Casebook of Eclectic Psychotherapy

# A Case of Eclectic Family Therapy:

## "Are We the Sickest Family You've Ever Seen?"

Lawrence C. Grebstein

Commentaries by
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# A Case of Eclectic Family Therapy: "Are We the Sickest Family You've Ever Seen?"[1]

**Lawrence C. Grebstein**

## AN ECLECTIC PERSPECTIVE

The treatment of this case is based on a model of eclectic therapy that emphasizes a brief, practical, and problem-focused approach to treatment. The model, which has been described in greater detail elsewhere (Grebstein, 1986), combines elements of several contemporary systems. These include: the problem-solving focus of strategic family therapy (Haley, 1976), the interpersonal interaction of the structural approach (Minuchin, 1974), the problem-centered orientation of the McMaster Model (Epstein, Bishop, & Levin, 1978), the nurturant and supportive emphasis of Satir (1967, 1972), the experiential orientation of Kempler (1973), and some of the theoretical constructs of family systems theory (Bowen, 1976). The therapist's role is that of a guide who leads the family on its journey to a new destination. The therapist serves as a consultant whose task is to observe, understand, design intervention strategies, and act as a model. The family's responsibilities are to participate actively in the process and to experiment with new ways of

relating by practicing agreed-upon homework assignments. Engagement of the family in therapy is perhaps the single most important factor in using this, or perhaps any, model of eclectic family therapy. The effective application of this approach is contingent on the therapist having sufficient life experience, personal flexibility, and a large enough repertoire of intervention tactics and skills to be able to establish personal and professional credibility with the family. Success in the use of this model is not based on the therapist never being wrong or never making mistakes but on his/her willingness to recognize errors, acknowledge them, and correct them.

The approach combines a wide variety of different tactics, which range from the spontaneous, unstructured, and experientially based responses of the therapist to planned and highly structured behavioral techniques, such as modeling and behavioral rehearsal (role playing). The model is based on the belief that an effective eclectic family therapist not only has a large repertoire of specific diagnostic and intervention skills but is able to organize and conceptualize the process of therapy into definable stages and areas of family life requiring alteration. Theory is important in providing the guidelines for obtaining information, its meaningful integration, and the choice of intervention tactics.

A comprehensive assessment precedes the therapy. The assessment includes a detailed evaluation of the presenting problems and major areas of

family functioning as described in the McMaster model of family functioning (Epstein, Bishop, & Levin, 1978); a family history using the genogram (Guerin & Pendagast, 1976); and an appraisal of the family's dynamics and organization based on the constructs of structural family therapy (Minuchin, 1974). The formal assessment can be curtailed in some instances. In the case to be presented, extensive information was available from other sources, and the clinical facts of the situation indicated the need for more immediate intervention.

## CASE SELECTION

This case was selected for several reasons. First, it is representative of family therapy referrals in that the presenting problem is a single family member in distress and reporting symptoms. Second, it is a poorly organized, chaotic, and multi-problem family, which requires extensive and diverse interventions, including the use of family, couple, and individual therapy sessions. Third, because of their low level of self-esteem, the family members, both individually and collectively, believe they are beyond help. Thus, the family presents a formidable challenge to the therapist's professional skills and personal level of perseverance. Finally, the parents are in the process of getting a divorce and are battling, both legally and psychologically, for the custody of their children. Consequently, they represent a common referral problem for family therapists.

**Presenting Problem**

Mr. W. is a 37-year-old, white male who came to an outpatient psychiatric clinic in a state of acute anxiety and depression following his separation from his wife. They were separated about two months prior to his presentation at the clinic. The couple had been married for 15 years. Mrs. W. left the home to live with a friend, and the children remained with her husband. Mrs. W. was given temporary custody of the children by the court about one month after the separation. Mr. W. was given visitation rights every other weekend, with the children to sleep over one night at his house. It was the awarding of custody to his wife which appears to have precipitated the onset of Mr. W.'s symptoms. Mr. W. challenged the court's decision, and the couple was embroiled in a bitter and nasty custody fight at the time of referral. Prior to his referral, some of the children stated that they did not want to stay with their father, and one child (Jay) was refusing to visit. Mr. W. complained that his wife was keeping his children from visiting him, lying to them, and encouraging them to think poorly of him. After his first visit to the clinic, Mr. W. took a three-week leave of absence from his job as an electrician and was seen for three outpatient crisis intervention visits by a staff psychiatrist. Mr. W. was given a termination diagnosis of episodic depression with the recommendation that he and his children continue in family therapy.

**Family Constellation**

At the time of referral, the family consisted of the following members.

Mr. W.: a 37-year-old white man employed as an electrician in the maintenance department of a private university

Mrs. W.: a 35-year-old white woman employed as a keypuncher by a private computer firm

Betty: a 13-year-old girl entering the eighth grade

Jay: an 11-year-old boy entering the fifth grade (repeating)

John: a nine-year-old boy entering the fourth grade

Penny: a six-year-old girl entering kindergarten

## Previous Problems

The marriage was a stormy one from the beginning and had deteriorated in the last six years. Mr. W. complained that his wife was a poor housekeeper and poor manager who did not pay their bills. Mrs. W. complained that her husband had been verbally and physically abusive. In the six years prior to their separation, Mr. W. had two violations for domestic assault and battery, one charge of driving while intoxicated, eight traffic violations, and one charge of disorderly conduct (dismissed). Mrs. W. has no arrest record.

The couple has had several prior separations. The first was for a brief

period (three days) in which Mrs. W. left and went to stay with the same friend she was staying with at the time of the referral. That separation followed a quarrel and ended when Mr. W. called his wife and asked her to return. The next separation involved a male friend of the family. According to Mr. W., this friend came to live with them at his wife's request and over his objections. The friend was unemployed and in need of a place to stay. After a while, Mr. W. told the friend to either find a job or leave. Mr. W. claims his wife thought he was an inhumane, uncaring, and ungrateful person for this action. Mr. W. claims his wife and this friend would do things together while he was at work and then talk about all the good times they had. When Mr. W. finally kicked the friend out of the house, the friend went into a county inpatient alcohol treatment unit. Mrs. W. allegedly "bragged" to her husband how proud she was of the friend for taking this action. Mr. W. suspected his wife and the friend of having an affair and stated, "They played it cool. They didn't do it when they thought I'd be around." Mr. W. loaned the friend his tools and claimed that many of them were missing when he finally returned them. He also claimed his wife was helping the friend steal things from him, and that she called him a liar when he confronted her with these accusations.

**Family History**

The following information was obtained from the court records based on investigations conducted to determine awarding of custody.

**Father**

Mr. W. is a short, stocky man with a serious and intense facial expression whose speech is occasionally slurred, making his pronunciation of some words difficult to understand. He is an only child who was born in a city and raised in a surrounding suburb. He graduated from high school and attended a technical institute where he learned his current trade of electrician. His father is a 62-year-old retired municipal government civil servant. His mother is a 59-year-old woman still employed in a bank. Mr. W. reports that he has an excellent relationship with his parents, that they do many things together, and have, in the past, gone out for family drives on most Sundays. Mr. W. has been at his present job for about three years. Prior to that, he worked for 11 years as an electrician and refrigeration expert for two private companies.

*Psychological evaluation.* Mr. W. was given a psychological evaluation by order of the court to determine his suitability for custody. The assessment indicated that Mr. W. was functioning in the average range of intelligence, but a huge discrepancy between his verbal and performance scales (performance IQ 55 points lower) suggested both the potential for higher functioning and an organic disability in the perceptual-motor area. Poor performances on the Bender-Gestalt and drawings supported the impression of organic impairment. Projective tests suggested an immature man with poor ego

development who is governed by immediate needs for gratification and a tendency to act out his impulses, rather than delay gratification. He has conflicts over aggressive and affectional needs, and his needs for nurturance are unmet. He views others, especially women, as aggressively demanding. Many of his responses to the projective tests were highly personalized, but there was no evidence of reality distortion. The evaluation concluded that Mr. W. is experiencing the anxiety associated with his unmet needs and is described as having the potential for successful adjustment.

**Mother**

Mrs. W. is an articulate, outgoing woman whose attractiveness is diminished by her considerable obesity. She was born in Colorado and moved around quite a bit during her youth because her father was in the military service. Her parents reside in the western part of the United States. Her father, aged 63, is a retired lobbyist, and her mother, aged 63, is a retired secretary. Mrs. W. reports that her father was an alcoholic for about five or six years, but that the onset of his alcohol problem did not occur until after she had left the home. She describes her relationship with her father as follows: "We're two stubborn hard heads, very similar, but I care for him and he cares for me and that's what counts." Mrs. W. describes her mother as a very old-fashioned person who "was always there when I needed her."

Mrs. W. reports that she still cares about her husband and that basically he is a good person but that he has never been a good husband. However, he was a good father until two or three years ago and that is why she stayed with him. She reports that, since he changed jobs, he takes a lot of his frustrations out on the family. For example, he would come home from work and start "ranting and raving and carrying on" for no apparent reason. She stated that she cannot count the number of times he has physically abused her in the last two or three years. Specifically, she says that he has hit her, shoved her against the wall, pulled her around the room by the hair, and thrown her on the floor. She reports that sometimes she fought back and sometimes she did not. Mrs. W. further reports that the atmosphere in the home has been very tense and constrained, that he yelled at her constantly, and belittled her constantly. He would complain that she could not hold a job and could not cook. For example, at the dinner table he would say something like "What kind of slop are you serving for dinner tonight?" and then have two helpings. Mrs. W. reports that she and her husband have not shared the same bedroom for nine years. She states that her husband has a bad back and poor circulation and took up most of the bed. She slept with her daughters on the couch.

Mrs. W. describes her husband as having sleeping problems and dreams about her coming into the room with a knife to try to kill him. She states that she finally left him because she had to get the children and herself out of the

house because the children hated their father. She further stated, "He has hurt me so much I'm afraid to be alone with him." She reported that he has only hurt two of the children on one occasion.

Mrs. W. says that she loves her children and that they are the most important things in her life. She is concerned about their welfare and has taken time to help them out and be part of their lives. The court probation counselor had the opportunity to observe Mrs. W. with her children and reports that during that time she was affectionate and complimentary of them. They all seemed relaxed and able to relate to each other comfortably and easily. Mrs. W. feels she is better able to care for her children because she is more sensitive to their needs and is more able and willing to take the time to understand and care for them.

*Psychological evaluation.* Like her husband, Mrs. W. was given a court-ordered psychological evaluation to help determine her suitability for custody. The evaluation indicated that her intellectual functioning was in the average range but that the extreme variability of the subtest scores and her high scores on several subtests (vocabulary, comprehension, similarities, block design) suggested the potential for functioning in the superior range. An unusually high level of anxiety lowered her scores on several tasks (arithmetic, digit span, digit symbol). The psychological report described Mrs. W.'s anxiety in part as a natural reaction to the strain of the custody

proceeding. She is described as coping with her uncertainty behind an amiable and carefree facade. The psychological tests portray Mrs. W. as lacking an adequate sense of identity and having strong fears of inadequacy. She does not see herself as a person in her own right and seeks her sense of identity from what others think of her. Her need for approval, belongingness, and a positive response from others is exceptionally strong. She denies expression of her own feelings, particularly self-assertion, anger, and aggression, and this places her under excessive strain. At times her controls are inadequate and she tends to act out impulsively. However, her usual pattern is to intellectualize and express her pain and conflict in the form of abstract ideas. For example, despite the difficulty of her own marriage, she describes marriage as ". . . a bond of loving and caring between two people." Mrs. W. does acknowledge her frustration and on one sentence-completion item indicated that "sometimes . . . I feel like screaming."

