

MINUCHIN AT 83 | TREATING THE TSUNAMI SURVIVORS

PSYCHOTHERAPY NETWORKER

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*Whatever Happened
to*
**Family
Therapy?**
*The '70s
revolution goes mainstream*



PSYCHOTHERAPY NETWORKER

The Magazine for Today's Helping Professional

SPECIAL FEATURE

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I FELL HOPELESSLY IN LOVE WITH family systems thinking—or rather, I got imprinted by it, like a newborn gosling—in the winter of 1984, in Durham, North Carolina, while working with a tough, blond, scruffily good-looking white kid of 10 named Richie. He'd been referred to our clinic because he kept getting into fights on the school playground, which, in turn, generated arguments with his mother at home. I was there because I was a doctoral student at Duke University's psychodynamically oriented clinical psychology program. ■

IT MAY BE IN Every Wednesday afternoon, I sat on the
BETTER SHAPE THAN carpet and watched Richie play with little
YOU THINK toy soldiers. Every now and again, I'd offer up an interpretation linking his dramas of anger and loneliness to his conflicts at school and at home. He'd sometimes nod—we liked each other—and then

Whatever Happend to Family

by
PETER FRAENKEL





therapy?

go back to playing. My supervisor told me I was doing excellent work: I was offering Richie a corrective emotional experience to make up for his absent father, who was in prison for armed robbery, and for the supposed inadequacy of his impoverished mother, Caroline, a usually resourceful and caring woman, who sometimes sank into despair and took to her bed.

But the months went on and negative reports from Richie's school kept coming in—"nice kid, but gets into way too many fights." Our sessions continued, with Richie "playing it out" as I looked for evidence of his internal conflicts being enacted in our relationship. His brother and sister were also in therapy in our clinic, but in line with the traditional child-guidance model we operated under, I was forbidden to compare notes with their therapists for fear of muddying the transference relationships. And after a single introductory session, I was discouraged from meeting with his mother.

My doubts grew. Wasn't it more important to reshape the real relationships within Richie's family than to help him work out his feelings in transference play with me? Why *couldn't* I talk to his siblings' therapists? Could my supervisor really be right in blaming his problems on the inadequacy of his mother, who seemed pretty competent to me? And finally, even if I really were a better pseudo-parent than Richie's real ones, couldn't that fuel, rather than fix, his ongoing conflicts with his mom? Instinctively, I felt there must be a better way.

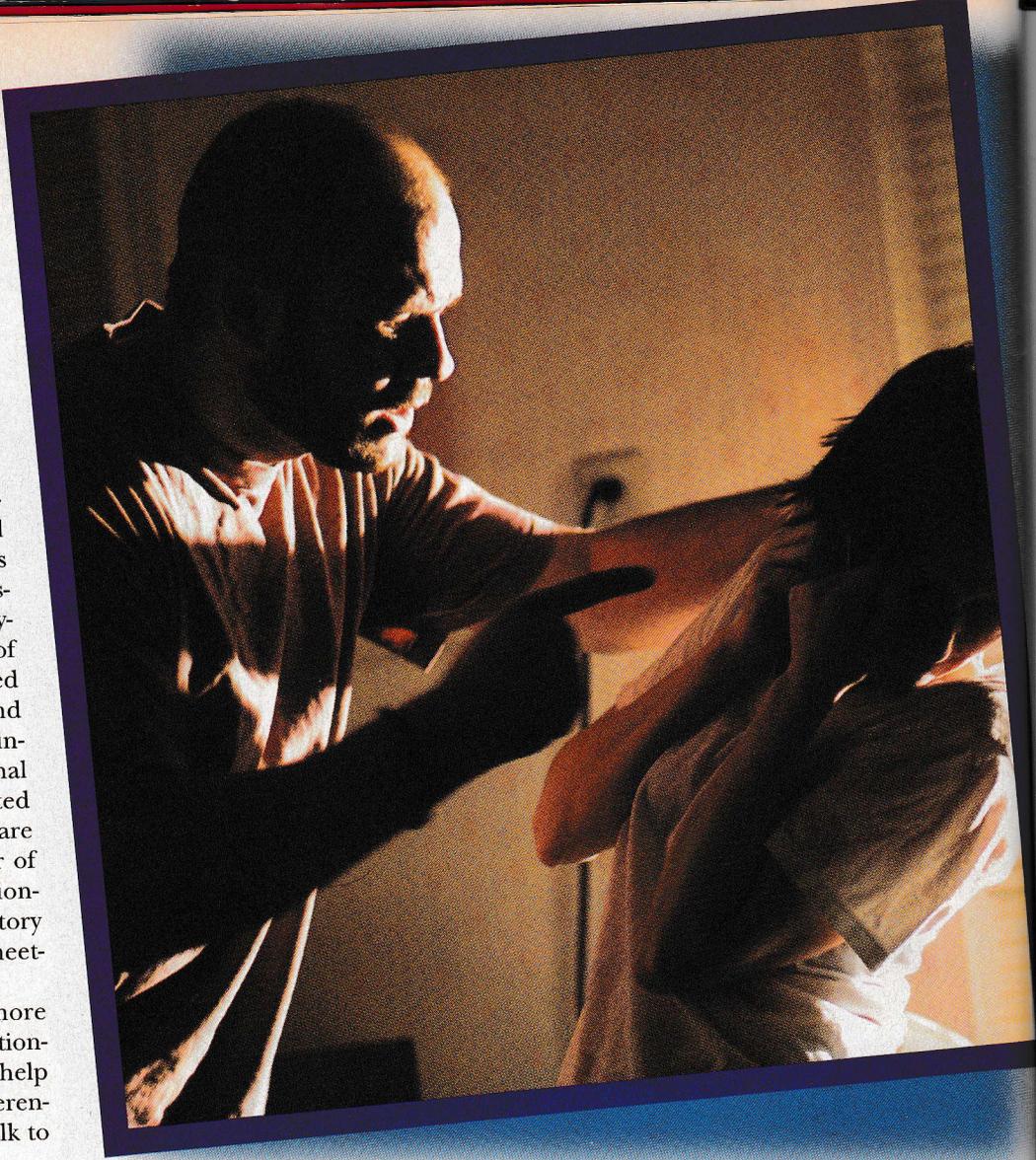
Then I came across an excerpt in a stack of photocopied readings for a child psychotherapy course. It was mysteriously entitled "More of the Same, Or, When the Solution Becomes the Problem." It bore neither a book title nor the authors' names. Sandwiched between turgid excerpts about cognitive-behavioral therapy and psychoanalysis, it was written in a language radically different from anything I'd

