



All for One and One for All?

***An Existential Perspective on Family and Systems Work as a
Form of Therapeutic Intervention.***

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Abstract

The desire to observe and work with the family as the primary unit in the individual's social context has led to the development of various family therapy methodologies that seem to be predicated on one or both of two theoretical formulations, the first of which is philosophical and the second scientific. This paper seeks to explore these formulations and in so doing elucidate an existential perspective on Family Therapy. Whilst at first glance the aim of supporting autonomy while preserving mutuality (Minuchin 1974) would appear to have an affinity with the existential psychotherapeutic approach the question still remains as to whether it is really possible or desirable to view the family as the type of structure that can be imbued with the laws of organisational dynamics without losing empathy for its individual members and whether in reality it is therapeutic for the individual in crisis (often with the family itself) to remain both autonomous and embedded in any meaningful way?

“The Family uses people, not for what they are intended to be, but for what it wants them for – for its own uses. The system dooms some minds to incurable infancy and others to silent misery..... as it has destroyed the individual life ”

(Florence Nightingale 1852: 37)

“The theory of family therapy is predicated on the fact that man is not an isolate. He is an acting and reacting member of social groups”.

(Salvador Minuchin 1974:2)

“The self is only a self because it has a world, a structured universe, to which it belongs and from which it is separated at the same time”.

(Paul Tillich 1952: 87)

Introduction

Traditionally the individual has been the sole focus of attention in Psychotherapy. This has led psychoanalysts to concentrate on the intrapsychic, behaviourists to encourage the individual to change his cognitions and behaviour and existentialists to explore with their clients the meaning that they specifically attach to significant aspects of their lived experience. Other modalities including Gestalt, person centred and psychosynthesis similarly view the dyadic relationship as the fundamental basis of the therapeutic encounter. Early family therapists however believed that individual therapy helped to

maintain an artificial boundary between man and his social context and gave little opportunity for corrective feedback with the result that the individual came to be viewed as the site of pathology (Minuchin 1974). The desire to observe and work with the family as the primary unit in the individual's social context has led to the development of various family therapy methodologies that seem to be predicated on one or both of two theoretical formulations, the first of which is philosophical and the second scientific.

Theoretical Underpinnings

From a philosophical standpoint family therapy is underpinned by the existential concept that man can never truly be isolated and is thus always in relation, as Buber proposed there is 'no I without a thou', and that 'entering into a relation' with something that is perceived as contrasting and existing for itself is a fundamental principle of human life (1957). The ability to achieve a sense of separateness in relation or 'differentiated relatedness' is seen as an important human attribute that helps guard against the danger of losing one's sense of self in relationships, or having one's selfhood compromised or sacrificed when relating to others (Melito 2006). The ability to achieve this balance within the family is constantly challenged in our everyday lives, a circumstance that Haldane and McCluskey (1982) view as containing essentially existential problems, those intrinsic to being alive and of coming to terms with self and with the world within the setting of family life. Bateson (1973) similarly rejected the notion of inner and outer space whilst Minuchin also regarded man as an acting and reacting member of social groups and recognised that "man is not himself without his circumstances" (1974:5). Both these family theorists rejected the notion of the individual acting upon his environment and were instead intimately concerned with how the individual interacts with his environment.

The scientific foundation of family therapy is in many respects antithetic to the philosophical tradition in as much as it eschews the need for relatedness and contextualisation and is based upon Cybernetics, which refers to the theoretical study of communication and control processes in biological and mechanical entities. The metaphor of a 'black box' flight recorder (Keeney and Ross 1983) goes some way to illustrating this vision of the family as a sealed unit in which all important information about its members/constituent parts is contained and can be discovered. The emergence of family therapy saw the combining of Cybernetic theories with Systems Theory, which focuses on the complexity of relationships and views systems as being composed of interdependent parts that interact through feedback mechanisms and form an emergent whole. Cybernetics allowed theorists such as Bateson, Jackson, Haley, Bowen, Satir and Minuchin to view as complementary the relation between change and stability within the

family system. Hence, when defined as a cybernetic system, a family is seen as a social organism whose whole pattern of organisation is stabilized through the change of its component parts and as such the goal of family therapy becomes to alter the way that the family system calibrates itself and is therefore able to maintain its organisation through processes of change (Keeney and Ross 1983).

A brief survey of two of the several different schools of thought in field of family therapy helps to highlight the potential outcomes of these types of intervention for individual family members and comment upon whether there is in fact any synergy between individual and systems therapies from an existential perspective and assess how the family becomes identified as the organisation in trouble, what getting the family 'working' again actually means and who actually benefits from it?

