HANDBOOK OF FAMILY THERAPY

EDITED BY THOMAS L. SEXTON & JAY LEBOW

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Integrative, research-based, multisystemic: these words reflect not only the state of family therapy, but also the nature of this comprehensive handbook. The contributors, all well-recognized names who have contributed extensively to the field, accept and embrace the tensions that emerge when integrating theoretical perspectives and science in clinical settings to document the current evolution of couples and family therapy, practice, and research. Each individual chapter contribution is organized around a central theme: that the integration of theory, clinical wisdom, and practical and meaningful research produce the best understanding of couple and family relationships, and the best treatment options. The handbook contains five parts:

- Part I describes the history of the field and its current core theoretical constructs
- Part II analyzes the theories that form the foundation of couple and family therapy, chosen because they best represent the broad range of schools of practice in the field
- Part III provides the best examples of approaches that illustrate how clinical models can be theoretically integrative, evidence-based, and clinically responsive
- Part IV summarizes evidence and provides useful findings relevant for research and practice
- Part V looks at the application of couple and family interventions that are based on emerging clinical needs, such as divorce and working in medical settings.

Handbook of Family Therapy illuminates the threads that are common to family therapies and gives voice to the range of perspectives that are possible. Practitioners, researchers, and students need to have this handbook on their shelves, both to help look back on our past and to usher in the next evolution in family therapy.

Thomas L. Sexton, PhD, ABPP, is Professor Emeritus at Indiana University. He is one of the model developers of Functional Family Therapy and editor of *Couple and Family Psychology: Research and Practice*.

Jay Lebow, PhD, ABPP, is Clinical Professor of Psychology and a senior therapist at the Family Institute at Northwestern and Northwestern University. Since 2012, he has been editor-in-chief of *Family Process*.

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To Al Gurman

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THE EVOLUTION OF FAMILY AND COUPLE THERAPY

Jay Lebow and Thomas L. Sexton

It all started with a simple observation. By expanding one's "lens" from the individual to the entire family, new treatment opportunities and new ways of understanding the seemingly mysterious mechanisms of relationships emerged. By moving the focus of attention from the individual to a relational focus came a new clarity in defining and understanding the "space between" the people in families. In doing so, therapy became a process in which behaviors and interactions were described in terms of a recursive process of mutual influence. For most early family therapists, this also meant "an emphasis on what is happening in the here and now rather than why it is happening or in terms of a historical focus." Thus, the patterns within relationships became the primary target and goal of most early family therapies.

This simple observation and the complex thinking that came quickly after marked the beginning of a paradigm shift akin to a scientific revolution. A paradigm shift, as Kuhn suggests, occurs when anomalies that could not be explained by the prevailing majority view begin to emerge and become significant. Such a scientific revolution occurs when an alternative belief system ushers in a new way to see the world, a different perspective, and new meaning for events otherwise considered not important. The early principles of systems theory and its application to family therapy led to an alternative and comprehensive belief system based on communication, cybernetics, and relational process.

Family therapy has evolved a great deal since the publication of the first handbook overviewing family therapy in 1971. Although the core foundational systemic concepts remain, the practice of family therapy looks much different today than it did fifty years ago. Family therapy has morphed over time from a provocative challenger to the mental health establishment to a widely practiced set of methods that represent best practices in relation to a variety of problems and issues. Further, whereas early family therapy was largely about the argument between proponents of various models regarding who had the "right" theory and best method of practice, today's family therapy includes emerging consensus about many issues in the field. Family therapy has also moved from an alternative therapy to a set of methods that often coordinate and integrate with other methods of treatment (see, for example, Chapters 12, 16, and 28). Further, some family treatment models have emerged to become among the best illustrations of evidence-based treatment that combine cutting-edge science while embracing the complexity and artfulness of clinical implementation of those models (see Chapters 12–20).