encountered. I was so intrigued that I got the book title from my professor and hunted it down in the library.

The book was *Change: Principles of Problem Formation and Problem Resolution*, by Paul Watzlawick, John Weakland, and Richard Fisch of the Mental Research Institute (MRI) in Palo Alto, California. One of the first concerted attempts to apply communications theory and systems thinking to the prac-

tice of psychotherapy, this elegant little book, first published in 1974, challenged almost everything I'd been taught.

MRI clients had run-of-the-mill problems: an amateur, teenage drug dealer who defied his mother's entreaties to do his homework while on school suspension; a dental technician paralyzed by the fear of making a big mistake; a husband who picked at his wife night



By the early 1980s, **women** were systemic **idea**, from the authoritarian and to their **blindness** to gender

after night until the pair exploded in shouting matches in front of their children. But there the similarities with any clinical text I'd ever read ended.

Watzlawick and his colleagues quoted Mark Twain, Thomas Kuhn, Lao Tzu, Ludwig Wittgenstein, and Fyodor Dostoyevsky instead of Sigmund Freud and Melanie Klein. Inspired by the expansive mind of the British anthropologist and communications theorist Gregory Bateson, they incorporated insights from such diverse fields as logic, game theory, international relations, the study of small groups, cell biology, Zen paradox, communications theory, cybernetics, anthropology, and animal behavior. I'd initially been attracted to psychoanalysis for its complexity and its artistic and literary references, but the worldview expressed in this little book was infinitely greater.

MRI's essential viewpoint, shared by the other systems writers whose work I was soon devouring, was this: problems existed *between* people, rather than within them. The notion that kids could influence their parents' behavior just as much as parents influenced theirs was a revelation to me. Another feature of the MRI credo was that problems were frequently amplified, rather than reduced, by "more of the same"

memories of parents' poor caretaking, this shift to the here-and-now cycles of reciprocal interaction was deliciously destabilizing.

MRI therapy relied not on ponderous and speculative armchair interpretations of intrapsychic forces and lousy parenting, but on seemingly nonsensical, paradoxical, jujitsu-like interventions. The MRI group didn't care about insight. They cared about change. Good therapy wasn't defined by how long you managed to hold onto patients, as I'd been taught, but by how quickly you helped them resolve their problems. Like a Zen Buddhist's enlightenment after wrestling with a koan, a well-crafted reframe, the MRI therapists held, could radically shift a family's or individual's view of their behavior—just as Tom Sawyer had when he reframed fence-painting as an entertainment rather than a chore. A stuttering salesman, for instance, was told that his impediment represented an advantage over his glib competitors because customers would strain to listen to him; he was advised to stutter *more*—and his symptom disappeared.

As I read *Change* and tracked down other books like it, I felt as if the dots of all my ideas about mental health, illness, behavior, and society were con-

Family Therapy by Virginia Satir; *The Process of Change* by Peggy Papp; *Strategic Family Therapy* by Cloe Madanes; and *Families of the Slums* by Salvador Minuchin and his colleagues at the Philadelphia Child Guidance Center (PCGC).

These books opened my eyes to a new way to do therapy. Blunt and directive, the techniques discussed were based on direct observation of family interactions, often through a one-way mirror. The writers hypothesized that a child's symptom—be it depression, distractibility, stealing, anorexia, or even schizophrenia—served a functional role, camouflaging or managing stresses in the family system, such as conflicts between parents.

I stopped seeing the problems of clients like Richie as set-in-stone expressions of individual or group pathology: they were shaped by fluid interactions within small systems, and those were shaped by larger systems—the extended family, the welfare system, the legal system, and even capitalism itself. According to Minuchin (the early systems thinker most interested in poor families), a paradoxical instruction to even the most disorganized parents to join together and encourage their child to do more of a problem behavior could dramatically disrupt these vicious cycles of interaction, put the parents back in charge, and upend the confused family hierarchies that had held the symptom in place.

And if a jujitsu intervention within a family could have such miraculous results, what might happen with the right move aimed at a larger system? I was soon convinced that family therapy was an unstoppable, revolutionary movement, which would radically change the mental health field, and even our larger society.

First Love

Discovering systems theory for me was like finding out about the solar system when all you knew before was your little corner of the planet Earth. Like many other newly imprinted young therapists, I set out on the quest for family-therapy training, never to look back. Suddenly I possessed a fresh, elegant way of viewing my clients, one that

questioning practically every cherished patriarchal style of the early male masters, roles, incest, and wife battery.

efforts to solve them. It wasn't important how a problem got started, they thought; what was important was the pattern of circular interactions that kept the problem going. I also learned from these writers about the process of homeostasis, which led all systems, including families, to resist change in the face of challenges. For someone trained to excavate the root causes of a patient's psychopathology from vague

necting in new ways. It was almost a bodily sensation, but spiritual, too; I felt something shifting irrevocably in the way I viewed the world.

