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A REDISCOVERY OF THE INDIVIDUAL IN FAMILY THERAPY:
A CASE STUDY

BY
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JANUARY 1994
Dedicated to "Sandman"

Who with his love and patience taught me that dreams can become realities, to accept life as it is and to live in the moment...

Danke Schön
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* The "Hunter family" without whom this work would not have evolved.

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ABSTRACT

In families, almost no interaction is simply the result of group processes. Even when the process of interaction seems to take on a life of its own, it is the product of personalities, persons conscious of the possibilities of interactions.

A perusal of the current literature reveals a move toward the reintroduction of the individual and his/her possibilities into the system.

The insistence of a focus on family dynamics, while providing a sharpened awareness of relationships and interactive patterns, resulted in selective absorption and the tendency to ignore individual family matters.

In this thesis it is suggested that there is a need for the reintroduction of the individual into family therapy practice. This approach is based on the discovery in a number of therapies, that different individual family members were reacting differently to the same intervention.

A detailed case example is presented to illustrate this approach. The study questions the need for all family members to be present in each therapy session. Furthermore, the study describes concurrent individual therapy processes with individual members of the family and the resulting systemic changes that were observed.

Family therapy has demonstrated that it is important to consider relational as well as individual realities in evaluating health and dysfunction.

Implications for therapy and treatment arising from this study include the need for a broader view which takes into account the realities of all members of the problem-determined system.

In conclusion, the author warns against the dangers of focusing on any single viewpoint. A lack of respect for the realities of all members of the professional/family system, and adherence to a single perspective may in fact perpetuate the trauma and contribute to the distress of the family.
OPSOMMING

Interaksie in gesinne is selde net die gevolg van groepsprosesse. Selfs wanneer die interaksieproses selfonderhoudend blyk te wees, is dit die uitvloeisel van persoonlikhede, van mense wat bewus is van die moontlikhede van interaksie.

'n Beskouing van die literatuur dui op 'n neiging na die herinskakeling van die individu en sy/haar moontlikhede by die stelsel.

Die aandrang van 'n fokus op gesinsdinamika het 'n selektiewe absorpsie tot gevolg gehad, en die neiging om individuele gesinsledes se knelpunte te ignoreer terwyl daar steeds 'n verskerpte bewussyn was van verhoudings en interaktiewe patrone.

In hierdie skripsie word daar aan die hand gedoen dat daar 'n behoefte is vir die herinskakeling van die individuele terapie as deel van gesinsterapiepraktyk. Hierdie benadering is gegrond op die ontdekking, tydens 'n aantal terapiesessies met individuele gesinsledes, dat elkeen verskillend reageer op dieselfde ingryping.

'n Gedetailleerde gevallestudie word voorgehou ter illustrasie van hierdie benadering. Die studie bevraagteken die noodsaak daarvan dat alle gesinslede by alle terapiesessies betrokke moet wees. Verder word ooreenstemmende individuele terapieprosesse beskryf met individuele lede van dieselfde gesin en die sistemiese veranderinge wat as gevolg daarvan waargeneem word.

Gesinsterapie het aangedui dat dit belangrik is om verhoudings- en individuele realiteite te oorweeg by die evaluering van gesondheid en disfunksie.

Die implikasies vir terapie en behandeling wat hieruit voortspruit, is onder meer die behoefte aan 'n breër uitkyk wat rekening hou met die realiteite van al die lede van die sisteem wat deur die probleem geraak word.

Ten slotte waarsku die skrywer teen die gevaar van 'n enkele uitgangspunt. 'n Gebrek aan agting vir die werklikhede van al die lede van 'n professionele/gesinsisteem en die aanhang van 'n enkele uitgangspunt mag die trauma verleng en bydra tot die gesin se nood.
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CHAPTER 1
INTRODUCTION

1. OVERVIEW

"We are all alone as we experience who we are, our thoughts, our own feelings, our own exquisitely inarticulate, but deeply felt notions of what we have been. Yet, we stand intimately connected to others, longing to be important to them, to be affected by and to affect them. This is the dance of life - sometimes by ourselves, sometimes with others."

(Kahn, 1986, p.63)

In families, almost no interaction is simply the result of group processes. Even when the process of interaction seems to take on a life of its own, it is the product of personalities, "persons conscious of the possibilities of interactions, persons who use these possibilities and pursue them, sometimes blindly and impulsively, sometimes thoughtfully and creatively" (Nichols, 1987, p.38).

A perusal of current literature reveals a move toward the reintroduction of the individual and his/her possibilities, that is behaviour in the broadest sense of the word, into the system. This does not imply a need to revert back to a psychodynamic perspective, but rather to take cognisance of the individual members who constitute the system.

It is not the intention of the author to present a critique of systems theory as such. Rather the focus of the discussion will be on change within the system, achieved through working with individual components of the system.

That is, therapy directed at one or more members of the family individually, may create a ripple effect that in turn manifests in changes within the family system as a whole. The assumption that all the members of the family must be present at each therapy session is thus questioned.
Due to geographical distances, work and financial constraints it is not always possible for all members of a family to attend each session. By focusing on one or more individual members of the family, systemic change may still be achieved, thus enabling family therapy to become more accessible and pragmatically more viable.

1.2 THE AIM OF THE STUDY

The aim of the present study is to look at the position of family thinking as it is evolving at present.

The insistence of a focus on family dynamics, while providing a sharpened awareness of relationships and interactive patterns, resulted in selective absorption and the tendency to ignore individual family members.

According to Nichols (1987), the cybernetic and systems theory provided a useful way of thinking about families - a metaphoric base - however, thinking of families as systems is just one way of thinking and not a fundamental reality.

This work arose directly in response to an actual family therapy case. Individual family members were seen in therapy by different therapists. One outcome of this process seemed to be systemic change. The case will be presented and thoroughly explored and an attempt will be made to integrate the practical with the theoretical.

The motivation behind such a presentation is not to obviate the need for family therapy. To question it perhaps, but in essence, to paraphrase Nichols (1987), to propose that a move toward greater attention to the individual within the family may help to unstick family interactions and to keep them that way.

1.3 METHOD OF INVESTIGATION

This study investigates the context of a single family and the therapeutic process as a result of a referral to a university clinic.

Essentially the study follows a qualitative research approach which infers the intensive study of a single case. The goal of the study is not to support a
hypothesis, but rather to generate rich descriptions of phenomena and where possible to discover theory.

Steier (1985) notes that qualitative research methods may be more effective than quantitative ones in dealing with the full complexity of systems theory. Both emphasise social context, multiple perspectives, individual differences and circular causality.

The goal of such research might simply be to create novel observational experiences from which new views about the social world can emerge (Atkinson, Heath & Chenail, 1991). Conventional social science researchers are finding it increasingly more difficult to create trust in their findings. There is no general methodology that can lead to the kind of certainty that the positivist/empiricist approach attempted to provide (Bernstein, 1983; Kuhn, 1977; Maturana & Varela, 1987).

The present study is an attempt to follow an ecosystemic epistemology by moving away from a mechanistic explanation of phenomena to the description of the ecosystem. The ecosystem encompasses all those parties who are part of the relational system in which the problem occurs and includes the individual, the family, and where applicable, the wider social network.

The therapist's punctuation of her own experience with the family will be described. As such, the active participation of the therapist in acquiring alternative views of the family's situation will be noted. The therapist's description of reality may therefore not conform to another's perception of reality and will certainly not result in a statement of absolute truth.

Moon, Dillon and Sprenkle (1990) highlight the limitations of the qualitative paradigm. Of particular relevance is the awareness of cognitive limitations on naturalistic data processing. Such limitations include the tendency to select data in such a way that it confirms tentative hypotheses.

The descriptions of the various realities are some of many co-existing realities. This study therefore does not purport to necessarily hold any universal applicability but aims to give a perspective on the particular treatment process of a particular family.
1.4 PRESENTATION

In the following chapter a literature review is presented. Family therapy per se is questioned and an attempt is made to investigate, in one system, the individual and family approach to psychotherapy.

The case study is explored in Chapter three. Chapter four integrates the issues and themes arising from the theoretical review and the practical therapeutic situation. Conclusions are reached in the final chapter (Chapter five).
CHAPTER 2

LITERATURE REVIEW

"After a time of decay, comes the turning point.... The movement is natural, arising spontaneously. For this reason the transformation of the old becomes easy. The old is discarded and the new is introduced. Both measures accord with the time; therefore no harm results."

(I Ching)

2.1. INTRODUCTION

In the search for an epistemological framework, family therapists rejected psychodynamic reductionism and took up the cause of systemic interactional thinking in discovering the effects of behaviour on others, rather than the cause of the behaviour (Selvini Palazzoli, Cirillo, Selvini & Sorrentino, 1989). This epistemology, epitomised the move away from individual intrapsychic therapies and has characterised the family therapy movement since inception.