Handbooks of Family Therapy

For the last fifty years, handbooks of family therapy have chronicled the evolution of this paradigm. Each has reported on the then present emerging epistemologies, theoretical foundations, models of clinical practice and the state of the research in the field.

The first embryonic handbook, *Progress in Group and Family Therapy*, edited by Clifford Sager and Helen Singer Kaplan (1971), was not even fully devoted to family therapy, sharing a volume with group therapy. Paired with the contemporaneous *Book of Family Therapy*, edited by Andrew Ferber, Marilyn Mendelsohn, and Augustus Napier (1972), three themes emerge from these early volumes. First, there is the shock of the new, the revolutionary flow of new ideas and methods. Second, there is the emergence of the underlying focus on systems theory as a base of conceptualizing families. Third, there are the unruly developments in many directions and models, with much debate beyond agreement about the core importance assigned to families and systems theory. Finally there is what is missing: research or any focus on gender or culture. These volumes are filled with what then were new concepts and terms: boundaries, communication, information processing, entropy, negentropy, equifinality, equipotentiality, morphostasis, morphogenesis, and positive and negative feedback, all emerging ways to understand the "system." (Years later we can also note that it required a family therapy dictionary to understand the meanings of this new language—Lyman Wynne and colleagues actually produced one (Simon, Stierlin, & Wynne, 1985)). These two early handbooks point to what then was a marvelous explosion of ideas and methods, but limited by the presence of very little integration or science assessing those ideas.

Alan Gurman and David Kniskern's (1981) *Handbook of Family Therapy* marked the emergence of family therapy as an established discipline. Notably, unlike its predecessors with their idiosyncratic content, it was organized to be used as a course text with a suggested chapter outline that would elicit each chapter authors' positions about a core set of questions. Gurman and Kniskern's first volume primarily consisted of articulations of the rich array of the recently emergent family therapy models. These models ranged widely from the "black box" structural and strategic models with which that era is now so readily identified, to intergenerational models of Bowen, Framo, and Boszormenyi-Nagy; to the psychoanalytic based approaches of Skynner and Sager; to the behavioral models of Jacobson and Heiman; to the experiential approach of Whitaker. Beyond the underpinning of systems theory and the importance of family, these approaches agreed about very little. Gurman and Kniskern's first volume also included Alan Gurman's first comprehensive effort to bring the frame of evidence-based practice (i.e., that evidence was essential to the assessment of treatments) to family therapy.

It is impossible for the contemporary reader to grasp the impact of this volume. It is fairly safe to say that every family therapist of that time owned this giant tome. (The then popular Behavioral Science Book Club made it their award for joining the Club. How wise you would look with that five pound book.) As I (JLL) write this paragraph looking at a quite worn highlighted and underlined copy from that time, I fondly recall the hundreds of hours of discovery that I and innumerable others devoted to reading this book! For me (TS) the volume was a window into a new world. These were the words of the masters, all in one place with Alan Gurman and David Kniskern's brilliant commentary (this may be the only volume in the history of the field in which the editors not only edited but also commented on the chapters within the chapters themselves). Oh, yes, the problems of the times must also be mentioned. Almost every author was male and only Harry Aponte of the authors was a person of color. Culture was barely mentioned, and even in a volume edited by Alan Gurman, there was very little research presented either assessing treatments or as a basis for the many claims made about social systems.

Gurman and Kniskern later produced a second volume (1991) which is primarily notable for its early attention to issues that cross theoretical boundaries. It contains the first chapter written on the history of couple and family therapy and

chapters on treating divorcing and remarriage families (in early recognition of the need for different expectations and treatments for these family forms). It also featured a chapter on ethnicity and family therapy by Monica McGoldrick and colleagues, and one by Evan Imber Black on a larger systems perspective. In these chapters, the voices of women, who rarely were heard from in earlier volumes, gained prominence. That book is also notable for William Doherty and Pauline Boss' still definitive chapter on values and ethics in family therapy and Howard Liddle's chapter on training which, as Breunlin points out in Chapter 27 of this volume, still remains the best summary about training in the field even though it is now twenty years old.

