

FAMILY THERAPY: The First Twenty-Five Years

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This chapter is written in the spirit of the freedom of information. Most of the information is one or another person's particular version of factual events, and as such should not be construed to represent the absolute truth, but rather many different people's version of the truth. The reports of historical happenings included here, in addition to being personal versions, also represent the way human relationship systems operate, and are not a function of malice and/or paranoia on the part of any one individual or group of individuals.

HISTORICAL DEVELOPMENT

The years from 1950 to 1975 may be said to constitute the first quarter century of the field of family therapy, and it is within this chronological framework that I propose to explore the history of the movement. My main purpose is to clarify the developmental history of the field so as to enable future students of family therapy to organize and distinguish between old and new ideas. I will focus on three major areas: the context determinants that went into the formation of the family movement; the professional network of people and their interconnections with one another throughout the United States; and a theoretical classification of the family field.

The family movement had its beginnings in the late 40s and early 50s in different, somewhat isolated areas throughout the country. At that time the nation was going through the aftermaths of World War II, the Korean conflict, and the bomb; one of the noticeable reactions was an increased amount of family togetherness, a backlash to the separations of World War II. Psychiatry had become an attractive specialty; and psychoanalysis, hav-

ing become firmly established as an ideology, was moving from the sanctuary of its institutes back into the medical schools.

As soon as any ideology becomes established, professional outsiders— "change merchants"—in the field become impatient with its limitations and **set out to establish new** frontiers *and* new ways of thinking. The major thrust for the development of the family perspective was due to frustration on two counts, namely, from the attempts being made to apply conventional psychiatric principles to work with schizophrenic families, and from the attempts to deal with behavior difficulties and delinquency in children. All of the important work in the family movement was being done under the rubric of research. Murray Bowen emphasized this in an article about developments in the field for *The American Handbook of Psychiatry*.

A psychoanalytic principle may have accounted for the family movement remaining underground for some years. There were rules to safeguard the personal privacy of the patient/therapist relationship and to prevent contamination of the transference by contact with the patient's relatives. Some hospitals had a therapist to deal with the carefully protected intrapsychic process, another psychiatrist to handle the reality matters and administrative procedures, and a social worker to talk to relatives. In those years this principle was a cornerstone of good psychotherapy. Finally, it became acceptable to see families together in the context of research.

Family research with schizophrenia was the primary focus of a majority of the pioneers in the family movement: Bateson, Jackson, Weakland, and Haley in California; Bowen in Topeka and Washington; Lidz in Baltimore and then in New Haven; Whitaker and Malone in Atlanta; Scheflen and Birdwhistle in Philadelphia.

Nathan Ackerman, perhaps the most widely known pioneer in the family field, came to the family movement by a different route. A card-carrying psychoanalyst, he was also a child psychiatrist; and as early as 1937, at the age of 28, he published a paper on "The Family as a Social and Emotional Unit." Donald Bloch, now director of the Ackerman Family Institute in New York, has described Ackerman's paper thus:

The 1937 paper appeared in the *Bulletin* of the Kansas Mental Hygiene Society; indeed it was the lead article. Its title was "The Family as a Social and Emotional Unit." It was written while Ackerman was a staff member at the Southard School, the children's division of the Menninger Clinic. The paper is short, barely five pages long; to read it now illuminates the spirit of the man, his awareness of human interrelatedness, his compassion, and, above all, his intuitive feeling for the ambiguous quality of intimate net-

works. The first paragraph has a grand architectural quality:

"None of us live our lives utterly alone. Those who try are doomed to a miserable existence. It can fairly be said that some aspects of life experience are more individual than social, and others more social than individual. Nevertheless, principally we live with others, and in early years almost exclusively with members of our own family."

Ackerman saw his work and the work of his colleagues in the Child Guidance movement as the "real" beginning of the family movement. In a 1967 paper, "The Emergence of Family Diagnosis and Treatment, A Personal View," he said:

The family approach arose in the study of nonpsychotic disorders in children as related to the family environment. The relative prominence of recent reports on schizophrenia and family has somewhat obscured this fact.

The necessity of remaining under the protective umbrella of research also affected the child wing of the family movement, as demonstrated by the Wiltwyck Project. In the early 1960s, Minuchin, working at Wiltwyck School, began with others a research project to study the families of delinquent boys. This project was designed to study those families who had two delinquent boys, both of whom had been in trouble with the law. Richard Rabkin, a New York psychiatrist and author of such controversial papers as "Is the Unconscious Necessary?" says that the Wiltwyck project was possible because of the "hopeless nature" of the patient population—that is, since there was no effective way to work with these boys, research along the family lines was possible.

Between 1950 and 1975 the family movement went through a series of fascinating developments. From 1950 to 1954, it was more or less underground. By that I mean that research was being done that was based on a view of the family as the unit of emotional dysfunction, but the work was isolated and disconnected. No one mentioned this research in the professional literature or at national meetings. During these years, however, Bateson was forming his communications project in California, and Bowen was well into his work on mother/child "symbiosis," schizophrenia, and the family at the Menninger Clinic.

In 1950 William Menninger prodded GAP to form a committee on family, and John Spiegel was assigned the task of surveying those who were working on family. He focused on finding out what it was like to work with a family rather than with an individual. He immediately saw it was necessary to define the matter in terms of family process rather than intrapsychic experience; he therefore proceeded to define a *family*, and to note the contex-

tual forces operating on it. His report, therefore, does not list those who were working with families, or where and how they were doing it. In fact, he failed to pick up the research in California and Topeka, and he discovered only sociologists working with families. Actually, Speigel, aided by *Florence Kluckhorn*, tried to make the *concept* of working with family process comprehensible to traditional psychiatry.