The report concludes that Mrs. W.'s inner conflicts and emotional needs may interfere with her parenting skills. Her need for affection may tend to reverse the parent-child roles, thus putting a burden on her children, and her suppressed emotions may take the form of acting out, such as not following through on her responsibilities. The evaluation indicated that her inner turmoil interfered with her ability to detach herself sufficiently to view her environment objectively and impersonally and that she does not depend enough on a practical, common-sense approach. The report concluded that

Mrs. W. has the potential to be a capable mother with supervision, support, and counseling.

**Children**

*Betty,* the oldest youngster, will be entering the eighth grade. She is an unusually pretty, but overweight, youngster who is vivacious and outgoing. She is a typical 13-year-old with interests in many things, including: gymnastics, having nice clothes, and visiting with her friends. Betty remembers that when she was about five years old, her parents used to fight. This used to frighten her a great deal. As she got older, she began to stand up to her father during parental arguments. She stated that she used to try to help her mother by yelling at her father or trying to calm him down. She described several incidents in which she would cry and beg her father to let her mother up when he had her mother pinned down on the floor. Her father would then tell her to stay out of the fight. Sometimes when she felt helpless and could not do anything to stop the fight or calm her father down, she would leave the house and walk around the neighborhood until she calmed down. Betty reported that she was able to confide in one of her friends who had a similar home situation, and that this was comforting to her.

Betty states that she likes her father when he is not in one of his bad moods. She likes him most when they have company. In her own words: "If

we have company, he's really on like good behavior." She does not like the way he yells a lot, stays at work too much, and sits around the house and dictates to the children on how to work. For example, she describes that on many occasions, he would sit watching television and say: "Go get me a Pepsi" or "Go get me something out of the car." He rarely says "please" or "thank you."

Betty describes her mother in more positive terms. She says her mother spends a lot of time with the children, is more fun, tries to take them places, and gives them treats. She says that her mother is fun to be with but that sometimes she loses her temper, yells at the children, and tells them to stay out of her way. If the children do stay out of her way, she gets in a better mood in about an hour. Otherwise, she yells at them more. Betty would like her mother to be able to talk things out better when she is in a bad mood instead of just demanding peace and quiet. Betty says that what she would like more than anything is for her parents to get back together but only if their situation changes. If they are reunited, she would like her father to spend more time at home and be less critical and angry. Betty enjoys her brothers and sister but says that she and Jay fight too much. They fight less frequently since they moved out of the house.

*Jay,* a handsome 11-year-old boy with large expressive eyes, will be repeating the fifth grade. He has had a very difficult childhood and has been

referred to the local community mental health center on two different occasions for therapy. The first time he was referred was about five years prior to the present referral, and he was seen in individual psychotherapy weekly for about three months. His mother was seen in collateral therapy with a different therapist for about the same amount of time. An attempt was made to involve the father since Jay's problems appeared to reflect conflicts between the parents and Jay's lack of time with his father. When Jay's therapist left the clinic, a conference was held with both parents and both therapists. The recommendation was that Jay not be reassigned to a new therapist but that the parents continue treatment together. Mrs. W. appeared more interested than Mr. W., and they did not follow up.

At the recommendation of the school, Jay was referred to the mental health clinic for the second time about a year prior to the present referral. The intake report described Jay as a diminutive youngster who gave the appearance of an eight- or nine-year-old. He "sat on a chair, head resting on one arm, eyes downcast with a sorrowful facial expression." He was articulate and talked openly about his worries in an intellectualized manner. He expressed particular concern about losing control of his temper, even though his prior therapy had been helpful to some extent. Jay described mixed feelings toward his father, stating that he wanted to be close and have more contact but also feeling rejected and fearful. He recounted painful and rejecting experiences with peers, especially when he tried unsuccessfully to

establish friendships. Jay relates feeling disappointed, hurt, and angry when he found himself alone. In general, Jay's description of his life experiences reflected a sensitive and lonely boy with unmet dependency needs and fears of abandonment. Like his older sister Betty, Jay stated that he would like to bring his mother and father back together again but without all the tension. In his own words: "I love them both, but the way things are going now, I hate both of them." The clinic recommended group therapy in order to help him with his peer relationships and to build on the prior individual therapy, but no group was available at the clinic at the time.

*Psychological evaluation.* Recent psychological testing done in the school indicated that Jay has average intelligence, but there was evidence of anxiety, perceptual and psychomotor problems consistent with a learning disability, and immaturity. In general, his test performance, including interpersonal skills, was characteristic of a younger child and reflected a lowered developmental level. The report recommended placement in a learning disability program.

*John,* a handsome nine-year-old boy with blond hair and blue eyes, will be entering the fourth grade. He was not seen individually but was seen on a home visit with other family members present. He is a quiet boy who does not offer information spontaneously. Both parents report that he has a good relationship with family members and peers and is experiencing little

difficulty.

*Psychological evaluation.* John was referred for a psychological evaluation the previous school year because of academic difficulties, even though he was already repeating the third grade. John has average intelligence but an 18-point discrepancy between his verbal and performance (lower) IQ's, and the sub test scatter pattern suggested visual-perception problems. This was supported by his Bender-Gestalt reproductions, which were characteristic of those of a much younger child. It was recommended that John be placed in a program for learning-disabled youngsters.

*Penny,* a pretty five-year-old girl, is pleasant but not verbally responsive in the family context. She was observed with her mother and described as relating easily and affectionately. Penny has not entered school and has not been in any preschool programs.

## Treatment Information

*Setting.* This family was seen in the outpatient clinic of a psychiatry department in a private medical school located in a large city. Appointments were scheduled for once-weekly one-hour sessions with permission for videotaping and/or observation by colleagues.

*Organization of treatment.* The total treatment of this case consisted of

30 therapy sessions on a once-per-week basis over a period of 10 months. The therapy was divided into three stages: an *engagement* stage, consisting of the first eight sessions and including the intake and assessment procedures; *mid-phase,* covering the next 16 sessions over a six-month period; and a *termination* period, which included six sessions over the final two months.

## Therapeutic Strategy and Course of Therapy

Because of the complexity of the case, the poor communication within the family, and the number of agencies and helpers involved, it was important to develop a clear and structured treatment plan. This involved not only therapeutic interventions with the family but coordinating treatment with the court system and another mental health agency where the mother and children had apparently gone for help. Following the initial visit, I contacted the other clinic and obtained their agreement to consolidate the therapy at our clinic. Since the mother and children were not presently being seen, they readily agreed to let us handle the case.

The treatment plan involved both short- and long-term goals. The latter were established after the first three assessment sessions. The following specific therapy goals were formulated.

1. The most important and probably most difficult aspect of treatment was to get all the family members involved in the therapy. One of the children

(Jay) refused to attend the initial session and was reported to be unwilling to attend sessions if the father was there. The father refused to attend sessions if the mother was there. Consequently, the first major task in therapy was to find a way for all the family members to attend the therapy sessions.

2. A second major goal was to form an alliance with each member of the family by acknowledging the validity of their gripes and dissatisfactions and emphasizing the importance of each person stating what changes he wanted.

3. To engage the father in individual therapy in order to deal with his problems of alcohol abuse, emotional instability, and other personal issues. The goals of the individual therapy were to diminish his use of alcohol and get him to relate to his children differently so that they would not be so afraid of him.

4. To continually emphasize the importance of having the mother involved in the therapy sessions and to look for ways to bring this about.

5. To point out conflicts and other emotionally upsetting areas and help the family find more reasonable ways of interacting.

6. To identify problem areas in everyday functioning and to use specific behavioral interventions to increase the level of family efficiency and effectiveness in accomplishing the tasks of daily living.

7. To help the family improve its internal communication by using structured exercises to improve their listening and communicating skills.

8. To reduce the level of negative emotion in the family by emphasizing their strengths and positive qualities.

A number of specific interventions from different theoretical orientations were used to accomplish these goals. A chronological summary of the case follows, including excerpts from transcripts of key sessions, to illustrate how the course of treatment actually transpired.

*Initial contact.* The first appointment for the family was scheduled for September 18, approximately three weeks after Mr. W. concluded his three individual crisis intervention appointments and about two weeks after he returned to work following his leave of absence. The session was scheduled for Mr. W. and his children, and everyone attended except Jay, who refused to come. Because of the considerable amount of information that was available through the court records, I dispensed with those intake and assessment procedures concerned with doing a genogram and taking a history and focused on obtaining a clear picture of the current situation. There were two major goals for the first session: (1) to try to get a clear understanding of the problems from each family member's perspective, and, (2) to try to get clues as to how to engage all of the family in treatment. The two youngest children,

John and Penny, participated only minimally. They did not initiate conversation at any time and spoke only in response to direct questions from the therapist. Mr. W. attempted to dominate the session with complaints of how he was misunderstood, unappreciated, and betrayed by his wife. He was frequently tangential, volatile, and bordered on irrationality. He was often inappropriate in attempting to bring up his suspicions of his wife's infidelity and other aspects of their sexual relationship in front of the children. Mr. W. presented himself as a frightened, hurt, and angry adolescent who was desperately competing with his wife for his children's affection and loyalty. Betty assumed the role of peacemaker and placator, trying to represent her mother's position and that of the other children, particularly Jay, in a way that would not further alienate her father. It was clear from the discussion that the main areas of conflict were between Mr. W. and the absent Jay, who served as the defender of his mother's honor and whose style of attack was similar to that of his father.

The therapist's interventions were centered around keeping Mr. W. within the bounds of propriety, emphasizing the importance of getting Jay to attend the sessions, and discussing ways in which the family, particularly the children, might get him to come to the next sessions.

*Session 2 (9/25).* Jay came to the second session. Like his father, he is sensitive and easily hurt and attempts to cover his vulnerability with

explosive anger and verbal attacks, primarily at the father. In the beginning of the session, both Jay and his father tried to dwell on the past and go over old grievances, conflicts, and mutual injustices. This quickly escalated into nonproductive quibbling, arguing, and mutual accusations of fault and blame. Betty's role was to sit back and criticize both Mr. W. and Jay for their behavior.

It was very clear that the children had aligned themselves with their mother in putting the blame for the family's problems on Mr. W. and his "problems." Betty and Jay both parroted the mother in stating that as soon as Mr. W. gets "treatment for his problems" (which they estimate should take a couple of years), Mrs. W. would be willing to reunite with her husband. Mr. W. clearly resented being cast in this light and was reluctant to acknowledge that he had any adjustment difficulties. In response to the complaints about his verbally and physically abusive behavior, Mr. W. admitted to drinking five or six beers on a daily basis and admitted that he could be difficult to get along with when he was drinking.