By the time of Tom Sexton, Gerald Weeks, and Michael Robbins' (2003) *Handbook of Family Therapy*, the landscape of family therapy was becoming increasingly integrative, research based, and multisystemic. The emphasis on broad "schools" of therapy was augmented by greater attention to "Common Factors" that are intrinsic to all family therapies and perhaps paradoxically as well to more specifically focused, manualized clinical models. In addition, this volume pointed to the emergence of a number of the models of family and couple therapy as "evidence based." The evidence-based models included in both couple (Behavioral Marital Therapy/Integrative Couple Therapy, Emotionally Focused Couple Therapy) and family (Functional Family Therapy, Multisystemic Therapy, and Multidimensional Family Therapy, among others) therapy demonstrated that systemically based treatment models did produce significant clinical changes in a wide variety of areas including delinquency, adolescent drug use, management of adult chronic schizophrenics, and depression. This volume also showed that family therapy, a provocateur in its earliest days, was now mainstream and that it had some of the most effective treatments to be developed for some of the most difficult cases. During this era, from a much different direction, some of the core ideas in family therapy were challenged by postmodern epistemological perspectives. The Sexton, Weeks, and Robbins volume contains the first summary in a handbook of those models. Postmodern approaches are now a vital part of that spectrum, and have broadly helped move the field to an emphasis on collaboration.

Jay Lebow's (2005) *Clinical Handbook of Family Therapy* of about the same time pointed to the explosion of specific methods for family therapy targeted toward specific problems. Twenty-three different such models are included. Almost all of these models have a foundation in evidence; each worthy of a designation of at least "probably efficacious" in evidence-based language with several qualifying as well established. Family therapy had evolved a series of practical effective methods for impacting on a broad array of specific problems.

A New Era

In the decade since the last two handbooks of family therapy, the landscape has continued to evolve with the emergence of many points of agreement and transcendent concepts and intervention strategies that mark a consensus among most of those who teach and practice family therapy (Lebow, 2014). What were early arguments in the history of family therapy between proponents of various models about who had the "right" theory and best method of practice have segued into consensus about many issues in the field. Family therapy has also moved from an alternative "outsider" therapy to a set of methods that often coordinate and integrate with other methods of treatment.

One point of consensus is the core importance of the central concepts of systems theory such as feedback and mutual influence at the center of the practice of family therapy. Another is the crucial role of the therapeutic alliance and the other common factors in couple and family therapy (Lebow, 2014; Sprenkle, Davis, & Lebow, 2009). For example, whereas there once were family therapies that disregarded the therapeutic alliance (Watzlawick, Weakland, & Fisch, 1974), today's approaches universally speak to this tenet. A third is the crucial role of culture for practice in the world of families. Other points of consensus include the importance of the family life cycle, understanding the recursive relation of systemic change and individual changes, the relationship between these changes and neurological

processes, and the inclusion of at least some understanding of the importance of such theories as attachment, social exchange, and social learning. Although once hotly debated, the importance of linking research and practice (Sexton et al., 2011) and including some notion of evaluating outcomes as therapy progresses (see Chapter 26) now have become commonplace. Further, a shared common base of intervention strategies and techniques that is the toolkit for the couple and family therapist, including such elements as reframing, enactment, and examining genograms, has emerged (Lebow, 2014).

This is not to say there is full agreement across best practices. While there may be complete agreement about some issues (e.g., dual relationships; ensuring safety in the context of family violence), this shift is less about all family therapists following the same methods as about cross-pollination across approaches so that each approach influences and is influenced by the others. There remain many important points of difference. In parallel with a similar trend in other therapies, some look to build on a developing base of empirically supported therapies targeted to specific conditions. Others eschew this position, suggesting that formulation or even the ideology of the therapist about what is crucial should dictate the manner of working. Some approaches accentuate a focus on emotion, others on behavior and cognition, and yet others on internal dynamics and multigenerational processes. Some see family therapy as fully identified with the promotion of social justice, whereas others practice family therapy in ways that are socially conservative, and yet others view family therapy as ideally neutral about all issues of values. Some approaches are purposefully highly directive and structured, whereas others are as non-directive and unstructured as was Carl Rogers.

