

FAMILY THERAPY

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1.0 Introduction

Gladding (2002) defines a family as those persons who are biologically or psychologically related whom historical, emotional, or economical bonds connect and who perceive themselves as part of a household.

1.2 Families

Family life is constantly changing and family members are also continuously interacting and as they change, some aspects of the family are affected either positively or negatively (Gladding, 2002). Families that survive these disruptions are those that are able to adapt to these new changes by setting appropriate boundaries, developing relationships through open communication, promoting responsibility, expressing confidence in themselves and their children and those that are optimistic about their future (Gladding, 2002 citing Cutler & Radford, 1999). However, life stressors are bound to happen at some point. What determines the success of a family is the coping mechanism applied by the members to reduce or eliminate the stressors. Family structure or organization also contributes to the health or dysfunction of families.

1.3 Family Therapy

Family therapy refers to a group of treatment styles that target the group rather than the individual within the group. All of the styles are based on the notion that families share connection and by modifying one component of the system, you can affect the other components. This means the health of a family can play a major role in the success of recovery.

1.4 History of family therapy

Formal interventions with families to help individuals and families experiencing various kinds of problems have been a part of many cultures, probably throughout history. These interventions have sometimes involved formal procedures or rituals, and often included the

extended family as well as non-kin members of the community. Following the emergence of specialization in various societies, these interventions were often conducted by particular members of a community - for example, a chief, priest, physician, and so on - usually as an ancillary function. Family therapy as a distinct professional practice within Western cultures can be argued to have had its origins in the social work movements of the 19th century in the United Kingdom and the United States. As a branch of psychotherapy, its roots can be traced somewhat later to the early 20th century with the emergence of the child guidance movement and marriage counselling (Goldenberg & Goldenberg, 2012).

The formal development of family therapy dates to the 1940s and early 1950s with the founding in 1942 of the American Association of Marriage Counsellors and through the work of various independent clinicians and groups, the United States and Hungary who began seeing family members together for observation or therapy sessions. There was initially a strong influence from psychoanalysis founders of the field and social psychiatry, and later from learning theory and behaviour therapy and significantly, these clinicians began to articulate various theories about the nature and functioning of the family as an entity that was more than a mere aggregation of individuals.

Family therapy addresses the problems people present within the context of their relationships with significant persons in their lives and their social networks. It is a well-recognized psychotherapeutic approach, primarily concerned with the family system as a social unit, in contrast to other psychotherapy approaches such as psychodynamic or cognitive-behavioural therapy, which focus on the individual. Family therapy and systemic practice is a heterogeneous field, there are different schools and models that share several principles and guiding assumptions. Some of the commonly shared goals of family therapy might be for example: improvement of family functioning on different levels, enhancement

of mutual understanding and emotional support among family members, development of coping skills and problem-solving strategies in various life dilemmas and situations as argued by Alexander, & Robbins (2011).

Traditionally family therapy has had a primary focus on interactions among family members, quality of family relationships, various aspects of family development and functioning. However, family therapy rests on 'systemic assumptions' or 'a contextual perspective' which emphasise the role of wider systems, such as the community, the society and the culture to which the family belongs. In recent years, family therapists have started to call themselves 'systemic therapists' as they pay more attention to the impact of wider systems and social contexts on people's lives (Barker & Chang, 2013).

The systemic perspective which underpins the practice of most family therapists – views the problems of an individual in relation to the different contexts in which this individual lives: i.e. as a partner in a couple relationships, as a family member, a person with particular cultural and/or religious allegiances, while also takes into account socio-economic circumstances and political processes. Systemic practice considers 'context' as being of paramount significance for an individual's psychological development and emotional well-being.

A family therapy session usually lasts between 60-90 minutes; the intervals between sessions are from one to several weeks depending on the presented problems, the needs of the family members, the stage of the treatment and other variables. Decisions over these matters are negotiated collaboratively with clients and any other involved professionals. Although it is hard to estimate, and it differs widely, the average length of family therapy treatment ranges between 6 – 20 sessions.