That little book opened a door for me into a seemingly inexhaustible candy shop of intellectual delicacies and practical techniques. I went to the library and searched out others in a similar vein, including *Strategies of Psychotherapy* by Jay Haley; *Conjoint*

linked the daily grind of therapy to the forces of the cosmos. The blame-free, "we're all connected" worldview of systems theory, and its rejection of the tedious, intrapsychic perspective of the psychiatric establishment, spoke not only to my conception of therapy, but to my progressive politics.

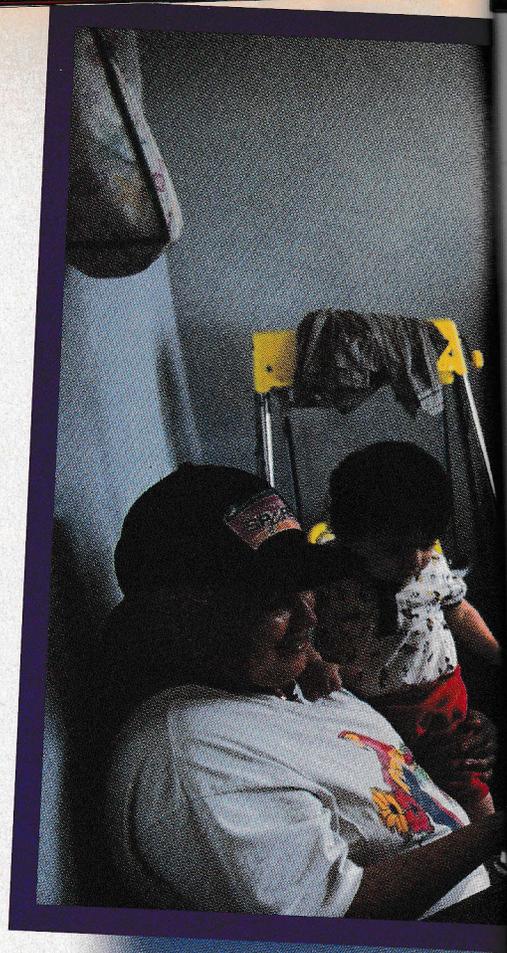
I wasn't alone in this. For the previous decade, all across the country, the family therapy movement—and it was a movement—had been scooping up the world changers, community organizers, former seminarians, feminists, and status-quo disturbers from the pool of baby-boomer men and women pouring into psychology, psychiatry, pastoral counseling, and social work. For us, "family therapist" wasn't a job description: it was close to a religious vocation.

Killian Fritsch, for instance, found family therapy at the George Warren Brown School of Social Work at Washington University in St. Louis, not long after he'd left the Jesuit seminary in the mid-1970s. "I was looking for something more, in a spiritual sense," he remembers. "I just followed a call." In his university course, Fritsch was introduced to Minuchin's work and that of community organizer Saul Alinsky, who used a systems approach to help poor Chicago neighborhoods unite and fight corporations and city bureaucracies. "I was turned on by the promise family therapy seemed to hold for effecting broader change," Fritsch remembers. "I was just *aflame*."

For many therapists of color, like Nancy Boyd-Franklin, author of the pioneering book *Black Families in Therapy*, family therapy was the only approach that ever made sense. *Families of the Slums* by Minuchin and his PCGC colleagues ("the title wasn't one of Sal's better moments," she laughs), "was the first book that I ever read that really talked about the families I knew! And I got very excited, and very interested. Then I went to the PCGC, and it was like I'd come home!" Boyd-Franklin had gone to a traditional clinical-psychology doctoral program. "It really troubled me," she recalls, "because the three things that were most salient in my life psychology didn't even touch—family, race, and spirituality." In addition, the cool, neu-

tral psychodynamic therapist stance she was trained in seemed instinctively wrong for connecting with black clients and poor families. Once she'd landed at PCGC she dropped all that. "Harry Aponte was a particularly important influence for me because Harry was very committed, as was Sal, to poor families, but also to therapists' use of self, which really was an eye-opening concept for me."

For others, the appeal lay in the movement's intellectual complexity. "All these great books were coming out," recalls Minneapolis therapist Bill Doherty, author of *Soul Searching*, who'd worked with inner-city African American families as a Roman Catholic seminarian before returning to graduate school. "We were studying epistemology and rediscovering Gregory Bateson. We were dealing with paradox, first- and second-order change, and double binds. You had the luxury to be a philosopher. You weren't just a therapist: you could be a scholar, a thinker."