Also, despite some movement, the reliable and informative results of the cumulative research knowledge still often do not find their way into the mainstream of either clinical practice or training and education. Indeed, it is not uncommon, now more than four decades since the publication of the first research findings in the field, to encounter concerns about the role of research in practice. For example, practitioners continue to argue that researchers are not clinically responsive, whereas the researchers argue that practitioners are not systematic. The gap is also reflected in the fact that it is common to find new "hot" ideas being touted in practice publications and on the lecture circuit that have no support in either the rich theory or research of the field. As Gurman, Kniskern, and Pinsof (1986) noted, "Despite numerous attempts at seduction and mutual courtship, it remains the case that clinicians and therapy researchers have failed to consummate a 'meaningful' and lasting relationship, as has been observed, commented on, and lamented repeatedly" (p. 490).

We suggest that the current era of family therapy is founded upon the convergence of three powerful and sometimes independent "threads": 1) the specificity and sophistication of clinical practice; 2) ecologically valid clinical research into the change mechanisms and outcomes of therapy; and 3) a broadening of systemic theory and epistemological development. The major challenge remains: To find a way to "savor the dialectic" within our complex field and accept and embrace the inevitable tensions that emerge when integrating theoretical perspectives (e.g., postmodern and manualized protocols), and science in clinical settings (e.g., randomized clinical trials vs. community effectiveness and case study methods) (Sexton et al., 2003). If we can "savor the dialectic," we can accept that putting science into practice and practice into science is an inevitable and enduring quality of our profession. From our perspective, this era is one in which our different epistemological perspectives are united by a common purpose that demands a more inclusive embodiment of methodologies, perspectives, and conceptual models. Inclusiveness and respect for different perspectives has been a central theme of family therapy, lost in the struggle of what Sprenkle and Blow call "our sacred models" (2004). We suggest that an inclusive acceptance of difference and "savoring the dialectic" represent themes of a maturing field that will include all good ideas while the field distances itself from unscientific and theoretical approaches to family therapy.

Family therapy has changed a great deal across the various handbooks of family therapy. Some notable specific approaches that were the

center of chapters in earlier handbooks, such as Sager's Marriage Contracts (Sager, 1976), Framo's family of origin method (Framo, 1976), and symbolic-experiential therapy (Napier & Whitaker, 1988), have lost attention since the deaths of their founders. These approaches remain influential in terms of specific concepts and ideas or strategies and techniques that have been imported into other approaches, but these methods themselves are now rarely encountered in practice. Even behavioral couple and family therapy (Jacobson & Martin, 1976), one of the approaches with the most evidence for efficacy, has largely been succeeded by enhanced cognitive-behavioral and integrative behavioral approaches (Baucom, Epstein, Kirby, & LaTaillade, 2010; Christensen, Jacobson, & Babcock, 1995). A variety of specific techniques such as paradoxical intervention (Haley, 1963), sculpting (Papp, Scheinkman, & Malpas, 2013) and psychodrama (Papp, 1990) are also far less often encountered than earlier. Co-therapy, which was seen as a core adaptation of system concepts to therapy, long ago faded in the context of fee for service and demands for justification of cost-benefit for insurance reimbursement or agency expenditure. Other ideas that were merely germinating at the time of the earliest handbooks, such as the potential of psychoeducation (Anderson, Hogarty, & Reiss, 1980), parent training (Patterson, Chamberlain, & Reid, 1982), feminist revisions of family therapy (Silverstein & Goodrich, 2003), and adapting methods to specific cultures, have become essential aspects of everyday practice. A few approaches from the early handbooks remain widely practiced, albeit in forms that have evolved over time. These include Functional Family Therapy, Behavioral Parent Training, and the (behavioral) treatment of sexual dysfunction. Notably it seems that among the early methods it is mostly the behavioral ones that remain most widely practiced. However, this seems less the product of the superiority of those ideas and methods than a by-product of behavioral therapies being less dependent on charismatic treatment developers (and therefore having an easier time transcending their retirements) and the continuing adaptation that has occurred in behavioral methods over time. It should be added that footprints of many early family therapies are encountered everywhere. It is impossible to see a family therapy without some echo of structural therapy, and most of today's family therapies are profoundly influenced by aspects of treatments such as Bowen Therapy, contextual therapy, and experiential therapy.