Recent trends in the evolution of the field of family therapy and systemic epistemology have begun to acknowledge that the reaction to what was perceived as psychodynamic reductionism has resulted in an unfortunate "holistic reductionism" (Selvini Palazzoli et al., 1989). The system became reified, personified and the individual disjoined from his system - the family. Disjoining refers to the disregard for the need to link knowledge of single elements to knowledge of the whole of which they are a part. This resulted in the neglect of both the individual and the systems of which he/she is a part.

However, a close examination of a number of therapy cases revealed a puzzling caveat to the theory: the discovery that different individual family members were reacting differently to the same intervention (Feldman, 1992; Jenkins, 1992; Lazarus, 1992; & Selvini Palazzoli et al., 1989).
Steinglass (1991), in drawing upon a review from behavioural genetic research, comments on the likelihood that two siblings within the same therapy will experience the session differently thus "contributing to the differential developmental pathways of siblings". The author posits that the concept of "non-shared environments" can be seen as supporting the move to reintroduce the individual into the world of family therapy.

2.2 THE REDISCOVERY OF THE INDIVIDUAL IN FAMILY THERAPY

2.2.1 Beyond the systemic model

The Milan School of family therapy has long been considered a forerunner in the field. Principally, it is acknowledged for the discovery of the therapeutic paradox, the therapeutic team, and the functional meaning of symptoms for entire systems (Kahn, 1986). Selvini Palazzoli et al. (1989) describe a disenchantment with the aforementioned theoretical stance and introduce a different epistemological framework based on the thinking of Edgar Morin:

The truth was that notions such as system cybernetics and information, which had enabled me to go beyond my old way of thinking, carried with them an over simplification of their own, the full implications of which I at first failed to notice ... One had to avoid becoming confined in notions that were liberating in the destructuring phase; but would turn into veritable shackles in the restructuring phase that followed ... one had to beware of the danger such momentary liberation entailed. I realized that the same impulse that had made me move towards such notions as systems, cybernetics and information would inevitably also urge me to go beyond them.”


2.2.2 The quest for an epistemological framework

Based on the above approach, a move beyond the systemic model toward a more multidimensional epistemology was entertained.
The development of the family therapy field had necessitated the rejection of the psychodynamic focus on the causes of behaviour. A systemic approach was adopted; that of focusing on the pragmatic effects of behaviour. This in turn led to the development of the concept of an interactive exchange; that is, the effects of one person's behaviour on another. However, this shift in thinking resulted in the disjoining of the individual from the system or family and a reification of the system which then became the one to request or resist change.

With time it became apparent that different individuals within one family would each react in a different manner to one and the same prescription (Selvini Palazzoli et al., 1989). The authors describe the impossibility of continuing to ignore the individual or "subject" and of the importance of the dimensions of time, history and process. Based on the epistemology of Edgar Morin, the authors evolved the theory of multidimensional thought patterns, and a "dialectic fusion of concepts" (Morin, 1977, also in Selvini Palazzoli et al., 1989).

Selvini Palazzoli et al. (1989) elaborated on four principles posited by Morin as support for the shift in their thinking.

The first principle was the principle of universality which according to Morin, (1977, in Selvini Palazzoli et al., 1989) is valid but in itself insufficient. The principle of intelligibility must be considered complementary and indivisible to a principle of universality.

A general model that included for example, invariant prescriptions, is applicable only if it correlates with the specific aspects of each case. The authors concluded that what was necessary was a continual dialectic between what is general and what is specific to a certain situation.

A second principle introduced into the theory involved the need to bring history and the present event into all conceptualisations of the situation. A complex system can be understood only by referring it to its history.

The third principle deals with the need to link knowledge of single elements to knowledge of the whole of which they are a part. The individual cannot be considered disjoined from the family, nor the family disjoined from the individuals who constitute it. That is, to rediscover or reintroduce the individual into the system, to view him as distinct, though not disjoined, from his family system.
This does not imply a return to the psychodynamic focus on intrapsychic processes. Relational processes are still viewed as overriding significantly. The individual is retrieved as an acting subject, with cognisance given to his feelings and intentions. At the same time an interactional framework is superimposed on this.

The last principle of relevance here, discusses the impossibility of ignoring problems connected with auto-organisation. Once again greater importance is given to the individual, his needs, intentions and aims.

The systemic use of an invariant set of prescriptions, (that is a set of clear non-negotiable instructions defining for example, the marital system's conduct during the initial therapeutic phase), led the authors to realise that individual members of a family react differently to the therapeutic prescription. This prompted the reintroduction of the individual into the therapy. Each individual member had to be considered in terms of his/her own expectations, frustrations and objectives and the degree to which he/she was committed to maintaining or changing the established family patterns.

According to Morin (1977, in Selvini Palazzoli et al., 1989) such concepts as that of "individual" cannot be recovered unless the individuals' fundamental complexity is fully acknowledged.

The implications of the above for family therapy are vast. The individual can no longer be considered separate from the family, nor the family as separate from the individuals that constitute it.

Willi (1987) in a paper on the "Principles of an ecological model of the person as a consequence of the therapeutic experience with systems", proposes that systems therapists underevaluate the range of autonomy of the individual regarding his participation in the social system. The writer expresses his dissatisfaction with organismic analogies used to understand human systems and comments on the decreasing influence of social systems in today's society.

The premise of systemic thought is circular causation - the manner in which the elements of a system regulate each other and the interrelatedness of the parts to the whole. However, Willi (1987) maintains that this interrelatedness is decreasing. Social organisations are becoming more anonymous, reducing the possibilities of circularity.
Kahn (1986) proposes a simultaneous focus on the inner process of each individual and the larger process of the immediate family group. Practically, this can result in many different formats including parallel individual and family therapy sessions.

According to Bogden (1984), the question of how a family is organised is essentially how the ideas and behaviour of each family member support and sustain the ideas and behaviours of every other member of the family so that the system displays order.

The question of how families change is essentially how learning, the acquisition or modification of an idea in one or more individuals, leads to change in other individuals. Thus as change in the individual is a necessary condition for an alteration of the families' organisation, the question is raised as to whether there is any purpose in treating the entire family rather than its individual members (Miller, 1984).

Bogden (1984) conceptualises the family as "an ecology of ideas". He elaborates, writing that family structure is simply the name of a class of patterns of communication between people. The pattern is what must be explained. Focus on family structure cannot explain a pattern of communication behaviour between people because the family structure is the pattern.

Dell (1982) contends that the notion of homeostasis, (which is a fundamental characteristic of all systems, according to the systems theorists) is inconsistent with systemic epistemology. The author proposes a move beyond the concept of homeostasis towards a concept of coherence which implies a congruent interdependence in functioning whereby all aspects of the system fit together. A further implication of his thesis is that the system does not determine, control or homeostatically maintain the behaviour of each of the individual members.

Dell (1982) suggests that with regards to the concept of coherence, behaviour is embedded in each individual. Each individual has the potential to create and transform the coherence of the system as a whole. To achieve change, the therapist must trigger system-transforming behaviours from each individual member. The behavioural coherence of each family member specifies those interventions that will trigger behaviour in the individual that may transform the system.

In a similar view, Chubb (1990) reflects on what he considers to be the limitations of the organismic view in which social systems are seen as
autonomous entities with boundaries, internal structure and self-perpetuating behaviour.

Social systems do not have boundaries or internal organisation and are not autonomous. They exist "only as co-ordinates of behaviours between otherwise independent organisms and family therapists can only influence the systemic process by working with the individual" (Chubb, 1990, p.170).

Chubb (1990) proposes looking at systems as process in contrast to an organism which is a thing, reified. Thus one can only influence the individuals who are interacting in the process; one cannot work directly on the system as a whole. Family therapy is only incidently concerned with families. As the individual changes, his interactions change and there are changes in the feedback to other individuals involved in the process. The goal of therapy according to the author, is not systemic change, but rather whether or not the needs of the client have been met.

Falzer (1986) in a paper entitled "The cybernetic metaphor: A critical examination of ecosystemic epistemology as a foundation of family therapy", provides an epistemological basis for this shift. He questions whether systemic epistemology and cybernetics can provide a sufficient understanding of families and family therapy. The author evokes what he regards as a growing criticism of ecosystemic epistemology and quotes Wilder (1982, p.354), who states: "What we seem to have here is an advanced case of the Uroboros Syndrome - a pathological metalogue in which the snake not only bites its own tail, but also swallows it, hence disappearing into the infinite regress."

The inadequacies of this model, as argued by Falzer (1986) lie in its very recursiveness - man cannot go beyond the limits set by his own mind. Subjectivity and objectivity are ultimately identical - the mind studies itself. Thus third order change and its vantage point constitute a paradox, as Falzer (1986, p.351) eloquently states: "As the mind studies itself, there is no 'outside' any more - we are left only with a belief that man exists in a broad, complex and private relation to life. Thus, any attempt to systematise family therapy based on logical schemata or theories of logic is invalid."

