

## DISCUSSION PROMPTS

1. Have students choose a supplemental reading on the pioneer of their choice (e.g., Gregory Bateson, Murray Bowen, Jay Haley, Virginia Satir, Lyman Wynne, etc.) to read and present to the class. Presentation of theoretical papers should address the following issues: the author's theoretical formulations, ideas about normal family development, how behavior disorders develop in the family, goals of treatment, techniques used in treatment, and ideas about how and why change occurs in therapy. Presentation of researchers should include: research questions posed, types of research design used (i.e., qualitative vs. quantitative, and specify type), interpretation of findings, and implications of the research findings for the field.
2. What are the pros and cons of segregating hospitalized mental patients from their families?
3. What are some of the motives for blaming parents (especially mothers) for the problems of their children? What are some of the clinical consequences of this type of thinking?
4. List the various early leaders of family therapy on individual note cards -- Gregory Bateson, Theodore Lidz, Lyman Wynne, Milton Erickson, Nathan Ackerman, John E. Bell, Murray Bowen, Don Jackson, Jay Haley, Salvador Minuchin, Virginia Satir, and Carl Whitaker, etc. Break the class into groups of 3-4 students each and divide the note cards among groups. Have students identify and discuss the major contributions of each leader to the field of family therapy. How have their ideas fared in the current climate of family therapy?
5. What are some of the "basic assumptions" (in Bion's terms) operating in some of the groups of which you have been a part?
6. What roles did students play in their families growing up? What potential roles went unfulfilled or unnoticed?
7. To what extent does it make sense to treat couples therapy as just a form of family therapy rather than a specific discipline in its own right?
8. Discuss the major concepts in early communication theory that have been incorporated into other schools of family therapy (i.e., complementarity, cybernetics, homeostasis, metacommunication, positive and negative feedback loops, symptom functionality, etc.). Which have had the greatest impact on the direction in which the field is developing?
9. Trace the demise of group family therapy. What were its major contributions to the field? What were its major failings? In which settings under which conditions, with which types of families and family problems might group family therapy show greater effectiveness?
10. Discuss Speck and Attneave's network therapy. For what types of families might this approach be particularly useful (e.g., families with chronic illness, ethnic minority families, non-traditional families such as single parent families and gay and lesbian families), and why?
11. Discuss the pros and cons of manipulating people to change. Do the ends justify the means? Is it ethical or clinically indicated to change someone outside of his or her awareness?

## CLASSROOM ACTIVITIES

### Videotapes/Films

1. *The Case of the Dumb Delinquent* Philadelphia Child Guidance Center, Mike Schmidt Video Department, 34th St. And Civic Center Blvd., Philadelphia, PA 19104. Minuchin interviews a 13-year-old pre-delinquent boy and his single mother. Minuchin highlights the complementary patterns that link mother to son, through skillful use of relabeling and reframing, and challenges the mother's plans for institutional placement. VHS, 3/4 inch Cassette, S-VHS, approximately 38 minutes.
2. *Virginia Satir: Of Rocks and Flowers* Distributor: Golden Triad Films.  
To order: [www.goldentriadfilms.com/films/satir.htm](http://www.goldentriadfilms.com/films/satir.htm) Or call: 800-869-9454. Satir works with a blended family in which the couple has been married for a year. The husband, a recovering alcoholic, is the father of two boys, ages 4 and 2, who were repeatedly abused by their biological mother. The children are highly active and violent on occasion. The wife, abused by her previous husband who was also an alcoholic, is pregnant and afraid the boys will abuse her own child. In a moving segment, Satir interacts only with the two young children--she has them touch her face gently, reciprocates, and then asks them if they would like to do the same with their parents. Then with the parents, she gently coaches them how to touch and respond to the children. During the post-session interview, Virginia comments explicitly on her use of touching, both in this session and generally.
3. *Carl Whitaker: Usefulness of Non-Presented Symptoms* Distributor: AAMFT  
To order: [www.aamft.org/family\\_therapyresources/search.asp](http://www.aamft.org/family_therapyresources/search.asp) (Note: this link can also be reached from the AAMFT website by going to [www.aamft.org](http://www.aamft.org) clicking on the pink line on the left marked "familytherapyresources.net, and then clicking on "Search This Web Site.") Or call AVEN (Audio Visual Education Network, which is AAMFT's video distributor) at 800-810-8273. Whitaker consults with a grandmother, mother, and two pre-adolescent sons. The women are recent widows and the boys were abused by their deceased, alcoholic father. The intergenerational rules that hypnotize people to act in destructive ways are searched out, as the family is challenged to deal with issues in a healthier fashion. VHS, approximately 93 min.
4. *Carl Whitaker and Gary Connell: Creating a Symbolic Experience Through Family Therapy* Distributor: AAMFT  
To order: [www.aamft.org/family\\_therapyresources/search.asp](http://www.aamft.org/family_therapyresources/search.asp) (Note: this link can also be reached from the AAMFT website by going to [www.aamft.org](http://www.aamft.org) clicking on the pink line on the left marked "familytherapyresources.net, and then clicking on "Search This Web Site.") Or call AVEN (Audio Visual Education Network, which is AAMFT's video distributor) at 800-810-8273. Note: Whitaker is spelled "Whitake" in the catalogue. Whitaker demonstrates his Symbolic Experiential Therapy in his interviews with two extended families. VHS.
5. *Paul Watzlawick: Mad or Bad?* Distributor: AAMFT  
To order: [www.aamft.org/family\\_therapyresources/search.asp](http://www.aamft.org/family_therapyresources/search.asp) (Note: this link can also be reached from the AAMFT website by going to [www.aamft.org](http://www.aamft.org) clicking on the pink line on the left marked "familytherapyresources.net, and then clicking on "Search This Web Site.") Or call AVEN (Audio Visual Education Network, which is AAMFT's video distributor) at 800-810-8273. In his consultation with a family whose 25-year old son presents with chronic somatic symptoms, Watzlawick employs strategic use of Ericksonian-style questions. The systemic function of symptoms in protecting the family from other problems is highlighted. VHS, approximately 136 min.