Over the years, there also has been an exponential growth in clinical intervention research. In fact, the research foundations of family therapy now comprise a comprehensive and systematic body of clinical research that can and does capture the complexity of the relational and clinical practice of family therapy. The field has moved well beyond the early outcome studies to complex investigations of actual clinical processes and community-based outcome investigations of family therapy practices with "real" therapists, in actual clinical settings, with diverse clients, in many specific contexts. In fact, over the last three decades family therapy has developed a rich research foundation built on ecologically valid, clinically relevant process and outcome research. Family therapy researchers now "set the bar" for clinically relevant and multisystemic, community-focused, diversity-oriented clinical research (Sexton et al., 2011). The work in the last decade makes it evident that family therapy has become what Liddle, Bray, Levant, and Santisteban (2002) called "family intervention science," which is predicated on the growing body of outcome and process research studies that meet the highest standards of research methodology, and is indeed moving forward. Further, much of today's family therapy builds on the now sizable base of relationship science.

This Book

It is out of this changing context and long history that this version of *Handbook of Family Therapy* emerges. Like any living dynamic system, family therapy has evolved and changed. Thus, many of the primary practice models used to approach work with couples and families have undergone significant refinements as a result of both theory development and clinical research. The maturation of couple and family work is also represented by the fact that there are now clinical models that

have more than thirty years of sustained, systematic, and theoretically guided outcome and process research available to inform clinical practice. The field has also ventured into increasingly specialized arenas slowly expanding its realm of practice. These advances also represent a developmental trajectory from the early period of revolutionaries and theoretical zealots to the current era of mature multisystemic clinical models that integrate research, theory, and clinical wisdom in a systematic way (Sexton et al., 2003).

This book documents the current evolution of couple and family theory, practice and research. We hope that this volume can serve as a marker of and stimulus to pursue the new era. There remain clear differences in emphasis in approaches to practice. This *Handbook of Family Therapy* assumes a pluralistic view of the field. Different approaches flourish and there clearly is a range of effective ways of intervening. The goal is to provide a volume that has unique contributions and yet contains a common thread that ties the presentations together to address the theoretical foundations, the foundational, and evidence-based models of treatment, the research foundations, and the most salient innovations that have the potential to usher in the next evolution.

Organization of the Volume

This edition is organized around a central theme: the integration of clinical wisdom, practical and meaningful research, and theoretical integration produces not only the best understanding of couple and family relationships but also the best treatment option. Therein we create a core thread around which the chapter authors will comment. The volume contains five parts: Foundational frameworks, founding theoretical principles and core models, evidence-based practice, research foundations, and emerging areas of practice.

