this population. Ultimately, with Montalvo, Guernsey, Rosman, and Schumer, he published *Families of the Slums* (1967), a book that was an outgrowth of his work at Wiltwyck.

In 1965 Minuchin became director of the Philadelphia Child Guidance Clinic, which had begun as a small facility in the heart of the black ghetto. Under Minuchin's leadership, it became one of the largest centers of its kind ever to be established. A modern medical complex now affiliated with the University of Pennsylvania's Children's Hospital, the Philadelphia Child Guidance Clinic was the first in the country in which ghetto families outnumbered all other clients (Goldenberg & Goldenberg, 2000).

When Minuchin came to Philadelphia, he brought Montalvo and Rosman with him, and in 1967 they were joined by Jay Haley. Other family therapists associated with this group include Harry Aponte, Stephen Greenstein, and Marianne Walters. The Philadelphia Child Guidance Clinic has become outstanding not only for the treatment it offers but also as a center for family therapy training in general and structural approach training in particular.

■ Other Developments

Meanwhile during the 1960s, the Family Institute in New York City was growing and expanding under the directorship of Nathan Ackerman, who in 1966 published *Treating the Troubled Family*; Lidz was at Yale; Wynne was at NIMH; Bowen was at Georgetown; Whitaker moved to the University of Wisconsin; Bell published *Family Group Therapy* (1961); Boszormenyi-Nagy and Framo published *Intensive Family Therapy* (1965); and in 1967 Mara Selvini Palazzoli established the Institute for Family Studies in Milan. Further, in 1968 Ludwig von Bertalanffy published *General System Theory*, perhaps the clearest and certainly the most comprehensive articulation of the cybernetic revolution, or of the paradigm shift previously noted, emerging in this case out of the biological sciences.

Although considered to be less mechanistic than cybernetics, general systems theory is equally concerned with feedback mechanisms and recursion; in fact, we believe that little separates the two approaches from each other. Indeed, it was Bertalanffy, a biologist, who after first presenting general systems theory in 1945, ultimately "showed how it might be

applied specifically in the field of psychiatry” (Foley, 1974, p. 40). Consistent with Kuhn’s notion that during periods of extraordinary science similar ideas arise in different laboratories, both cybernetics and systems theory were born in the 1940s, the former in engineering, the latter in biology. However, in the United States, *systems theory* rather than *cybernetics* was the term more generally used, and the detailed explanations in Bertalanffy’s book were a key to this turn of events. Between the occurrences both in and outside the movement, the time for family therapy to bloom clearly had arrived.

Blossom Time: The 1970s

The 1970s witnessed the development of the newly created approaches to family therapy into full-blown schools and, in some cases, elaborate theoretical models, with publications by the founders reaching their peak in this decade. Students began flocking to the various centers for training by the masters, and the boundaries of the major approaches were becoming more clearly demarcated. The following is a summary of highlights of this decade relative to the models created by key originators of family therapy. It is important to be aware, however, that this review does not represent a complete survey of everyone working in the field. Rather, our aim is to preview the work of representative figures of the major approaches that had evolved by the 1970s.

■ Psychodynamic Approaches

The primary representative of the psychodynamic category is Ivan Boszormenyi-Nagy, who focused on the intergenerational context of families. He believed that symptom formation is a process involving unresolved issues from previous generations that are being lived out in the present. The goal of therapy is to help family members become aware of these invisible loyalties and achieve a better balance in their obligations so that healthy individual and family functioning may be achieved. Members of both the parent and grandparent generations are invited to attend therapy, and more mature relationships are encouraged.

Nathan Ackerman also must be included in the category of psychodynamic approaches. As noted previously, however, his death in 1971 cut short any further direct contributions to the field. Nevertheless, his influence lived on in the clinical artistry of both Salvador Minuchin and Israel Zwerling.

Beginning in the late 1970s, an explicit attempt to integrate the concepts of psychodynamic theory and systems thinking was initiated by representatives of an object relations approach to family therapy. The major figures in this group are David Scharff, Jill Savege Scharff, and Samuel Slipp.

■ Natural Systems Theory

Although his intrapsychic origins are clearly discernible, Murray Bowen as well as some of his followers have characterized his model variously as Bowenian, natural systems theory, or family systems theory. As one of the field’s major theoreticians, Bowen felt an overriding

concern that family therapy be guided by a coherent and comprehensive theory, and his framework provided an attempt to achieve this goal. Following his death in 1990, it was noted that “Bowen’s preoccupation with discovering a new science of human behavior—an overarching *natural systems* theory—set him apart from other pathbreakers of the field” (Wylie, 1991, p. 26). Bowen’s theory evolved over four decades of research and clinical work during which he authored approximately fifty articles. In 1978 he also published *Family Therapy in Clinical Practice*, detailing his theoretical position as well as techniques consistent with his model.

Basically, Bowen was concerned with the individual’s differentiation of self from family of origin as well as with the internal separation of intellectual and emotional functioning. Bowenian therapy involves the supervision of an individual or couple with a view to avoiding triangles and emotional entanglement and to encouraging cognitive processes on the part of the client(s). Bowen’s theory consists of eight interlocking concepts and related strategies. The model is clearly delineated and has attracted numerous students over the years. Beginning in 1965, Georgetown University sponsored an annual forum on family therapy that grew from its initial forty participants to more than a thousand attendees each year. Thus, Bowen became a leading trainer in the practice of family therapy. His students and followers include Elizabeth Carter, Thomas Fogarty, Philip Guerin, Michael Kerr, and Monica McGoldrick.

■ Experiential Approaches

Turning to the realm of experiential therapy, in 1977 David Keith and Carl Whitaker provided a chapter entitled “The Divorce Labyrinth” for Peggy Papp’s *Family Therapy: Full Length Case Studies*. Napier and Whitaker published *The Family Crucible* in 1978. In both instances, family therapy is described in terms of detailed case studies and personal accounts of and reactions to the process. In direct contrast to Bowen, the members of this school, and particularly Whitaker, have been staunchly atheoretical in their approach. In an article entitled “The Hindrance of Theory in Clinical Work,” Whitaker (Whitaker, 1976b) writes that rather than theory he prefers to use

the accumulated and organized residue of experience, plus the freedom to allow the relationship to happen, to be who you are with the minimum of anticipatory set and maximum responsiveness to authenticity and to our own growth impulses. (p. 163)

As a function of this position, Whitaker’s approach is necessarily difficult to pin down, and therefore the members of his school consist mainly of those who have worked with him as cotherapists, such as Napier and Keith.

Walter Kempler (1972) also was firmly committed to an experiential approach, noting two key dimensions. He felt that attention must be given to interactions in the current moment and that they should be the focus of interventions. He also emphasized the importance of the therapist being totally involved and engaged in the process rather than relying solely on a bag of therapeutic tricks. As a Gestaltist, Kempler’s philosophy and orientation are derived from this theoretical position. Thus his belief is that people do not see isolated events but rather see in terms of *Gestalten*, or meaningful wholes, which contain qualities not present in the events’ individual parts (Capra, 1983). Although this modality is often associated with Fritz Perls and an individual focus, in 1961 Kempler