1.4.1 Role and Function of Family Therapists

There are several roles associated with the seven approaches to family therapy. Corey (2009) outlines them as follows:

- Aldlerian family therapists assume the role of educators, motivational investigators and collaborators
- Bowen's multigenerational therapy assumes a rational stance and strives for therapeutic neutrality.
- Satirs approach to family therapy involves guiding the individual family members through the process of change. The therapist provided the family with new experiences and teaches members how to communicate openly.
- The experiential family therapist becomes personally involved through self-disclosure and being authentic in relating to a family.
- Structural family therapists function as a stage director. They try to manipulate the family structure for the purpose of modifying dysfunctional patterns.
- Strategic model therapists function in active and directive ways working as consultants and experts. They are manipulative and authoritative when dealing with resistive behaviours.
- Social constructionists approach involves therapists who function collaboratively with a family rather than as an expert. They strive to create an atmosphere that encourages family members to explore their problems non-defensively and to discover their own solutions.

1.4.2 Techniques and Procedures of Family Therapy

There are several diverse techniques employed by therapists to address problems associated with families. Each technique depends on the therapist's theoretical orientation and flexibility in applying them. Some of the primary interventions as outlined by Corey (2009) are as follows:

- Adlerian family therapists employ techniques such as family constellation, reporting of a typical day, goal disclosure and logical consequences
- Multigenerational family therapy focuses on asking questions, tracking interactional sequences, assigning homework and educating.
- Satir's human validation model involves various techniques to facilitate enhanced interpersonal communication within the family including drama, reframing, humor, touch, family reconstruction, family mapping, family life-fact chronology and family sculpture.
- Experiential family therapists prefer creating interventions that grow out of the phenomenological context in working with a family.
- Structural family therapists engage in tracking transactional consequences, reframing, issuing directives, joining and accommodating a family, restructuring, enactment and family mapping.
- Strategic therapists use framing, directives, paradoxical interventions and tracking of interactional sequences.
- Social constructionist technique's focus on the future rather than understanding the cause of the problem. They may use a variety of techniques depending on the therapist's orientation. Some therapists ask the client to externalize the problem and focus on strengths or unused resources. Others challenge the client to discover solutions that might work

1.5 Therapeutic approaches to working with families

In order to restore dysfunctional families back into healthy working relationships, family therapists are called upon to offer help. Family therapy is a practice that has been in existence for over 2000 years as written documents indicate there was an integrative system of treating mental illnesses. Prehistorically, records have shown systematic attempts at helping emotionally unstable people in the society. In this aspect, elders were mainly used to give advice to the members of the families.

Thus, working with entire families is more recommended than working with individuals within the family. Corey (2009) observes that systemic therapists appreciate the importance of individuals in a family system, but they appreciate more the importance of individual's systemic affiliations and interactions. By working with the entire family, a therapist has a chance to observe how individuals act within the system and how they participate in maintaining the status quo. The therapist is also able to learn how the family system influences the individual and what interventions might lead to changes that help the couple, family or the larger system including the individual that is expressing pain.

Padovani (2006) strongly believes that the most important relationship in a family is always the relationship between a husband and a wife. The family will be stable as long as the couples are stable. It enables family members, couples and others who care about each other to express and explore difficult thoughts and emotions safely, to understand each other's experiences and views, appreciate each other's needs, build on strengths and make useful changes in their relationships and their lives. Individuals can find Family Therapy helpful, as an opportunity to reflect on important relationships and find ways forward.

1.5.1 The importance of Family Therapy

The aim of the Family Therapy can be explained as follows:

- To be inclusive and considerate of the needs of each member of the family
- To recognize and build on peoples' strengths and relational resources
- To work in partnership with families and others, not 'on' them
- To be sensitive to diverse family forms and relationships, beliefs and cultures
- To enable people to talk, together or individually, often about difficult or distressing issues in a respectful manner with the aim of supporting the recovery of those involved.

1.5.2 Limitations of Family Therapy

Although family therapy is considered helpful and necessary in resolving problems in dysfunctional families, sometimes it is blamed for losing sight on the individual patient by focusing on the broader family system.