Part I: Foundational Frameworks in Family and Couple Therapy

This part is intended to describe both the "genealogy" of family therapy (its historical roots) and its current core theoretical constructs. As such, it lays the broad foundation of the evolutionary dynamic systems theme of the volume. The part is intended to take readers from the history to the current core theoretical models of the field of couple and family therapy. It presents four core foundations of family therapy. The first, by Alan Carr, presents the core systemic principles of family therapy, highlighting how these have changed and evolved just as have the practices and theories of the field. Froma Walsh offers a chapter centered on an understanding of family resilience, which has emerged as a close second to systems theory among ideas in its pervasive influence on family therapy. Her discussion of normal family development also provides a critical context for understanding the problems of family functioning and helps set therapeutic targets that aid families in becoming empowered to help themselves. More recently, neurobiology has emerged as a crucial further understanding for family therapy, accentuating the biological substrate of relationships. The neurobiology of relationships described by Mona Fishbane provides a unique sociobiological perspective on understanding and shaping interventions targeted at families. In the current landscape of family therapy, culture has also emerged as a transcendent framework. Early notions that universal family processes trumped culture are now informed by the extension of family therapy across the world. In the final chapter in this part, Celia Falicov presents an integrated view of including culture as an essential understanding in family therapy.

Part II: Foundational Theoretical Principles and Core Clinical Models

There remain a core of broad schools of treatment that form the foundation of couple and family therapy. The chapters in this part range from earlier structural and multigenerational models to more recent postmodern and integrative practices. While there are many theories, these were chosen for inclusion because they best represent the range of broad schools of practice in the field that remain in common practice. To provide continuity in the presentation of information, each chapter author was asked to organize their content using the following outline:

1. History and background of the approach
2. Major theoretical constructs
3. Proposed etiology of clinical problems
4. Methods of clinical assessment
5. Clinical change mechanisms/curative factors
6. Specific therapeutic interventions
7. Effectiveness of the approach
8. Future developments/directions

Part III: Evidence-Based Clinical Treatment Models

Several of the most widely disseminated recent approaches in couple and family therapy cross the boundaries of the theories described in Part II, aimed at pragmatically finding the most effective methods for intervening with specific problem areas. Contributors to this part, the leading experts in these treatment approaches, describe these models, their origins, specific clinical protocols for change and practice, current innovations and adaptations, and supporting research evidence. The clinical models presented here show how the advances in clinical research have an impact on practice through systematic, comprehensive research-based clinical treatment models. This section is not intended to be a comprehensive list of the "evidence-based approaches" but instead provides the best examples of family and couple therapy approaches that illustrate how clinical models can be both theoretically integrative, evidence-based, and clinically responsive.

Many of the early evidence-based family therapy approaches were developed for delinquent and troubled youth (e.g., Functional Family Therapy, Multisystemic Therapy, Multidimensional Family Therapy, Brief Structural Family Therapy). There are now evidence-based treaments for eating disorders (e.g., Maudsley Treatment), for couples (e.g., Emotionally Focused Couple Therapy/ Enhanced Cogntive-Behavioral Couple Therapy), and for families experiencing severe mental illness (e.g., psychoeducational approaches). In each of these areas the leading model developers in each area were asked to organize their presentation using the following outline:

1. History and background of the approach
2. Major theoretical and research-based constructs
3. Research evidence that supports the model
4. Research-based treatment protocol
5. Methods of model evaluation
6. Implementation of the model in community/practice settings

Part IV: Research Foundations

Over some sixty years later, the research that serves as the foundation of understanding and intervening with families and couples has grown exponentially. In part fueled by a specification and sophistication of research methods, strategies, and contexts, we now have a significant research foundation that is represented not by single studies but by "levels of evidence" that, in some areas, provide comprehensive and clear guidance for clinical practice. At the onset of the field of family therapy, relational science had not even been named and there were few relevant findings for therapists to consider. Today, salient findings abound and are widely disseminated, and the tasks become to separate well-established findings from the headline-grabbing replicated report, and to incorporate findings into practice. Each chapter was written to summarize the evidence and provide useful findings relevant for research and practice. In this volume we separate family and couple research into two different chapters. This was due to the exponential growth in research studies in each area. We also present findings regarding common yet critical elements of the process and change mechanisms research. The chapter by Friedlander, Heatherington, and Escudero fills in the "black box" of therapy with common therapeutic processes and change mechanisms.