The therapeutic strategy in this session was to try to break the impasse created by Mr. W.'s and Jay's mutual hostility and their attempts to have their opinions prevail. Although we were still in the assessment phase, it was clear that unless this hostile standoff between Jay and his father could be put aside, it would be difficult to engage the family and impossible for therapy to

proceed. I focused on the mutual hurt that underlied their anger and asked them to state what changes they wanted in the family. Jay stated that he wanted his father to call more often and spend more time with him but not order him around when he was at the father's house and that he wanted his parents to get back together. It was clear that the children were intimidated by their father and hesitant to speak because of his counterattacking style. They also made it clear that they were reluctant to participate in treatment unless he would get individual help. Mr. W. was resistant to individual therapy because he considered the acceptance of individual treatment as tantamount to an admission of guilt for the problems in the family.

Three important clinical issues emerged during this session: first, the significance of the father's abuse of alcohol and the importance of dealing with this and other issues in individual treatment; second, the importance of bringing Mrs. W. into the family sessions so that the children, particularly Betty and Jay, were not put in the untenable position of representing her at the sessions; third, the importance of engaging Jay. I presented these issues directly to the family, using the alcohol issue as a way of trying to engage the father in individual treatment in a face-saving manner. I also explained that it would be necessary to see the family for several sessions in order to do a complete evaluation. Mr. W. refused to allow his wife to be involved, and I accepted this for the present with the clear understanding that her participation was an option for future sessions. We agreed to meet the

following week in a split session in which I would see the father alone and the children alone for a half hour each. I also obtained the father's permission to talk with the court social worker to clarify the conditions of visitation since it was hard to evaluate the legitimacy of Mr. W.'s complaints in view of his defensiveness and agitation.

*Contact with court worker.* Prior to the next therapy session, I had two telephone conversations with the court social worker, Ms. C. In our first conversation, she informed me that the conditions of visitation are as follows: Mr. W. can call the children and attend any school activities or sporting events in which the children are involved (e.g., Little League games). He cannot see the children on other occasions without his wife's permission. His wife claims that this is a problem and that he tends to be a "pest."

In a subsequent conversation, Ms. C. told me that Mrs. W. had called with the following complaints. Mr. W. had called his wife stating that a mutual friend of theirs was getting his bank statements, and friends of theirs had reported that while repairing a furnace at their house, Mr. W. was observed talking to the furnace "as if it were a person" and, when a dog came into the basement, he claimed it was a "sign." Ms. C. said there had been other incidents in which he had made claims that turned out to be untrue. She felt that individual therapy for Mr. W. would be helpful.

*Session 3 (10/9).* The following session is the third evaluation session in which I met with Mr. W. and the children separately. The session was one week later than originally scheduled since Mr. W. canceled the previous week. In the first part of the session with Mr. W. alone, the excerpts illustrate his tangential and possibly paranoid attempts to discredit his wife. The second part of the session shows my attempts to engage the children in family therapy by specifically addressing their resistance. In the final segment, I present my recommendations to Mr. W. and the children. Throughout the session, I take an active role in initiating topics and maintaining close control over the interaction. In the following excerpts from the session, certain words (indicated by quotation marks) used by Mr. W. appear to be misspelled. These are not typographical errors but represent my attempt to phonetically reproduce his distortions in using these words.

The session begins with my coming to the therapy room to find Mr. W. already there, slumped in a chair, looking overwhelmed and pathetic.

> Mr. W.: I didn't think you were going to be here yet, so I just came in and sat down.
>
> LCG: There's a waiting room down the hall where you can wait if you get here early. Usually I like to get here a little early. Do you want to relax for a few minutes before we begin?
>
> Mr. W.: As long as you're here, let's start.
>
> LCG: What happened last week? I got a message you couldn't make it.

Mr. W.: I had to work, so I couldn't get them here.

LCG: How about the kids, how come they're not here?

Mr. W.: I think they're coming. My wife is bringing them.

LCG: I see. You expect them to be here but they're not here yet. One of the things I wanted to do today was to spend some time with you and the kids alone, so as long as you're here, we might as well get started.

Mr. W.: I don't feel well.

LCG: In what way?

Mr. W.: Physically, achy, tired, cold . . . I ache all over.

LCG: How have things been going in the family since I saw you?

Mr. W.: Pretty good there for a while. [Mr. W. goes on to complain about a dispute with his wife and the court social worker (Ms. C.) over psychological testing for the kids, that he cannot afford it, and that he found a place where he could get it done for no charge.]

LCG: Have you worked it out with your wife so that she'll bring the kids here?

Mr. W.: There's something about Jay, he won't come unless she brings him. [Mr. W. goes back to discussing his arrangements for Jay's testing and complaining that now that it's possible, Jay will not go through with it and that his wife and the court social worker will not help.]

LCG: Do you feel that Ms. C. and your wife are lined up against you?

Mr. W.: I know that.

LCG: How do you know that?

Mr. W.: First part of July, I had gotten back from Georgia and I was out to where my wife is living. I was going to pick up my nine-year-old boy, John, to bring him back to the house with me. My wife got into one of her little "tenter" tantrums. I thought she was going to attack me. She came running out of the house. I was down in the car. Instead she attacked John.

LCG: When you say "attacked," what do you mean?

Mr. W.: John was sitting in the car next to me. She ripped open the car door, grabbed him by the back of his shirt collar, and literally yanked him out of the car and threw him up on the ground like this [demonstrates]. He was crying and screaming. She was screaming and yelling for him to get into the house if he knew what was good for him. It was bad.

LCG: What was that all about?

Mr. W.: It was about the other guy this other broad is shacking up with. She's spaced out on narcotics all the time.

LCG: You just lost me. What other woman?

Mr. W.: This other woman my wife is living with, V. She takes like 20 "miyor-grams" of Valium a day and 10 "miyorgrams" of. . .

LCG: How did she get involved in this?

Mr. W.: She was out there when her boyfriend, D., showed up. I said something to him, and he said, "Shut up, you son-of-a-bitch." I said I wanted to talk to M. and he said, "She doesn't want to talk to you."

LCG: M. is your wife?

Mr. W.: What started everything off was—me and M. had problems before—when she [V.] came back up here was when M. started talking about leaving me and dumping me.

LCG: I don't understand why your wife was going after John?

Mr. W.: She, D., and V. had stolen other people's property out of my house. They took it and knew it wasn't our property, a brand new mattress, bed frame, and whole bunch of other stuff that didn't belong to us, that belonged to other people. I told them I wanted the stuff back in the house. His attitude was that anything that was in that house he could take when he wanted to take it.

LCG: Again, I don't understand how this relates to your wife going after John?

[Mr. W. continues with a rambling story about how his conflict with D., V., and his wife over the articles taken from the house caused his wife to become so upset that she allegedly attacked John.]

LCG: Now, where did you get the idea that your wife and Ms. C. were working against you?

Mr. W.: I called the county police and they refused to get involved because it was a domestic situation. The police did make a report that I'd called them and what statements I made. I called my parents, and my parents came out to the house and talked to D. and V. The story they got is entirely different. The next day I had John over to the house. In fact, I had all the kids over to the house. I asked John what happened to his shoulder. Why was his shoulder and the back of his head bleeding? Because when I got home—I picked my son Jay up—I was being told that I threw John up against the house, that I was crazy, and that I didn't know what I was doing.

LCG: Who told you that?

Mr. W.: D. and V.

LCG: Now, if I understand things right, somehow the fact that your wife dragged your son got turned around that you did it. Now, how does a person like myself, who's coming in from the outside, figure out what is really going on?

Mr. W.: You couldn't!

LCG: If she were here, she'd tell a different version than you and there's no way to tell which is right?

Mr. W.: Right. Well, my parents were over. No, I had the children over my parents' and I asked John right there, "Well, John, how's your shoulder and neck after your mother yanked you out the car that way?" His statement was: "Well, daddy, I just hit the ground and scraped off an old scab." My father was sitting there and he says: "That's enough, son, don't say anything more" and he called their attorney. . . . We called Ms. C. and she said: "Well, M. is their mother and she can do what she wants as far as punishing them is concerned. It was perfectly within her right to yank John out of the car. There was absolutely nothing wrong with it. Now everybody loses their cool once in a while" [repeated].

LCG: This is the basis for your feeling that she is taking your wife's side?

Mr. W.: Not only that, but it's been proven in court that six years ago my wife had a man she was shacking up with. Now, Penny, I don't know if she's mine and I don't care. At the time it all occurred, yes, I was very disturbed about it and was for a long time.

LCG: I think you still are because you've brought it up several times in our sessions.

Mr. W.: I wouldn't be if it just happened that one time, but the one thing I didn't know until court was that she kept seeing that same man for six years afterward.

LCG: What I'm saying is that even though it happened a long time ago, a lot of upset feeling is still there.

Mr. W.: Yeah, it's still there to a degree. Yeah, that's not the only person it's happened with. There have been four others.

LCG: I think it would be helpful to not talk about these things in front of the children.

Mr. W.: Yeah, she tells the children that I'm crazy, that I hallucinate, that I can't tell

right from wrong, that I cannot provide for them, and that she never went to bed with anybody.

LCG: Regardless of what she tells the children, they have their own eyes and ears. If, in fact, you are a reasonable, kind, and loving father who is not drinking and not blowing up, they are going to see things as they really are, no matter what she tells them. . . . If you try and counter what she is saying, the best that can happen is that the kids will try to get away from both of you as soon as they can. . . .

Mr. W.: Well, like Tuesday . . .

LCG: I'd like to see whether the kids are here yet. [I leave, return with the children, and explain that I want to spend some time with the children alone as we agreed in the previous session. After that, I will see them all together to discuss the next step. The following transcript material is with the children alone.]

LCG: I missed you last week.

John: Thank goodness.

LCG: Thank goodness? I thought you liked coming here.

John: Not very much. She'd [Penny] come back. She just plays.

LCG: Two weeks ago you all said you'd like to talk to me alone. I was wondering what you wanted to talk about?

John: When we say something and he knows it's true, he tries to denounce it. Well, like one time Betty said something and he tries to denounce it and call you something.

LCG: So, if you have a difference of opinion—do you know what I mean by that?—he'll get angry real easy?

John: It's two different stories. Yours is wrong and his is right most of the time.

LCG: That would involve Betty. Betty, can you tell me a little about that? Do you agree with what John is saying?

Betty: Yeah, I guess.

LCG: Do you know what he is talking about?

Betty [in a very soft voice]: No.

LCG: How do you see it? How do you see the difficulty in getting along with your father?

Betty: I don't know.

LCG: I had the feeling, not the first time, but the last time we met that I kind of lost you. Do you know what I mean by that? Is that right? Was my feeling correct?

Betty: Yes.

LCG: Can we talk about that because I don't want to lose you. . . . I didn't think it was something I did or something that happened here. I had the feeling that your body was in the room but the rest of you left. You say now that's right. [Silence] Is it hard for you to tell me?