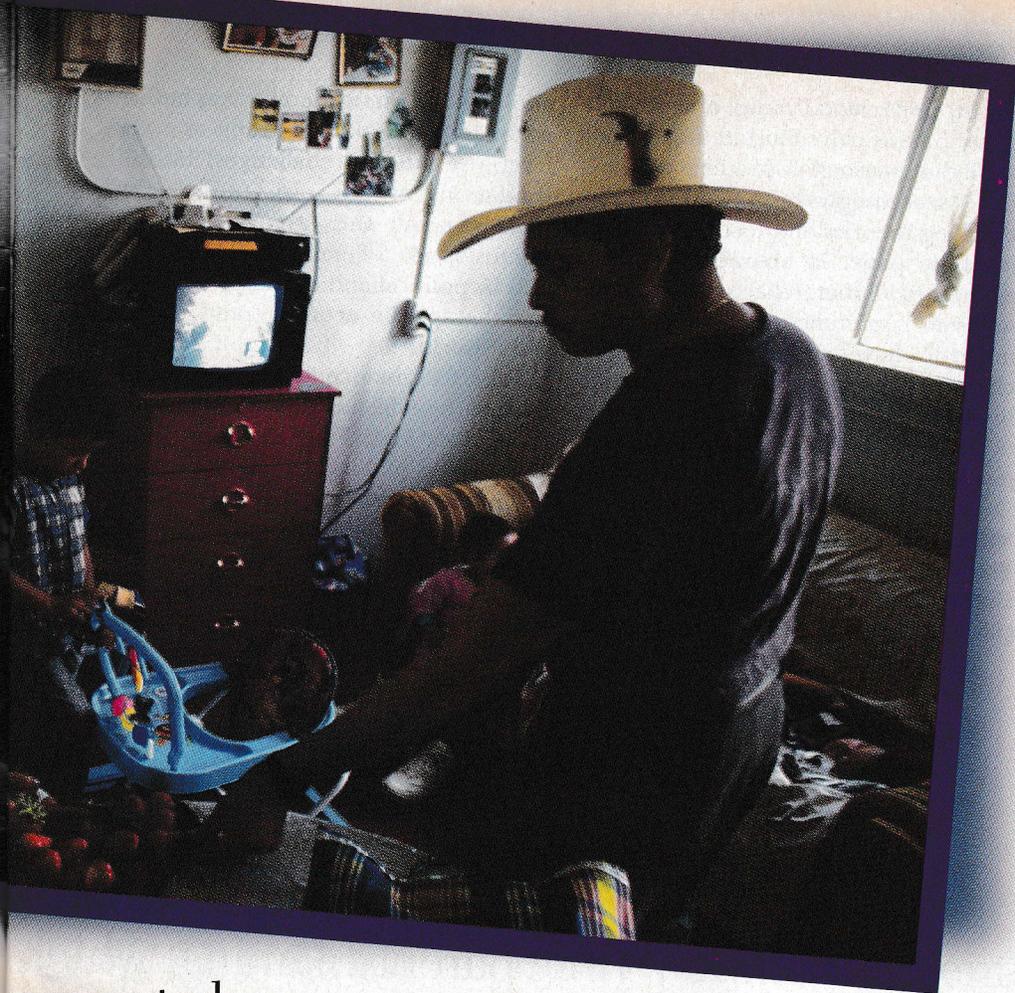


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field evolved, the **notion**

And a magician. Early in his training, Doherty worked with a 12-year-old girl who was overexercising, counting calories, and flirting dangerously with anorexia. Worried, her mother nagged her and dragged her to therapy, while her father downplayed the issue, rushing conveniently off to work before the breakfast fights began. Using Minuchin's structural family therapy (which emphasized drawing in under-involved fathers and getting mothers to step back), Doherty got the father to have breakfast with the girl every morning. By the fifth session, the girl—notably more relaxed and no longer exercising compulsively—came in wearing a T-shirt reading, "Life Is Short. Eat

Dessert First." It was, Doherty remembers, magical enough to make him a family therapist for life.

My own epiphany came in Durham, watching Richie with his soldiers. One day, I stopped playing psychoanalyst and asked him directly, for the first time, how his fights at school got started. He put his warring soldiers down and looked me straight in the eye. "The other kids pick on me—I'm tryin' a mind my own business, and then they say something like 'Your mama. . . .' And I can't let 'em insult my mama," Richie said. "So I start poundin' 'em, and then the recess monitors come and I get in trouble, just 'cause I'm always on top, winnin'!"



presented
thinking about people and families. But as the
that “one size fits all” came under attack.

It ain't fair! But I gotta show 'em who's boss!" I told Richie I could understand his wanting to protect his mother's honor and teach the kids not to mess with him. Then I tried the first reframe of my career.

"There's just one problem: when they get you to fight by teasing and insulting you and your family, it seems to me they're the boss, not you," I told him. "It's like you're wearing a big dart board, and kids can easily hit the bull's-eye, and get you fighting and into trouble, just by saying what?"

Richie didn't miss a beat: "Your mama." He looked away silently, as if imagining the playground scene, and then looked at me with a softened

expression and simply said, "Hell, I never thought of it that way."

We talked about how he could "take off the bull's-eye" and he decided to give it a try. To my astonishment and that of his mother and teachers, Richie never fought at school again. His schoolwork improved, and by the time we ended therapy at the end of the year, he was doing well and helping out more at home.

Mine wasn't a family intervention, but it was a systems intervention. Like the authors of *Change*, I'd framed the presenting problem narrowly: Richie was fighting on the playground. I asked questions that revealed the sequence of interactions that kept Richie's

behavior going. I'd been direct, advice-giving, concrete, and somewhat paradoxical, reframing "being the boss" as "not fighting." I'd also shown faith in his capacity to do something different. In all of half an hour, I'd found a way out of the Escher-like prison cell of psychoanalysis.

The Dream

In the affluent, rebellious, innovative '60s and early '70s, family therapy flung itself onto the scene with adolescent hubris. Its iconoclastic founders—almost all of them self-confident, highly educated white men—had upended Freudian intellectual icons with all the glee of teenagers knocking over gravestones on Halloween night. Every therapeutic assumption had been challenged: perhaps schizophrenia wasn't biological, after all, but a behavioral artifact, which would disappear if over-protective parents tried Jay Haley's "leaving-home therapy" and sent disturbed young people out on their own.

Perhaps families could defeat the slums. Perhaps depression or alcoholism that had persisted for decades could be resolved in eight weeks or less. Perhaps in time, systems thinking would suffuse the culture and generate a velvet revolution.

It didn't turn out that way.

After almost 20 years as a family therapist and a decade as a supervisor of therapists at the Ackerman Institute and the City University of New York's graduate program in clinical psychology, I've never outgrown my initial, gosling-like imprinting. I remain one of the keepers of the flame. But today, even within the small pond of mental health, family therapy is no longer the biggest, most promising new frog. Drowned out by the passing parade of the trauma therapies and self-help movements, almost invisible during the Decade of the Brain and the current fascination with meditation, the big ideas of family therapy no longer entrance the larger American culture. In one measure of our failure to achieve public visibility, recent maga-

zine and newspaper articles on the dangers of teenage antidepressant use have rarely even mentioned family therapy as an alternative.