The author asserts that no logical concept can reach beyond the totality of logical conceptualisation. "We cannot step outside of the whole of which we are a part and view it from a distance - from a location that does not exist" (Falzer, 1986, p.356).
An argument is proposed for the abandonment of the quest for a logical foundation, or fundamental knowledge about what constitutes families and family therapy. Drawing on Wittgenstein, Falzer (1986) suggests that rather than founding a movement that might abandon the field of family therapy to an absurd, self-disqualifying logical paradigm, perhaps we should come to understand what logic must leave unexamined: the sense of wonder, something which cannot be explained, that characterises unorthodox problem resolution which is often the basis of successful interventions.

2.3 FAMILY THERAPY: DOES IT EXIST?

Whan (1983) proposes an alternative to the over-systematizing trends recognisable in family therapy: a view in which the value of the person is considered as central to an adequate human science. The central concept of his approach is the appreciation of the person in terms of his/her subjective and historical being.

Whan (1983) questions the validity of a positivistic science when applied to the realm of human experience. 'Scientific rationalism' seemed to offer a methodology, a rigorous, value-free approach to the study of human beings. However, this approach could not sustain its idealised aims.

Whan (1983) argues that systems and cybernetic theory are a present day version of a long tradition of thought that seeks to construct an overall theoretical system - "a style of knowledge which offers to embrace social reality and promise control over it" (p.323).

Unfortunately, the early attempts to systematise the realms of the individual social being succeeded only at the expense of the idea of the person and his inner experience.

"A thinker erects an immense building, a system ... which embraces the whole existence... and if we contemplate his personal life, we discover ... that he himself personally does not live in (it), but in a barn alongside it" (Kierkegaard, 1974, p.176).

Kierkegaard (1974) writes on the notion of understanding as grounded in experience and finitude. Drawing further on the philosophies of William James and Hans-Georg Gadamer, Whan (1983) points out that insight derives from a
recognition of the finitude of experience. This has consequences for working relationships with clients. As knowledge, according to the philosophers, rests upon finitudes, one's way of working should also reflect this in terms of self understanding. The core of this philosophy is based on issues concerning individual freedom, self determination and the ethic of respect for persons.

In other words, in order to relate to the other as a person, we need to retain an idea of the person in our thinking. An understanding of the other is incomplete unless it takes into account his understanding and experiences. When we lose the idea of the person in our theories, we begin to lose the possibility of relating to the other in terms of the integrity of his person (Whan, 1983).

One may argue that the emphasis on the family as a system, ignoring the individuals, is none other than an error in reasoning. The "individuals" themselves will constitute separate systems. By focusing only on the family as a system, is inconsistent with systemic thinking (Vorster, & Beyers, 1991).

The application of so-called scientific methodology to the realm of human understanding, experience and relationships results in the depersonalisation of the field. To imitate the scientific method may lend confirmation to the helping professions, but at the expense of mechanising human relationships in the attempt to technologically control human affairs.

Social reality is reified, seen as existing in its own right and greater as a whole than its component parts. The theory espouses the notion that the relationships between the component parts of the system "tie the system together" in a functional interdependence.

It is further extrapolated that this functional interdependence is mediated through the concept of 'role' (Whan, 1983). The role reflects the functional needs of the social system, as the individual becomes a social being by internalising appropriate roles. Thus, even deviant behaviour can be conceptualized as either a failure of socialisation or as a functional requirement of a particular system.

Whan (1983) suggests that everyday experience points toward varied interpretations of roles among the various members of a system. This introduces the idea of consciousness and individual experience and thus the retrieval of the person in the system.
According to Bowen (1971), the above theory seems to draw a distinction between the individual being and the social being. In a reductionistic way, the two are seen as counterbalancing forces: one towards individuality or autonomy and the other towards togetherness or fusion. However, as the writer elucidates, neither notion is psychological or sociological, nor is there any room made for subjective determination.

Pearson (1974) focuses on the ideas of 'transaction' and 'homeostasis'. He criticises the cybernetic framework which views the symptom as a function of the entire system (i.e. the family). Little emphasis, if any, is given to the meaning of the symptom for the individual suffering it.

The epistemology of systems and cybernetic theory merges the differences between the self and the other. This is particularly evident in the translation of the theoretical concepts into practice. The concepts of self-determination, individuation and acceptance, present a dilemma that shakes the very foundation of systemic thought: A dilemma that eludes to the individual and his/her role in the system. This involves a critical, self-reflective process of evaluation, in which certain norms and values are accepted or rejected in terms of the individual's personal philosophy (Plant, 1970). To recognise the capacity for deliberation and choice implies respecting the individual as such and not just as an object of social manipulation.

Continuing with the theme of rediscovering the individual in the system, Lewis (1989) discusses the concept of self from the perspective of systems theory. He suggests that the self is a legitimate autonomous system and that the self and the family represent non-intersecting systems that nevertheless have a lot of mutual influence.

The central idea that the writer proposes is that as the self and the family are separate non-intersecting systems, a problem in the self is not necessarily a problem in the family. To ignore this (as most family therapists do) may be pragmatic, but is limiting as it is blind to concurrent change taking place at other levels.

The environment cannot always be assumed to be the sole determinant of the individual's behaviour; rather it is the field in which the individual maintains itself. As Lewis (1989) states, the individual responds according to the coherence of his own organisational structure. "The environment cannot cause behaviour that
is counter to this internal coherence. The environment perturbs and the individual decides how to respond" (p.67).

It must also be noted that neither the environment nor the individual are sufficient areas of focus. Rather the environment and the individual constitute an interactional arena and ideally a both/and approach should be adopted.

2.4 INTEGRATING INDIVIDUAL WITH FAMILY THERAPY

It can be seen that the most recent trends in the family therapy field tend towards a rediscovery of the importance of the individual within a systemic epistemology. Selvini Palazzoli et al. (1989) propose a multidimensional approach as discussed above. Similarly, Feldman (1992) presents a model for integrating individual and family therapy based on a multilevel conceptualisation of individual and family interactional problems.

Clinical assessment is directed toward a clear delineation of the intrapsychic and interpersonal factors that are maintaining these problems. From an integrative perspective, both intrapsychic and interpersonal changes are significant. Ignoring or minimizing either level leads to an incomplete understanding of individual and family dysfunction (Vorster & Beyers, 1991).

Intrapsychic and interpersonal problem stimulation interact in a reciprocal and circular way. Family members' dysfunctional behaviours are stimulated by their conscious, preconscious and unconscious cognitions and emotions. These intrapsychic stimuli are themselves stimulated by the interpersonal behaviours of other family members.

This shift in systemic thinking has been hinted at and supported in the literature. Wachtel and Wachtel (1986) propose that neither the dynamics of the individual, nor the context in which they operate can be ignored.

Feixas (1990) cites Kantor and Neal (1985) who write about how systems therapists tend to be confused about the nature of the relationship between the most personal and private aspects of the individual experience and the systemic structures of which they are a part. The theorists differentiate between families that require interventions on a more personal and on a more private level, in order to alter personal experience and system structure.
Szalocznik, Kurtines, Foote, Perez-Vidal and Hervis (1986) argue that from their perspective, it would be possible to achieve some of the goals of family therapy, that is, structural family change and symptom reduction, by working primarily with one person. The authors note that despite the current wide acceptance of family therapy, there remains considerable evidence to suggest that inducing families into treatment is extremely difficult. Accordingly, the authors feel that underlying the problem of engaging and retaining families in therapy is the more fundamental quest of whether or not it is necessary to have entire families in the therapeutic session in order to accomplish the goals of family therapy.

Child therapists (Minuchin, 1985) recognised that even in working with a child in individual therapy, the family was almost inevitably changed as well. This was based on the notion that changing one part of a system almost always brings about changes in the whole system.

Despite this realisation, the main thrust of the family therapy field over the last two decades has been to place increasing emphasis on direct intervention involving the entire family system. Thus the greater part of the field has typically defined family therapy in terms of who is present in the therapy session.

In response to this, Szalocznik et al. (1986) propose a redefinition of family therapy as a treatment modality in which the therapist's interventions target on changing family systems regardless of who is present at a particular therapy session.

This was presented in a study as a challenge to the assumption that in order to induce change in the family, the family as a whole must be physically present in the therapy. The purpose of the study was to develop and refine a therapy modality directed at changing an entire family system while working primarily with one individual member. The assumption that family functioning can be changed while doing therapy without the entire family present was supported in the study.

Henggeler and Borduin (1990) in a response to what was felt to be an insufficient consideration of the role of individual characteristics in the development and maintenance of behavioural problems, propose "non-systemic interventions" and recommend individual therapy for members of severely dysfunctional families.
Lazarus (1992) argues that when individual agendas undermine the relationships within the system, individual therapy is often essential before family therapy. Unless individual needs are specifically addressed, progress is unlikely to ensue and therefore individual therapy often needs "to be the major vehicle of change".

"In most instances disturbed (relationships) are a product of disturbed (individuals) and if people were to be helped to live happily with each other, they would first have to be shown how they could live peacefully with themselves" (Ellis, 1962, p.789).