Betty: I didn't feel like coming.

LCG: I'm trying to find some way to help everybody in the family. I really need your help to do that. For myself, when I don't feel like going somewhere, there's usually reasons for it. Sometimes it helps me to try and figure out what those reasons are. If you could tell me why you don't want to come here, that might help us.

Betty [silence and then barely audibly]: It's a pain!

LCG: Can you tell me more?

Betty: No.

LCG: In what way is it a pain?

Betty: Well. . . . [mumbles something inaudible]

LCG: I didn't hear you. Can you say it again?

Betty: I can't spend time with my friends. I have to do my homework after school, then we eat and leave.

LCG: So one of the things you're upset about is that you have to give up the things you like to do to come here. If you didn't come here, how would things be different? Would you be with your friends?

Betty: Yeah. Every time we come here, everyone is edgy.

LCG: What are you edgy about? Do you know? Jay, what about you? Do you have any idea about what's going on?

Jay: I just feel like there isn't any need in going.

LCG: I have a pretty good picture of the story. Your mother and father have been having trouble for a long time. They've split up. They're in a fight and you guys are caught in the middle.

Jay: Plus my grandparents are trying to do the same thing. They're always debating and they won't ever let us alone.

LCG: One of the reasons you're here alone right now is that it's very important for me to try to understand what's going on with you without your grandparents and your mother and father here. I hope you can talk freely without them here. John: I just feel that there isn't any need in going because it's not going to help. LCG: Not going to help what? What needs

help?

Jay: A whole lot of things except it's still not going to work.

LCG [with mild annoyance]: I'm getting tired of hearing from all of you that it's not going to work. Maybe it isn't. . . . Jay: We just go through the same thing again.

LCG: Well, I haven't. Maybe you have and I can appreciate that you've had to do this before. But every time I ask you for some clues or what might help, you can say, "Well, I don't want to bother to answer that because it's not going to work." Well, if it's not going to work, I'm not going to waste my time either. I'd like to know what's not going to work, why you don't think it's going to work, and what needs to be done. You're the only ones who can tell me. Now, I'm starting to think that you guys don't want it to work. Maybe you like something about the way it is. I don't know if that's right or not.

Jay: A little bit.

Following this, the children open up and we discuss their likes and dislikes about the current situation. Jay takes the lead and is the most articulate. They discuss their dislike of the grandparents' attempts to control the situation and the tension and fighting between their parents. In their discussion, Betty disagrees and challenges Jay, and they reenact the struggle going on between the mother and father with Betty defending her father and Jay taking the side of his mother. Jay complains about his father's temper and the fact that they never do things together anymore. They acknowledge that they feel their father has problems. As John so aptly puts it: "His brain is telling him things that are not true." I attempt to steer the conversation away from old material and more toward what changes they would like to see in

the family while pointing out the importance of their involvement. I challenge their claim that he's forgotten about them by pointing out that he has not missed any therapy appointments. The session resumes with both Mr. W. and the children together.

LCG: Do you feel that anything has changed in how you relate to each other?

Jay: Not necessarily.

Mr. W.: I don't think so.

LCG [to Mr. W.]: How would you want things to change, if at all?

Mr. W.: Like I was discussing before, a little bit of trust. Some belief in what I say. I'm totally ignored and called a liar.

LCG: So you'd like them to listen to you more. [to kids] Any way of that happening?

Jay: Maybe, maybe not.

LCG: What does he have to do and what do you have to do?

Jay: He has to tell the story right.

LCG: Who decides if it's right or not?

Jay: Actually, who was there and who was listening.

LCG: One of the reasons I wanted all of you to come in together was so I could see and hear what happens and I could tell who's hanging things around. But if only some of you come, I can't do that.

Mr. W.: Well, this weekend, my wife came down . . .

LCG [interrupting]: I don't want to get into that. One of the things I really want to stay away from is rehashing things that go on outside of here for the simple reason that we'll get into the same thing. Unless your wife is here, I don't want to talk about things unless the people involved are here. What I'd like to do now is give you some feedback about what I see going on.

During the last part of the session, I point out that Mr. W. has to continue with the progress he's made on cutting down on his use of alcohol. The payoff for Mr. W. would be that his kids would want to be around him more. I help the family to negotiate some specific tasks, such as Mr. W. and Jay spending time together with Mr. W. teaching Jay about his work. There is more "yes, butting" from both of them, but I insist on getting them to agree to spend one hour together prior to the next visit. In the same vein, we discussed one activity they could all do together that would be fun. After some negotiating, they decided to take a trip to the country to visit a friend's farm and to pick apples on the way. The session closed with the family's agreement to come in for family therapy and individual therapy (for Mr. W.) on alternate weeks.

*Session 4 (10/16).* This was an individual psychotherapy session with Mr. W., which focused on his excessive use of alcohol, his "short fuse" with regard to expressing anger, and some of his reported "hallucinations." He explained the reports of his "talking to the furnace" as simply problem solving done out loud, similar to reading directions from a repair manual out loud rather than to himself. He denied any delusional or hallucinatory experiences,

and his explanation was plausible. The session was also used to obtain more history, particularly to hear "his side of the story" about his marriage, with the goal of reducing some of his anger and frustration. Once again, I raised the option of involving his wife in the therapy, and for the first time he did not reject it outright.

*Session scheduled for 10/23 was canceled*

*Session 5 (10/30).* This session was attended by Mr. W., Jay, and Betty. Mr. W. began by saying he was tired, "strung out," and wanted to quit early so he could have a drink and go home. I ignored these comments and asked how the family had done on the two tasks they had agreed to in the previous session. They did not follow through on either one, and most of the session was spent dealing with the issues between Mr. W. and Jay that prevented their spending time together. Mr. W. had taken the initiative in approaching Jay, but Jay was inaccessible to his father because he was in a bad mood. This was confirmed by Betty. We focused on Jay's anger and the difficulty in dealing with him when he's angry. This included role playing. Like his father, Jay tends to go off the subject and project all the blame for his own anger on to his father's mistreatment of his mother. He was finally able to admit that he is still too angry at his father to be able to share any activities with him. I concluded the session by: (1) pointing out the progress they were making, despite the considerable remaining problems; (2) reemphasizing the

importance of bringing Mrs. W. into the sessions so that Jay would not have to represent her; and (3) focusing on Mr. W.'s opening remark about wanting a drink. I complimented him on his progress in not drinking and emphasized the importance of his continuing to abstain. Despite Jay's anger, it was clear that both he and Betty were more engaged than in the previous session.

*Session 6(11/4):* This was an individual therapy session with Mr. W. The central themes of the session were Mr. W.'s complaints about his wife's infidelity and obtaining more information about their sexual relationship. He claimed their sexual adjustment was good for the first three years of their marriage but then deteriorated when she started making excuses. He stated that she performed oral sex on him but that he did not on her because "I can't stand crowded places and certain smells." His description of his wife's alleged first affair was especially interesting because of what appeared to me to be his clear collusion and simultaneous denial of any responsibility. He described bringing a friend home for lunch on a regular basis. Eventually the situation evolved to where the three of them would drink and watch pornographic movies together. One night, after doing this, he excused himself and went to bed early, leaving his friend and wife alone. Later, he woke up and came down to get a snack and allegedly caught them making love in the cellar. Mr. W. says his wife denied that anything happened beyond some mild petting and was angry at him for "setting her up." He denied any responsibility for what happened and could not see how his actions in any

way contributed to what happened. A major purpose of my intervention strategy was to try to elicit some of his feelings (e.g., hurt, rejection), but this was unsuccessful. Mr. W. attributed all their sexual difficulties to his wife.

At the end of this session Mr. W. disclosed that he intended to file for divorce and wanted me to tell his children. I pointed out the inappropriateness of that and discussed briefly with him how he could go about telling them. As the transcript from the next session indicates, he decided to wait until the therapy session to tell them.

*Session* 7 *(11/13):* This is a critical family therapy session in which Mr. W. informs the children that he has filed for divorce. This provokes a strong emotional reaction on the part of the children and sets the stage for me to insist that Mrs. W. be brought into the therapy. The session begins with a rather lighthearted discussion of the past weekend's activities.

Mr. W. tries repeatedly to get Penny's attention by calling her by her nickname ("Hey, Put-Put") and making a clicking sound with his tongue, in much the same way as one would call a pet dog.

Betty mentions that Jay had not participated in many activities over the weekend because of a headache. She does a satirical imitation of Jay, in which she gets on the floor, moaning and groaning. This elicits a lot of laughter and silliness among the children. Jay attributes his headache to something he ate. I

ask Jay if his headache is a possible way in which he can avoid doing unpleasant tasks, like going to his father's house, and he agrees with this. Following this, as the following excerpt reveals, Mr. W. makes his announcement.

> Mr. W. [in a very soft voice, almost a whisper]: Betty, Jay, John, Penny, I've got something to tell you. I don't know how to tell you or even the right way to tell you. Mother and I have been separated now for six months. I thought maybe things could get a little better. They haven't gotten better. They've gotten worse. So we're going ahead and filing for legal separation and divorce.
>
> Betty [in a soft voice]: When did you do that? [repeats]
>
> Mr. W.: Last week.
>
> Betty: Mom didn't say anything.
>
> Jay: Why didn't you tell us?
>
> Mr. W.: I didn't tell you because I didn't know how to tell you.
>
> Jay [interrupting]: Don't you think we're involved in this?
>
> Betty (in a high voice, fighting back tears): Jay, he's telling us now.
>
> Mr. W.: I thought things would get a little better but they haven't. They've gotten worse. So I don't know how to tell you or even if I'm using the right words. [long pause] The papers were filed last Wednesday or Thursday.
>
> Betty: Did you file them or did Mom?
>
> Jay: Did you talk it over?

Mr. W.: She knows about it.

LCG: How are you feeling, Betty?

Mr. W.: I told her and she says: "You know I still love you and all that and you've been under psychiatric treatment for six months now and after another year and a half of intensive psychiatric treatment, we'll get back together."

Jay: That's a bunch of shit!

Betty: Well, I think it's time for you and Mom to have some psychiatric counseling down here together.

Mr. W.: Well, Betty . . .

Jay [interrupting]: We've asked Mom, but Betty and she say it's your decision.

Betty: I've already told her that you've been thinking about having her come down here and she said, "Fine, whenever you're ready."

Mr. W.: Well, Betty, after what's happened last week, two weeks ago, the phone calls, it's past that point now. When I talked to Dr. Grebstein last we were still considering it, weren't we?

LCG: Well, as far as I'm concerned, we still are.

Mr. W.: Well, her and I are getting to some agreement. . .

LCG [interrupting]: Before we get into that, Betty, how are you feeling?

Mr. W.: She's feeling hurt.

Betty: No, I'm not.

LCG: Let her talk. I'd like to hear from you. Can you tell your father how you feel? [long silence]

Betty: I don't think you should make the decision . . .

Jay: At least until school is over.

Betty: . . . until you talk it over. [tearfully, but fighting it] Anyway, you have to be separated for a year so maybe things can change.