The Family as a System

Gregory Bateson's work in the mid- 1950's with schizophrenic patients and their families at the Mental Research Institute in Palo Alto California proved seminal in the movement away from seeing the individual as the patient and towards seeing the interactional patterns of behaviour between family members as the unit needing to be cured or repaired. Bateson believed that it is "patterns which connect" (1979:12) and saw the family as a total system within which there is "a dance of interacting parts" (1979:13). Along with colleagues including Jay Haley, Don Jackson, Virginia Satir and Paul Watzlawick, the therapeutic work, from the outset, was with the 'sick family' and not the 'sick individual' (Jackson 1973). It was hypothesized that the family of a schizophrenic was a special kind of system that could be differentiated from other family systems (Haley 1968), in as much as the individual is placed in a 'double-bind' situation, where they receive contradictory messages that are ultimately untenable. This closed-system family (Brodey 1967) is in turn viewed as unresponsive to unexpected change. More generally Satir (1967) believed that to understand the meaning of a symptom it is necessary to see how it fits into the family and that every piece of behaviour in a family is logical to that system.

Whilst the thrust towards an understanding of the socio-cultural dimension of schizophrenia has some resonance with the existential psychotherapeutic tradition the idea that the individual becomes a subsystem and therefore not truly whole, understandable or legitimate unless seen within the context of their complete family system is to potentially replace one oppressive social context with another. The question also arises for individual family members in non-schizophrenic families, as to who is actually part of the family unit, how many generations and branches should be present in

family therapy and who gets to make the decisions about this? It would seem more helpful for an individual client's personal formulation of their family; the meaning they attach to it, how it works for them and how they view themselves within it, to be given ultimate credence and authenticity in psychotherapy precisely because this is never going to be the same for each family member and what is right for one will almost certainly not be right for all.

Case Illustration

A case example would be a 14 year old client dealing with multiple traumatic experiences that have taken place at school whom I am seeing for individual therapy at the same time as the family are also in therapy together. My client is aware that her refusal/inability to go to school and remain in school is causing a problem for the family, particularly her father "who doesn't believe there is any such thing as anxiety" and that she would feel a lot less guilty and cause the family a lot less stress if she was able to attend school regularly. I had been seeing this client for six months before she started attending family therapy sessions through the NHS and her experience has been to feel that the whole exercise is about making her go back to school, that the therapist is only trying to understand her so she can change her and that her problems with going to school are not the only cause of her parents' difficulties and are not actually to do with her home life at all. In many respects my work with this client has run contrary to her experience of family therapy and in a very clear and sometimes painful way has illustrated to her and me the different objectives and perceived successes that are contained in individual and family therapy. To fix the family in this instance would be to silence, negate and coerce one of its members, incorrectly identify this teenager's problem as originating in and being able to be solved by the family and privilege the restoration of the family functioning over an individual member's struggle for personal truth and self empowerment arising from her felt sense of being-in-the-world.

Case Discussion

In these circumstances it is difficult to see how family therapy can accomplish an 'expansion of possibilities' for each person by viewing the individual with a timing and thought that fits them specifically (Satir 1967). Indeed, as Haldane and McCluskey (1982) point out, individuals within the family may find it difficult to cry out or be heard except in ways which are experienced by other family members as inconvenient and destructive. For the individual to be in a room with his family and a therapist is to send the unequivocal message that the need is to resolve and enact in ways that are first and foremost authentic and effective for the family and not the self. This subliminal message is even

stronger in cases where the child is seen as the problem and is being 'forced to be helped'. Laing (1971) recognised this point and saw the family's ability to invalidate the feelings of the supposed ill member as having the potential to create the very problem itself. He asks the recurring power questions that underlie family therapy namely, who defines the situation? What is the situation? What is in fact the case, and what is not the case? (Laing 1971).

The Family therapist assumes a very powerful position in this respect and in formulating an assessment, diagnosis and treatment plan, using the family systems paradigm, becomes identified with the family as a cohesive brand with its own image and identity that is to be protected and preserved. Stability in family identity is thus regarded as contributing significantly to the health of the family (Bennett et al 1988) and the furtherance of family rituals as providing the family with a collective sense of itself (Wolin & Bennett 1984). This raises the dual question as to whether family identity is really able to encompass the identities of its individual members, or simply its most powerful ones and does the adherence to family rituals suit all or enslave some? Exploring whether certain members would benefit from a significant level of disengagement and separateness by taking 'I-positions' (Melito 2006) is less important in family therapy and in many cases is regarded as a breach of family loyalty. From an existential standpoint the subjective experience of the family is the family that truly 'is'; as it exists in the lifeworld of one of its individual members. From an ethical point of view it is also unclear in family systems work as to where the family therapist's obligations and concerns lie in circumstances where it is not possible to 'do no harm' to the individual by privileging the repair of the family as a system and vice versa.