6. *Jay Haley & Judge Clinton Deveaux, In the Maze: Families and the Legal System*  
Distributor: AAMFT To order: [www.aamft.org/family\\_therapyresources/search.asp](http://www.aamft.org/family_therapyresources/search.asp)  
(Note: this link can also be reached from the AAMFT website by going to [www.aamft.org](http://www.aamft.org) clicking on the pink line on the left marked "familytherapyresources.net, and then clicking on "Search This Web Site.") Or call AVEN (Audio Visual Education Network, which is AAMFT's video distributor) at 800-810-8273. This videotape offers guidelines for compulsory therapy as an alternative to incarceration. VHS.
7. *Virginia Satir: The Use of Self in Therapy #7953* Discovery Education: 800-213-8395. *The Use of Self*, draws on Satir's legacy of clinical recordings to demonstrate the tenets of her theory and practice. Therapy footage is interspersed with expert commentary. Explored are methods to empower family members, bolster self-esteem, reframe problems, and communicate with congruence. VHS, 30 minutes.
8. *Virginia Satir: The Lost Boy* Distributor: AAMFT  
To order: [www.aamft.org/family\\_therapyresources/search.asp](http://www.aamft.org/family_therapyresources/search.asp) (Note: this link can also be reached from the AAMFT website by going to [www.aamft.org](http://www.aamft.org) clicking on the pink line on the left marked "FamilyTherapyResources.net, and then clicking on "Search This Web Site.") Or call AVEN (Audio Visual Education Network, which is AAMFT's video distributor) at 800-810-8273. Satir conducts an experiential session with a large intact family with ten children whose presenting problem is grief following the loss of one of the children who is still missing a year after his abduction. This session provides a good demonstration of Satir's open, directive, spatial style. VHS, approximately 80 min.

### **Role Plays/Observations**

1. Have students break into groups of 2-3. One student (a client), should describe a problem (e.g., frequent fights with partner; difficulty getting along with co-workers; parent of an adolescent child who is acting out; workaholic, etc.), and the others should ask questions about what he or she has done in response to the problem. The goal of the exercise is to discover problem-maintaining behavior, and maybe suggest that the client try something different. Reverse roles until all students have played both client and interviewer.
2. Divide the class into groups of 3-4 students. Ask two students to play a couple and to choose an emotional topic for discussion, something on which they are likely to disagree (e.g., finances, housekeeping responsibilities, frequency of visits with parents, sex, communication problems). Instruct one or both partners to deliberately talk about "you" and the way things "are" and "should be," rather than saying "I think," "I wish," "I feel." Stop after 10 minutes -- observers should notice and comment on how destructive this habit is. Next instruct each member of the "couple" to speak in the first person singular (e.g., I feel..., I think..., My thought is that....); making personal statements about personal matters (e.g., "I would like to visit my family..." versus "You should want to visit with my family during the holidays."), and speaking directly to, not about, each other. Discuss the contrasting experiences of the students who were role-playing across the first and second role play. Discuss observers' perceptions of these differences. Ask students to consider implications for treatment.