2.0 Types of Family Therapy

2.1 Transactional Analysis

Transactional Analysis was either developed before family therapy or was developed independent of family therapy (Bowen, 2004). This approach is different from individual theory as it provides ingenious ways of conceptualizing relationships within family systems thereby representing a step toward systems theory. Transactional Analysis is the method used for studying interactions between individuals in a family system. It is considered a fundamental therapy for well-being and for helping individuals to reach their full potential in all aspects of life. It is regarded as both a theory of personality and an organized system of interactional therapy. It is grounded on the assumption that we make current decisions based on past premises (Corey, 2009). Transactional analysis was originally developed in 1950s by the late Eric Berne (1961), who was trained as a Freudian psychoanalyst and psychiatrist. Transactional analysis evolved out of Berne's dissatisfaction with the slowness of psychoanalysis in curing people of their problems. Berne's major objections to psychoanalysis were that it was time consuming, complex, and poorly communicated to

clients. Berne felt that a therapist could learn what the problem was by simply observing what was communicated (in words, body language, facial expressions) in a transaction. So instead of directly asking the patient questions, Berne would frequently observe the patient in a group setting, noting all of the transactions that occurred between the patient and other individuals (Berne, 2016).

According to transactional analysis theory, human beings' personalities are made of three ego states: the parent, the adult and the child ego states. The parent ego state is a set of thoughts, feelings and behaviours that are learnt from the parents or other caretakers. The parent ego state can be divided into two functions. One function is composed of the nurturing side and can be soft, loving and permission giving. It is called Nurturing Parent ego state. The other side of parent ego state is called the Critical Parent. It contains prejudged thoughts, feelings and beliefs that we learned from our parents. Some of the thoughts can either be helpful in life or damaging (Solomon, 2003).

The adult ego state is our data processing centre. It can come up with solutions to problems based on facts without being influenced by the parental prejudged thoughts or the childlike emotions. The Child ego state is the part of our personality that is the seat of emotions, thoughts, and feelings and all of the feeling state "memories" that we have of ourselves from childhood. We carry around in our Child ego states all of the experiences we have had, and sometimes these childlike ways of being pop up in our grown-up lives. This can be fun when we are in a situation in which it is safe and right to play and enjoy ourselves. It can be a problem when our child view of the world causes us to distort the facts in a current situation and prevents our Adult ego state from seeing things accurately (Solomon, 2003).

The Child ego state can also be divided into two parts: the Free Child ego state (also referred to as the Natural Child) and the Adapted Child ego state (which also contains the Rebellious Child ego state). The Free Child is the seat of spontaneous feeling and behavior. It is the side

of us that experiences the world in a direct and immediate way. Our Free Child ego state can be playful, authentic, expressive, and emotional. It, along with the Adult, is the seat of creativity. Having good contact with our own Free Child is an essential ingredient for having an intimate relationship. When we adapt in ways that make us less in touch with our true selves (our Free Child), we decrease the amount of intimacy we are able to have in our lives. The Adapted Child is the part of our personality that has learned to comply with the parental messages we received growing up. We all adapt in one way or another. Sometimes when we are faced with parental messages that are restricting, instead of complying with them, we rebel against them. This becomes our Rebellious Child ego state. This can be seen as an alternative to complying. It is still, however, a response to the parent messages, and so it is a kind of adaptation all its own (Solomon, 2003).

2.2 Catharsis Therapy

This method involves purging of the emotions or relieving of emotional tensions especially through certain kinds of art as tragedy or music. It is a kind of psychotherapy which can achieve a state of moral or spiritual renewal or achieve a state of liberation from anxiety and stress. Catharsis is a Greek word which means cleansing. This method was discovered by Breuer when treating a woman named Bertha who suffered from severe symptoms of hysteria as a result of sexual trauma. The woman told Dr. Breuer to stop suggestions and just listen as she recounted experiences of early sexual trauma. As she told her story, her symptoms melted away. Together with Freud, Breuer published a paper in 1893 which described the healing mechanism which they called Catharsis.