Meanwhile, the work of John Rosen, a psychiatrist, with schizophrenic patients in Bucks County, Pennsylvania, had begun to influence several of the family therapy pioneers. Rosen originated direct confrontational analysis of schizophrenics, and in 1948 had visited the Menninger Clinic for a period of about a month to demonstrate his method using selected case material and a one-way screen room. As Bowen puts it, "By the time Rosen left, all one hundred psychiatric residents were into trying some version of Rosen's direct analysis." Bowen himself tried it for a couple of years, but by 1950 had moved into formulating and refining his ideas about mother/child symbiosis and its role in schizophrenia. Bateson's group, organized in 1952 in California, was also interested in Rosen's work and came to Philadelphia to observe it. Also, Whitaker, Warkenton, and Malone, working on a somewhat similar model in Atlanta, were also tuned into Rosen's work, as was Al Scheflen in Philadelphia.

Chestnut Lodge in Rockville, Maryland—the home of Frieda Fromm-Reichman, Otto Will, and Harold Searles—was outside the family movement, although its philosophy, strongly influenced by Sullivan, permitted the focus of therapy to shift away from purely intrapsychic toward interpersonal examination. Don Jackson and Don Bloch were both residents at Chestnut Lodge from 1950 to 1953. Jackson left to return to California, where he soon joined the Bateson project. Jackson and Bowen were later introduced by Tetzlaff, who had been a medical school classmate of Jackson's.

In 1957 and 1958, the family movement surfaced nationally. In 1956, Speigel had first heard of Bowen's work, by then already well underway at NIMH, as well as Lidz's work, begun in Baltimore and then moved to Yale-New Haven. Speigel organized a panel on Family Research for the March, 1957, Ortho program. This was the first national meeting at which these family schizophrenia research ideas were presented. In addition to Speigel, that panel included Bowen, Lidz, and David Mendel of Houston—then working on family groups with Seymour Fischer, and later to become widely known for Multiple Impact Family Therapy. Fifty people attended, Bowen recalls.

Three months later at the APA Meeting, also in Chicago, Spurgeon English, then chairman of Psychiatry at Temple, organized a panel on Family. Nat Ackerman was secretary to that panel; Jackson participated in addition to Bowen and Lidz. This meeting led to Jackson's book *The*

Etiology of Schizophrenia. The 1957 APA Meeting provided another network connection. Bob Dysinger, a coworker of Bowen's in the NIMH project, invited a classmate of his from the University of Illinois to the panel on Family: Charles Kramer, since then the founder and Director of the Chicago Family Institute.

Jackson published *The Etiology of Schizophrenia* in 1959. In that same year Bowen published "Intensive Family Therapy," a paper on the NIMH project, in which he talked about the concept of triangulation, which at that time he was calling the interdependent triad. By 1960 Nat Ackerman founded the Family Institute in New York City to provide himself a place for organizing and teaching his work. In 1962 he joined Jackson to produce the field's first journal, *Family Process*.

From 1964 to 1968, large numbers of central publications and the first audiovisual productions appeared. Birdwhistle and Scheflen produced the Hillcrest Series, four 16-mm. sound color movies showing Ackerman, Bowen, Jackson, and Whitaker, each interviewing the same family. The Philadelphia Family Institute was formed in 1964 by a group of approximately twelve family clinicians and researchers. Nagy and Framo together edited *Intensive Family Therapy*, bringing together in one volume much of the work being done around the country with schizophrenic families. In 1966, Bowen published the first major theoretical paper on family systems, "The Use of Family Theory in Clinical Practice." Watzlawick and Jackson published "Pragmatics of Human Communication," and Virginia Satir published *Conjoint Family Therapy*.

Toward the end of this period, a number of geographical moves took place. Whitaker left Atlanta to become a full professor at the University of Wisconsin; Satir left MRI and went to Esalen; Haley left MRI, and went to Philadelphia to join Minuchin, who had left New York and brought Montalvo and Rossman with him to Philadelphia. Al Scheflen left EPPI and Temple to come to New York to begin his human communications research project under the administrative umbrella of Israel Zwerling at Bronx State, Einstein. A few years earlier Zwerling had set up the Family Studies Section at Bronx State. In mid-1968 I left Georgetown, and with my friend and colleague Tom Fogarty joined the Family Studies Section at Bronx State. In January of 1969, the family of family therapists experienced the loss of one of its most significant pioneers with Don Jackson's death.

In the late 60s and early 70s Minuchin's work with anorexia was published. Haley's writing and reputation began to grow. The Georgetown University Symposium on Family expanded from a reunion for alumni of the residency program to a meeting attended by over a thousand people each year. The Family Studies Section at Bronx State became known as a teaching and training center throughout the country. In 1970, using the liaison between Einstein and Fordham that I had established in 1969, I

produced the first of the three annual Fordham/Einstein Symposiums on Family Therapy. These served to stimulate an ever-increasing number of family therapy meetings throughout the country. In 1972 the publication of *The Book of Family Therapy* further established Bronx State Family Studies Section at home and throughout the country.

