The (R)evolution of Family Therapy

Adaptation, Protection and The Functional Hypothesis From Bateson to Internal Family Systems Therapy

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Abstract

The field of family therapy represents a scientific revolution that has changed the way we understand and treat psychological symptomatology. Within this field there are various models that have evolved over the past half-century. While there are important distinctions among these models, their common base is formed around the view of emotional symptoms as an attempt at adaptation and protection within multiple contexts. This paper attempts to demonstrate this common bond, the functional hypothesis, among family therapy models as the centerpiece of a field that continues to evolve.

INTRODUCTION

Scientific revolutions change the way we think forever. Copernicus and Galileo, in shifting the center of our universe from earth to sun, revised the beliefs about nature and humankind. The Enlightenment ushered in reductionism and experimentation and shifted our thinking from supernatural causation to a belief in the order of the natural world. Darwin (Brent, 1981) demonstrated that all living things are engaged in the process of adaptation and survival and are linked together via evolution. Einstein's relativity theory highlights the connection between the observer and that which we observe. Inventions such as the printing press, steam engine, the telephone, the automobile, the airplane, the dishwasher, the piano, nuclear weapons, the computer and the internet have changed our capacity to navigate, communicate, recreate, decimate and have extended our capacity for "memory", way beyond our physical limitations. A scientific revolution involves a paradigmatic shift, i.e., a transformation in the way we believe the world exists (Kuhn, 1970; Tofler, 1980).

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In the field of mental health, beliefs about the emotional struggles of people have evolved from concepts such as "being possessed", to biological etiology, to instinct theory, to childhood trauma, to social learning, to faulty cognitions. Most models of human psychology, for centuries, viewed psychological symptoms as emanating from a source. In one form or another, this was essentially a reductionistic approach. It was the clinician's (or shaman's) task to uncover the source of difficulty at its root cause. With the exception of Eastern philosophies, little known to investigators in the Western world, psychological difficulties were viewed as an "illness" or "pathology", needing treatment akin to physical disorders. Today, we have a dominant classification system in which emotional struggle and problems in living are organized in the same way as a nosology of medical conditions (DSM-IV, 1994). It was the field of family therapy, initiated in the 1950's that changed this way of thinking. Gregory Bateson and his colleagues in Palo Alto hypothesized that mental disorders had much to do with the context within which they were embedded. In other words, clinicians needed to understand the metacommunications of family systems in order to "diagnose" emotional disorders. Therapists needed to understand the family as an anthropologist needs to understand a culture in order to make sense of a particular behavior. From this perspective, symptoms make sense depending on their contexts. As an extension, symptoms are attempts at adaptation to multiple contexts. Multiple contexts exist on the biological, intrapsychic, family, cultural, and gender levels (Breunlin, Schwartz, & MacKune-Karrer, 1992; Engel, 1977; Mones, 1994; Mones & Patalano, 2000; Wood, 1993, 2000). Symptoms are not forms of pathology or illness but are strategies for survival.

This systems view of humanity was no less a scientific revolution than key ideas and inventions put forward throughout history. Like other paradigm shifts, practitioners are still struggling with this view a half century after its proposal. The field of family therapy, with contextual understanding at its base, has evolved many models of thinking about human nature. While each model makes its own significant contribution, it is this author's belief that symptoms-as-adaptation to multiple contexts is at the core of these models. (It is

felt that even in postmodern theories that question this premise, this belief is nonetheless operative, as will be discussed later in this paper.) This paper will trace the adaptational view embedded in family therapy models and will give Internal Family Systems Therapy its rightful place in the evolution of this revolution.

THE FUNCTIONAL HYPOTHESIS AND MODELS OF FAMILY THERAPY

Understanding symptoms as mechanisms of psychological survival leads each investigator down a path of unique conceptualization. Along the way, each investigator, with adaptation at the foundation (either stated overtly, but more commonly presupposed), states his or her beliefs about problems in living. This author calls this conceptualization the *functional hypothesis—a restatement of the presenting problem in terms of context and function.*

The history of humankind speaks to the first "unwritten" functional hypothesis. Throughout the millennia, people of all cultures have overwhelmingly (currently over 90%) chosen to form unions of couples and produce families (Eshleman, 1991). The reasons may vary from time and place but the common denominator is *protection.* The world is a scary place and it's safer and more efficient to band together in tribes, clans and families. This form of protection, however, is fraught with complexity as connectedness to others competes with the pressure to preserve autonomy.