3. Divide the class into small groups, perhaps 4-5 each, and have students conduct two types of role plays, approx. 15 minutes each, using communications family therapy techniques. Instruct two students to play a couple with relationship difficulties, one to play the therapist, and one or two students to observe. In the first role play, instruct the therapist to use a direct approach in treating the couples' presenting difficulties by making their rules of communication explicit and teaching them principles of clear communication (e.g., using the first person singular--I, me, mine--when referring to one's thoughts and feelings about an issue, making personal "I" statements, speaking directly to and not about the other).
4. In the second role play, two students should role play a couple with relationship difficulties. This time instruct the therapist to use a more indirect strategy by attempting a paradoxical intervention (e.g., prescribing the symptom, reframing the problem, creating a therapeutic double-bind, etc.). Encourage the therapist to call a time-out during the role play session in order to confer with observers and design an effective paradoxical intervention. Following the role plays, instruct the groups to discuss the effectiveness of the direct vs. indirect, paradoxical style of intervention. What were the couples' experiences as targets of the interventions? Which felt more effective? In each case, was the therapist able to induce change in the couples' style of communicating, ways of thinking about the problem, etc.? Which intervention style fits best with students' own personal styles?
5. Have students break into groups of 3-4. Have two students role-play a conversation in which each reacts with emotional responses to the other's statements. Observers should take note of what happens. Next have them role-play a similar conversation, but this time instruct them to first acknowledge what the other said before they respond. Have the group discuss each role play. What impact did acknowledgment of the other's perspective have on the quality of the interaction? Discuss the implications for conducting couples therapy.

## **ADDITIONAL RESOURCES**

### **Books**

- Ackerman, N.W. 1966. Family psychotherapy--theory and practice. *American Journal of Psychotherapy*. 20:405-414.
- Bateson, G., Jackson, D.D., Haley, J., and, Weakland, J. 1956. Toward a theory of schizophrenia. *Behavioral Science*. 1:251-264.
- Bell, J.E. 1975. *Family therapy*. New York: Jason Aronson.
- Bowen, M. 1961. Family psychotherapy. *American Journal of Orthopsychiatry*. 31:40-60.
- Erickson, M. H. 1980. *The collected papers of Milton H. Erickson, Vols. I, II, and III*. New York: Irvington.
- Fromm-Reichmann, F. 1948. Notes on the development of treatment of schizophrenics by psychoanalytic psychotherapy. *Psychiatry*. 11:263-274.
- Gritzer, P.H., and Okun, H.S. 1983. Multiple family group therapy: A model for all families. In B.B Wolman & G. Stricker (Eds.), *Handbook of family and marital therapy*. New York: Plenum Press.
- Guerin, P.J. 1976. Family therapy: The first twenty-five years. In *Family therapy: Theory and practice*, P.J. Guerin, ed. New York: Gardner Press.
- Gurman, A. S. ed. 1985. *Casebook of marital therapy*. New York: Guilford Press.

- Haley, J. 1963. *Strategies of psychotherapy*. New York: Grune and Stratton.
- Haley, J. 1986. *The power tactics of Jesus Christ*, 2nd ed. Rockville, MD: The Triangle Press.
- Haley, J. 1996. *Learning and teaching family therapy*. New York: Guilford Press.
- Jackson, D.D. 1965. Family rules: Marital quid pro quo. *Archives of General Psychiatry*, 12:589-594.
- Kaslow, F.W. 1980. History of family therapy in the United States: A kaleidoscope overview. *Marriage and Family Review*. 3:77-111.
- Lidz, T., Cornelison, A., Fleck, S. and Terry, D. 1957. Intrafamilial environment of schizophrenic patients II: Marital schism and marital skew. *American Journal of Psychiatry*. 114:241-248.
- Maturana, H. R., and Varela, F. J. 1987. *The tree of knowledge*. Boston: New Science Library.
- Minuchin, S. 1974. *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Satir, V. 1972. *Peoplemaking*. Palo Alto, CA: Science and Behavior Books.
- Von Bertalanffy, L. 1962. General system theory—A critical review. *General Systems*, 7: 1-20.
- Watzlawick, P., Beavin, J.H., and Jackson, D.D. 1967. *Pragmatics of human communication*. New York: Norton.
- Weakland, J.H., and Ray, W.A. (Eds.). 1995. *Propagations: Thirty years of influence from the Mental Research Institute*. Binghamton, NY: Haworth.
- Whitaker, C.A. 1976. A family is a four-dimensional relationship. In *Family therapy: Theory and practice*, P.J. Guerin, ed. New York: Gardner Press.
- Wynne, L.C. 1978. Knotted relationships, communication deviances, and metabinding. In *Beyond the double bind*, M.M. Berger, ed. New York: Brunner/Mazel.
- Wynne, L.C., Ryckoff, I.M., Day, J., and Hirsch, S. 1958. Pseudomutuality in the family relationships of schizophrenics. *Psychiatry*. 21:205-220.