Also during the late 1960s and early 1970s, an antitheory trend was developing, along with an intensified ideological war between analysis and systems people. The battles centered around issues like the sanctity of the transference, and the necessity of the concept of the unconscious. This warfare cut across the field and reached deeply into the center of the family movement. However, with the death of Nat Ackerman in 1971, the family movement lost its most creative and zealous psychoanalytic proponent, and after it, the center of the field moved swiftly toward systems.

CALIFORNIA

In 1952, Gregory Bateson received a grant to study human communication. The study was housed at a VA hospital where Bateson was the Ethnologist, and it was not a clinical project. The first two people Bateson hired to work with him on this grant were Jay Haley and John Weakland. In 1954, Don Jackson, a supervising psychiatrist in residency programs at the same VA hospital, came into the project as a psychiatric consultant and clinical supervisor. Out of their work came the most important paper on the double bind, "Toward a Theory of Schizophrenia." In his book, *Steps to an Ecology of the Mind*, Bateson divides the credit for the concept of the double bind as follows:

To Jay Haley is due credit for recognizing that the symptoms of schizophrenia are suggestive of an inability to discriminate the Logical Types, and this was amplified by Bateson, who added the notice that the symptoms and etiology could be formally described in terms of a double bind hypothesis. The hypothesis was communicated to D.D. Jackson and found to fit closely with his ideas of family homeostasis. Since then Dr. Jackson has worked closely with the project. The study of the formal analogies between hypnosis and schizophrenia has been the work of John H. Weakland and Jay Haley.

Bateson's work is central to the development of systems thinking in relation to human behavior. Perhaps the best single demonstration of this is his paper, "The Cybernetics of Self," a theory of alcoholism. Thus Bateson, the anthropologist, and Jackson, the clinician, moved to develop sys-

tems concepts, with the assistance and collaboration of Haley and Weakland.

In 1959, as some of the energy was waning from the Bateson Project, and as family therapy was becoming nationally known, Jackson formed the Mental Research Institute. The Bateson Project didn't officially end until 1962, but during these three years of coexistence there was no formal link between the project and MRI. Ideas and staff were interchanged, but there was no formal connection. At the end of the Bateson Project, Haley joined Jackson at MRI.

Also in 1959, Virginia Satir moved from Chicago to California. While in Chicago, Satir had worked and taught at the Chicago Psychiatric Institute. In 1958, her interest in family brought her to visit the Bowen Project at NIMH. The next spring, having moved to California, she met Bowen at the Ortho meeting and he in turn suggested she seek out Jackson. Satir joined Jackson at MRI, and quickly found herself at the center of the family therapy movement. She brought the ideas at MRI and elsewhere around the country together in her 1967 publication, *Conjoint Therapy*. Satir's ability to synthesize ideas, combined with her creative development of teaching techniques and general personal charisma, gave her a central position in the field. Satir and Haley left MRI around the same time, in the mid-1960s; Virginia went into the fast-developing growth movement, and became the first director of Esalen.

Haley, on the other hand, went to Philadelphia to further develop his ideas about the family as a system. He has become known for being especially antigrowth, emphasizing all its negative connotations. Early in his years at Philadelphia, he collaborated with Minuchin on the development of structural family treatment; more recently, he has turned his energies to strategic therapy, and to furthering the work begun by Milton Erickson.

The loss of Jackson, Haley, and Satir in a short period of time was a severe blow to MRI. It faded from national view in the years immediately following Jackson's death, and only recently, under the leadership of Watzlawick, Weakland, and Fisch, has it again surfaced. This threesome has successfully taken some of the ideas of Bateson, Jackson, and Haley, added them to the mathematical productions of Paul Watzlawick, and produced an excellent monograph called *Change*. *Change* is a treatise on the concept of clinical change and its relationship to human systems and brief strategic family therapy.

TOPEKA—WASHINGTON, D.C.

The history of Washington, D.C. and the family movement is the history of Murray Bowen, NIMH and Georgetown University School of Medicine, Department of Psychiatry. Bowen's work with families had actually begun in Topeka. In 1951 he requested the use of a cottage on the grounds of Menninger for use in study of schizophrenics and their families. He began asking the mothers of his schizophrenic patients to come to Topeka and stay for one to two months at a time, to move into the cottage and take over at least partial care of their schizophrenic offspring. In 1952 and 1953 he began to include some fathers in the research, but the main focus was around mother/child symbiosis.

In 1954 Bowen left Menninger to come to NIMH. There he set up the landmark project of hospitalizing whole families of schizophrenics for observation and research. This project was seen by Bowen and others, particularly Jackson, as the Camelot of family research, out of which would come a revolutionary way of conceptualizing about human emotional dysfunction that would turn psychiatry toward a totally new direction.

Well underway by 1956, this project aroused considerable national and international interest. By mid-1956, however, the project was already experiencing an administrative squeeze. Bowen attributes the fall of this Camelot to the fact that much of what his project was producing was heretical to prevalent ideologies. The presentations and publications of the project work were censored by delay and restrictions on space. Administrators asked questions like, "Are you sure you mean that?" and "Don't you think you ought to have harder scientific evidence before presenting that data?" Pressure to change direction was applied through administrative edicts that restricted operating space, budgets, and procedures.

Bowen began to search for a place to relocate his project. He decided to go to Georgetown University because of the vision and support offered by George Raines, then chairman of the Department of Psychiatry at Georgetown Medical School. Shortly after Bowen left NIMH for Georgetown and before his project staff could relocate, George Raines died of cancer. Bowen's project staff never made it to Georgetown.