Bateson and colleagues (1956/1981), in studying schizophrenic patients and their families, observed that meta-communication, or communication about the communication resulted in the ultimate "meaning" of family interaction. This group of investigators, in borrowing from cybernetic principles, also posited that homeostasis was a powerfully operative process in families. In essence, families try to maintain an emotional climate and attempt to manage and control the steadiness of that climate in the service of psychological protection. Families need to adapt to changes like growth of children, death of grandparents, loss of jobs, etc. Successful families can adapt; symptomatic families struggle with the unfolding of the life cycle (Olsen, 1996; Carter & McGolderick, 1999; Mones, 1998). Families also develop rules and roles in order to control the emotional "thermostat"—negative and positive feedback loops. Bateson, et al. (1956), in studying families of schizophrenic patients, proposed the first functional hypothesis in the family therapy literature:

> … [the patient] must live in a universe where the sequences of events are such that his unconventional communicational habits will be in some sense appropriate… (P.45)

This way of thinking, controversial to the current day, begins a way of thinking that de-pathologizes our clients and suggests that if we understand their context, their symptoms will "make sense".

Bowen (1978) viewed emotional struggles as unresolved anxiety and psychic pain transmitted across and within the generations of a family system. The formation of emotional triangles in various structures, (e.g., two parents and child, extramarital affair, grandparent with spouses, couple plus alcoholism, etc.) serves to stabilize and cool down an overheated family environment. While triangles will work in the short run, over time the underlying anxiety and pain will fester and increase the need to intensify existing triangles or create new triangles and perpetuate psychological symptomatology. For Bowen, triangulation provides protection of the intrapsychic system. However, this attempt at adaptation leads to constraints on differentiation of self, the core process that serves to promote growth and maturation and ultimately leads to the capacity for healthy relationships. In other words, the mechanisms of adaptation and protection (triangles), limit the degrees of freedom for differentiation of self.

Minuchin (1974; 1981; 1989), in his structural family therapy model, posits that symptoms emanate from family typologies that organize around hierarchies, boundaries, and predictable sequences of behavior. Enmeshed family systems are characterized by unclear and diffuse boundaries between parental and child generations. In these families, there is heightened emotional reactivity and sensitivity to one another. In this family structure, there will be an excess of connection but insufficient allowance for individuation or selfhood. Enmeshed family systems tend to result in symptoms of internalization, i.e., anxiety, depression and somatization.

On the other end of the spectrum are families who are disengaged. These systems are characterized by a dearth of emotional bonding, and excessive emotional distance between and within generations. In these families, separation and differences are emphasized. Such families tend to generate symptoms of externalization such as antisocial behavior, addictions and aggression.

According to Minuchin, families need to navigate through life by adjusting the degree of closeness and distance from one another. In other words, family members are stuck with one another and can adapt to this existential fact by manipulation (albeit largely unconscious) of the spatial dimension (Mones, 1998).

Symptoms arise from maneuverings that work to provide safety and security but in the long run may not work in all situations as the life cycle progresses. Families will tend, in accordance with the rules and roles created, to maintain sequences and patterns created to adapt in one situation, but may backfire in another place and at another time. Once again, we see how symptoms are linked to attempts at protection and adaptation. In addition, larger contexts such as institutional, cultural and economic status will influence the choice of family structure and, symptom production.