2.3 Multidimensional family therapy (MDFT)

This style is the most appropriate for adolescents and includes individual and family sessions occurring in an office, the home, or the community. Individual sessions work to improve decision-making skills, communication and problem solving. According to Barker, & Chang,

(2013) the multiple family therapies allow a quick assessment of the deterioration and stimulate a confrontation and strategy to reverse this process. Furthermore, it is most useful in residential settings where the family is easily accessible, although it has also been successfully used in outpatient settings.

2.4 Family behavior therapy (FBT)

This style has value for both teens and adults. Its broad approach targets the substance use as well as mental health issue including depression and defiance. Treatment focuses on building skills to improve home life and developing goals to end problems such as substance use while providing rewards for accomplishing these objectives.

2.5 Community and family approach (CRA)

This approach expands past the family to include the community as well. Sessions completed once or twice weekly involve learning ways to improve communication in the family and build a wide support. The family is instrumental in identifying and modifying their role regarding the problem at hand.

2.6 Structural or strategic therapy

It focuses on identifying and transforming the structural dynamics that contributes to addiction in a family group. Structural therapy places a strong emphasis on improving communication and helping family members set boundaries with the victim. The structural family therapy looks beyond the specific family dynamics around substance abuse disorders to more general imbalances in family relationships that might maintain substance abuse, such as extreme disengagements and inappropriate coalitions between family members, especially across generational lines (Barker, & Chang, 2013). Several techniques are employed by the strategic family therapy. They include the following:

2.6.1 *The genogram*

A genogram, or pictorial representation of a family's medical history and interpersonal relationships, can be used to detect psychological factors, hereditary traits, and other significant issues or past events. Genograms are used for both assessment and treatment. It involves interviewing each member of the family in order to create a detailed family history going back at least three generations. This information is used to help highlight important information as well as any behavioural or mental health concerns repeating across generations.

The genogram reveals the family's basic structure and demographics. Through symbols, it offers a picture of three generations. Names, dates of marriage, divorce, death, and other relevant facts are included in the genogram. It provides an enormous amount of data and insight for the therapist and family members early in therapy. As an informational and diagnostic tool, the genogram is developed by the therapist in conjunction with the family.

2.6.2 *The family floor plan*

The family floor plan technique has several variations. Parents might be asked to draw the family floor plan for the family of origin. Information across generations is therefore gathered in a nonthreatening manner. Points of discussion bring out meaningful issues related to one's past. Members of the family may also be asked to draw the floor plan for their nuclear family. The importance of space and territory is often inferred as a result of the family floor plan. Levels of comfort between family members, space accommodations, and rules are often revealed. Indications of differentiation, operating family triangles, and subsystems often become evident. Used early in therapy, this technique can serve as an excellent diagnostic tool.

2.6.3 Reframing

Most family therapists use reframing as a method to both join with the family and offer a different perspective on presenting problems. Specifically, reframing involves taking something out of its logical class and placing it in another category. For example, a mother's repeated questioning of her daughter's behaviour after a date can be seen as genuine caring and concern rather than that of a non-caring parent. Through reframing, a negative can often be reframed into a positive.

2.6.4 Tracking

Most family therapists use tracking. Structural family therapists see tracking as an essential part of the therapist's joining process with the family. During the tracking process the therapist listens intently to family stories and carefully records events and their sequence. Through tracking, the family therapist is able to identify the sequence of events operating in a system to keep it the way it is. What happens between point A and point B or C to create D can be helpful when designing interventions.

2.6.5 Communication skill-building techniques

Faulty communication methods and systems are prevents healthy family functioning readily observed within one or two family sessions. A variety of techniques can be implemented to focus directly on communication skill building between couples or between family members. Listening techniques including restatement of content, reflection of feelings, taking turns expressing feelings, and nonjudgmental brainstorming are some of the methods utilized in communication skill building. In some instances the therapist may attempt to teach a couple how to fight fair, to listen, or may instruct other family members how to express themselves with adults. The family therapist constantly looks for faulty communication patterns that can disrupt the system (Goldenberg, & Goldenberg, 2012).