Lyman Wynne took over the family section from Bowen. He continued there through the 60s and early 70s, when he left to assume the chairmanship at University of Rochester. During this time Wynne's project produced a number of significant papers, as well as talented researcher clinicians like Shapiro, Beels, and Reiss. Its ideology was more traditional than Bowen's, and perhaps most closely resembles the work of Ted Lidz at Yale-New Haven.

Still at Georgetown Bowen received a grant in 1973 to train third, fourth, and fifth year residents full time in family systems theory and

intervention. Bowen, also working at the Medical College of Virginia, established probably the most extensive video project of ongoing therapy in existence. This project has produced a number of excellent video teaching tapes, the most noteworthy of which is *Steps Toward a Differentiation of Self*

ATLANTA-MADISON

From approximately 1943 to 1945, Carl Whitaker was working with John Warkenton in Oak Ridge, Tennessee. They began doing co-therapy, seeing the identified patient and then adding another family member and finally even bringing the children to the sessions. They were doing work with children around the issues of behavior problems and delinquency. Later, in 1945 and 46, they became interested in schizophrenia.

In 1946 Whitaker went to Emory University in Atlanta and became Chairman of the Department of Psychiatry, and Workenton went with him. They were joined by Thomas Malone, who provided an analytic background. Their studies centered on schizophrenics and their families. In 1948 the trio began to have meetings every six months that would last about four days. During these meetings, they made use of one-way screening rooms with the individual patients on one side and the three of them on the other. They took turns going in and working with the patient; in addition to observing individual patients, they observed groups of patients and families, and each other's work. In 1953, at the tenth meeting of this group, they moved the site to Sea Island, Georgia, and invited Rosen, Scheflen, Bateson, and Jackson to join them. Thus a large number of therapists worked alternately on the same family or individual, and each learned something from the others.

In 1955 Whitaker left Emory University, and his whole group, including Warkenton and Malone, went into private practice in Atlanta. Then, in 1965, Whitaker was appointed full professor at the University of Wisconsin doing only family therapy. Workenton and Malone are still in Atlanta in group private practice. Whitaker's work had shifted to a study of normal families, which in turn led him to his present concentration on the role of the extended family in the therapeutic process. He began by inviting maternal and paternal grandparents to the sessions, and now he includes many other family members; sometime as many as 35 or 40 people meet for a weekend therapy session.

At such marathons, Carl serves mainly as a reactor who allows things to happen among family members while he refrains from orchestrating it and gears his comments to what he observes. He taunts the family about

their failures and weaknesses, and attempts to *open up the left sides of their brains*—that is, he encourages them to expose the unresolved, crazy things that are usually covered over with the organized structures of the dominant cerebral hemisphere activity. He exposes his own left-sided craziness to the family to make them feel it's safe to delve into theirs. Some see him as having a one-sided brain, but others who watch more closely see the artistic control with which he orchestrates his "craziness."

After Whitaker had left Atlanta for Wisconsin, Frank Pittman came from Colorado to Emory to be Director of the Crisis Clinic. While in Colorado, he had been a central investigator of a project that successfully prevented psychiatric hospitalization by using crisis intervention with families. Within a year after its completion, everyone central to the project had left Colorado. The entrenched system had triumphed again. Pittman also ran into trouble with his crisis work at Emory, and in a short time he too found himself in private practice in Atlanta, where he has remained to the present.

PHILADELPHIA

Philadelphia has been central to the development of family since the mid-50s. At that time Spurgeon English as Chairman of Psychiatry at Temple was encouraging the work of Rosen, Scheflen, and Birdwhistle. With the advent of EPPI more things began to happen. Scheflen, in political trouble at Temple because of his research purism, moved to EPPI in 1960 and joined Birdwhistle to study the structure and process of psychotherapy. Ivan Nagy came to **EPPI** in 1958 to set up research on family and schizophrenia. Nagy's staff included Jim Framo, Dave Rubenstein, and Geraldine Lincoln Spark. In the early 1960s, Ross Speck was a psychiatric resident at EPPI; he and John Sonne and Al Freidman from the Philadelphia Psychiatric Center began a project to study the treatment of families in the home. The Philadelphia Family Institute was formed in 1964, with most of the people in the area as founders. From 1965 to 68 the direction of the family movement changed as Ross Speck, together with Carolyn Attneave, got into network intervention as a method of ministering to the accumulated ills of the family. Carolyn Attneave's Indian tribal heritage especially prepared her for this type of work. Also during this period, Jay Haley and Salvador Minuchin came to Philadelphia, and Al Scheflen left to go to New York.

In the late 1960s, Philadelphia Child Guidance formed its boundaries. Jim Framo made an attempt under the auspices of Jefferson Medical School to form a family treatment unit in a community mental health center. He

too ran into massive systems reactivity to his work, and in the end he and his Bowen-trained associate, Rick Crocco, left in despair to pursue other ventures. Nagy has continued his work, and recently with Geraldine Spark published *Invisible Loyalties*, a view of reciprocity in intergenerational family therapy. Ross Speck has moved from networks to studying the alternative life styles of our present culture. The Philadelphia Child Guidance Clinic has successfully introduced family therapy into work with lower socioeconomic families. Minuchin, true to the tradition of the Wiltwyck Project, took on a clinical project with the urban poor in Philadelphia. The Philadelphia Child Guidance Clinic team under Minuchin's and Haley's leadership was able to take some of the basic family system concepts of Bateson, Bowen, Erickson, and Jackson, add to them Haley's strategic brilliance and Minuchin's considerable clinical artistry, simplify them, concretize them, and demonstrate their effectiveness in a clinical setting with families, and in teaching other family therapists. A number of excellent videotapes of the work of this group have been produced.