The Family as a Structure

The structural approach was developed by Minuchin (1974), who used a functional analysis, based on change theory to map out a model of optimal family functioning and ideal family structure. He defined family structure as the invisible set of functional demands that organizes the way in which family members interact and saw it as main source of symptomatic behaviour and therefore the logical target of therapy (1974). There is a clear understanding on Minuchin's part as to what distinguishes functional from dysfunctional family systems and the aim of structural family therapy is to support autonomy while preserving mutuality (1974). Whilst at first glance this intent would appear to have an affinity with the existential psychotherapeutic approach the question still remains as to whether it is really possible or desirable to view the family as the type of structure that can be imbued with the laws of organisational dynamics without losing

empathy for its individual members and whether in reality it is therapeutic for the individual in crisis (often with the family itself) to remain both autonomous and embedded in any meaningful way?

Haldane and McCluskey (1982) further illustrate this theoretical difference by identifying the presumption of the structural approach as a belief that changes in patterns of behaviour and interaction will lead to alterations in internal experience whereas the existential approach would view the reverse, i.e. that symptom relief and problem resolution are consequences of changes in internal experience and as such the by-product of the discovery of authentic existence. They regard the existential view of the family as being characterised by the hope that the individuals in the family can sufficiently separate out from each other in a psychological sense (and I would add physical sense) to be able to see each other as whole and thereby become free to develop patterns of relationship for the future based on such individuation (Haldane and McCluskey 1982). The influence of different ethno-cultural values and rules can also be felt through the family structure and in some cases militate against an understanding that for the individual it is sometimes as important to have the courage to stand out and create as it is to fit in and take on. Gergen (1991) observes that cultural entities like the family come from their own partial perspective and frame the world in their own terms. In agreeing with this viewpoint (Walsh 202) suggests that the acceptance of this partiality and the sacrifice of self as the centre of meaning is outweighed by experiencing the reality, the centrality and the fundamental necessity of relatedness. This conceptualisation of relatedness at all costs, at the heart of family therapy, misrepresents this most fundamental aspect of existential thought; namely that there is no need to choose relatedness; as Heidegger's Dasein shows, the person is always and indelibly a 'person in context' (1927). It is how the individual relates, to whom they choose to relate and most importantly, how this relationality is informed, that in fact contributes towards or detracts from the individual's well-being-in-the-world.

Conclusion

Our 'being there' is to be a whole system not a subsystem and the individual's articulation of the meaning he derives from his relations with others, especially his family, should be recognised as the purest and most authentic expression of himself in his 'familyworld' at any one time. From the point of view of different members, the family can be a nourishing and enabling environment and a controlling and punitive one all at the same time. Whilst this difference is respected and seen as significant in individual therapy it is often viewed as problematic when working therapeutically with the family as a whole. Family therapy's

future orientation, focus on relatedness, and understanding of the finiteness of our freedom does nonetheless resonate with some philosophical understandings that inform existential psychotherapy. However, the assumption that the family is always better together, the predetermination of what is normal and what is deviant for the family as a unit, the belief that positive change for the family will lead to an increase in well being for all its members and the attempt to move the family from one collective truth to another provides much to question about the efficacy of this form of therapy for individual family members.

Marc Medina is a UKCP Registered and BACP Accredited Existential Psychotherapist and Supervisor in private practice. He is also experienced in working with groups and has recently starting teaching group work at The Contemporary College of Therapeutic Studies located at Birkbeck University of London. He is currently Studying for his doctorate in Existential Psychotherapy at the New School of Psychotherapy and Counselling. He is carrying out research, using IPA methodologies, in the field of recovery from alcohol addiction. His research will provide an opportunity for an in depth exploration of the acceptance of God/the Higher Power or otherness as the means by which individuals, who identify as alcoholics, overcome what they feel to be their uncontrollable urge to drink. He is particularly interested in examining how this route to sobriety within the AA paradigm impacts upon the everyday lives of its long term sober members; the choices they make, the difficulties they encounter and their felt sense of personal freedom. He can be contacted at marcmedina@btinternet.com.

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