5. What's in a Name?
Redefining Family Therapy

Question:

As a family therapist I sometimes encounter families who are resistant to engaging in family therapy. Some of these families will say they don't need family therapy. With other families, only certain members will attend therapy sessions, even though additional family members have been invited. I feel in such a bind. Is there something peculiar about these families' dynamics which makes them resist family therapy or am I becoming ineffective as a family therapist? What can I do to engage resistant families and proceed with helping them?

Discussion:

In the past two years our conceptualizations of family dynamics have been greatly influenced by the brilliantly creative work of the Milan (Italy) Family Therapy team (Selvini Palazzoli et al., 1978)—particularly by Dr. Gianfranco Cecchin and Dr. Luigi Boscolo. Utilizing their focus on context, multiple systems levels, and paradox, we noted that engagement problems are rarely isolated within either the family system or the therapist system. Rather, we became cognizant that, in the process of these two separate systems attempting to merge within the context of family therapy, engagement problems sometimes emerge.

Studying the puzzle of engagement at the higher level of the therapist-family system expanded our intervention alternatives. We will now describe one intervention which we call "redefining family therapy" or "the context by another name sometimes smells sweeter!"

We have found that with many engagement problems which arise at the therapist-family level, the family poses a paradox to the therapist. The family gives the message, "We need help from you, a family therapist," then quickly follows with, "We don’t need family therapy." If therapists respond to this paradox by firmly standing their "family therapy" ground, this rigidity provokes a variety show of resistance from the family. Thus, a vicious cycle escalates and the control/power issue raises its head, consuming the energies of both parties.
We would propose that family therapists meet the paradox of the family with a counterparadox made possible by relabeling the therapy being offered. We have found that when the two separate systems of therapist and family are unable to converge within the context labeled "family therapy," a different label on that context can make a difference.

Engagement problems dissolve when the family therapist responds to the family's paradox, "We need help from you, a family therapist. We don't need family therapy," with the counterparadox of: "I am a family therapist. I won't offer you 'family therapy.' I'll offer you 'developmental therapy,' 'sibling therapy,' 'supportive family meetings,' 'assessment,' or 'follow-up.'" We have experienced these new names for "family therapy" to be enhancing to the formation and consequent functioning of the therapist-family system.

In a situation where one very important family member was not engaged in the therapy process, redefinition of "family therapy" produced "engaging" results. The scenario follows: The senior author supervised an experienced family therapist who felt that the phenomena of suction had occurred in her work with a blended family. The blended family consisted of mother, father, three children from father's previous marriage, and one child from the present marital union. The identified patient was the father's second (middle) child from his first marriage. This 10-year-old boy (I.P.) was presently in a residential treatment program for children where the family therapist was employed.

The therapist offered the information that the number and structure of therapy sessions had been: 14 individual sessions with the I.P.; 10 individual sessions with the father (mother had been invited); three sessions with father and 4 children (mother had been invited); and one session with the "whole" family system. The therapist was very concerned about mother's nonparticipation in therapy.

During the supervised session (at which mother was absent), it became apparent that one of the core issues of this family was its developmental struggle to become a "new" family. Following some extensive intersession discussion between the supervisor (senior author) and the family therapist, it was decided that the therapist would use the intervention of "redefinition of therapy."

Upon returning to the awaiting family, the therapist shared with the family the observation-hypothesis which had been made regarding the normal developmental struggle the family was presently experiencing in its quest to become a "new whole family." The family members were then told that due to this present struggle, it would be more appropriate for the family therapist to offer "developmental therapy" rather than "family therapy" (since they weren't a "family" yet).
The therapist contacted the session-absent mother and arranged to share in person the opinion from the supervised session. The mother responded most favorably and has regularly attended the "developmental therapy" sessions since that time.

A variation on this theme of "family therapy" = disengagement, "developmental therapy" = engagement was successfully employed during a supervised session where the whole family was absent. This family's pattern was to vary the attendance of family members to therapy sessions in exact opposition to those members requested by the therapist. This day, on which none of the family came to therapy, a letter was mailed to the family, part of which follows:

Since you were unable to attend the 3:00 P.M. consultation time with Dr. Wright today, we took the opportunity to utilize that time to discuss your family. Through this consultation discussion, we can to a clearer understanding of one of the core problems in your family. This is the problem of your family struggling to decide whether or not you want to be a whole family. Therefore, it has been a mistake for us to invite you to come here as a family because we don't know on which days you feel like a family and on which days you don't.

In our experience in working with families, we have found it to be a common occurrence that when a new husband/father joins a family, it takes some time to feel like a "whole" family. So we have the impression with your family that you are struggling with this normal and very common developmental problem.

As a result, instead of family therapy, we would like to offer you developmental therapy. So for the next appointment, if it is a day when you are feeling more like a family, the whole family may wish to come. However, if it is a day when you are feeling less like a family, then part of the family or one member of the family may wish to come. Since you have the knowledge about which days you feel more like a family and which days you feel less like a family, we would like you to decide who will come to the next appointment on Monday.

This intervention freed the therapists from the continual symmetrical relationship they had entered into with the family. The therapists had previously demanded that the entire family come to therapy. This was ineffective since the family was presently struggling with the issue of: "Who belongs in our family?" The therapists' sanctioning of the family's previous efforts to vary family attendance to sessions and thus control the therapy process freed the family to put its energy into working in therapy.
Redefining "family therapy" as "follow-up" has also proven to be a powerful technique. With one family who wanted to terminate prematurely, we positively connoted the desire to terminate but offered a "follow-up" session. Six "follow-up" sessions were attended, in which the family never again mentioned their desire to terminate.

So, "What's in a name?" Would you relish a "lump of fish eggs" as much as you would a "feast of caviar"? It's doubtful. We, then, need to be sensitive to "resistant" families and speak their language, giving "family therapy" the name that will promote engagement and allow change to begin.

Reference


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