In the University of Pennsylvania Pediatric and Child Psychiatry Departments the beginnings of success with psychosomatic families and structural family interventions have already been published. Minuchin, using his clinical operation, was able to bring together a highly motivated creative staff. Those who have evolved a special place in the structure of Philadelphia Child Guidance Clinic are Braulio Montalvo as a conceptualizer and commentator on Minuchin's clinical artistry; Harry Aponte, a New York born Puerto Rican social worker just named to succeed Minuchin as Director of Philadelphia Child Guidance Clinic, who has become an expert on intervening with lower socio-economic families; and Ron Leibman, a child psychiatrist who skillfully advances the Minuchin methods in the psychosomatic arena.

Of added import for work in Philadelphia was the move of Israel Zwerling from Bronx State, Einstein, to Chairman of Psychiatry at Hanneman.

NEW YORK

In New York, Nathan Ackerman was the dominant figure in family psychiatry. Since the depression years of the 1930s, when he had become interested in the effect of chronic economic hardship on families, Ackerman had been interested in families. He was perhaps most moved by his experience in visiting an impoverished mining community in western Pennsylvania. A 1937 paper documents his observations of the unemployed miners.

I went to see, first hand, the mental health effects on the families of unemployed miners. This experience was a shocker; I was startlingly awakened to the limitless, unexplored territory in the relations of family life and health. I studied twenty-five families in which the father, the sole breadwinner in the mining community, had been without work for between two and five years. The miners, long habituated to unemployment, idled away their empty hours on the street corner, or in the neighborhood saloon. They felt defeated and degraded. They clung to one another to give and take comfort and to pass away the endless days of inactivity. Humiliated by their failure as providers, they stayed away from home; they felt shamed before their wives. The wives and mothers, harassed by insecurity and want from day to day, irritably rejected their husbands; they punished them by refusing sexual relations. The man who could no longer bring home his pay envelope was no longer the head of the family. He lost his position of respect and authority in the family; the woman drove him into the streets. Often, she turned for comfort to her first son. Mother and son then usurped the leadership position within the family. Among these unemployed miners, there were guilty depressions, hypochondriacal fears, psychosomatic crises, sexual disorders, and crippled self-esteem. Not infrequently, these men were publicly condemned as deserters. The configuration for family life was radically altered by the miner's inability to fulfill his habitual role as provider.

By the late 40s and early 50s Ackerman had begun to send his staff on home visits to study the family. During this time his public clinical work centered on individual child therapy and the psychoanalysis of adults. In his private practice he experimented with his own particular brand of family therapy.

One of Ackerman's most prominent analysands was Israel Zwerling, who together with Marilyn Mendelsohn, an analysand of Don Jackson's, put together the Family Studies Section at Albert Einstein College of Medicine. Andy Ferber was named Director in 1964.

Ackerman was a consultant to the Family Studies Section on a one day a week basis from 1964 to 67. In 1967 the Section began bringing in people with different ideologies. To Zwerling and Ferber's lasting credit, they managed to assemble the most diverse group of family therapists ever to work under the same roof—not only that, for over five years they maintained an environment that fostered this diversification.

By 1965, Nat Ackerman had founded the Family Institute, moved it to New York, and hired Judy Leib as Executive Director. One of Ackerman's proudest accomplishments at the Family Institute was the establishment of a low to moderate cost clinic for the practice of family therapy, thereby not restricting it to middle and upper class families. He introduced a sliding

scale there because he still remembered the psychic pain he'd seen in the miners' families during the Depression.

Nat Ackerman lived and died a staunch psychoanalyst; nonetheless this orthodoxy did not save his heretical ideas about families from the establishment system's automatic response. Two events emphasize this point. While he was on the Faculty of Columbia Presbyterian Psychiatric Institute, his Family Therapy Conferences were scheduled to conflict with other conferences that were mandatory for residents. And in the fall of 1971, at the GAP meeting following his death, and even though he was instrumental in the founding of GAP, his name was left out of the traditional opening memorial service.

After Ackerman's death, the Family Institute was renamed the Ackerman Family Institute. The Directorship was assumed by Don Bloch, who had previously been working with Otto Will as Director of Research at Austen Riggs in Stockbridge, Massachusetts.

In 1970 I assumed the position and responsibility of Director of Training at Family Studies Section, Bronx State, Einstein. I did so predicated on Ferber and Beels, together with Al Schefflen, taking on the project of developing a new systems residency program at Bronx State. The demand for training from outside the Einstein Medical School network was increasing. In order to meet this need and provide funds for videotape projects, I set up an extramural training program in Family Therapy at Bronx State. Soon there were 150 inhouse and extramural trainees, professionals and paraprofessionals, a year. Betty Carter and Monica Orfanidis joined the extramural program; Peggy Papp also became interested in Tom Fogarty's and my work, and she joined the section as a part-time faculty member.

In 1972, with the residency project underway, Andy Ferber was reluctantly ready to move back into the Family Studies Section. For a number of political and administrative reasons, it was decided that I would take the extramural training program up to Westchester, and set up a center which would both house the extramural training program and offer a program of continuing education for families in the community about how family systems operate. Hopefully, this program would be effective in prevention of emotional dysfunction, and also aid in developing a clinical service to provide a different kind of elective experience for Bronx State residents. Then Israel Zwerling left Bronx State and Einstein to assume the Department of Psychiatry chairmanship at Hanneman. As part of the turmoil to be expected in any system after the loss of a leader as powerful as Zwerling, Ferber, certainly one of Zwerling's favorite sons, left Bronx State and moved to Westchester and Harlem Valley Psychiatric Center, where he is Director of Training. In 1973, along with Betty Carter, Tom Fogarty, and Peggy Papp, I founded the Center for Family Learning in New Rochelle, New York.