The field of Strategic Family Therapy takes on many forms and has been the model that continues to develop most over the years. At its core, this model emphasizes the process of psychotherapeutic change. It is a purist model that views emotional problems as direct attempts at psychological survival. As such, it is a close descendant of Bateson's work. Haley [(1980, 1987), as linked to Erickson (1962)] views symptoms as metaphorical to the family system. (Also, see Haley, 1963; Bandler & Grinder, 1975), Change the symptom via a systemic strategy that will account for the protective nature of that symptom and you will alter the nature of the relationships of family members. Life is paradoxical—we set up structures and behaviors that serve to protect us from psychological hurt and pain but, these same structures, when over-employed, limit our healthy choices. As a Zen Master would do, in order to change unproductive outcomes of this paradox, i.e., strategies that do not work beyond their initial short-term success use this paradoxical process itself to create new, healthier results; in other words, employ human nature to improve upon itself. Haley and also the Mental Research Institute (1974) and, formerly, the Milan Model (Palazolli, Boscolo, Cecchin, & Prata, 1980), view symptoms as attempted solutions that, in themselves, have now become problems. The essence of the treatment process is Reframing—demonstrating verbally or via behavior or paradox that symptoms serve a protective purpose but that they also create new difficulties. The answer? To create new strategies that support healthier growth and adaptation to new situations. These new strategies must be embedded in a system that can accept and not be threatened by such change. For the strategic therapies, the protective and adaptational nature of symptoms, employed by us all, is harnessed for curative purposes.

Beyond the strategic therapies, the field of family therapy takes on an interesting turn (or branching) of the evolutionary tree. As our culture has raised its consciousness regarding the power hierarchy between the genders and has grappled more overtly with issues of racial divide, poverty, cultural diversity and the powerlessness created by these social forces, the field of family therapy has challenged itself, offered critiques of extant models, and proposed new ways of looking at old issues. At the base of these critiques is the notion that the adaptational view of psychological symptomatology tends, in itself, to pathologize or even blame families for their problems (Nichols & Schwartz, 2001). Does this view indict parents, albeit unintentionally? If the larger culture supports and promotes gender differentials, ostracizes same-sex coupling, maintains and even extends a class system based on race, ethnicity and economic status, how do we judge what is healthy adaptation? Perhaps the microcosmic family survival is powerfully linked to survival on a macro, societal level, therefore demanding change to occur on that level for real change and emotional health to have a chance.

Out of these concerns, new models have grown. The Solution-Focused movement (deShazer, 1985) proposes that human beings do not *need* to have problems. Essentially, we possess the strengths and resources and are already exercising these options some of the time. The central theme of this work is that people can change their emphasis on maladaptive solutions to problems. A therapist will guide them to recognize their positive solutions used and to reverse the emphasis so that these healthy approaches to life's problems become dominant. In fact, this model proposes that people and their helpers (therapists), by focusing on problems and negativities, will create obstacles in the way of liberating the exercise of positive solutions. This model bypasses the expression of pain, hurt and family contextual history. While this model directly challenges the core idea of symptoms-as-adaptation and functional hypotheses, in a sense, according to this author, it is still embedded in the very assumption it purports to question. By challenging attempted solutions that don't work and elevating exceptions to these attempted solutions, isn't the solution-focused therapist still viewing behavior through a lens of adaptation and survival? If people tend to focus on negativity and pain to the exclusion of strengths and resources, isn't this pattern itself an attempted adaptation that does not work? People seem to organize themselves and their relating in response to trauma and organize intrapsychically and interpersonally so as to avoid the experience of past and potentially future pain. Isn't this what the solution-focused therapist is faced with? Recent questions have been raised regarding the bypassing of this pain as the "solution" (Rossiter, 2000; Schwartz, 1999; Schwartz & Johnson, 2000).

Postmodern approaches to treatment, most prominently Narrative Therapy (Anderson, 1995; White & Epston, 1990), also represent an attempt at breaking with the adaptational line of reasoning that pervades the family therapy field. Narrative therapy distinguishes itself in its emphasis on collaboration between the therapist and family, emphasizing equality in relationships and