## Test Bank

The following assessment has been created for in-class use. This assessment is available through Pearson's MyTest website—allowing for easy access for creating your own tests. This assessment is also offered in a Blackboard/Angel/D2L/WebCT package. *Please contact your local Pearson sales representative to learn about the options available. Visit <http://www.pearsonhighered.com/relocator>.*

### Multiple Choice Questions

*Difficulty: 1 = Easy; 2 = Medium; 3 = Challenging*

Choose the best possible answer for each of the following.

1. Lyman Wynne's term for the facade of family harmony that characterized many schizophrenic families is:
  - a. pseudocomplementarity
  - b. pseudomutuality
  - c. pseudoharmony
  - d. pseudohostility

*Answer: B  
Page ref: 15  
Difficulty: 1*

2. Hospital clinicians began to acknowledge and include the family in an individual's treatment when:
  - a. they noticed when the patient got better, someone in the family got worse
  - b. they realized the family was footing the bill for treatment
  - c. they realized the family continued to influence the course of treatment anyway
  - d. a and c
  - e. none of the above

*Answer: D  
Page ref: 9-10  
Difficulty: 2*

3. Kurt Lewin's idea of \_\_\_\_\_ can be seen in action in Minuchin's promotion of crises in family lunch sessions, Norman Paul's use of cross-confrontations, and Peggy Papp's family choreography.
  - a. unfreezing
  - b. social equilibrium
  - c. group process
  - d. field theory

*Answer: A  
Page ref: 10-11  
Difficulty: 2*

4. The first to apply group concepts to family treatment was
- Murray Bowen
  - John Elderkin Bell
  - Virginia Satir
  - Carl Whitaker

*Answer: B*  
*Page ref: 17-18*  
*Difficulty: 1*

5. Frieda Fromm-Reichmann's concept, "\_\_\_\_\_ mother," described a domineering, aggressive, rejecting, and insecure mother who was thought to provide the pathological parenting that produced schizophrenia.
- undifferentiated
  - schizophrenogenic
  - reactive
  - symbiotic

*Answer: B*  
*Page ref: 13*  
*Difficulty: 1*

6. Gregory Bateson and his colleagues at Palo Alto introduced this concept to describe the patterns of disturbed family communication which cause schizophrenia.
- schizophrenogenesis
  - double bind
  - pseudohostility
  - none of the above

*Answer: B*  
*Page ref: 14*  
*Difficulty: 1*

7. The only means to effectively escape a double bind is to:
- withdraw from the relationship
  - metacommunicate
  - quid pro quo
  - a and b

*Answer: D*  
*Page ref: 14-15*  
*Difficulty: 2*

8. According to Theodore Lidz, marital schism occurs when:
- one spouse with serious psychopathology dominates the other
  - there is a chronic failure of spouses to achieve role reciprocity
  - one spouse consistently engages in double-binding communication
  - there is a loss of autonomy due to a blurring of psychological boundaries between spouses

*Answer: B*  
*Page ref: 15*  
*Difficulty: 2*

9. Jackson's concept, \_\_\_\_\_, that families are units that resist change, became the defining metaphor of family therapy's first three decades.
- a. emotional reactivity
  - b. quid pro quo
  - c. family homeostasis
  - d. a and c

*Answer: C*  
*Page ref: 18*  
*Difficulty: 1*

10. This family therapist's personal resolution of emotional reactivity in his family was as significant for his approach to family therapy as Freud's self-analysis was for psychoanalysis.
- a. Salvador Minuchin
  - b. Jay Haley
  - c. Murray Bowen
  - d. Carl Whitaker

*Answer: C*  
*Page ref: 21*  
*Difficulty: 1*

11. This family therapist believed in the existence of an interpersonal unconscious in every family.
- a. Murray Bowen
  - b. Nathan Ackerman
  - c. Ivan Boszormenyi-Nagy
  - d. Virginia Satir

*Answer: B*  
*Page ref: 22*  
*Difficulty: 1*

12. The techniques of structural family therapy fall into two general categories, joining and \_\_\_\_\_.
- a. disengaging maneuvers
  - b. taking an "I" position
  - c. paradoxical interventions
  - d. restructuring techniques

*Answer: D*  
*Page ref: 23-24*  
*Difficulty: 1*

13. The group therapy model was not entirely appropriate for families for what reason?
- a. family members are peers
  - b. families have a shared history
  - c. a and c
  - d. none of the above

*Answer: B*  
*Page ref: 12*  
*Difficulty: 1*