In addition to these *major centers*, *several other places have been* important to the development of family therapy.

In Chicago—where the 1957 American Orthopsychiatric Association Meeting launched family therapy nationally, and where Virginia Satir began her work—there are two foci of family therapy. One is the Chicago Family Institute, formed by Chuck and Jan Kramer; it has ongoing training and clinical programs, and has just *recently* affiliated with *Northwestern* University School of Medicine. Across town is the Institute for Juvenile Research, where Iry Borstein, with frequent visits from Carl Whitaker, has put together a clinical training program. Len Unterberger, a psychologist, was one of the central people in Borstein's program, but has since moved on to other things.

In Boston, several family therapy centers have developed independently of each other. Since the early days of family therapy, Norman Paul has been held in high esteem. He has appeared on national television to promote the cause of family therapy throughout the country; his work on operational mourning is widely recognized. He has, however, also experienced pressure from the academic system to change his views on family therapy. A few years ago, he resigned from academic psychiatry to join the neurology faculty at Boston University.

Fred Duhl bypassed some of this system difficulty by setting up the Boston Family Institute. In addition to his wife Bunny, his mainstays early on were David Kantor and Sandy Watanabe. BFI has its own clinical and training programs in family, and has recently added an elaborate video production division to its organization.

Sandy Watanabe left Boston to go to the Chicago Family Institute. Kantor, author of *Inside the Family* and one of the originators of family sculpting, recently formed the Cambridge Family Institute with Carter Umbarger, a Minuchin-trained family therapist. John Pearce left the Ackerman Family Institute in the late 60s to go to Boston, where he was active with Marvin Schneider, a psychologist, in forming and nurturing the Boston Society for Family Research and Therapy. That organization, still active in the Boston area, is presently under the leadership of Bob Alymer, Eve Welts, and Jim Krainen.

And finally, this overview must mention Houston, and the multiple impact family work there.

THEORETICAL CLASSIFICATION

As any new field of study develops, a certain degree of chaos and disorganization is unavoidable. It is difficult to define the similarities and

place his hand on his arm, and say, "Where are you going, man? You gun shy? All your wife has to do is get upset and you head for the hills How come you're so surprised your son stands in better than you do? Well, I *guess she* isn't doing any better dealing with your distant reasonableness. Maybe you two deserve each other." Another therapist, who is quiet and reserved, might ask a series of measured and balanced questions in the same situation: "How much of your being away from home a lot is tied into the pull of those outside things, and how much is it connected to your getting out from under trouble in your relationship with your wife? When she gets upset and you get bugged, how would you go about managing to stay around?"

If either therapist can avoid blaming, labeling a victim or a villain, becoming judgmental of the family, and adding his or her emotional reactivity to the stew, he will be fulfilling his responsibility to the family as an agent of change and his responsibility to himself to be himself. A valid theory should not confine the therapist's repertoire of behavior; otherwise only those people with a particular style of behavior would be able to use a particular theory, and that theory is then doomed to become a rationalization for a way of doing things.

Styles as such should not be disconnected from theory; but neither should theory dictate the personal style of a therapist. If a theory is valid, it will free its practitioners to use various styles that are natural to them.

Partly because of this belief of mine, and partly in reaction to the antitheory trend in the field, I set out to classify family therapists according to their theoretical persuasion. I divided family therapists into two basic groups, psychoanalytic and systems. The analytic category is subdivided into individual, group, experiential, and Ackerman-approach categories.

Some analytic therapists see families only when it is necessary to deal with situations in which a member or members of the family of their individual patient were undoing the progress that was taking place in the individual therapy. As a result of these family interviews, often other members of the family would be referred for individual therapy with other therapists. Others however, focus intensively on the family as a series of interlocking dyads, and in their work define process along the lines of interlocking intrapsychic processes. They try to salvage the concept and clinical tool of transference, alternately focusing on the aspects of transference observable between individual family members and therapists, and/or between family members themselves, particularly marital pairs. This method is especially effective with highly motivated neurotic level families; however, in times of extreme stress, therapists who do this often withdraw from a family model and revert to individual therapy for one or more family members.

Today more and more traditional therapists are beginning to see fami-

warmth and humor; Virginia Satir, who teaches people how to live; Sal Minuchin, who moves in fast to break established patterns of family *dys-function*; and Murray Bowen, who orchestrates the family's progress by his never-ending quest for research—all are conductors.

Reactors are described as less public personalities who get into families playing different roles at different times. Reactors are divided into two further groups; analysts and systems purists. Among the analyst reactors are Whitaker, who invades the family and takes over roles with a co-therapist functioning as his life line; Nagy and Framo, who identify and relabel phasic interactive patterns of the family; and Wynne and Searles, who openly register their own feelings of anger, confusion, and futility to the family. Haley and Jackson are classified as systems purists reactors—critical observers making heavy use of paradox to manipulate the power structure of the family. Beels and Ferber conclude by reminding us that both groups exercise control in their own particular way. The conductors implement their control in obvious direct ways, reactors in indirect paradoxical ways. As for where Beels and Ferber fit into their own classification, I see them both as reactors, Ferber in a style inherited from Carl Whitaker, Beels in the style of a reasonable professor who clarifies, negotiates, and interprets the family's group process.