Not denying that the reverse can also be applicable, that is that disturbed individuals can be the result of disturbed relationships, much support for the previous view is evident in a variety of therapies with children.

Watchtel (1990) challenges the view that the problems of the child are always reflective of problems in the system. She proposes that direct attention be given to the child, rather than assuming that by improving the system, there will be a ripple effect for the identified patients. The writer arrived at this conclusion after observing that children's symptoms do not always disappear when the families' issues are resolved.

Attention to individual issues is by no means antithetical to a systemic understanding of problems. According to Jenkins and Asen (1992), family therapy without the family is possible as systemic therapy is not a question of how many people are seen, but refers to the theoretical framework which informs what the therapist does.

Sider and Clements (1982) examine the ethical issues in choosing between individual and family therapy, as various therapeutic methods are not necessarily interchangeable. The therapist has an ethical responsibility to the individual patient. The critical issue in the justification of any therapeutic intervention is whether or not it will benefit the identified patient (be it the family as a whole or the symptomatic child).

Every system in order to survive, must maintain homeostasis to some extent. A balance is maintained between the needs of the individual and the needs of the system. The needs of the individual can critically conflict with the balance of the system. That is, if one or more family member requires more than the system can provide, or has different needs, these demands may precipitate the disintegration of the family unit. The good of one level may not be the good of
another level. What is good for the individual, may be destructive to the stability of the system and vice versa.

Sider and Clements (1982) posit that this area of potential conflict is often ignored in systems theory. The view that what is good for the family will also be good for the individual is zealously upheld. It is unethical to evaluate one unit's needs over another's. The choice of individual versus family therapy must be explored thoroughly with an explicit statement of the therapist's loyalty when there is conflict between levels.

Andolfi and Angelo (1988) stress that the individual members of a system are not completely determined by the system, but actively contribute to determining the system's characteristics and equilibrium. The individual therefore becomes a potential vehicle for the introduction of new stimuli into the system.

"My primary purpose .... is to remind family therapists that we are working with persons and not abstractions ... it is important to analyse the system and often to work directly with it. But change ultimately occurs through individuals within the system" (Nichols, 1987).

Integrative multilevel treatment planning formulated by Feldman (1992) is directed toward the development of a comprehensive multilevel therapeutic structure designed to promote a decrease in individual and family interactional problems.

When individual families come to therapy, they want something to be different. This need not imply change, but rather serves to highlight a crisis or turning point in the family's dynamics. The therapist needs to identify what each family member wants with regards to himself/herself or the family as a whole or others in the family. Often different members identify different or conflicting goals. Feldman (1992) suggests that when there is a higher level of individual dysfunction than family interactional dysfunction, an individually oriented intervention is indicated initially, later to be combined with conjoint sessions.

In most instances individual and family therapy integration can be effectively conducted by a single therapist which allows for direct access to information and observation of both individual and conjoint alliances. There are times, however, when it is better to divide the work between at least two therapists (Feldman, 1992). Such a "collaborative" structure is indicated when the number
and/or severity of individual and family problems is unusually high or when one member is unusually resistant to sharing with other family members.

By tailoring the treatment plan to fit the specific therapeutic needs of specific individuals and families, the therapist maximises the possibilities for promoting individual and family interactional changes.

Individual and family therapy techniques are complementary and synergistic (Feldman, 1992). Each has the potential to extend and enhance the effectiveness of the other. The therapist increases his/her ability to establish and maintain effective therapeutic alliances and to effectively promote both individual and family interactional change. It is essential to clarify that while family members' intrapsychic dynamics play an important role in their subjective reactions to each other's behaviours, the behaviours themselves play an equally important role. Change at each level that is, intrapsychic and interpersonal change, is of equal value.

2.5 A REAL DICHOTOMY OR TERRITORIAL SHORT-SIGHTEDNESS?

"Family therapy has not been able to deliver on its extravagant promises ... some of its major assumptions have proved to be in error ... manifestations still commonly called 'mental illness' cannot be sufficiently explained on an interactional basis alone" (Salin, 1985, p.31).

Although some symptomatic behaviour can be alleviated by appropriate systems work, recent trends in the literature are attending to the notion that the previously disturbed individual may still only be functioning at a marginal level. As has been seen, the systems paradigm is insufficient - not everyone is helped by systemic therapy.

More focus must be directed at the individual in whom the locus of change lies. "There is a myth in our profession that if parents get together and free the child from the position of symptom bearer, he/she will automatically spring forth, mature, well adjusted and symptom free. This rarely happens ..." (Papp, 1983, p.88).

The long assumed dichotomy between individual psychodynamic and family-systems orientations, appears now to be no more than territorial short-sightedness.
Denying the effectiveness of individual psychotherapy weakens the assumptions of systemic work. Both assume change through interaction and a rejection of one implies a rejection of the other (Salin, 1985).

Salin (1985) suggests that the problem lies in insufficient definitions of family therapy. There is no recognition of the difference between problems presented as individual problems embedded in the context of a relationship, 'he is crazy' - and problems in a relationship acted out by the individual - 'we don't get along'.

2.6 CONCLUSION

It can be seen from the above review that the field of family therapy has become too loosely defined. There are a lot of blurred boundaries, both within the field itself and between related disciplines and orientations. The multitude of approaches becomes immediately apparent from even a cursory perusal of available texts.

Salin (1985) posits that rather than adhering religiously to a perceived dichotomy between orientations, we should look for dialogue with colleagues who share similar assumptions about the intricacies of change.

This view is shared by Selvini Palazzoli et al. (1989), who advocate a multidimensional approach. Salin's (1985) implication is that the perceived differences are rooted in methodology and not in theory.

A sharing of theoretical conceptualisations can only enhance both approaches. Salin (1985) proposes the combination of the best parts of both family and individual work by striving to work on theoretical techniques to bring about change.

Eriksonian and other brief individual therapy adherents have most in common with those doing brief family therapy. Rather than a focus on methodological constructs, such as systems versus individual, a change in direction would bring to light the benefits of both individual and systems therapies.

In this way an attempt is made to create an effective therapeutic means to work with the duality of man: As a self-determined, intrapsychic and autonomous being and/or a socialised, interactional component of a larger whole.
In the following chapter, the case study is presented together with an exploration of the therapeutic process. An attempt is made to present the reader with some insights into the family's unique evolution as well as into the theoretical conceptualisations that accompany the process.
CHAPTER 3

BREAKING THE ORIGINAL SPELL: A CASE STUDY

"Where shall I begin, please your Majesty?" he asked.
"Begin at the beginning," the king said gravely," and go on 'till you come to the end, then stop."

(Alice in Wonderland)

3.1 INTRODUCTION

The case that follows describes certain themes and interactional patterns of a family within the context of their total ecology. There is no beginning and no end - the selection of the starting and end points is arbitrary and serves to delineate the therapist's experience as part of a problem-determined system.

The telling of the story will be punctuated by the therapist's perceptions of the different entrances and exits of each individual in the system.

3.2 GENERAL BACKGROUND

The family was referred to a university clinic serving as one of the practical placements for the Clinical Masters students. The clinic consists of individual, group and family therapy rooms. Most of the rooms are equipped with one-way mirror facilities for team-observations and supervision purposes.

Potential clients are referred to the masters students on a rotation basis. The students are principally responsible for the identification of the presenting problems, construction of the therapy plan and implementation of the therapy process. Supervision is available on a regular basis in order to discuss the case and to ensure, as far as possible, that satisfactory progress is achieved.

As will become clear, the therapeutic process with this particular family was complex. Three therapists were involved with the family. The therapeutic
contact entailed once-a-week hourly individual sessions with three of the family members over a two year period.

The process was further punctuated by six joint/family sessions attended by all therapists and family members and one session that was conducted by a supervisor.

In the interests of confidentiality, pseudonyms are used for the family and the three therapists are referred to as A, B, C, respectively.

3.3 THE BEGINNING

The first contact with the Hunter family was through the Institute for Child and Adult Guidance. Mrs Cynthia Hunter had been referred by the school which her eldest son, Justin, attended. Mrs Hunter described numerous behavioural and scholastic problems with Justin at school. Over the phone, Mrs. Hunter sounded stressed, anxious and expressed difficulties in containing her son. The therapist suggested that Mrs Hunter bring Justin to the clinic for an initial session. Two days before the session, Mrs Hunter called to enquire if it would be possible for her husband, Russell to attend the session: she was encouraged to do so.

3.4 GENOGRAM
(See Figure 1)

3.5 THE FAMILY

3.5.1 The mother

Cynthia, 32 years, presented as a young attractive woman, whose appearance resembled that of a teenager, rather than a mother of two children. She is the eldest of three children. Her parents, particularly her mother, were very strict, and dominated Cynthia's life. Cynthia grew up without much freedom and emotionally estranged from most of her family members. She left home when she was twenty and married Russell. They had two children, Justin (born 1978) and David (born 1987).
FIGURE 1: FAMILY GENOGRAM
3.5.2 The father

Russell, 32 years, presented as a quiet, unobtrusive and insecure man. He is the eldest of three children and he maintains a good relationship with his mother and younger siblings. However, difficulties with his father, an alcoholic, resulted in strained communications with the family. Russell seemed to have difficulties acknowledging and expressing his feelings. He allowed Cynthia to dominate the initial sessions, and he seemed to concur with what she said. He lacked her aggressive style and appeared to have a better relationship with Justin.