2.6.6 Family sculpting

The family sculpting provides for recreation of the family system, representing family member's relationships to one another at a specific period of time. The family therapist can use sculpting at any time in therapy by asking family members to physically arrange the family. Adolescents often make good family sculptors as they are provided with a chance to nonverbally communicate thoughts and feelings about the family. Family sculpting is a sound diagnostic tool and provides the opportunity for future therapeutic interventions.

2.6.7 Family photos

The family photos technique has the potential to provide a wealth of information about past and present functioning. One use of family photos is to go through the family album together. Verbal and nonverbal responses to pictures and events are often quite revealing. Adaptations of this method include asking members to bring in significant family photos and discuss reasons for bringing them, and locating pictures that represent past generations. Through discussion of photos, the therapist often more clearly sees family relationships, rituals, structure, roles, and communication patterns.

2.6.8 Special days, mini-vacations, special outings

The couples and families that are stuck frequently exhibit predictable behaviour cycles. Boredom is present, and family members take little time with each other. In such cases, family members feel unappreciated and taken for granted. "Caring Days" can be set aside when couples are asked to show caring for each other. Specific times for caring can be arranged with certain actions in mind.

2.6.9 The empty chair

The empty chair technique, most often utilized by Gestalt therapists has been adapted to family therapy. In one scenario, a partner may express his or her feelings to a spouse (empty

chair), then play the role of the spouse and carry on a dialogue. The expressions to absent family, parents, and children can be arranged through utilizing this technique.

2.6.10 Family choreography

In family choreography, arrangements go beyond initial sculpting; family members are asked to position themselves as to how they see the family and then to show how they would like the family situation to be. Family members may be asked to re-enact a family scene and possibly result it to a preferred scenario. This technique can help a stuck family and create a lively situation (American Diabetes Association, 2013).

2.6.11 Family council meetings

The Family council meetings are organized to provide specific times for the family to meet and share with one another. The therapist might prescribe council meetings as homework, in which case a time is set and rules are outlined. The council should encompass the entire family, and any absent members would have to abide by decisions. The agenda may include any concerns of the family. Attacking others during this time is not acceptable. Family council meetings help provide structure for the family, encourage full family participation, and facilitate communication (Alexander, & Robbins, 2011).

2.6.12 Strategic alliances

This technique, often used by strategic family therapists, involves meeting with one member of the family as a supportive means of helping that person change. Individual change is expected to affect the entire family system. The individual is often asked to behave or respond in a different manner. This technique attempts to disrupt a circular system or behaviour pattern.

2.6.13 Prescribing indecision

The stress level of couples and families often is exacerbated by a faulty decision-making process. Decisions not made in these cases become problematic in themselves. When straightforward interventions fail, paradoxical interventions often can produce change or relieve symptoms of stress. Such is the case with prescribing indecision. The indecisive behaviour is reframed as an example of caring or taking appropriate time on important matters affecting the family. A directive is given to not rush into anything or make hasty decisions. The couple is to follow this directive to the letter.

2.6.14 Putting the client in control of the symptom

This technique, widely used by strategic family therapists, attempts to place control in the hands of the individual or system. The therapist may recommend, for example, the continuation of a symptom such as anxiety or worry. Specific directives are given as to when, where, and with whom, and for what amount of time one should do these things. As the client follows this paradoxical directive, a sense of control over the symptom often develops, resulting in subsequent change. Lastly, the techniques suggested here are examples from those that family therapists practice.

3.0 A case of Family Therapy and Addiction

Family therapy in this situation involves the patient along with at least one family member to assist in helping someone addicted. It can be one's spouse, cohabiting partner or a parent in the case of adolescents.

Therapists seek to engage families in applying the behavioural strategies taught in session and in acquiring new skills to improve the home environment for the better of the affected person. Patients are encouraged to develop behavioural goal for preventing substance use. During each session the behavioural goals are reviewed with rewards provided by significant others when goals are accomplished.

Family therapy will aim to accomplish the benefits by emphasizing the strength of the complete family and diminishing the influence of substance use for all members. A therapist will engage the family in dialogue focused on developing problem-solving skills, motivation for change and assigning accountability for all in the family.

3.1 Addiction

Addiction is a condition that results when a person ingests substances that can be pleasurable but continued use becomes compulsive and interferes with ordinary life responsibilities. It may also affect how the body works.