Jay [belligerently]: What I'd like to know is why . . . before you ever filed . . . you could have talked to us. That's what I'd like to know.

Mr. W.: Because, Jay, and I'm sorry to say this, that really isn't your decision. If I'd talked to you all, maybe I would have hurt you all and maybe I wouldn't have gone through with it.

Jay: Yeah, but don't you think it's going to change our lives. You changed our lives since June and it's not getting any better. And when you do it, you change everybody's lives, [loudly and starting to cry] I'm getting sick of it. Because everybody's just sitting there, just sitting there and cussing everybody out and everything and you don't even think we're involved in it. And that tells me you don't even care a little bit. [crying] We're involved in it as much as you are and you can't tell me we're not. We're sitting here, trying to help everybody and all you want to do is just sit and don't think we're involved and that shows me down deep in my heart that you're not caring.

Mr. W. [very softly]: Jay, you didn't hear what I said.

Jay [interrupting]: Yes, I did.

Mr. W.: You are involved with it.

Jay: You just said I wasn't. You just said we weren't.

Mr. W. goes on to repeat that the situation is just getting worse, and he and Jay get into the following confrontation in which Jay becomes the

defender of his absent mother. I try to refocus the session on the children's feelings in an attempt to encourage expression of the hurt and disappointment that underlie their anger.

Jay: . . . You try to avoid Mom every time she's trying to make peace. You keep trying to avoid her in every possible way you can.

Mr. W.: Because I don't want a big hassle like two weeks ago. That wasn't avoiding her.

Penny: Jay, tie your shoe!

LCG: Jay, you sound hurt and angry.

Jay: Yeah, I am.

LCG: You would have liked your father to discuss it with you before he filed the papers.

Jay: Because I'm sick and tired of everybody else making everybody else's decisions. He could have talked it over with us because we're involved in it and we've got as much right to say what we feel.

Betty: He can tell us, Jay, but it's still their decision.

Jay: It's a little bit ours.

Betty: Well, if they're going to fight like cats and dogs, what's the use of having a marriage?

Mr. W.: That's right and hurting you all even more.

Betty: But still I think the papers could have waited at least until June. . . . [The discussion gets off track into quibbling about legalities.]

LCG [interrupting]: Okay, that's the legality, but what we're starting to deal with here for the very first time is your feelings about your mother and father's separation . . . we're starting to talk openly for the first time and that's important. John, what's your reaction? John: I think they've been getting along better but I think they should try a little bit harder.

LCG: That's what they should do, but how do you feel about what's happened. John: I don't like to see them split up because I've seen them married for nine years (his age],

LCG: Can you talk with your father about how you feel?

John: Me and him have been getting along just fine but I don't know about Betty, Jay, and Penny.

I continue to try to get John to talk about his feelings with his father, but I am unsuccessful. At this point, Mr. W. again tries to shift the blame for the most recent escalation of their problems by citing his wife's unreasonable phone calls demanding child support payments with

Jay continuing to defend his mother. Once again, I try to bring it back to them.

LCG: Can you two talk that over? It sounds like you haven't finished.

Mr. W.: Yeah, I can.

[I change seats with Jay, asking him to sit next to his father so they can talk more directly and without me between them.]

Jay: Who made the decision about filing papers first?

Mr. W.: Well, I told her what I was going to do and she said: "So what. . . I love you and you've been going to psychiatric treatment and you're crazy. You don't know what you're doing. You're totally insane."

Jay: Why didn't you say that the first time?

Mr. W.: And she says: "After you've been going to psychiatric treatment for two or two and a half years . . ."

Jay: It just changed. It was one to one and a half years.

[They start quibbling over the details of what was said.]

Mr. W. [annoyed]: Jay, everything has been put on me, that I'm the bad turkey and that she is the little goddess. She's not as good as everybody thinks she is or she likes to make everybody think she is. Right now, I am so concerned about you kids, you don't know how concerned I am. Now right now, Dr. "Grebstein" check on this, because we got this guy right up here on the seventh bed ward [referring to the seventh floor of the hospital, which is the psychiatric ward] and I'm griping about this guy on the seventh bed ward who's taking the same narcotics that V. I the woman with whom Mrs. W. is sharing a house and whom Mr. W. blames for giving his wife the idea to leave him] is taking. He tripped out today and tried to kill his girlfriend and tried to kill himself. You cannot take 20 "miyograms" of Valium a day for a year and a half and still have your brains together.

LCG: You're getting away from the point. One of the things it sounds like you're feeling badly about is that you are getting most of the blame for the divorce.

During the next segment, the discussion continues to center around Mr. W.'s role as the "bad guy" in the family, specifically in terms of his being the disciplinarian and having punished the kids, particularly Jay, harshly at times. I get him to admit that he feels badly about this but has never told Jay or the

other kids that. Again, I refocus the discussion on the divorce and point out that it appears as if they are all reacting strongly, but are turning off their feelings. I emphasize that it is hard on everyone but it is important to talk about their feelings. Mr. W. again assumes a defensive posture and states that his wife's harassing phone calls at work have been putting his job in jeopardy and he had no choice. I suggest that filing for divorce was his way of getting protection and distance from his wife. An alternative would be to bring her to the sessions and work out an agreement. Betty states that although prior marriage counseling did not work, it might this time, and she wants her father to ask her mother to come. I persist in asking them to express their reaction to the divorce and in the next segment, Jay threatens to leave home.

LCG: How do you all feel about them getting divorced?

Jay: Then they can just lose me.

LCG: How?

Jay [tearfully]: I'll just go to a foster home.

LCG: You're feeling so badly, you'd just like to leave altogether?

Mr. W.: I don't want you to do that, I love you too much.

Jay: I know, but if you love me, how do you sit there and ignore us practically?

Mr. W. [tearfully]: Jay, I just don't sit here and ignore you. I love you but I've got to have something. I can't keep on with the torment, the harassment, these phone calls.

Jay [angrily]: I told you. Get it in writing and it will stop, [shouting] Call the cops or something. You're not doing a damn thing and you know it.

Mr. W.: There's nothing the police can do. There's nothing anyone can do.

A little later in the session after Betty and Jay accuse their father of avoiding their mother, I try to reduce the father's resistance to having the mother come into therapy by pointing out that he is not being appreciated for his efforts. My hope is that he will experience sufficient support from me to risk bringing his wife in.

LCG: It sounds like one of the things that's going on is you two are saying to your dad: "You haven't tried hard enough." And what you're [Mr. W.] saying is: "I've tried harder than anyone knows and no one is giving me any credit for that."

Mr. W. (triumphantly): That's absolutely right!

LCG: Where we're stuck is right there.

In the last part of this session, Betty and Jay continue to criticize the father for avoiding his wife's invitations. They start quibbling about past history, and Betty finally says: "This is absolutely stupid." Since the session is drawing to a close, I suggest inviting Mrs. W. to the next session so that the children will not be placed in the awkward position of defending her. I make it clear that reconciliation is not a goal. Mr. W. clearly but reluctantly agrees to have her come to the next session but warns: "All I have to be around her for is five minutes and she gets me upset."

*Session 8 (11/20).* This is the first session that Mrs. W. attends. Although the prior session ended with Mr. W. agreeing to having his wife attend, he opens the session by insisting that she leave. The following excerpts illustrate my attempts to maintain control over the session and bring some semblance of order to chaos. The main therapeutic task is to diminish Mr. W.'s rage and prevent the rest of the family from ganging up on him. The session concludes with a change in the therapeutic contract in which they agree to come for three sessions as a whole family. With this agreement, the engagement stage of therapy is concluded and we move on to the mid-phase stage of treatment.

> Mr. W. [as he is removing his coat and taking his seat]: Number one, I'm not going to talk to her because she's not supposed to be down here on this . . . complex.
>
> Jay: That's the only excuse you've got.
>
> Mr. W.: Jay, knock it off. Number two, when I called her and asked her to come, she said: "Yeah, that was fine and dandy." Saturday, after John's football game—John's team won and everyone was having a good time—waiting for him to get his trophies, she went up and sat in the car, and John and I and the kids were having a good time. They had cakes and pies and things for sale. We had some cookies. There was an old English type of cake. I had one and I took her a piece and I gave it to her. She didn't say anything. About 20 minutes later, I came back and asked how it was. [shouting] "God damn, son-of-a-bitch, it was cold!" Fine, so I left. So then last night, it seems as if somebody decides they would rather have the car busted so somebody poured sand in the engine of the car. So I got out of here today and I took it to the gas station and called her for her to meet me at the house instead of going all the way out there to pick them up. All right. She absolutely knowed she wanted to get me upset and uptight. She deliberately . . . she never came by the house, she never called or did anything. Now, you [to wife] may get

up and you may leave, because I've said . . .

LCG [interrupting]: Hold it. We agreed last week that she would be invited to the session.

Mr. W.: She voided all that.

LCG: No, she hasn't voided anything. She's here like we agreed. Second of all, I decide who stays in the session and who goes, not you. Now, let's start, [to Mrs. W.] Would you like to respond?

[Mrs. W. tells her version of the "cake story," which is a different version in which she states that she said it would be better heated up. She was careful to not blame him. She denied swearing with: ". . . part of his problem is that he always thinks I throw in cuss words and I don't, except in the heat of an argument and I wasn't mad at him."]

LCG: Now, one of the problems, you tell me if I'm wrong, is that this is very representative of what happens. That when you two get together, sparks fly. Is that right?

Jay: That's exactly what happens.

LCG: So one of the family problems is how your mother and father can be together without things getting really in an upheaval. Now, [to Mr. W.] you're very upset. What are you upset about?

Mr. W.: I'm upset at the lies, the conspiring, the sneaking, and the thievery . . .

Mrs. W.: I've already told you, since you told us to get there at 5:15, that we couldn't make it. That we were sitting down to dinner, that we can't make it, and that I would bring them down here to save you the trip.

Mr. W. [nastily]: I said no!

Jay: I was sitting by Mom and you were yelling and screaming.

Mr. W.: Jay, you are lying through your teeth.

Mrs. W.: You were yelling, Jim.

LCG [to Mr. W.]: Let him [Jay] finish.

Jay: See how you're mad now.

Mr. W.: I told her . . .

LCG [interrupting]: You're interrupting again.

The above excerpt illustrates both how I have to take an active role to maintain order and how an attempt to allow Mr. W. the opportunity to express some of his anger backfires when it turns loose his paranoid fantasies and he tries to monopolize the session. The main purpose of the session is to take advantage of Mrs. W.'s presence to try and establish some common goals for the family to accomplish. I ask the children what they would like to see changed. Penny, who has not responded to any of my questions in prior sessions, states: "I want my dad to be friends with my mom!" (Out of the mouths of babes . . .)

The following excerpt comes from later in the session when we are discussing the family's goal of being less angry and having more civil communication.

Mrs. W.: . . . and I have a problem that I have to work out. I'm afraid of him. He's hurt me physically and verbally so much that I want to put some distance between us. I'd be literally afraid to be alone in the same room with him.