3.5.3 The sons

Justin

Justin, 13 years, projected a hostile and sullen attitude. He did not participate in the session, neither to agree nor disagree with his parents. When he was addressed directly he shrugged, refusing to answer. It was possible that the context was too threatening for him. He seemed to distrust everyone and maintained a stoney, disinterested air, uninvolved in and unconcerned with what was happening around him.

David

David, 6 years, presented as a precocious and demanding child, seemingly very aware of his central role in the family and particularly of Cynthia's devotion to him.

3.6 THE THERAPEUTIC PROCESS

3.6.1 Initial sessions

The first session was attended by Mr and Mrs Hunter, their son Justin who was then 13 years old and therapist A. Cynthia was the spokesperson in the family sessions. She related a series of difficulties with Justin. He had been expelled three times from three different schools. He was failing the year at school and they had decided that he should be assessed in order to determine his level of intellectual functioning and his ability to cope.
The therapist was alerted to this request as a presenting problem, and wondered what the underlying problem really was. Possible hypotheses at the time included the family's need to label Justin as the symptom bearer, thus absolving the parents of any part in his behaviour. It was suggested that should a full assessment be indicated, this would be attended to. However, further information was needed in order to make such a decision.

3.6.2 The family's story

Cynthia proceeded to relate the complex family history. She described her mother as cold and rejecting, incapable of receiving or giving love. She was a violent woman, who subjected Cynthia to extreme forms of both physical and emotional abuse. As she spoke, Cynthia created a scenario of herself as a terrified and anxious child, unable to express herself and incapable of making sense of her confused, painful and unpredictable world.

Cynthia grew up fearing and hating her mother. She learnt to survive by shutting off her emotions and by performing - "marionette style" - in an attempt to assuage the abuse. She described her father as a weak, quiet man, unable to confront his wife or to intervene on Cynthia's behalf. She did not have a close relationship with her father and she felt emotionally isolated from him.

Cynthia's picture grew to depict an isolated and lonely child whose only outlet became academic and athletic excellence in order to elicit positive attention from her mother. Her younger sister, Susan, and brother James, were described as ideal children who could do no wrong in their mother's eyes. Cynthia's resentment towards her siblings and her father and her hatred and fear of her mother characterised most of her childhood and adolescence.

Russell spoke about his family in a more positive light. He described good relationships with his parents and siblings. He felt that his family had always supported him and he expressed difficulty in understanding the conflict that characterised Cynthia's life.

After some probing, however, Russell revealed that his relationship with his father was not so ideal. His father was an alcoholic who became very aggressive when he drank. Russell witnessed his mother being abused on
many occasions. He, as the elder son, felt obliged to intervene and protect her. This often led to conflict with his father.

Russell felt that his father was a weak ineffectual man. He expressed resentment towards him and denied any parallels drawn between his father and himself.

Russell and Cynthia grew up in the same neighbourhood and attended school together. At seventeen, Cynthia fell pregnant with Justin. Unable to disclose the pregnancy to her mother, she kept it hidden until the birth. Angered by her deceit and betrayal at having had a child out of wedlock, Cynthia's mother, Anna, insisted on raising Justin as her own child. Cynthia continued to live in the home. She was forbidden any direct contact with her child.

Justin grew up thinking Cynthia was his sister and Anna, his mother. Russell, Justin's father, was allowed sporadic access to the child in the role of Cynthia's boyfriend.

Thus, the family myth of deceit, collusion and role confusion, was born. Two years later, Cynthia married Russell and moved out of the home leaving Justin with his maternal parents.

When Justin was four, Anna and Susan, (Cynthia's sister) were killed in a car accident. Distraught at the death of his wife and daughter, Cynthia's father, Michael, implored the young couple to allow him to continue to raise Justin. Financially burdened already, Cynthia and Russell agreed. Justin continued to live with his maternal grandfather, unaware of the family myth in which he was to become quite pivotal.

After a series of unsuccessful relationships, Michael married Glenda when Justin was nine years old. Glenda had been a long time friend of the family and she was aware of the truth around Justin's birth. She exposed the myth to the nine year old Justin. Her motivations for doing so remain unclear.

Justin changed dramatically. From being a friendly and fairly well adjusted child, he became aggressive, destructive and uncooperative. His relationship with his grandfather deteriorated and he became progressively more hostile towards Glenda. Cynthia and Russell were unable to intervene as Justin did not trust any communication from them. He seemed to perceive them as part of the deceit. At
Glenda's insistence, Justin was sent to boarding school. Cynthia and Russell were not consulted on this decision.

Justin was expelled from the first boarding school for drugging. He was expelled a year later from the second school for alleged homosexuality and at the age of twelve, he was expelled from the third school for theft and malicious damage to property.

In the meantime, Cynthia and Russell had established themselves and were financially more secure. They had had another child, David, who is now six. They decided that after his third expulsion, Justin should come to live with his parents and younger brother and attend a day school in the area. As Glenda would have nothing to do with the child, Michael did not object to this development. However, Justin's behavioural problems continued, resulting in the referral to the clinic.

Justin's problematic behaviour extended into the home environment. He was hostile and rejecting of his parents, unable to make the cognitive and emotional shift required in order to perceive his "sister" as his mother and her husband as his father.

A note must be made about the therapeutic context within the training environment. The case was presented in a supervision session. It was decided in supervision to implement the following plan of action: Due to the complexity of the familial system and the underlying difficulties being experienced by each individual family member a decision was made to split up the family.

Three concurrent individual therapeutic processes were initiated based on the frame that before this group of individuals was ready to be a family, each individual must be given the opportunity to 'resolve' their individual difficulties. At the same time the pressure would be removed from Justin as the symptom bearer; as the message was communicated to each family member as to their particular responsibilities in creating the dysfunctional family system.

The mother was seen by therapist A. The father by therapist B and the son, Justin was seen by therapist C.
3.6.3 The mother

The therapeutic process with Cynthia centered around two main themes - that of her unresolved past relationship with her mother and her present difficulties with Justin.

Cynthia was constantly conflicted over her relationship with Justin. She found it difficult to make the emotional switch from relating to him as a 'sister', to developing a mother-son relationship. She expressed her difficulties graphically:

"I find it hard to accept Justin. He never lived here (at home). He's like an intruder."

Cynthia continually brought anecdotes about Justin's bad behaviour. She tried hard to get the therapist to collude with her in her belief that Justin was inherently bad and therefore unlovable. This seemed to be an attempt to relieve herself of any responsibility in his development.

Cynthia described Justin's consistent delinquency, and his violence and aggression towards herself and David. She reported numerous episodes of stealing, damage to property, truancy, irresponsibility, alleged drugging and homosexual behaviour.

It became apparent during the therapy that Cynthia constantly used Justin as a focus in the sessions in order to deflect attention from herself. Cynthia continually resisted all attempts to focus on her own difficulties.

Cynthia often alluded to her fear of Justin, her inability to be alone with him, and to tolerate him. She described herself as incapable of loving Justin or of expressing any emotion other than hatred and resentment towards him.

Cynthia struggled with her feelings for Justin, her guilt and her apparent inability to mother him. He was a stranger to her. He had grown up without her. She could not conceive of this preadolescent as 'the baby' she had 'lost' nearly thirteen years before. David had become the perfect child, literally legitimatized by his birth as her son thus sanctioning her as a mother. Cynthia constantly compared the two boys, painting an almost clichéd picture of the angel and the devil.
It seemed clear that in relation to David, Cynthia was attempting to validate her ability to be a good mother and to raise a well-adjusted child. Cynthia's desperate need for this recognition, blinded her to acknowledging any good in Justin.

Cynthia's fear of Justin grew to the point where she could no longer relate to him, even functionally.

Simultaneously, at this point in the therapy, she began to talk about her mother. All previous attempts to introduce this topic were vehemently rejected. Cynthia described her relationship with Anna. She related episodes of extreme aggression and physical abuse. She described living in constant terror - not knowing what would catalyst her mother's anger. She became hypervigilant - sensitive to her mother's slightest nuances of mood. Cynthia spoke with great pain and bitterness. She expressed her resentment towards her father and his apparent lack of concern or inability to intervene. With difficulty, Cynthia related how she had learnt to cut off her emotions - not to feel and to develop an ability to outwit her mother.

Justin's birth coincided with a period of heightened abuse. His arrival fueled Anna's hatred and anger. Justin became the weapon for further abuse.