challenging "therapist-as-expert" position of most models. In this approach, the means of treatment are as important as the ends. This is in direct contrast to other models, most notably strategic, where power differentials within the family and between therapist and family are employed in the service of change. In narrative sessions, the therapist tends to ask many questions in a nonjudgmental manner so as to draw out the "stories" of the clients and ultimately to encourage the revising of such stories in healthier versions. There is much emphasis on "externalizing" the problem, linking people's struggles with inequities in the larger social structure such as racism, sexism, emphasis on physical beauty (eating disorders), etc. The hope is to mobilize the client and family to become activists in correcting societal wrongs. In this model, the therapist steps out of the "box" in bypassing the family context (Minuchin, 1998). This process eradicates the possibility that the family will feel blame or shame regarding their problems. It should be evident that while a family focus is de-emphasized, the focus on societal "ills" can be viewed as the tendency for individuals and families to *adapt on a larger scale* to cultural expectations and structures. Similar to solution-focused treatment, the processing and witnessing of trauma and pain is bypassed in this therapy. The core "belief" (narrative therapist may not approve of this term as they avoid the imposition of therapist's beliefs onto clients) is that people become healthier when telling their "stories" within a nonjudgmental, accepting relationship. In addition, when individuals unite to make the world a more just and peaceful place, a growth –promoting journey will be set in motion. This author applauds this view but would still maintain that these "beliefs" are consistent with the themes of adaptation and protection embedded in the legacy of the field of family therapy.

INTERNAL FAMILY SYSTEMS THERAPY IN CONTEXT: THE EVOLUTION OF ADAPTATION, PROTECTION AND THE FUNCTIONAL HYPOTHESIS

The Internal Family Systems Therapy (IFS) as developed by Richard Schwartz (1995a; 1995b), is a model that extends principles elucidated by the various models of the family therapy field to the internal world of the client. This model is integrative and meta-theoretical in that it includes concepts and methods from Bowen theory, structural and strategic approaches to treatment and, is consistent in many key ways with beliefs purported by these models.

Internal Family Systems views the internal psychological world of human beings as made up of an ecology or system of Parts. These Parts follow many of the same rules that have been explicated in theories that focus on the interpersonal plane.

The IFS model holds that each of us possesses a core Self that is compassionate, curious, caring and capable of effective leadership within the internal emotional environment as well as in interpersonal relations. As a result of traumatic experiences and imperfect care-taking during our lifetime, we carry sadness, fear and pain that is often not fully metabolized because we were too young and ill equipped to do so and because our parents were also not fully capable of effectively helping us through these experiences. The remaining feelings are called Exiles. They are termed as such out of the need to keep the experience of psychic pain out of our conscious awareness. In order to help accomplish this banishment of pain, two sets of other Parts are activated. One set of Parts is called Managers. Managers emphasize internal and interpersonal control and do all that they can to keep the "gate" locked shut so that awareness of the Exiles is kept at bay. On the other end of the spectrum are the Firefighters. Firefighters also try to alleviate the experience of discomfort and pain but these "helpers" are employed to soothe and calm the feelings that inevitably break through the barriers set by the Managers. Common Firefighter activity includes drug and alcohol abuse, sexual promiscuity, binge eating, etc. The resultant of excess activity and dominance of Managers and Firefighters is that the Self is eclipsed and we operate out of excessive protection and defense rather than from compassion and caring, core traits of Self. The ecosystem of the Parts outlined above operates in accordance with processes such as importance of Self, establishing alliances and triangles, hierarchies and boundaries and sequences, i.e., use of time and space dimensions, as stated in Bowen Theory and Structural Family Therapy.

The therapeutic process in IFS is to help guide the Self back to its rightful leadership position within the internal system. This involves working with Protector Parts—Managers and Firefighters, so that their dominance will gradually diminish and trust of Self will expand. . Recognition of the usefulness of these Protector Parts is key along with gaining their trust to allow the Self to lead. As Self assumes its leadership role, the process of unburdening the pain, fear and sadness of the Exiles is the curative feature. There are many similarities here to the Strategic Model that views problems as attempted solutions and believes that change will occur via Reframing. Also, the IFS model believes strongly about building on strengths of the system and health of the Self, a belief akin to the Solution-focused model.

In addition, like the Narrative approach, IFS is extremely respectful of the person and his/her Parts and views Self-to-Self communications and relating as the key to healthy relationships and, on a global scale, world peace and justice. IFS does differ importantly from solution-focused and narrative approaches in its emphasis on witnessing and unburdening intrasychic pain as necessary for change that will last.