Addiction is a chronic disease characterized by drug seeking and use that is compulsive or difficult to control despite harmful. The initial decision to take drugs is voluntary for most people but repeated drug use can lead to brain changes that challenge an addicted person's self control and interfere with their ability to resist intense urges to take drugs. Addiction can be behavioural or substance abuse

3.2 Causes of Addiction

No one factor can predict if a person can become addicted to drugs. A combination of factors influences risk for addiction. However the following factors contribute to one's addiction:

- **Biology**-the genes that people are born with account for about half of person's risk for addiction. Gender, ethnicity and the presence of other mental disorders may also influence risk for drug use and addiction.
- **Environment**-A person's environment includes many different influences from family and friends to economic status and general quality of life. Factors such as peer pressure, physical and sexual abuse, early exposure to drugs, stress and parental guidance can greatly affect a person's likelihood of drug use and addiction.
- **Development**-genetic and environmental factors interact with critical developmental stages in person's life to affect addiction. This is particularly problematic for teens .

Because areas in their brains that control are still developing, teens may be especially prone to risky behaviors, including trying drugs.

- **Peer pressure**

- **Stress**

3.3 Signs of Addiction

- Tolerance

- A loss of control over how much or how often you use

- An obsession with a certain substance

- Abandoning events and activities you used to like

- Continuing to use drugs even though they have had negative effects on your live

- One begins to experience symptoms of withdrawal which include:

- Trembling
- Fatigue
- Anxiety
- Depression
- Nausea
- Headache
- Insomnia

3.4 Substances Commonly Abused

There are different substances that are abused in different places in the world.This include:

- Cocaine

- Heroin

- Spice

- Alcohol

- Bhang

- Tobacco
- Methamphetamine

3.5 Effects of addiction

Addiction to substance abuse causes many effects to people and the community at large in the following manner:

- Injuries-more death, illness and disabilities stem from substance abuse
- Weaken the immune system
- Cause cardiovascular conditions
- Causes nausea, vomiting and abdominal pains
- Causes liver to work harder possibly causing significant damage or liver failure
- Behavioral problems
- Birth defects

3.6 Benefits of family therapy

The family can be both a great source of support for people but also a source of distress, misunderstanding and pain. Therefore, family therapy and systemic practice is important whenever the aim is to enhance the ability of family members to support each other.

According to Goldenberg & Goldenberg, (2012) enabling family members to use their resources more efficiently in a supportive way can be vital in helping members manage transitional stages of family development or stressful life events such as a serious illness or a death of a family member. The generally speaking, any situation or a problem that affects relationships among family members and family functioning and its supportive role, can benefit from systemic family therapy. Some of the benefits of family therapy can thus be summarized as follows:

- Assisting the substance user to gain awareness of their needs and behavior.
- Improving the mental and physical state of the entire family unit
- Permitting family members to gain self-care interventions to improve their own well-being
- Improving communication styles and relationship quality
- Helping families understand and avoid enabling quality
- Address codependent behavior that may be preventing recovery
- Learning and understanding the systems in place that support and deter substance use
- Preventing the substance use from spreading throughout the family or down through future generation
- It saves money that could be used while doing the sessions individually.

3.7 Risks of Family Therapy

The risks of family therapy are very low and include:

- One member of the family feeling attacked
- An escalation of anger and violation in a family member
- The substance user being triggered to continue or increase use

Family therapy for addiction has roots in many established theoretical orientations including:

- Marriage and family therapy
- Strategic family therapy
- Cognitive behavioral therapy
- Couples therapy
- Solution-focused family therapy

3.8 Role of Psycho-Spiritual Therapists in Family Therapy

Psycho-spiritual counsellors have a role to study, understand and internalize all the techniques of family therapy in order to be flexible enough to handle different family problems. They should be able to offer intervention by attempting to understand and address families in distress. They should enhance communication between family members to cultivate independence of the individual within the family. They should strive to understand the emotional, psychological and interpersonal problems arising within the context of family members. Psycho-spiritual therapists also help the patients to make informed choices and adaptation to the condition.

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