A link between Anna and Justin began to unfold. The hypothesis was made that Cynthia's unfinished business and unexpressed anger towards and hatred for Anna was being replayed in the third generation with Justin. It appeared that Justin reminded Cynthia of her mother and had come to symbolise Anna in Cynthia's mind. Reintroducing Justin into the nuclear family was akin to reincarnating Anna. Cynthia seemed to invalidate Justin's own experiences and his very existence.

As Cynthia introduced the theme of her mother into the therapy, the possible link between Anna and Justin was presented to her. Initially Cynthia rejected any possible connection. After a period, she began to talk about feeling as if her mother had come back from the grave to haunt her in the form of Justin. The full extent of the abuse became more apparent. Cynthia slowly began to acknowledge the link between Justin and Anna and how her inability to love and mother Justin was directly related to the unresolved emotions from her past.

The therapeutic process continued to develop these two themes. Cynthia fought to resolve her unfinished business with Anna, to separate Justin from his
grandmother and to begin to perceive him as an independent, autonomous person.

To date, Cynthia continues to deal with those issues. Her relationship with Justin has improved considerably. She reports being more able to communicate with him, albeit functionally and superficially. She has shown some interest in his life and an attempt to understand him.

However, Cynthia describes her continued inability to express physical affection towards Justin. At the time of writing, the therapy was ongoing. Cynthia continues to "exorcise" her mother's memory with a reciprocal improvement in her relationship with Justin.

3.6.4 The father

Russell was referred to a male colleague of the author - Therapist B. The following is a report of the therapist's perceptions of Russell, his role in the family and the therapeutic process.

It soon became evident that Russell's presenting reticence in the initial sessions masked feelings of separateness, isolation in the nuclear family and confusion around his role in relation to Justin.

Russell related how he had been allowed social contact with Justin from birth. They had developed a "buddy-buddy" relationship. Justin seemed to relate to Russell as an older brother.

Russell described his anxiety at the reintroduction of Justin into the family. Justin was already thirteen and Russell felt unprepared to father a teenager. He expressed a similar kind of role-confusion as that experienced by Cynthia.

His relationship with his wife was naive, particularly in relation to her abusive past. Russell felt the need to protect and indulge Cynthia. He was incapable of relating to her as a mature adult and reinforced her young, flirtatious adolescent image. Russell's feelings of inadequacy and lack of self-worth resulted in his distancing himself from the family, and his subsequent development of a serious drinking problem.
According to the therapist, much of the therapy centered around teaching Russell how to be a father. This involved certain cognitive and pragmatic material as well as dealing with the emotional implications of fatherhood regarding Justin. The aim of the therapy was to encourage Russell to become more confident in his role as father and more equipped to deal with Justin and David.

The therapist described the process as slow. Russell would continually resist repeated attempts to move him to look at himself. He tended to deny himself and rescue others. This resulted in immobilising him in the system. An analogy was drawn between Russell and a tight rope walker - constantly needing to keep the balance with subtle interactional manoeuvres.

Russell's exaggerated sense of Cynthia's fragility, coupled with the abuse experienced in his own family had led him to become the peacemaker, unable to deal with conflict and yet helpless to intervene effectively. His immobilisation and reluctance to look at himself was related to his perceptions of himself as "the glue that holds the family together": Self examination would entail "unsticking" himself which he felt would then destroy the family.

Russell's role as a father was strongly reinforced in the therapy. On a systemic level, this had a recursive effect. Roles became more defined and the family structure more overt. That is, by defining the boundaries in the system - parental versus sibling subsystem - sanctioned Russell's functioning in the family and particularly his role as father.

It should be noted that the aim of the therapy was not necessarily to enforce stereotypical parental roles, but rather to legitimise Russell's presence in the family and his relationship towards Justin.

On a transgenerational level, Russell began to explore his relationship with his own family of origin. Throughout the therapy, he had maintained the idea that his relationships with his parents were almost conflict free. Russell drew comparisons to Cynthia's family. He felt that his own parents were relatively ideal. He also felt unable to discuss problems of his own as Cynthia's situation seemed to trivialise his own. However, Russell began to relate incidences of physical and emotional abuse within his own family: Russell witnessed frequent attacks on his mother by his alcoholic father. He expressed feelings of helplessness and impotency - unable to intervene and to protect his mother.
The therapist hypothesised that to some degree Russell had recreated his own family's dynamics in his present nuclear family. His protectiveness towards his mother mirrored that of his feelings towards Cynthia, as did his sense of helplessness and impotency.

The therapist felt that a parallel could be drawn between Russell's inability as an adolescent to protect Cynthia from her mother when she was alive, and a similar inability to pacify his father and protect his mother.

Russell at first resisted all interpretations. He refused to acknowledge his role in the problem determined system. He often resorted to using Justin as the identified patient - effectively deflecting attention from himself. However, with time Russell began to deal with these issues and particularly to look at himself and how he affected the family. An additional stressor was his parents pending divorce which shattered Russell's idealisation of his own family of origin. This further forced him into exploring more emotive issues in the therapy.

At present, Russell's role in the family is more defined. He expresses more confidence in perceiving himself in a father-role towards Justin. He is more willing to accept some responsibility in the family. His relationship with Cynthia remains stable. They communicate more and Russell feels less of a need to drink.

However, Russell remains the "glue that holds the family together". By reinforcing his role as an authority figure, the therapist inadvertently entrenched his role as peacemaker and rescuer. This may not necessarily be detrimental to the system, but may have been instrumental in legitimizing the already existing homeostasis in the system, thereby prescribing stability rather than change.

3.6.5 The sons

Justin

The following is a synopsis of the therapeutic process with Justin, based on a basic interview with Therapist C.

Justin was initially highly resistant to, and overtly hostile in, the therapy. He felt that he had been coerced into being there. He was distrustful of the therapist, the context and his parents' motivation for bringing him to therapy. He insisted
on searching the therapy room for tape recorders and listening devices convinced that his parents were trying to elicit information from him to use to his detriment.

Therapist C felt that his lack of trust was a direct reflection of Justin's perceptions of his world. Things are not as they appear to be. Reality for him was riddled with deceit and ulterior motives. His hostile and sullen attitude was interpreted to be a mask for extreme confusion, bewilderment and anger.

Justin's inability to trust his reality became the focus of the therapy. He felt responsible for destroying his family. He perceived himself as bad and the cause of Cynthia's pain. As a young child, he witnessed and felt responsible for Anna’s abuse of Cynthia. By reentering his nuclear family he felt he had shattered the apparent peace and harmony that had existed.

Justin felt that his world had been destroyed when the family myth was disclosed by Glenda. He no longer trusted the adults in his environment. He seemed unable to make the cognitive and emotional shifts required to begin to relate to Cynthia and Russell as his parents. He expressed his fear and confusion through aggression and malevolence. He seemed determined to damage and discredit any potential good in his life.

The therapist felt that Justin's hostility was an effective way of distancing himself from emotionally significant others in his life. He had learnt that love and closeness spawns pain and rejection. By being as bad as possible, Justin was attempting to eradicate any possibility of emotional bonds for fear of loss and abandonment yet again. This was reflected in the therapy. He rejected all interpretations and became increasingly passive-aggressive.

The therapist felt, however, that her perceptions were valid and demonstrated her ability to withstand Justin's punishment. She slowly began to develop a more consistent, intimate and trusting relationship with him.

Justin’s ambiguity towards his mother became more overt in the sessions. He expressed his desperate need for love and recognition from her. He would attempt to please her by buying expensive birthday and Christmas gifts and by attempting to excel at sports (the only area recognised by Cynthia). This behaviour was often coupled with aggression and anger as he expressed his pain and fear of being abandoned yet again.
The aim of the therapy was to provide Justin with a corrective emotional experience. His reality consisted of deceit, abandonment, loss and ambiguity. The therapy process was necessarily slow. It was generally agreed on amongst the therapists that Justin was most affected by the family's history. His age, emotional distress, aggression and difficulty in communicating all seemed to indicate the need for consistent in-depth individual therapy. It was felt that a family therapy context would be too threatening for him (as demonstrated in the initial sessions). Justin needed to experience a stable, consistent relationship that survived all his attempts to destroy it.

Justin began to slowly demonstrate an ability to tolerate the ambiguity in his life. As he dealt with the loss and the pain, he began to accept the good and bad in himself and his family. He learnt to stay out of the "conflict zone" and to communicate more, particularly with Cynthia. Thus his perceptions of himself as the scapegoat in the family began to shift. Justin developed a more balanced and realistic understanding of his own intrapsychic world and his family. Justin expressed his view of the therapy process:

"I feel that the family has come together...... we found our way ....... and got it together."

The therapist maintained a more conservative view of the process. She felt that although Justin had developed in the therapy and that a number of behavioural changes were evident, he still had a long way to go. The extent of the emotional stress would necessitate a long term therapy process. This is in fact still ongoing.

David

David was not seen in individual therapy. Knowledge about him is limited and almost solely based on information volunteered by Cynthia.