Later in the session, I use a mild paradoxical tactic by asking both Mr. and Mrs. W. to go into the observation room together for a few minutes while I talk with the children. Mrs. W. accompanies her husband with no apparent reluctance.

An example of the importance of modeling is given in the following excerpt from Mrs. W., following my pointing out that it's five against one and that I don't believe that Mr. W. is the only problem in the family.

> Mrs. W.: What the doctor is trying to do, kids, is—and it's going to be hard—we all have to learn to forget what's happened in the past and start over again. I personally think that's asking an awful lot and that you're going to have to show us how to do it.

As a way of countering the scapegoating of Mr. W. and the family's belief that he alone is responsible for their problems, I ask each person to say one thing s/he would like to improve about his/her own behavior and also to state one thing s/he likes about each of the others. The purpose of this is to take the focus off Mr. W. and to have the family hear that they have strengths. The session appears as if it will end on a positive note. The family agrees to have three weekly family therapy sessions with all the members present and we will reevaluate the progress after those three sessions. Betty then requests that their mother drive them to the appointments to save time. Mr. W. immediately objects because he does not want his wife "wandering around the halls." I suggest a compromise in which Mrs. W. will drive the children to

the appointment but I will meet them in the lobby and escort them to the therapy room. Mr. W. accepts this arrangement.

The engagement phase of therapy has now been completed in the eighth session with the inclusion of the mother in the therapy and the establishing of a common family goal.

*Mid-phase of therapy (11/27 to 5/7).* The mid-phase of therapy consisted of 16 therapy sessions, mostly with the entire family, but including two appointments with Mr. and Mrs. W., six individual sessions with Jay, and one individual appointment with Mr. W. Generally, the family sessions had a practical, problem-solving focus with the overall goal of increasing the organization and efficiency of family functioning. This phase of therapy is summarized below. Following the inclusion of

Mrs. W. in family therapy, it became clear at the next session that it would be important to defuse some of the couple-related issues, particularly sexual themes, in order to prevent them from creeping into the family sessions. A pattern emerged in which Mrs. W. was able to successfully bait her husband in a pleasant, overtly passive, non-provocative style. He would respond with enraged attacks against her with accusations of immorality and infidelity. I tried to eliminate this competition for the children by arranging a session for the couple only (12/6) in which we discussed in detail the history

surrounding his accusations. In this session, Mrs. W. acknowledged there had been some sexual contact in the first instance but stated it had stopped prior to intercourse. She maintained that this was the only time she had any contact with any other man. Mr. W. made additional accusations about her putting sand in his gasoline tank, which she knew about but denied doing. Mr. W. also admitted to hitting her once. The crux of the session came when he acknowledged that the hurt of being ignored by his wife was what fueled his rage. The session ended with my emphasizing the importance of more reasonable communication in order to keep the children from being caught in the middle. We agreed on better communication as a goal but not with the purpose of reconciling or even being friends.

The next session (12/11) was spent documenting the current problems in the family. These included: the extensive mutual criticism and lack of support or positive comments; the inability of the family members to express their wants and preferences to each other; the need for the children to be more involved in helping with chores and household tasks, particularly when the children visited the father. They were given the homework assignment of making a list of the tasks that needed to be accomplished. The following session consisted entirely of negotiating a specific written contract which listed the responsibilities of each family member with regard to maintaining the household.

The following two family sessions (1/15 and 1/22) focused both on following through on the task orientation and trying to rework some of the relationships in the family. In general, this family can be described as an extremely emotionally deprived family in which there is a pervasive feeling of being unloved, uncared for, and non-nurtured. As a result, the interactions in the family tend to be need-determined, emotionally charged, and chaotic in the sense of violating the usual boundaries. For example, one of the two oldest children, especially Betty, will often act as a surrogate parent. Mrs. W. will treat Mr. W. like a petulant child, indulging and patronizing him. Mr. W. will attempt to become authoritarian to reestablish his power and self-respect.

Three main therapeutic interventions were used. First, the problem-focused task orientation was introduced to bring greater order to the household and to serve as a metaphor for establishing some semblance of emotional order. A second and parallel therapeutic intervention was to continually point out their destructive interactions to them and stop them from occurring within the sessions. The third major intervention was to use role playing, behavioral rehearsal, modeling, cognitive restructuring, and other learning-based interventions to help the family learn new and more positive ways of resolving conflict and relating to each other.

It was necessary to have one crisis intervention appointment with Mr.

W. (2/5) after he learned his wife had moved out of her friend's house and taken an apartment. The children missed a weekend at his house, and since he did not yet know his wife's new address, he reacted with panic and rage. This was enhanced by his wife's alleged statement that, according to the court social worker (Ms. C.), she did not have to inform him of her whereabouts but only had to bring the children to therapy. In addition, he related that his job might be in jeopardy and that he had strong feelings for another (married) woman. He appeared agitated, out of control, and possibly decompensating. I tried to be supportive and raised the possibility of a psychiatric consultation for medication if things did not get better. He expressed great reluctance to follow through on this recommendation.

Following the cancellation of two appointments because of snowstorms, I met with Mr. and Mrs. W. alone to discuss their concern about a deterioration in Jay's behavior. Their increased communication had been accompanied by a decline in Jay's behavior. Specifically, he was in greater overt conflict with Mr. W., including swearing at him, was vandalizing property at home, and had beaten up his younger brother John pretty badly. On the one hand, Mr. and Mrs. W. worked surprisingly well together in their mutual concern for Jay, but at the same time, Mr. W. erupted with accusations of blame at his wife for not letting him discipline Jay. I supported the legitimacy of their concern for Jay and obtained their permission to contact his school.

Mr. W. also mentioned that he had been fired and attributed the reason to politics and a personality clash with his boss rather than any negligence on his part. When I raised the possibility of his drinking contributing to his job loss, his wife came to his defense and supported his point of view! After this session, I had a supervision consultation with a colleague, and we decided I would see Jay in individual therapy to supplement the family therapy.

A school consultation indicated that although Jay was academically weak, he was not in danger of repeating the grade. His teachers did report a noticeable decline in the quality of his peer relations, which had never been particularly good. Recently, he had been picking on other kids and been acting "obnoxious."

I saw Jay for five individual therapy sessions in which we focused on his hurt and anger at his father, his isolation from his peers, and his anxiety in approaching a girl he liked. As with the family, the individual sessions were fairly structured, problem-focused, and used a combination of cathartic-expressive techniques, role-playing specific situations (such as asking his girl out), and modified play therapy tactics (taking him to a gym where he could punch his anger out on a heavy bag). Jay noticed in punching the heavy bag that he hurt his hand. He had the spontaneous insight that when you express anger in an uncontrolled way, you may end up hurting yourself! The individual therapy went very well. He was able to admit that as his father

changed (became less "bossy"), this was hard for him to handle. Also, Jay's peer relationships improved, and he approached the girl he liked with the result that she went out with him. As is often the case with adolescents, as soon as he had a girlfriend, his perceived need for and motivation for therapy diminished. We discontinued therapy after six sessions at his request.

The family sessions during this period focused on increasing communication by having the family practice listening skills and how to state their own points of view more directly. We worked on solving other instrumental problems, such as more effective ways of discipline. Because of their different styles, the parents had never been able to agree on issues such as discipline. Instead they had battled over how to punish the children and blamed each other for their mutual lack of effectiveness. A main theme of the family therapy was to help them develop increased parenting skills.

Despite the earlier agreement that reconciliation was not a goal of therapy, it was clear that Mr. and Mrs. W. were less adversarial in their interactions. However, just when it appeared that they might be getting closer, something would erupt. For example, Mr. W. got his job back and invited his wife to go out and celebrate. She refused, putting him in a rage. On another occasion, he announced that he was going to be filing a separate tax return, and this upset her. The family and the couple clearly had a pattern suggestive of not being able to tolerate prosperity. Just as soon as the

situation would calm down, someone would do something to cause an uproar. At one family session (5/7), Mr. W. blew up and walked out of the session. When he returned, I pointed out how this type of emotional overreaction contributed to his family's perception of him as unreasonable and "having problems." I also emphasized how the use of alcohol lowered his level of emotional control (during his absence, Mrs. W. revealed that he had been drinking prior to the session).

*Termination phase (5/14 to 7/9).* These final six sessions focused on reviewing the progress to date, continuing to work on increasing communication effectiveness within the family, consolidating the gains made, and planning for the future. Sessions were decreased to one every other week. In a couple session (5/14), Mr. W. mentioned his uncertainty about following through with the divorce. When his wife balked at the idea of an immediate reconciliation, wanting more time to work things out, he got angry and started talking divorce again, as if to punish her. The family agreed that, although they needed to continue to work on issues such as household tasks and communication, they were able to function better on their own and the time for termination had arrived. One final problem to be solved was the dispute about what to do with the house in the event of a divorce. The children felt strongly that they wanted to keep the house since it was their home. The issue was resolved when Mr. W. agreed to buy out his wife's share of the house and keep it. The negotiations that led to this solution occurred in

the therapy sessions.

The following segment from the final therapy session illustrates the family's progress. The session opens with the father's criticism of Jay and John for dismantling a bike, for violating a house rule that they could not use his tools when he was not there to supervise, for not "owning up to it," and for not doing their household jobs. Jay responds by complaining about the way his father handles problems and expresses his pessimism about the family's chances for the future. Early in therapy, this situation would have quickly erupted into a hostile exchange between Jay and his father with the rest of the family taking sides. Now, the topic is discussed more calmly, without raised voices, and without personal recriminations or attacks.

> Mrs. W.: But Jay, you're going to have that [problem] the rest of your life. Wouldn't you rather work it out here rather than having all that hurt and frustration build up?
>
> Mr. W.: I think if we could get this . . .
>
> LCG [interrupting Mr. W.]: Wait. Jay, do you want to respond to your mother?
>
> Jay: No [looking at the ceiling and appearing very blasé and disinterested].
>
> Mrs. W. [kiddingly]: We need more than a shrug, kid.
>
> Betty: I don't know. In ways we need it [therapy] and in ways we don't.
>
> Mrs. W.: We need to establish new goals and work on them.

LCG: Betty, in what ways do you feel you need it and in what ways do you feel you don't?

Betty: I don't know . . . with the bikes and jobs and that, there's still bitter feelings about that.

LCG: What do you see as the family still having to work on?

Betty: Getting along, I guess. Well, we've been doing pretty good, but still . . .

Mrs. W.: But we're in two separate places. That's not getting along when you're in two separate places.

Betty: There's still a lot of smart comments that go back and forth.

Mrs. W.: Yes, but part of that has to do with your age group.

Betty: Mom, I'm talking about you and Daddy too!

Mrs. W.: I'm talking about everybody.

Mr. W.: I have to agree with that.

Betty: When I try to be civil, Jay starts something. When Jay tries to be civil, I start something. It's always going back and forth.

Mrs. W.: Don't you think that could be worked on?

Jay: We've tried it. It's just going to go on for as long as we're living in the same place. You can't stop it.

LCG: That's true, you can't, and to some extent, it's natural among families that have kids almost the same age.

