

Regular Review

Family therapy

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Family therapy is based on the idea that many problems both arise from family behaviour patterns and are affected by them.¹ The focus in both assessment and treatment is on family relationships rather than on individual behaviour.²

Just as individual psychological treatments (or for that matter surgical interventions) use different techniques to achieve the same aim so family therapy embraces a wide range of thought and practice. The common theory is that many emotional, behavioural, or psychophysiological difficulties are maintained (and sometimes caused) by family dysfunction.³ Such dysfunctions are highly diverse and include:

- (a) an inability to resolve conflicts, make decisions, or solve problems;
- (b) poor organisation and therefore a chaotic response to change or stress;
- (c) too rigid an organisation, which leads to an inability to respond at all to change or stress or to a stereotyped and therefore poor reaction;
- (d) overcloseness to the point that family members may lose any sense of individuality;
- (e) such distance between family members that emotional and physical needs are not met;
- (f) a failure of the parents to work together, to the detriment of the children, or unresolved marital conflict with repercussions on other family members;
- (g) alliance across generations interfering with the smooth running of the family—for example, an overinvolved mother and child against a peripheral father or grandparents and children against parents;
- (h) feelings being responded to inappropriately;
- (i) open communication being inhibited or blocked or so excessive that the speaker is not heard, is interrupted, or is spoken for. Or there is a lack of congruence between verbal and non-verbal communications—for example, a parent may tell a child not to do something but may at the same time smile in an approving way.

Different types of family therapy

Some of the wide range of techniques available to the family therapist focus specifically on the presenting problems, dealing with the here and now, while others attempt to understand the way in which the family history has influenced the family.⁴

A popular and easily learnt technique is using a family tree or genogram.⁵ Patterns of family illness, behaviour, personality, and structure tend to be repeated over many

generations.⁶ Knowledge of such patterns can be gained by drawing up a genogram, in which various questions may be asked; the composite picture produced should help explain the current problem. As well as eliciting basic data such as names, dates of births, marriages, deaths, and details of illnesses, the therapist gently asks such questions as: Who resembles whom? Who is close to whom? Was anyone married before? Have there been any miscarriages or stillbirths? Most families have an alcoholic, are there any in yours? What are the secrets in the family? Valuable information may be gained not only from the content of the answers but also from the way in which they are answered. In consequence the family may more readily understand and tackle its difficulties.

Another easily learnt technique is the family circle,⁷ a process which allows people to draw a schematic diagram of their family relationships. The drawings will often illustrate patterns of closeness and distance, of power and decision making, and of family alliances and boundaries. The drawings provide at a glance an overview of the family system as seen by the person who does the drawing. Comparing the drawings produced by different family members often leads to identification of underlying problems and an idea where treatment should be aimed.

The most common problems in families are failures of communication, and the use of communication techniques is a simple and often dramatic way of helping families. At its simplest the therapist encourages family members to talk and listen to each other, corrects distorted communications, and helps members to find other ways of communicating. For example, in families where two or more members speak at once—so that nobody is heard or responded to—the therapist can suggest that the members take it in turn to speak. Where individuals are inclined to speak at length to the frustration of other family members, who either stop listening or miss the point, the therapist can ask for each person to speak only one sentence at a time.

Other examples of faulty communication that can produce or maintain family problems include: individuals speaking for others—for example, “we are all perfectly happy”; and using generalisations such as “you never listen to me,” so denying the occasions when that person does listen. Whatever the distortions the therapist can gently point them out and help families correct them.

Like communication techniques, structural techniques are concerned with the here and now⁸—that is, what is happening in the family in the consulting room rather than what has happened in the past. They focus on specific aspects of the family such as the integrity and effectiveness of the parental pair, the quality of the marriage, the roles of

individuals, the boundaries (degree of closeness or separateness) between individuals, and the ability of the family to identify and resolve conflicts and to make rules and decisions. The structural family therapist encourages the parents to work together, to take control where necessary, and to set a model to the children of communicating clearly and responding to people's needs. Where relationships are overclose or unduly distant, conflicts unresolved, problems ignored, decisions not made, or responses to change or stress chaotic or stereotyped and therefore unhelpful, the therapist gently but firmly points these out and tries to help the family change.

Although the therapist may thus appear to be central to all that is happening, the art of successful intervention is to encourage the family to work together on the problem. The therapist is more like a catalyst than the provider of energy.

Behavioural techniques are readily applicable to family therapy.⁹ Parents may be taught, for example, how to reinforce and encourage acceptable behaviour in an errant child rather than to focus consistently on the difficulties. Children who show unpleasant rivalry can be taught how to negotiate and share. Even the partners in a marital conflict can be helped using such techniques. To use a very common example, a husband returning home from a hard day's work complains that he is allowed no peace, while his wife who is harassed by the young children complains that he never helps her. "Reciprocal negotiation" encourages a quid pro quo arrangement whereby, for example, the couple agree that the husband will have 15 minutes to himself on returning home, after which he will take his fair share of caring for the children.

For whom is family therapy suitable?

The principles of these techniques (and others not described here⁴) may be used singly or in combination for a wide range of problems. Although family therapy is most commonly used when children present a problem, it originated in adult psychiatry. Increasingly now it is being used in both child and adult settings.

In paediatric, including adolescent, practice the conditions in which family therapy seems to be valuable include:

(a) physical disorders in which psychological factors play an important part in causing or aggravating the problems—for example, asthma, diabetes, epilepsy, recurrent abdominal pain, and anorexia nervosa;

(b) physical disorders in which, although psychological factors may not necessarily be maintaining the problem, there are adverse psychological sequelae—for example,

congenital heart disease, cystic fibrosis, chronic renal disease, and malignant disease;

(c) behavioural and emotional problems such as school refusal, separation anxiety or other phobias, soiling, and difficult, disruptive, and defiant behaviour;

(d) child abuse or neglect.

Indications for family therapy in adult settings include:

(e) relationship problems;

(f) family tensions;

(g) recurrent or chronic ill health;

(h) poor adjustment to life changes—for example, a "child" leaving or trying to leave home, or an elderly grandparent coming to live with the family.

(i) loss or bereavement.¹⁰

The main contraindication to family therapy is when the family does not want help.

Effectiveness

Evaluating the effectiveness of family therapy is fraught with hazards.¹¹ None the less, a comprehensive review of outcome studies in family therapy showed an average improvement rate of about 73%.¹² The superiority of family therapy over control procedures has been shown in childhood asthma,¹³ anorexia nervosa,¹⁴ adult schizophrenia,¹⁵ and recent bereavement.¹⁶ There is no evidence that long periods of treatment are more beneficial than brief ones, and in general about three to five family meetings lasting 45-60 minutes each is sufficient.

Who can be a family therapist?

Family interviewing and treatment, once the preserve of psychiatrists, is now increasingly used in paediatric¹⁷ and general practice.^{13, 18, 19} The skills are best learnt through formal training,²⁰ but Balint style groups¹ and even short workshops³ can increase doctors' awareness of dysfunctional family characteristics and methods of intervention. As the doctor's experience increases he or she will find that many families can be helped quickly, saving endless consultations and needless investigations. Those few families who seem to defy help may be referred to the specialist in the same way as in traditional medical practice.

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