In spite of the mounting evidence of its effectiveness and even superiority as a treatment for a number of challenging disorders, family therapy hasn't relegated other therapies to the dustbin of archaic superstition. Likewise, although it's patently clear to many of us that systemic therapy is way ahead of the other, more reductionistic, therapies in its sensitivity to issues of cultural diversity and the impact of oppressive social forces on individuals' mental health, it hasn't become the gold standard of mental health assessment and intervention. Instead, we compete every day for customers (and diminished insurance dollars) with psychoactive medications and familiar, individual treatments, like psychodynamic and cognitive-behavioral therapy. Furthermore, novelty seekers—therapists and clients alike—are now increasingly drawn to newer Big New Ideas, like EMDR, Dialectical Behavior Therapy, Thought Field Therapy, Neurofeedback, Somatic Experiencing, and anything incorporating mindfulness. According to a survey by the American Association of Marriage and Family Therapy, clinicians with MFT degrees now spend far more time doing individual therapy (61 percent) than family therapy (14 percent). Few insurance programs reimburse for conjoint sessions, and Medicare doesn't reimburse MFTs at all. Most of the free-standing family therapy institutes have shut down. Major family therapy associations watch their memberships decline yearly. Family therapy conferences that once drew thousands now draw a few hundred. Like aging jazz musicians, many other trainers and I find larger audiences when we present workshops in Europe, South America, and Asia.

Sometimes I get a sinking feeling that I've come to a party just as most of the guests are leaving. I open the door and look in on the festivities, only to see that, within minutes, nothing will be left of the engaging revelry but a few scattered streamers hanging from the beams, bottles, and party hats strewn

about, and chairs in tight clusters. I seem to have arrived just in time to feel the fading warm glow of a field that was once scorchingly hot—with groundbreaking theories and techniques flowing onto paper in abundance. It was once a field that reliably drew thousands to conferences at which charismatic leaders demonstrated powerful change tactics with families under bright lights on distant stages.

What happened? I was just putting on my dancing shoes!

Where Did the Revolution Go?

Perhaps family therapy didn't accomplish what it set out to because our

adolescence, our movement was buffeted by forces weak and strong at every level—by internal challenges; by the limitations of our own models; by changes in the time-and-money microsystems of individual families; and by political and economic shifts in the therapeutic economy and in the wider world.

Take, for instance, the realities experienced by one small system: therapist and author Mary Pipher's family therapy practice in Lincoln, Nebraska. An enthusiastic convert to family therapy, Pipher had studied with "all the gurus" and returned home to Nebraska in the early 1980s to cofound, with her husband, the second private therapy prac-

Family therapy became
in the **public's** mind with a
parent-blaming, which

original customer—the family—is now stressed and shattered beyond recognition. Perhaps we simply traced a familiar life cycle for visionary movements—from iconoclastic grandiosity to internal fragmentation to cultural diffusion. Perhaps we didn't perform as advertised. Perhaps the pharmaceutical industry outspent us. Perhaps we fell prey to the single-factor fallacy, staring through the keyhole at the minisystem of the family while ignoring the shaping power of internal biological systems and early childhood attachment—to say nothing of culture and economics. Or perhaps a movement so wedded to a concern with interdependence and social systems didn't stand a chance in the America that's arced back, like a vast ocean liner, to the 1950s fantasy of individual enterprise and self-sufficiency.

One thing is clear: because we were studying systems, many of us operated under the delusion that we were somehow immune to them. After its glorious

tice in the state. She and her colleagues eagerly put in an office with a one-way mirror, so that family sessions could be observed by a cotherapy team, as her training recommended. Then they waited for the families to come in.

Pipher soon discovered that a private practice in classic family therapy was expensive, exhausting, and a logistical nightmare. Her training had taught her that family therapy depended on getting everyone in the room at once, but Pipher found it almost impossible to find appointment times suitable for all family members plus at least two therapists—one often hidden behind the one-way mirror. She found it harder still to see more than two families a day without being worn out by the emotional demands of the work, especially considering that the Piphers were simultaneously raising their own two children and didn't work in the evenings. "It really was a very punishing therapy to practice," says Pipher. "And the reality of the situation was that we

weren't all that competent. We did our best, but we didn't have dynamite success." The practice lost money on every family therapy session. Client fees never covered the costs of the therapist in the room, one or two more behind the mirror, and a long-distance supervisor in Washington, D.C., to whom they paid \$150 an hour. By the late 1980s, Pipher had abandoned the mirror and thrown out much of what she'd been taught. She continued to think in systems terms, but worked in an entirely different way with family subgroupings, such as an adult couple or a mother and one daughter.

For Deborah Luepnitz, who trained as a family therapist at PCGC and sees

The field experienced a lot of self-criticism, too. In the 1970s, family therapy had called into question virtually every cherished psychodynamic assumption. By the early 1980s, women within the field were questioning practically every cherished systemic idea and technique: from the authoritarian and patriarchal style of the early male masters; to their blindness to gender roles, incest, and wife battery; to their mother-blaming conceptualizations of the roots of family pain. Then, in quick succession, came other critiques: multiculturalism, diversity awareness, and postmodernism. Competing models grew like cabbages. Systems theory had initially

of the life cycle, and prescribe a straightforward or paradoxical activity to stimulate change.

Instead, thoughtful therapists, sensitive to the mandates of multiculturalism, feminism, economic differences, and so forth, adopted a not-knowing, exploratory, collaborative stance, turning to families as coexperts in solving their problems. We'd started out as a therapy of action, but in some cases, we came full circle—to the kind of detailed explorations of meaning that we'd once mocked our psychodynamic competitors for getting lost in. To leading African American family therapist Kenneth Hardy, this is among the problems that have left the field "vibrant, but stuck and directionless—we're in a state of confusion, looking for direction, looking for a cause, without a shared common vision of what the next step is."