Mr. W.: But it can be decreased. The main thing is whether it's kidding or in a harassing mood or it has gotten to a vengeful period.

LCG: What do you two as the parents in this family think about the kind of teasing, kidding, and commenting that goes on among the kids? Do you think it's overdone?

Mr. W.: Yes, I think it's considerably overdone. Sometimes it starts out as kidding and is this vengeful "I'm going to cut you to ribbons" type of thing and I guess they get part of that from me and Marsha I his wife]!

This excerpt reveals that the family members are able to discuss their problems and shortcomings more reasonably than before and can acknowledge responsibility for their own contributions to the problems.

## Client Impressions

The following excerpt from the final therapy session illustrates that even though problems continue to exist for the family, they handle them much better. We also get the family's appraisal of the effects of therapy.

John: . . . I think it's helped us a whole lot. Everybody has gotten a whole lot of problems solved out, and if we could do it another year we'd get them all out.

LCG: What problems do you see as being solved? What kinds of changes can you see?

John: My mother and father aren't fighting a lot. Us kids are not fighting a lot.

LCG: So there's less fighting.

John: Right. My father is cutting down on his drinking. He's not bickering.

LCG [to Penny]: How are things for you in the family? [silence]

Mrs. W.: Oh, come on, Penny.

Mr. W.: Speak up.

Penny [in baby talk]: I don't know.

LCG: Do you like it better in your family than you used to?

Penny: I don't know.

Mrs. W.: Now we don't fight, right?

Jay: Pretty much, but the arguments between you and Dad have been pretty heavy.

John: But they don't fight. They just argue.

LCG [to Jay]: Is that painful for you?

Jay: A little bit.

LCG: Do you see that as the way it's been all along or do you see changes?

Jay: They're getting progress but it really hasn't changed much.

[Later, at the very end of the session, Mr. and Mrs. W. reflect some empathy for the therapist when they comment in a good-natured manner:]

Mr. W.: This has become kind of an interesting, challenging case.

Mrs. W.: Never in all his years has he [LCG] seen anything quite like it!

## Therapist Comments

After 30 therapy sessions spread over 10 months, this family shows

signs of changes for the better but also the existence of unresolved problems. On the negative side: (1) the father still continues to bring up new issues and problems at inappropriate times (like in the last five minutes of the final session); (2) Jay continues to be angry, resentful, and provocative toward his father, albeit in more subtle ways; (3) the sense of futility and pessimism, although diminished, continues to exist; (4) the family's level of self-esteem is still low.

From the standpoint of positive changes, the following appear to have occurred. (1) The emotional tone with which the family deals with problems and disagreements is more moderate, calm, and less acrimonious. (2) The boundaries in the family have shifted, resulting in a different pattern of subsystems. The authority for decision making has been restored to the parents, who now support each other better, and the children have been removed from their roles as pawns and victims of a parental power struggle. (3) The father shows fewer signs of psychopathological behavior. Specifically, he is drinking considerably less, is less paranoid, is in much better control of his temper, and is more willing to accept responsibility for his part in the family's turmoil. For example, with regard to his being upset with the kids for "fixing" a bike and making it unsafe to ride, he says: "I'm not going to yell at anybody, scream at anybody, or spank anybody. But if you did it, tell me." He also can admit that had he bought certain parts and fixed it himself, as he promised, the situation would not have arisen. (4) There is less blaming in the

family. (5) There is less secrecy and more open discussion.

With this family, as with many difficult clients, two different challenges were presented to the therapist. First, there was the task of devising and implementing a treatment plan that would be effective in alleviating the presenting problems. Second, there was the often more difficult task of counteracting the sense of futility and hopelessness that results from a chronically low level of self-esteem and long-term pattern of poor adjustment. This point was most poignantly described by Jay during one of our individual therapy sessions. We were sitting on a park bench on a beautiful spring afternoon when he turned to me and asked: "Are we the sickest family you've ever seen?" Treating the multi-problem case, whether it be a family or an individual, requires personal resources, such as patience, commitment, and a high level of frustration tolerance, as well as technical knowledge. I often felt like giving up on this family and more than once felt uncertain, impotent, helpless, and incompetent. With this family, there was often the danger that I would get pulled into the cross-currents of their disputes and might drown by trying to save one person while another one pulled me under. It is important for the therapist to maintain a sense of empathy, tolerance, allegiance, and loyalty to all the family members. This was difficult. At times the behavior of a given family member could be obnoxious, attacking, insensitive, cruel, or alienating in some other way. When this occurred, the family evoked in me the very negative emotions that they engendered in each other and that I was

trying to help them overcome. My professional goal was to try to be aware of the feelings and to find ways of coping with them and expressing them so that I could serve as a model for the family. This was easier to hope for than to accomplish. More than once, I felt like jumping into the fray and yelling like the rest of them. It required great personal restraint and the helpful consultation/ supervision of a wise and sensitive colleague to help me cope effectively with my own feelings of frustration and anger.

Eclecticism is especially well suited for cases such as this one because it provides a wide repertoire of specific tactics to cope with the many problems presented by the family. In this case, the following approaches were used. Kempler's (1973) advocacy of the experiential use of self gave me the permission and encouragement to share my own feelings with the family, helping me to discard burdensome emotional baggage. Satir's (1972) emphasis on nurturance provided the impetus to seek out the family's strengths and to use these as building blocks for growth. Minuchin's (1974) concepts of boundaries and subsystems were used to recognize the dysfunctional patterns of family structure. The problem-focused approaches of Haley (1976) and the McMaster model (Epstein, Bishop, & Levin, 1978) were useful for helping the family to become more functional in practical and instrumental tasks. My knowledge of learning theory and behavioral therapy was important as a source of ideas and techniques for teaching the family how to communicate and relate to each other better. Finally, Bowen's (1976)

constructs were helpful for giving me the distance I needed both to perceive the family with dispassion and to help me understand their own emotional "stuck togetherness." The eclecticism was both deliberate and incidental. At times, tactics were intentional and carefully planned in conjunction with a colleague. At other times, my therapeutic behavior was spontaneous and intuitive.

There are risks to using an eclectic approach. A potential pitfall is that the therapist will jump too quickly from one type of intervention to another in an attempt to counter the family's habitual self-defeating behavior. When combining techniques and/or theories representing different orientations, they must be integrated in such a way as to provide continuity and a cohesive approach. Sometimes this means trying to integrate approaches that on the surface appear incompatible.

For example, two of the family therapy approaches that I use in my eclecticism are those of structural family therapy (Minuchin, 1974) and family systems therapy (Bowen, 1976). Minuchin (1974) emphasizes the importance of joining the family so that the therapist can bring about change from within. Bowen's approach advocates just the opposite, which is to avoid being drawn (triangulated) into the family. In this approach, therapeutic effectiveness is achieved by having sufficient emotional distance from the family so that the therapist can work from the outside. In working with this family, I tried to do

both. Initially, I attempted to join the family in order to establish credibility and to engage them. At the same time, I tried to remain sufficiently distant from the family to keep from being embroiled in their disputes and to have enough leverage to initiate change from the outside. Although practically it was like walking a therapeutic tightrope at times, the eclecticism provided the flexibility to combine the "best of both worlds." Change with a family such as this one is slow and requires consistent, deliberate, and repetitive work. The therapy is time consuming, requiring as much or more time in reflection, reviewing videotapes, and consultation as it does in the actual therapeutic contact. Goals must be limited and realistic. Although I used and attempted to integrate techniques, theory, and therapist styles from a number of family therapy approaches, it is important to emphasize that my basic stance was a cautious and conservative one. I proceeded slowly and carefully. I am suspicious of approaches that use more extreme tactics and promise dramatic changes. There are no easy solutions for hard problems in therapy. Eclecticism provides greater resources for the therapist to use. It does not provide magic.

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## *NOTES*

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# Commentary: The External and Internal Context of Eclectic/Integrative Family Therapy

***Alan S. Gurman***

*I congratulate Dr. Grebstein for his overall success with this very complex, difficult, and personally demanding family case. Though I think I might have done some things differently from Grebstein (e.g., limit initial goals to basic structural aims of strengthening generational boundaries in the W. family; insist that Mrs. W. get involved earlier in the course of therapy; hold sessions with different subsystems for different purposes), I have no fundamental disagreement with the general aims or thrust of his work with the W.'s. His detailed and honest description of a family treated with an eclectic style of therapy does provoke me to consider the context in which such eclectic work arises. In this commentary, I will offer some thoughts about both the external (professional) context and the internal (personal) context of such family work.*

## *THE EXTERNAL CONTEXT OF ECLECTICISM/INTEGRATIONISM*

*In the last few years, at least in the United States, there has arisen a*

*ground-swell of enthusiasm for the development and refinement of eclectic and integrative approaches to marital and family therapy, and some observers in the field have gone so far as to call the decade of the 1980s the "decade of integration" (Gurman, 1980). To Americans, this movement is rather new, though in continental Europe and Great Britain integration has been the dominant motif for quite a long time. Perhaps this has been because so many of the so-called "major models" of marital and family therapy have been "imported" from across the Atlantic Ocean and, therefore, have not been so marked in Europe by proselytizing and by the narcissism that predictably accompanies such proselytizing. In addition, the professional entrepreneurship so common to family therapy in the United States does not seem to characterize the field in Europe.*

*Several integrative family therapy models have been proposed in the last few years, bringing together strategic and behavioral methods (Spinks & Birchler, 1982), strategic and structural methods (Stanton, 1981), and behavioral and psychodynamic methods (Feldman, 1982; Gurman, 1981; Pinsof, 1983). We may consider why eclectic/integrative efforts such as these and Grebstein's are happening at this time, and why not very much until recently. I believe there are five major reasons for this growing interest in integration in the family field. First, it seems simply to have been the case that it was not until the late 1970s that each of the dominant schools of family therapy had firmly established itself and attracted a critical mass of adherents and followers.*

*Second, it was also not until the late 1970s that significant numbers of us began to take very seriously the need for competing therapies to document their effectiveness through carefully designed empirical research (Gurman & Kniskern, 1978). And, as has generally been the case in individual therapy, there have been two main trends in this research: First, the outcomes of very few of the alternative marital and family therapies have ever been investigated (Gurman, Kniskern & Pinsof, 1986), and second, and perhaps more tellingly, when such research has been done, it has generally not confirmed the superior effectiveness of any given method (Gurman & Kniskern, 1978).*

*A third factor in the emergence of this eclectic/integrative movement is that the field seems to have come to an abrupt halt in terms of the development of genuinely new methods of therapy. Perhaps there are just no really new and different ideas waiting to be created. But more likely is that the many thousands of mental health professionals who constitute the fifth and sixth generations of family therapists, and who are currently receiving training in family therapy, are simply already overwhelmed by the diversity of models and methods and are struggling just to catch up with and keep up with what has already been proposed, developed, and promulgated.*

*Fourth, in the United States more than in any other country, there has been relentless effort to establish marital and family therapy as a new profession, independent of the traditional major mental health disciplines of*