Today Beds and Ferber's study is useful in helping family therapists in training get a sense of how their basic style of operating with a family fits with that of others. Beginning family therapists inevitably go through stages in which they mimic the styles of the masters. Only if this remains a fixed phenomenon does it become an obstruction to the development of the therapist as a clinician. It is my belief that a well-defined open-ended theory does allow a family therapist to evolve his or her personal style of operating with a family.

For example, as a family supervisor I was watching one of our trainees work with a family. This is a talented and creative lady, outgoing, forceful, totally irreverent, and never at a loss for thoughts or words. She has a significant degree of clinical experience and competence. Of late she has been getting into family systems theory more and more. She sat at the point of a triangular seating arrangement, leaning back in contemplative fashion, asking very carefully worded, measured questions, cooling affect on her part and on the part of the couple, and carefully directing the flow of conversation through her. As I watched, I asked myself, "Does theory set limits on style and confine it to a certain repertoire of behavior? Shouldn't theory, if it's valid, free a therapist or agent of change to have multiple and widely variant stylistic ways of movement with a family?"

There should be many stylistic ways to approach the same clinical situation. Perhaps one therapist with a flamboyant, unmeasured, provocative, affectively-charged style might lean toward the father of the family,

differences in pioneering work, and any attempts to arrive at an overview fall prey to predictable responses. Some therapists perceive all ideas and techniques as basically the same; others define their own work as totally different from everyone else's.

Still others attempt to organize the chaos by classifying it. There are to date three attempts at classification: the GAP report, *The Treatment of Families in Conflict*; the Beels and Ferber classification published in *Family Process* as "Family Therapy, a View"; and my own classification, presented in a paper at the Georgetown University Symposium on Family Therapy in 1970. The Beels and Ferber classification and mine were later combined into a video training tape called *The Field of Family Therapy*.

In 1970 the Family Committee of GAP published a monograph on family therapy titled *Treatment of Families in Conflict*. At the time of publication the committee's chairman was Norman Paul, and the membership included, among others, Nagy, Bowen, Mendell, Speigel, Wynne, and Zwerling. One chapter, "Premises About Family Therapy," classified family therapists from A to Z.

Position A will locate those one-to-one therapists who occasionally see families but retain a primary focus upon the individual system, and Position Z those who use exclusively a family system orientation. One should keep in mind that both positions involve the practice of treating whole families and that, between these two positions, most therapists combine these interests in differing proportions. No attempt is made to put specific people at points on the scale.

Al Scheflen had a significant influence on the Beels and Ferber classification; he shared with them a decade of interest in studying the structure and process of psychotherapy by direct observation. Adopting direct observation as their basic method, Beels and Ferber also assumed that a therapist's theory was just a rationalization for his or her clinical behavior. One negative aspect of this assumption was that it fostered an antitheory position, and overemphasized the therapist's personal style. A positive aspect was that in the long run it taught theory zealots like myself to understand that theory is an abstraction of a natural process, and as such each theory represents merely one among many possible abstractions.

Beels and Ferber did direct on-site viewing of therapy sessions, and studied films and videotapes of therapists at work. They then organized their observations around the concept that therapists could be classified according to their therapy session behavior as either conductors or reactors.

Conductors are therapists with aggressive, public, charismatic personalities; they have a strong value system, and they carry their beliefs into their work with families. Nat Ackerman, who broke all family rules with

lies. Many psychoanalysts with a wealth of clinical experience and a large investment in individual thinking are becoming interested in the systems approach to the family, and trying to deal with the ideological differences in these two approaches. Others are first *seeing* families and *then* adapting their own ideologies and techniques to fit the shift in clinical context. There is also significant interest in the adaption of general systems theory to work with families

Probably most of what goes on throughout the country that is called *family therapy* is practiced on a group model. Bell was one of the original clinicians to embark on group family therapy; Lyman Wynne and Chris Beels are other well-known family therapists using primarily a group theoretical stance. Basically they define the family as a natural group as opposed to an artificially formed T-group. Operationally the family unit is approached in a way similar to a T-group. The family members are encouraged to interact with one another. The therapist assumes an observer position, and moves in to direct or clarify process or to make process or dynamic interpretations.

In the past few years this group has also shown an increasing interest in general system concepts and in the structures of transactional analysis as they apply to working with families clinically. Alger has combined group, general systems, and confrontational use of video playback in his version of family and multiple family therapy.

By 1968 there was a strong experiential thrust in the field. The experiential therapist defines his operating clinical territory as the time and space of the therapy session. The therapist sets several rules as to what will or will not happen in the session. Some of these rules are explicit, others are communicated on a meta level. One of the forbiddens is reporting on the goings on between the sessions. The therapist attempts by use of his or her feeling level barometer to monitor the family for feeling-level issues. Picking up an issue the therapist then moves to engage the family in an "experiential happening." The idea is that if the family could experience themselves in the therapist's presence in a different way on a feeling-level, change for the better—that is, a more open feeling-oriented family—would occur. The most widely known proponents of this position once were Carl Whitaker and Andy Ferber; but Whitaker has since shifted his focus from attempting to stage an experience for the family to attempting to set up an emotional experience for himself. His premise is that rather than trying to force the family to have an experience, if he as the therapist has an experience in craziness, the family will automatically benefit from their experience of him

I expected when I first moved from Washington to New York that Ackermanian family therapy would be the prevalent form. Experience didn't bear this out. Ackerman in person and on film showed himself to be a crafty experienced clinician, at ease in the clinical situation involving

whole family. The theoretical threads running throughout his work were dependency, sex, and aggression. Ackerman remained closely tied to his position as a psychoanalyst, and it interfered with the development of a clearly delineated family theory in his work, as a result of which he had difficulty *evolving* a reproducible method of clinical family intervention.