THE CHALLENGE: SUCCESSFUL APPLICATION OF THE FUNCTIONAL HYPOTHESIS IN TREATMENT

As we have seen, the central contribution of the family therapy revolution is the view of emotional problems or symptoms as attempts at psychological survival within multiple contexts. The challenge for the therapist is how to translate this knowledge into therapeutic change for the individual and family clients. Each of the models explored (as well as many offshoots) have proposed a focal point attached to a suggested technology of change. Each model with its particular applications works some of the time. In order for a clinician to maximize his/her success, knowledge and flexibility with all of the models and corresponding applications would be best.

The greatest challenge is that individuals and families, intrapsychic and interpersonal systems, do not easily accept the functional hypothesis. In fact, some of the early pioneers, in their over-zealousness of conceptualization and methodology, actually antagonized the very family systems that they were attempting to treat. This unfortunate occurrence created a backlash against systemic thinking at the time. This is logical in that these systems are constructed so as to perpetuate the homeostasis of the system itself. "Interpretations" from an "expert" oftentimes will create greater defensiveness resulting in the system's rejection of an overtly stated hypothesis. In fact, the helping system (therapist) is rejected by the client system (client family) if insufficient respect for and pacing of the protectiveness is not forthcoming. Certain techniques and applications will be threatening to the already precariously balanced defensive structure (Nichols & Schwartz, 2001). The key to this process is a therapist who inquires in a safe, non-threatening manner with curiosity and compassion about the protective and adaptive strategies on interpersonal and intrapsychic planes.

Failure to respect and work with the protective system of our clients will result in difficulty or refusal to consider change. Clinicians may view this aspect of human nature as "resistance". When this happens, clients and therapists alike often conclude that the functional hypothesis is inoperative. Further, such a conclusion easily fosters the adoption of other approaches such as the medical model on the one hand, which relies upon medication and/or hospitalization to produce reduction in symptomatology or a purely behavioral approach on the other hand, to problem resolution which focuses predominantly on symptom reduction While these approaches may be successful in the short run, if they are not sufficiently systemic, it will be likely that relapse or intensification of symptoms will take place later (Jacobson & Christensen, 1996).

The therapeutic process, therefore, is paradoxical. The adaptive nature of the symptoms must be understood and respected in order to set the stage for a change in the system. Once this is experienced in a safe, secure therapeutic environment, a gradual transformation of the system itself can occur. Protective Parts and strategies can become less dominant and tyrannical and Self-leadership can emerge. Self-leadership will result in healthier internal and interpersonal emotional systems. There will result a diminution of triangles and increased differentiation of self (Bowen Theory). Boundaries and hierarchies will be in the midrange on the continuum of enmeshment-disengagement (Structural Family Therapy). Clients will understand and monitor their tendency to protect against painful emotions by creating an array of strategies that can, when over-employed, create new difficulties (Strategic Models). A greater focus on strengths and not deficiencies will emerge (Solution-Focused Therapy). Collaborative families will become joined as effective problem solvers and perhaps will harness their knowledge to contribute to change on a societal level (Narrative Approach). The unburdening of psychic pain, along with the emerging leadership of Self, internally and interpersonally, will lead to healthier individuals and families (Internal Family Systems Therapy). This is good news for current and future generations.

CONCLUSION

This paper has attempted to demonstrate that the revolutionary idea that launched the field of family therapy, that psychological symptomatology is not an "illness" but is an attempt by the person to adapt and survive within their set of multiple contexts serves as the centerpiece for all models, from Bateson to Structural Family Therapy to the Strategic Therapies. In addition, it is suggested that the centerpiece of the functional hypothesis extends to Solution-Focused and Narrative approaches. It has also been proposed that the integrative, meta-theoretical Internal Family Systems model has earned its rightful place in the evolution of this revolution that began fifty years ago.

As we enter a new century and millennium, the family field can take pride in its belief in the core goodness of

human beings. Our struggles result from unresolved psychic pain and from attempts at protecting ourselves from the discomfort of this pain. Human beings are enormously creative in devising protective and adaptive strategies in this regard (see DSM-IV for a list of possibilities!) The field of family therapy has courageously recognized this creativity and has re-harnessed this energy to promote healthier individuals and relationships. This field has been a revolution. We can look forward to its continuing evolution.

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