For Justin, David symbolised everything that he felt deprived of - resulting in a volatile relationship between the two boys. Justin openly expressed his jealousy and resentment toward David and refused to acknowledge him as a younger sibling. David vacillated between idealisation and fear of Justin. Cynthia reinforced the relationship by continually intervening on David's behalf.
To some extent the decision to exclude David from individual therapy was an attempt to communicate to Justin that he was worthy of ongoing individual attention and to identify him more overtly with his parents, separate from David.

This may have reinforced Justin's position as the "bad" one, in need of treatment and David's role as the "angel" exempt from any part in the creation of the dysfunctional system.

However, David was not immune to the effects of the therapy on the family. As the relationship between Cynthia and Justin improved, David had to adjust to sharing his mother's attention. After some time he conceded his position to his older brother which also resulted in an improvement in the relationship between them.

3.7 TWO CONCURRENT THERAPY PROCESSES

It is evident from the above portrayal that the therapeutic process consisted almost exclusively of individual work with the three family members. Two additional processes need to be highlighted with respect to the evolution of the therapeutic process.

(1) At certain points the process was punctuated by family therapy sessions. The sessions were framed as "group meetings" between the therapists and the family members in order to overcome their resistances to family therapy per se.

The frequency of these sessions was not based on any predetermined schedule or theoretical recommendations. Rather they evolved out of a need expressed by the system. In retrospect the sessions coincided with periods of heightened tension between the various subsystems as well as points of apparent change such as Cynthia's attempts to communicate with Justin.

The aim of these sessions was to reintroduce and reinforce the idea that essentially this was family therapy, being conducted in three independent therapy rooms. In addition a context was created in which individual dynamics and interpersonal interactions were confirmed or disconfirmed.

(2) Another level of 'family' work developed within the therapeutic team. Partly as an outcome of the training context and partly out of a need to clarify a seemingly complex and confusing multigenerational family ecology, a process evolved
wherein the three therapists would meet after each individual session to discuss the case and to "debrief".

The therapists had developed an intimate understanding of their respective clients. It soon became apparent that distinct feelings were elicited in each therapist as a direct result of the complicated family relationships, ambiguities and emotions manifested during these sessions (Lantz, 1992). Each therapist would "role-play" his/her client's position, at times conflicting with other "family members" and at times clarifying nuances of the relationships. Once this process was recognised by the team, it was used to co-create the family's dynamic, enhancing respective insights into their interactional patterns and styles.

At this point in the supervision of the case, the suggestion was made to attempt a family session of sorts. This entailed creating a one-way mirror context in which the therapists became the family, which the actual family observed behind the mirror. The therapy was conducted by a supervisor in the role of consultant therapist.

The session punctuated a point of stuckness in the process and served to highlight this for the family. The message was confrontational and communicated to the family their resistance to the therapy.

A double description was also implicit in the communication - that is, the therapists' difficulty in dealing with the family, possible over-involvement as reflected in the strength of feelings expressed by each therapist with regards to their respective clients and loss of the participant-observer boundaries. This session also served to disclose the family myth and to emphasise the norm of concealment that existed in the family prior to therapy and that to some extent was perpetuated in the process. It was felt by the therapists that the concealment was counterproductive to the therapy and that to some extent it was instructive in creating the above-mentioned stuckness.

The session demarcated a point of stability in the family. The outcome of the session was change. By commenting on the underlying process that had developed in each individual's therapy and by making the covert overt, an expression of greater freedom to reveal without fear of betrayal was elicited in the family.
Cynthia expressed her need to communicate with Justin and her resentment towards his relationship with his therapist. Justin was able to take this back into his individual therapy and to disclose his ambiguity towards his mother. Russell described a certain relief that things had "shifted". This in turn freed him to devote more time to himself without the fear that the family would disintegrate.

3.8 CONCLUSION

3.8.1 Current status at the family

From a systemic point of view the family is more fully functional. There is a noticeable difference in Cynthia and Justin's relationship. Justin communicates more openly and is less belligerent and critical of Cynthia although he still struggles to perceive her as his 'mother'. Russell appears more confident in himself and relaxed in his relationship with Cynthia. He has become a definite father-figure for Justin. Justin's behaviour at school has improved, as has his academic performance. He is less malicious towards David and more accepting of his place in the family.

The family appears more functional, independent of external resources and equipped to cope effectively with crises without disintegrating or resorting to aggression and abuse.

Structurally, the parental subsystem is more defined and some dissociation from the sibling subsystem has been achieved. Cynthia and Russell are more supportive of each other. Both Justin and David have responded well to the increased clarity of structure within the family.

Each family member reported improved relationships, more openness and ease of communication.

Cynthia still has difficulty in her relationship with Justin. She describes it as different to that with David with whom she is keenly aware of her role and what is expected of her. However, she feels that the relationship will continue to improve. A symbolic punctuation point in this process was Cynthia's efforts to legally change Justin's surname from Norman (her maiden name) to Hunter as a final acknowledgement of his position in the family.
Justin still struggles to trust his reality. At times his behaviour resembles that of a normal fourteen year old adolescent. At times residual patterns of delinquency re-emerge. However, Justin feels more capable of dealing with his problems. He is more willing to reveal his distress and to accept responsibility for his actions.

Difficulties still exist on a trigenerational level. Cynthia's resentment towards her father is still palpable. She feels unable to initiate a relationship with him although she now encourages her sons to visit their grandfather.

In conclusion, the family describe a general feeling of togetherness and support among themselves. Crises are dealt with effectively and efficiently and there is no longer a fear of disintegration in the face of difference and change.

As expressed by Justin:

"We're O.K. now. We no longer have to pretend. We can be normal now."

In the following chapter a discussion and integration of the practical and theoretical concepts that have been explored in the two preceding chapters will be presented.
CHAPTER 4

DISCUSSION AND INTEGRATION

And since time never pauses, but change must ensue, let us wish that old things may fit well with the new.

(Tennyson: 'Queen of the Isles')

4.1 INTRODUCTION

Thus far the aim of this study has been to present an overview of relevant literature pertaining to the reintroduction of the individual into the system. A detailed case study was presented as illustrative of an attempt to pragmatically implement this shift.

At no time was the purpose to present a new therapeutic stance, but rather to present a case that seemed to reflect some recent developments in the family therapy field: A challenge to the assumption that in order to 'do' family therapy, it is imperative that the entire family (and in some cases, the extended family), attends all the therapy sessions (Miller, 1984; Szalocznik et al., 1986, and Jenkins, 1992).

These current trends in the field seem to have come full circle to reflect once again the cybernetic or systemic principle that by changing one part of a system, subsequent changes reverberate throughout the system as a whole.

This chapter presents a discussion of how, retrospectively, the recent literature seems to support the therapeutic process presented in Chapter 3.

4.2 CAN THE WHOLE BE DETERMINED BY THE SUM OF ITS PARTS?

Individual and family therapy have developed as separate and often antagonistic approaches to clinical work with children, adolescents and adults. The rigid separation between these approaches has impaired the therapist's
ability to conduct comprehensive clinical assessments and to intervene in ways that promote both intrapsychic and interpersonal changes (Feldman, 1992).

The integration of individual and family therapy concepts has the potential to enhance clinical assessment and treatment of a wide range of emotional behavioural and family interactional problems. Based on an integrative, multilevel conceptualisation of individual and family interactional problems, clinical assessment can be directed towards a clear delineation of the intrapsychic and interpersonal factors that are maintaining the problem.

Feldman (1992) comments on the usefulness of combining conjoint and individual therapy sessions in a complementary and synergistic way. Conjoint sessions provide a context for the stimulation of interpersonal change, while individual sessions provide for intrapsychic change. Further the author continues that intrapsychic work with the symptomatic individual may lead to the identification of areas of family dysfunction. Further still, intrapsychic change may stimulate interpersonal change and thus systemic change.

Andolfi, Angelo, Menghi and Nicolo-Corigliano (1983) in discussing the evolution of two systems, namely the individual and the family, note that although the family is the unit of observation, the individual and the complexity of behaviour as seen through an understanding of development in the family is of primary interest. "The essential link between individual needs and social demands has compelled us to integrate diverse interpretative modalities of human behaviour" (Andolfi et al., 1983, p.3).

Morin (1989) looks at the relationship between the whole and the parts of a system and suggests that a system is simultaneously something more and something less than the sum of the parts.

A system is more than the sum of the parts because in the process of organisation, certain emerging qualities come to light which are not present in the individual parts. Certain qualities are acquired and developed only in the whole and as a result of the whole.

However, at the same time, the whole is less than the sum of the parts in the sense that an organisation imposes certain constraints on the potentialities of the individual parts (Marchetti, 1993).
These constraints refer to the fact that some of the characteristics inherent to the parts, when seen in isolation, disappear in the context of the whole/system. This idea is often ignored, but Morin (1989) points out that every organisational relationship involves constraints on its individual parts or elements.

Every system must therefore be seen as both an enrichment and an impoverishment, therefore presenting a complex, ambiguous and diverse view of systems (Marchetti, 1993).