Part V: Emerging Domains

As our understanding of how successful family therapy works, application of both couple and family interventions has developed based on emerging clinical needs. For example, with emergence of health care reform, family therapists and psychologists are now finding themselves working in medical settings. Similarly, as divorce rates hover around 50%, the importance of working with divorced and remarried families has become

a common clinical problem for family therapy. Other emerging domains represent the advancements in technical innovation that have become measurement feedback systems which are beginning to become tools for clinical decision making based on evidence and data from clients and therapist. Finally, the future of our theoretical developments may indeed be the meta-level theoretical paradigms.

A Tribute

This volume is also a tribute to Alan Gurman, the prime mover in the reshaping of family therapy from an unruly cauldron of great and questionable ideas and methods to an organized evolving field of study. What an idea Alan had! To bring all the disparate voices of family therapists together in one place and to offer comments to the most renowned authors of that time about such things as commonalities. It is not an understatement to say that Alan's work as an editor of handbooks and the *Journal of Marital and Family Therapy* launched family therapy as a "serious" field of study. Alan was the consummate editor in the field of family therapy. At a time when family therapy was practiced in disparate duchies with little contact, Alan brought proponents of different theories together. He even bridged the gap between the academic centered behavioral treatments and the other early treatments with their family institute roots even though these family therapists functioned in distinct domains. Alan also first brought a consideration of evidence into family therapy and should be credited with much of the impetus for the research that has amassed in support of family therapy. He was the great supporter of couple and family therapy yet also challenged the field where challenges were needed. Developments such as the search for evidence among postmodern therapists and focus on emotion and meaning in behavioral treatments probably can ultimately be traced to Alan's fingerprints. He will be very much missed.

Conclusion

This book seeks to illuminate the threads that are common to family therapies and yet also to hear from the many voices that speak to the range of perspectives. It summarizes the most important research relevant to couples, families, and couple and family therapy; the most crucial theoretical frameworks for viewing couples, families, and couple and family therapies; the widest circulated broad theoretical frameworks for approaches to couple and family therapy; specific evidence approaches to couple and family therapy, and a sampling of how family therapy adapts in a few very important specific domains. We hope it invigorates you as much as the early handouts about family therapy invigorated us.

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PART I

FOUNDATIONAL FRAMEWORKS IN FAMILY AND COUPLE THERAPY

2.

THE EVOLUTION OF SYSTEMS THEORY

Alan Carr

Insights from systems theory and cybernetics have informed the development of couple and family therapy from its inception. In this chapter, the evolution of ideas from systems theory within the context of couple and family therapy will be considered.

Family therapy emerged simultaneously in the 1950s in different locations in the United States and the United Kingdom, and within a variety of different health services, health professions, therapeutic and research traditions (Carr, 2012; Sexton & Lebow, 2013). The central insight that intellectually united the pioneers of family therapy was that human problems are essentially interpersonal not intrapersonal; consequently their resolution requires an approach to intervention which directly addresses relationships between people. This insight contravened the prevailing view that all psychological problems are manifestations of essentially individual disorders requiring individually focused therapy.

Family therapy initially emerged partly in response to the ineffectiveness of exclusively individually oriented treatment approaches, and partly in response to research findings which pointed to the role of family factors in the etiology of psychological disorders. The later development of family therapy has continued to be influenced by these factors, and also by others such as family-oriented health and social welfare policies (such as the US family preservation movement), the popularization of family therapy by charismatic pioneers in live international training workshops, and the professionalization of family therapy around the world.

The pioneers of family therapy came from many professions including social work, psychiatry, and psychology. They worked in a range of clinical services including psychiatric centers, child guidance clinics and marriage counseling services. Not surprisingly, in their work with couples and families, they drew on ideas and practices from prevailing theoretical traditions including psychoanalysis, experiential-client-centered therapy, and behavior therapy. However, they also drew on ideas from two exciting new conceptual frameworks: general systems theory and cybernetics.

General Systems Theory

General systems theory was developed in the mid-1940s by Ludwig von Bertalanffy (1968) as a framework within which to conceptualize the emergent properties of organisms and