At the same time, family therapy became identified in the public's mind with an invalidating search for pathology and parent-blaming. Mary Pipher found that the ordinary Nebraskans forming her

client base rarely jumped at the chance to do family therapy—and for good reason. "I remember hearing [pioneer family therapist] Carl Whitaker say that if someone in the family kills himself, someone else in the family wanted him dead. People are unlikely to come in to hear that," Pipher says. "After John Bradshaw and recovered memory and all the dysfunctional-family notions hit the larger culture, people were scared that if they came in, they might find out terrible things that they didn't want to know."

There was an even more basic problem. The families Pipher dealt with bore little resemblance to the families she'd read about in the classic family therapy texts. The pioneering masters had raised their own children in the 1950s, and their approaches often assumed an intact family frozen in time, consisting of a frustrated, enmeshed, stay-at-home mother, an overworked, disengaged, breadwinner father, and a couple of children who rode bikes to

Identified

Invalidating search for pathology and
scared off many potential clients.

clients in her Philadelphia apartment, the problem was space, not time. "My old building has a huge lobby, equipped with a restroom, where individual patients don't mind waiting," says Luepnitz, author of *The Family Interpreted* and *Schopenhauer's Porcupines*. "But family therapy has its own space requirements. Where do you stick the child who's the Identified Patient and the 5-year-old sibling when you're working with the parental subsystem? It may seem strange, but this became a major reason that I decided to start referring these families out."

Family therapy didn't only have more complex space requirements; it often pushed the time envelope on therapists' own work-family balancing act. For decades, Killian Fritsch saw lots of families by working Saturdays "from 7:30 in the morning until 7 at night. It was a huge commitment to this thing," he recalls. He's recently cut back to take care of his health and reconnect with his wife.

presented itself as a universal way of thinking about people and families in context. But as the field evolved, the notion that "one size fits all" came under attack. Now there were multiple narratives, all equally true. And traditional judgments of what constituted a "normal" family were critiqued as ludicrously class-, culture-, and gender-bound—and misogynist, heterosexist, and racist to boot.

In the early days of family therapy, Jay Haley had argued persuasively that the therapist-client relationship was inescapably hierarchical and that therapists had better take responsibility for using power wisely, effectively, and consciously. But the postmodern critiques questioned any therapist's claim to expert knowledge. By the 1990s, gone were the days when a family therapist could walk confidently into a room with a family, recognize a few boundary issues and confusions in the generational hierarchy, identify the way the family had gotten stuck around a stage

school and watched *The Howdy Doody Show* together on their family's black-and-white TV.

"We were dealing with a 20-year time lag," Pipher recalls. "The ideas were outdated and very sexist." Even in Nebraska, the 1950s-style family was an endangered species, reeling in the backwash of three overlapping economic, cultural, and technological tsunamis.

The first, which began in the 1970s, was the decline of the male breadwinner wage and the flooding of a generation of mothers and other women into the paid workforce. The second, starting in the 1980s, was a steady increase in working hours for all workers, male and female, especially those at the top of the economic ladder. The third, well underway by the 1990s, was the invasion of the home—the "haven in a heartless world"—by entertainment, communication, and workplace technology—cable television, the fax, the Playstation, the DVD, the internet, and the cell phone.

In 1973, the average 30-year-old man could meet the mortgage payments on a median-priced home with about a fifth of his income. By 1986, the same home cost twice as much income. As white-male breadwinner wages declined, women poured into full-time work. In 1950, 12.6 percent of married mothers worked outside the home. By 1994, 69 percent of all married mothers worked for pay, as did 58.8 percent of women with babies under the age of 1.

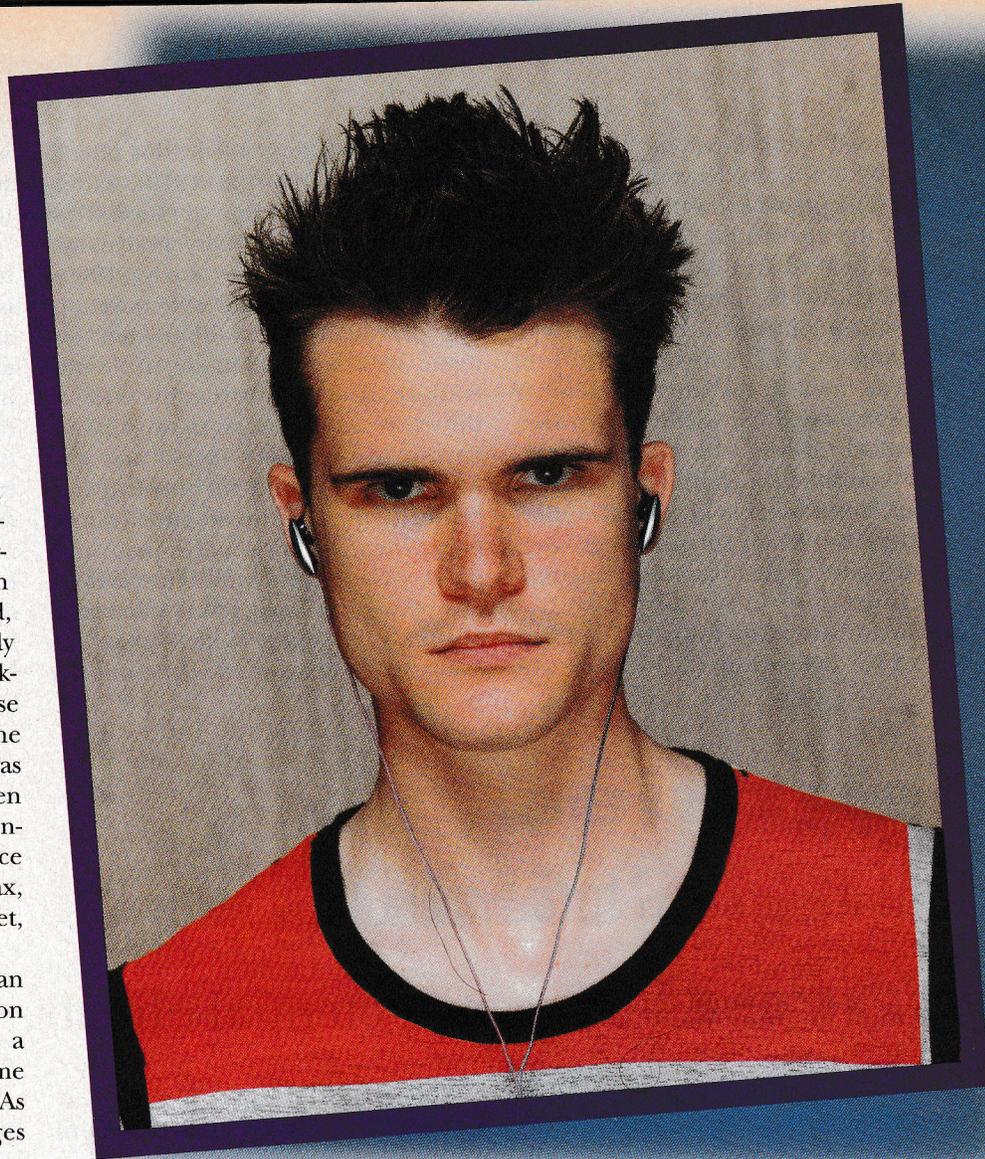
As women poured into the workforce, it was the family, not the workplace, that was forced to adapt. The ensuing time crunch created extraordinary tensions in marriages, as parents shouldered what sociologist Arlie Hochschild called a "second shift" of childcare and housekeeping at home, borne primarily by women. In addition, women's increased economic independence meant they were no longer compelled to remain in unsatisfying or violent marriages. Marriage rates declined. Annual divorce rates rose: from 6 percent of married women