*psychiatry, psychology, and social work. In this effort, the 13,000-member American Association for Marital and Family Therapy several years ago succeeded in establishing an influential national commission to develop standards and criteria for the curricula used to train family therapists in dozens of training centers. This process has probably increased the homogenization of training, especially in degree-granting institutions, with a major pedagogical thrust being to expose students to the broad range of views in the field.*

*A fifth reason for the emergence of eclecticism! integrationism in the field is that the integrative movement in the field of individual psychotherapy has been strong for quite some time, as illustrated by recent efforts to bring together behavior therapy and psychodynamic psychotherapy (e.g., Wachtel, 1977). As much as family therapists may yearn to dissociate themselves from individual therapists, the broader field of psychotherapy is an open system, and family therapy will necessarily be influenced by developments in this broader professional context.*

## *THE INTERNAL CONTEXT OF ECLECTICISM/INTEGRATIONISM*

*Beyond issues of the clinical management of therapy with the W. family lies a matter that is more fundamental to Grebstein s case study, and that extends beyond the arbitrarily punctuated boundary of the field of psychotherapy known as family therapy. That issue is the distinction between*

*eclecticism and integration. Grebstein used the terms interchangeably. That is noteworthy because the two do not seem to me to be the same animal, and I would submit that eclecticism is usually an untenable clinical position.*

### *Eclecticism Versus Integration*

*Though philosophically complex debates are heard at times regarding the distinction, or lack thereof, between eclectic and integrative therapists, differentiating between them is really quite simple. You merely listen to how they describe what they do. Eclectic therapists add together techniques and strategies that derive from different models of therapy. Eclectic therapists say things like "1 choose the technique that fits the problem best," or "1 choose from different theories; with some types of problems, I use Theory A, with other types of problems, I use Theory B, etc.," or, ".I select from the available techniques in the field on the basis of research and my own clinical experience."*

*This seems to be precisely what Grebstein has done: his therapeutic approach includes a bewildering array of family therapy models and techniques: strategic, structural, problem-centered, behavioral, psychodynamic, client-centered, humanistic-experiential, and Bowenian. I think that most family therapists would agree that it is simply impossible to operate out of a consistent theoretical framework that is true to the major premises of all eight (!) of these approaches. In addition to some fundamental incompatibilities among these*

*methods at a conceptual level (Gurman & Kniskern, 1981), there is the more perplexing problem of personal coherence in the face of conceptual divergence. Psychotherapists "choose" theoretical orientations in a manner that is probably not too different from how we choose our marriage partners, i.e., both on the basis of overt qualities of the theory (partner) that we identify as attractive, and on the basis of covert qualities of the theory (partner) of which we are unaware, or to which we at least pay little conscious attention. The choice of a theoretical orientation is ultimately a very personal statement of self. Choosing to be an eclectic or integrative therapist is also a profound statement of self. But how many of us can tolerate having multiple selves? For example, some family therapy methods require a detached distance, whereas others require enormously warm immediacy; some place a premium on concreteness, whereas others demand openness to intuitive exploration, etc., etc. When a therapist selects a technique, he/she also selects a world view that goes with it. Some world views just do not go together. And most of us cannot tolerate behaving with extremely different selves (e.g., close/distant), because at least one of these selves will be a false self. And, 1 would suggest, our patients are sensitive to presentations of false selves. It is for reasons such as this that I believe eclecticism is usually untenable. Perhaps the only way to survive as an effective eclectic therapist is to provide a degree of personal caring and involvement that overrides these difficulties, so that one's personal mission diminishes the salience of technical factors. It is just such a quality of dogged dedication that*

*comes through in Grebstein's work with the W. family.*

*In my view, the overall positive outcome Grebstein achieved with the W. family is attributable to his deep involvement and active caring rather than to eclectic elegance. There may be quite a lot of therapists who are able to do effective family therapy without articulating their (eclectic) theoretical base. And although such a state of affairs is just fine for the clients of such therapists, it is not sufficient for the advancement of the field as a whole. The field as a whole will profit less from eclecticism than from theoretical and technical integration. Integration, in contrast to eclecticism, involves, indeed requires, the careful and systematic elucidation of the principles by which apparently incompatible views are brought together. Likewise, it requires clear principles by which clinical practice is guided and clear principles by which specific interventions are selected. Integrative therapists select techniques and strategies because they share internally consistent theoretical foundations; i.e., they "make sense" vis-a-vis one another. Integrative therapists may "translate" concepts from school to school, they may incorporate a given school's assumptions within another school, or they may identify more neutral, non-school-dictated premises that the approaches have in common. But in any case, the bringing together of apparently disparate ideas is coherent. In contrast to the eclectic therapist, who chooses a technique or theory to fit the patient, the integrative therapist chooses techniques or theories in a way that fits him/herself as well as the patient. Requiring oneself to articulate the principles*

*of a personally acceptable integrative therapy, rather than allowing it to remain implicit, forces a therapist to define him/herself as a therapist. Thus, integrative therapy is inherently more self-referential, recursive, and circular than eclectic therapy; in a word, it is more systemically sensitive and, therefore, more in keeping with the major tenets of all approaches to family therapy.*

*Since the ultimate integration in any method of psychotherapy is the personal integration of oneself-as-healer and one's method of healing, setting forth explicitly the principles of any integrative therapeutic approach is essential.*

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# Commentary: Eclecticism or Responsiveness?

**Stephen Murgatroyd**

## *INTRODUCTION*

*The central tenet of family therapy is that the experience of distress and the means by which distress is maintained are functions of the structure and communication patterns within families. As Minuchin(1974, especially pp. 129-130) makes clear, "the therapist. . . regards the identified patient merely as the family member who is expressing, in the most visible way, a problem affecting the entire [family] system." The goal of therapy is, therefore, to affect the family system in such a way as to reduce the distress of the identified patient (in this case Mr. W.) without transferring the symptoms to another family member (Murgatroyd & Woolfe, 1985).*

*In commenting on a case report, it is important to recognize that the focus of family therapy is different from individual therapy. Family therapy is focused on interactions and relationships not simply on the identified patient. Minuchin and Fishman (1981), Murgatroyd and Woolfe (1985), Treacher and Carpenter*

*(1984), Barker (1981), and many others have described a variety of techniques that can be used to affect family communications and dynamics. What is not readily available is an integrative framework within which therapists' decisions about appropriate interventions or the framework within which dilemmas are resolved can be understood. That is, there is an absence of an integrative model of eclectic family therapy. Grebstein's contribution to this volume must therefore be reviewed as an illustration of an eclectic method using some integrative approach.*

## THE CASE OF MR. W.

*Family therapy is practiced in a variety of settings. These include child guidance clinics (Treacher & Carpenter, 1984), residential care services for children (Minuchin et al., 1967), probation and aftercare services (Johnson, 1974), general medical practices (Dimmock, 1984), hospitals (Procter & Stephens, 1984; Treacher, 1984), and family therapy centers. In all these settings, cases such as that of Mr. W. are not unusual—indeed, the multiple-problem family is a frequently discussed and written about phenomenon. The particular difficulty of getting and keeping family members working together in therapy and of meeting individual needs at the same time as forming therapeutic alliances with other family members are very common issues.*

## THE THERAPEUTIC PROGRAM

*Grebstein makes clear the often neglected point that the identified patient often needs help in his or her own right (Minuchin, 1974). It seems clear that Mr. W. needed help within the framework of both brief therapy and crisis intervention. Mr. W. 's own resistance to individual therapy once family therapy had begun is also commonplace. What is surprising is that the therapist or the family did not confront this reluctance more directly.*

*From a British family therapy point of view, I am interested in the extent to which this therapeutic intervention with the family is "layered." Grebstein works with such a variety of layers within the family (e.g., Mr. W., the children, Mr. and Mrs. W., Jay) that the maintenance of a clear perception of the therapist's alliances by family members must have been difficult. What this layering suggests, however, is that the therapy was far more responsive than strategic. This is also suggested by the length of therapy, which (at 30 sessions), by British standards, is long.*

*To elaborate, the therapist points to the dilemma of making alliances with subgroups and individuals, on the one hand, and the family on the whole, on the other. The difficulty lies in sustaining meaningful relationships throughout the family while at the same time offering help when it is needed. The impression given in the case study (which may not fully reflect what actually happened) is that the family determined the behavior of the therapist. This is seen most clearly in the layering of the therapist's work. A strategic intervention might*

*have addressed more directly the desire of the family to compartmentalize the work that needed to be done.*

*What is also clear is that the interventions described by Grebstein derive from a therapeutic base but are not a clear part of a strategy or hypothesis-testing program. As described, the therapy seems to be driven by the behavior of family members rather than by a strategic understanding of the meaning of this behavior for the family. This may be a harsh criticism, but it is my reading of the case as presented.*

*The case, though interesting, tells us little about eclectic psychotherapy. The therapeutic endeavor seems to be best described by the phrase "if it works it is appropriate" rather than by reference to some integrative framework. The process seems to drive the strategy.*

*Dryden (1984) offers a classification of eclectic therapy types. These include: (a) theoretical eclecticism, in which a person adheres to one particular school (e.g., strategic family therapy) but is prepared to use other techniques as and when they are appropriate; (b) structural eclecticism, based on the work of Murgatroyd and Apter (1984, 1986), which sees reversal theory as an integrative diagnostic and therapeutic device; (c) combination eclecticism, which seeks to integrate two or more therapies at a high-order theoretical level; (d) existential eclecticism, similar in many senses to the therapy recommended*

*by Greenwald (1973); (e) technical eclecticism, as developed by Lazarus (1981); (f) systematic-persuasive eclecticism, in which a wide range of variables are used to help the therapist plan a systematic treatment strategy; (g) integrationism, best represented in the writings of Garfield (1982); (h) developmental eclecticism, in which theory is relegated to second place in preference to action—see Robertson (1979); (i) transtheoretical eclecticism , developed at Rhode Island and involving a stage understanding of therapy as a series of stages that need to be integrated and managed (see Prochaska and DiClemente, 1982); and (j) haphazard eclecticism, which is probably the single most frequently practiced form under the name of eclectic therapy.*

*In seeking to classify this case, the developmental category appears the most appropriate, for it is clear that the case involves a simple developmental sequence each stage of which requires different therapeutic skills to be applied to separate parts of the process of therapy. Theoretical issues are secondary to practice, and the nature of the therapy is driven by a concern for social awareness and reality testing (Egan, 1-82). Although I regard this as a theoretically weak form of eclectic practice, it nonetheless has proven effectiveness and attracts a substantial body of support. Its weakness is that it is not readily replicated as a practice form by others. It depends too much on intuition.*

*These comments should not detract from the complexity and difficulty*

*associated with multiple-problem families. It is not surprising that Grebstein felt, on more than one occasion, "like giving up" and "uncertain, impotent, helpless, and incompetent." Many of us would too. What strikes me about this is: what is it that he learned from his work that will be beneficial to him and communicable to others when Mr. X. and his multiple-problem family arrive for therapy in three weeks' time? I am not sure how much the case adds to our understanding of eclectic practice, other than demonstrating the fact that it is often more difficult than many imagine.*

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