Norman Ackerman, Nat's cousin and also an accomplished and experienced psychoanalyst and family therapist, is strikingly similar in his clinical operations. In recent years Norman has moved more and more toward systems as a theoretical base for working with families. Two other senior clinicians in the family movement also strongly influenced by Ackerman are Israel Zwerling and Salvador Minuchin. A videotape of a Zwerling family interview shows this influence, as Zwerling skillfully moves the family to a clear definition of the problem. Zwerling also has remained strongly wedded to psychoanalytic theory; at the same time he functions as perhaps the most important and effective administrative protector of developing family systems concepts. Minuchin shows the influence of Ackerman in his clinical artistry; he also reflects the theoretical influence in recent years of Jay Haley. Minuchin has somehow combined these influences and added his own considerable clinical experience and skill. Since 1970 Minuchin has clearly moved from an analytic theoretical base to a system base. In fact, he may well end up by bridging the ideologies in such a way that it will allow therapists to move more comfortably back and forth between them.

In 1970, the systems view was clearly a minority point of view. There were two major foci of its development in the field—the work of the California communications theorists, derived from Bateson, and the work of Murray Bowen.

Bateson's communications project, which was further developed by Jackson, Haley, and Satir, used a communications and structural model to define family process dysfunction. What has grown out of the original work is twofold; strategic therapy, and family structural therapy. Strategic brief systems therapy combines a communication systems approach, the use of paradox, and the strategic wizardry of Milton Erickson. Together these provide a framework for bringing about change in a system. The focus is directly on the presenting symptoms; the reality of the problem is defined as narrowly as possible, and strategies of intervention are planned.

A basic premise is that reality is defined as we choose to define it. In people's attempts to deal with life, their solutions most often become the problem. The hope is that intervention will bring about an alteration and redefinition of "reality" in the form of a more functional solution. This method appears to differ from that of Minuchin's in that in addition to communication, symptom focus, and paradox, Minuchin takes into consideration the characteristics of families, boundaries, and structural concepts

such as triangulation. Minuchin's work is thus broader than the strategic therapists', but considerably narrower in scope than Bowen's.

The family systems theory developed primarily by Bowen originally centered around concepts closely tied to psychoanalysis and schizophrenia. *Since the 1950s, however*, Bowen has consistently moved to develop an extensive, all-encompassing system-based theory of emotional dysfunction. His working field is a three- to four-generational view of the family, in which he pays special attention to the triangulation, marital fusion, and reciprocity.

Each systems-based ideology differs in the scope of its focus, philosophy of what is possible in life via therapy, and definition of education. Both the strategic and structural approaches are pragmatic and context determinant in their philosophy; their focus is symptom oriented, and their belief is in the implicit education of experience. Their outlook is more pessimistic than Bowen's. The Bowenian model is cautiously idealistic and optimistic about the inherent human potential for growth and change. It is strongly based on a philosophy of free will. Education at its best is seen as a combination of the implicit knowledge of experiences, solidified and reproduced by cognitive appreciation of its form. The differences in philosophy and outlook are probably due to a combination of the personal characteristics of the people involved, the characteristics of the majority of their patient populations, and the context limitations of each.

In the years since I first published this classification, the systems approach has moved from the periphery to the center of the field. Different people mean different things by the word *systems*, however. As I see it today, there are basically four kinds of systems orientations present: general systems; structural family therapy; strategic family therapy; and Bowenian family systems theory and therapy.

The best psychoanalytic thinkers, like Otto Kernberg, frequently speak of general systems applications to the larger social context both in order to understand human behavior and to mobilize forces to alter the context. On an interventional level, however, they move back to cause-and-effect individual theory and the corresponding techniques. Other general systems thinkers such as Schefflen are heavily into the study of context determinants, sociology, and anthropology. Since this type of general system abstraction has not as yet been translated into clinically relevant terms, these people assume a position of interventional nihilism.

Another possible way to classify family therapists cuts across theoretical positions. Some use family interventions in all or most of their clinical work, but when faced with emotional dysfunction at home seek an individual therapist for that person. Others seek intervention on a family level for their personal system as well.

The men and women who have been largely responsible for creating,

thinking through, and sustaining interest in the field of family therapy over its first quarter century developed their own base lines and fought a guerilla war. Those who follow in these second twenty-five years may not fully appreciate the context in which they operated. A useful paradigm for understanding the development of family movement as a conceptual revolution might be the struggle of Sigmund Freud as he tried to convince the established medical community of his own time that his ideas were not the ramblings of a madman.

The future of the family movement will be determined by many things. Two major influences will be the course of research, and clinical work. Another influence will be the future relationship between family therapy and the field of psychotherapy at large. Will it be able to move more into the mainstream without becoming absorbed and dissipated? It is inevitable that the restless minds of a new generation will seek new approaches to understanding human emotional functioning. If family theory does become conventional and orthodox, it will, like other human systems, draw up its own lines of resistance to change. Time will tell; and it will be fun to watch and participate.