in 1960 to 15 percent in 1970 to 23 percent in 1980. Deadbeat dads proliferated in all classes and races, and the proportion of children being raised by a single parent rose from 10 percent in 1960 to 25 percent in 1990 and 27 percent in 2002.

These parents, overloaded at home, faced increasing work pressures as well: with unions and churches in decline, no strong cultural force countervailed

the increasingly ravenous time demands of the corporate workplace. According to economist Juliet Schor in *The Overworked American*, the average worker in 1984 worked 1,746 hours a year. In 2004, he or she worked 1,916 hours, an increase of 170 hours per year, or 4.5 full weeks.

Deprived of their most important nutrient—time—many families started to become hollow shells, launching



Domestic technology—**e-mail**, the time, depersonalized **family** connections family members from the values and demand

pads rather than homes. Traditions dependent on unpaid female altruism, which once wove families and communities together—quilting clubs, the League of Women Voters, the PTA—withered away. Family functions—cooking, cleaning, child raising, board games on Sunday evenings—were outsourced. Even progressive couples who hoped to share domestic responsibilities 50-50 knocked up against a cold, hard, unrelentingly workaholic society, which gave lip service to valuing families, but didn't guarantee paid vacations and childbirth leave. With almost nobody sounding the alarm, the 60- to 80-hour work week became a rarely questioned norm.

Domestic technology—e-mail, the internet, and cell phones—further devoured time, depersonalized family connections, and demolished the walls protecting all family members from the speeded-up, bottom-line-driven values and demands of the marketplace. In a sort of Gresham's Law of communication, thin, degraded, one-dimensional communications—e-mail and voicemail messages and packaged entertainment—crowded out slower, richer, more spontaneous two-way forms of embodied human contact. The average American child now

and *The Shelter of Each Other: Rebuilding Our Families* in 1996, she was convinced that the greatest threat to families came not from within, but from outside. Her books—urging parents to become more protective and limit-setting—hit a nerve with a wider public, but within the field, hers was an intellectually unfashionable voice from the hinterlands. Many otherwise progressive, politically-aware family therapists didn't even recognize the problem. Speaking of that failed opportunity, Pipher—ever the systems therapist—points to the social context: “We missed that the problem wasn't dysfunctionality within the family, but the harsh culture in which the family was supposed to function.”

Meanwhile, as the gap between rich and poor grew, the hundreds of homeless families of color that I've worked with in the gritty South Bronx faced other problems: they've been time-rich but destitute, cut off from the “limitless opportunities” of a free-market economy. Again and again they've told me of being undercut by the welfare system in their attempts to get themselves education or jobs—even unstable jobs, without medical benefits, with salaries that barely cover the rent. In the 1970s, we'd been opti-

is family therapy or psychoanalysis, the Ghost Dance or the Protestant Reformation, all began with the notion that they held the single key that would unlock every door. But the progression of such movements follows a familiar life cycle: from grandiosity to humiliation to humility; from big plans to internal fragmentation to more modest forms of cultural integration. Thus, in the mental health galaxy, family therapy has traced a path from supernova to average star.

Some who attended the big party years of family therapy mourn that the “Golden Era” has long passed. This doesn't seem right to me. Movements do succeed—just not in the ways they thought they would. George Santayana once said there are three phases of dealing with a really good new idea: you ignore it, ridicule it, and then treat it as if it had always been there. Bill Doherty puts it this way: “The older, more established therapies came to say, ‘Well of course, you should work with the parents if you see a kid!’, as if they'd always believed it.”

Family therapy hasn't revolutionized the world of mental health, or social science for that matter. Rather, mental health found a way to absorb the young upstart, providing it an office down the hall from its senior colleagues. “Social movements rise, they have a heyday, they crest and they mutate into something else,” says Doherty. “The successful ones get mainstreamed and live on in other ways, and that's what's happened to family therapy. It didn't just remain a minor little subset like Rolfing. It's become mainstream.”

Mike Nichols, the coauthor of *Family Therapy: Concepts and Methods* and an astute historian of the movement, doesn't see this as a tragedy. “What happened to family therapy is that it grew up,” he says matter-of-factly. “It became a fully realized, well-developed clinical approach, like many others. It's alive and well, and it's practiced in the trenches. It may not be one of the most sought-after models taught in graduate school. But it's a going concern. It's just not trendy anymore.”

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internet, and cell-phones—further devoured
and demolished the walls protecting all
of the **marketplace.**

watches 25 hours of TV per week, typically without parents present. He or she plays computer or video games 7 hours a week, and accesses the internet from home 4 hours per week. Adding up TV and computer time, 2- to 17-year-olds spend an average of 4.5 hours a day in front of electronic screens at home.

By the time Mary Pipher published her bestsellers, *Reviving Ophelia* in 1994

mistic that family therapy could make a real difference in lives like these. But bigger systems keep trumping us: my homeless clients need real opportunities far more than the therapy I can provide.

What Now?

Visionary movements are destined not to succeed on the scale envisioned by their founders. Whether the movement

When the world didn't come to us, we went to the world—which isn't surprising, when you consider that systems theorists love diagrams featuring concentric circles illustrating multiple levels of context. Clinicians—social workers, psychiatrists, psychologists, MFTs—have “joined” and entered every mental-health discipline and many medical professions, usually as part of a team rather than the master dispenser of a jujitsu intervention. Often without explicitly labeling their work “family therapy,” my colleagues teach family systems approaches to nursing students, medical interns, and psychologists-in-training. They counsel teenagers and their families in public schools, lead family groups in psychiatric hospitals, and take part in medical teams that help families deal with the impact of dying elderly relatives.

Others are active in organizations working to transform not just one family at a time, but the very culture that shapes us and our families. In Milwaukee, Bill Doherty now works mostly at a community level, organizing family groups to strengthen marriages, reduce overscheduling, and resist the seductions of marketplace society. “As I've moved to this broader level of community and citizenship, I've expanded the family-systems paradigm,” he says. “I didn't have to throw it out. I can use it to work more readily at a social level.”

In Hartford, Connecticut, psychiatrist Ramon Rojano, a pioneer of community family therapy, helps poor people get on what he calls the “middle-class express.” In Kosovo, in the aftermath of the genocidal atrocities, American psychiatrists John Rolland and Stevan Weine teamed up with Kosovar psychiatrist Ferid Agani to strengthen family and community resilience—a collaboration that eventually resulted in the region's first family-centered health and mental health system. In Australia, Michael White uses a combination of narrative, family, and community therapy with indigenous people struggling with economic and cultural marginalization.

In New York City, Jorge Colapinto works on reshaping the foster-care system to fulfill its original mission—to

minimize the placement of children outside their families. The Ackerman Institute's Marcia Sheinberg and Fiona True train child-protection workers, police, judges, ER doctors, and nurses in a family-centered approach to incest. I create and run multiple-family group programs in homeless shelters in the South Bronx, supporting families as they struggle to get back into permanent housing and, hopefully, viable employment.

IT'S A WEDNESDAY EVENING, and I'm at The City College of New York, behind a one-way mirror. My doctoral student Jason Kruk is sitting on the other side with a mother, Bianca, her two teenaged daughters, and her preteen son, Luis, named after his father and also known as Junior. Luis had been a lovely, rather gentle boy until six months ago, when his mother discovered that his father was involved in a long-term affair and threw him out. Now the boy is bossy and argumentative.

In earlier sessions, the children have talked about their feelings of anger and betrayal over their father's affair and the fact that he doesn't come to see them. They say they miss him nevertheless, and sometimes blame their mother for not trying harder to make things work with their dad.

Despite this acknowledgement, the son's rudeness has gotten worse. Drawing on the old systemic idea that the symptom has a function, I call Jason on the phone and suggest he ask if the boy's behavior reminds them at all of anyone else in the family. My hunch is that the father was bossy and the boy is being bossy now as a way to get the family to talk more openly about the father, and perhaps as a way of keeping the father present in the family, so they miss him a bit less.

Jason poses the question, and quickly one of the daughters responds, “It's just like our father used to be—bossy, always trying to get his way!” The mother smiles. Jason explains my hunch, the mother and sisters nod vigorously as if experiencing a collective insight. Luis, with a smile that suggests he agrees with the idea as well, goes into an exaggerated parody of his father's behavior, and the family breaks out into peals of laughter.

After the session, flushed with excitement, Jason comes behind the mirror and declares, “That's it! This is what I want to do with my career! Family therapy!” I've imprinted another gosling. I've found another keeper of the flame.

The systems approach remains protean, shape-shifting, and extraordinarily valid and useful. It's intellectually broad and nimble-footed enough to come up with answers that address issues on the community, corporate, and global political levels. But it calls for new Saul Alinskys, new Salvador Minuchins, new Virginia Satirs—and more Ken Hardys and Nancy Boyd-Franklins, brave enough to question bedrock beliefs about the family and the culture around us, who'll take the next step to intervening in that culture. The originators of family therapy weren't always right, but they weren't afraid to call out the truth as they saw it. They weren't afraid of knocking over icons. They were willing to say what was wrong and what was right.

As they attacked Freudianism, we can attack other icons—unending work and limitless consumption, overscheduling, and ideals and institutions that limit families' possibilities. Family-systems principles aren't restricted in time or place. They can be used to encourage reconnection and obligation, and to recreate the home as a sanctuary and a source of socialization.

Family therapy's grand ball may long be over, but the real work of a more broadly conceived systems approach to change has just begun. ■

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