Thus the family is observed as a relational system, beyond the individual, while at the center of the study of the family, sits the individual and his/her process of differentiation.

The structural connectedness that helps determine individual autonomy in each family member is made up of the triangular relationship between parents and child. The vicissitudes which every family experiences in the making and in the unmaking of its relational triangles influences the evolution of its structure.

The capacities to change, to move from one place to another, to participate and to separate, all permit the possibility of exchanging and acquiring new functions and expressing differentiated aspects of the self. This process of separation-individuation requires that the family passes through periods of disorganisation.

Ideally, these phases of instability lead toward a new functional equilibrium. This of course does not always occur. It is possible that family rules prevent individuation and autonomy of single members (Feldman, 1992). In such families, where change is perceived as threatening the existing interactional scheme is rigidified. Roles are crystallized and new experiences avoided.

Therapy is often requested in the phase of transition - that is when the risk of change seems to be evolving into an undeniable certitude. Therapeutic intervention may rediscover potential within the rigidified family group (Andolfi et al., 1983), thus necessitating change.

4.3 THE FAMILY

The family requested therapy during a transition phase. The reintroduction of Justin into the nuclear family seemed to threaten the stability of the existing system. The members of the system reacted to the potential disorganisation by
rigidifying their existing interactional patterns, crystallizing already determined roles and resisting change.

Change requires a process of adaptation which may be seen as a modification of the rules of association. This ensures family cohesion while allowing space for the psychological growth of its individual members. Often it is the case that faced with potentially threatening change, a family member is selected to carry the stress by expression of a symptom (Andolfi et al., 1983).

In these families, the identification of a 'patient' represents a temporary response to the potential change. The symptomatic behaviour serves to focus all the tensions upon him/her at a time when the stability of the system is at risk. At times the designation of 'patient' becomes irreversible, and indispensable, successfully avoiding the risk of instability and thus evolution of the family.

Justin entered a fairly cohesive, functioning system consisting of his mother, father and younger brother. For many reasons elaborated on in the previous chapter, Justin was perceived as a threat to the stability of the family. The family resisted the change by rigidifying their existing patterns. Justin was selected to carry the stress of the potential change by exhibiting symptomatic behaviour.

Keeney (1979) suggests that the symptom may be seen as a metaphor for the relational patterns in the system. In this way, Justin's delinquency and abusive behaviour served to communicate the lack of structure and cohesion in an otherwise seemingly functioning idealised system.

Justin became the symptom bearer, successfully focusing all the tension upon himself, allowing the predetermined roles of his parents to crystalise and thus to avoid the risk of instability. The seriousness of Justin's behaviour with its potential legal repercussions may have been an attempt on his part to mobilise Cynthia and Russell into taking more assertive, responsible and active parenting roles.

Justin's appearance in the family brought with it the potential dissolution of the existing family organisation and structure. According to Hoffman (1985) a system that enters into the therapeutic context with a problem is making a request for change. However, simultaneously, the system will tend to resist change and make a bid for stability.
In this family the request for change was made by Justin, but the rest of the system fought for stability. Cynthia attempted to protect her position as "good wife and mother" and to absolve herself of any part in Justin's behaviour. However, at the same time she was placed in a paradoxical position. She had to remain loyal to Justin as disloyalty would imply identification with her mother. Similarly, Russell's immobility was symbolised by his need to affirm Justin as his son, which would necessitate change and yet to maintain his alliance with Cynthia which indicated stability.

The author at this stage was aware of the pull to form coalitions with each individual. There was little cohesion between family members. As mentioned in chapter one, Feldman (1992) suggests that when there is a higher level of individual dysfunction as compared to family dysfunction, an individually oriented intervention is indicated. Further, according to Feldman (1992), when the number or severity of individual problems is unusually high, the therapeutic work should be divided between at least two therapists.

It must be emphasised that the case was a clinical one and decisions were made in response to perceived clinical and practical needs.

The decision to delegate to each family member a separate therapist was not based on a theoretical stance per se. After the initial consultation sessions, it was decided that this family was not ready to be a family. The degree of dysfunction seemed counterproductive to the initiation of family therapy. Each member was resistant to the idea of family therapy. Little communication existed between them and individual agendas seemed to undermine the system's functioning.

Lazarus (1992) suggests that in such a case, unless individual needs are specifically addressed, progress is unlikely to occur.

Feldman (1992) provides a sound retrospective theoretical basis for such a decision based on the premise that as the individual changes, his interactions change and there are reciprocal differences in the feedback to other individuals in the system.

Andolfi and Angelo (1988) infers that the individual members of a system are not completely determined by the system but contribute to determining the system's characteristics. The individual therefore becomes a potential vehicle for the introduction of new stimuli into the system.
4.4 THE MOTHER

Individual therapy with Cynthia provided the opportunity for her to realise that her reactions to Justin were still rooted in her unresolved relationship with her mother and the inability to mourn her death.

Death of a family member is ranked as the most stressful of life events that families and individuals must face (Coleman, Butcher & Carson, 1984). The disruption in both the individual and the family is profound and often reverberates throughout the family for generations.

Delays and distortions in the grief process are known to exacerbate these reverberations (Lieberman, 1979). If the family is unable to mourn, individually or as a whole, a family pattern develops which is often perpetuated transgenerationally.

The inability to mourn her mother's death and her difficulty in relinquishing the emotional bonds, led Cynthia to attempt to maintain the balance in the family by transferring these bonds onto Justin. He became a replacement for his deceased grandmother. The result was individual and relational dysfunction in both Cynthia and Justin.

The transmission of her grief reaction was Cynthia's way of expressing her unpaid multigenerational debt. Justin had become a substitute for his grandmother and thus a receptacle for Cynthia's projected unresolved emotions. In order for Cynthia to perceive Justin as an independent person, separate from and different to her mother, Cynthia had to acknowledge the link between them and then to "exorcise" her mother's memory.

Individual work enabled Cynthia to make these connections, to separate Justin from her mother and to begin to relate to him independently as her son.

4.5 THE FATHER

Individual work with Russell centered around strategic and structural interventions. It was clear that the parental subsystem, as it existed at the beginning of the process, could not sustain the introduction of an adolescent child/friend while maintaining its hierarchical position (Minuchin, 1974).
Russell was poorly prepared to deal with a grown son. He struggled to discipline Justin and tended to reinforce his delinquency. By strengthening Russell's position in the family and coaching him in the role of father - the parental subsystem was legitimised.

Justin's position became more clearly defined as part of the sibling subsystem. This resulted in shared responsibility between Cynthia and Russell. Justin was freed from the position of symptom bearer and allowed to become a more appropriate adolescent.

4.6 THE SONS

Justin

Therapy with Justin was more complicated. It was not enough to free him from the position of symptom bearer by restructuring the parental subsystem.

Justin's symptomatology had manifested before he physically joined his nuclear family. Themes of abuse, rejection, abandonment and the inability to trust his reality and authority figures were strongly evident in his repeated expulsions, poor academic performance and delinquency. His entrance into the family only served to perpetuate his feelings of not belonging. He felt responsible for destroying the apparent stability of the nuclear family. Cynthia's intolerance of him and Russell's inability to father him reinforced his confusion and instability.

With the disclosure of the family myth, Justin's world as he knew it had quite literally been shattered. It was obvious to the team that family therapy would not provide Justin with the intensity of interventions that he seemed to need. Justin had to be given the opportunity for an emotionally corrective experience that could only be possible in a stable, consistent and containing therapeutic relationship.

David

Although David was never seen in therapy, the changes that evolved in the other members of the family seem to have affected him as well.
When Justin joined the system David was dethroned. He had been accustomed to being the centre of attention. This changed dramatically given the timing and affect of Justin's appearance in the family. Confused as to the sudden loss of his pivotal role, David became more precocious and undisciplined, often acting out at school. The norm in the family had become delinquency and punishment. David, in order to belong, wanted his share as well.

However, Cynthia and Russell reported that David responded favourably to the changes in the family during the therapy process. He became more willing to cooperate, conceding his position to Justin and accepting him as an older brother.

4.7 MULTIGENERATIONAL EFFECT

A strong multigenerational effect was integral to the family's interactional patterns. The generational boundaries had collapsed for Justin. He grew up perceiving his mother and himself as part of the same generation. Cynthia, in turn carried unresolved emotional issues from her family of origin into her present nuclear family.

Freeman (1992) posits that unfinished business from one generation is projected onto the next generation and forms the basis for that generation's emotional issues. The timing of Justin's birth and the relationship between Cynthia and her mother were the ingredients that determined the degree to which Justin became the central focus of his mother's unfinished business. His own experiences were invalidated which made it difficult for him to form relationships with the other family members.

Bowen (1978) infers that family patterns are developed through a process of projection, both within the nuclear family and across generations.

Framo (1981) and Paul (1981) view the transmission of family patterns as occurring through a projection or transferential process often at an unconscious level.

A multigenerational approach to families provides a useful and rich theoretical basis for understanding individual and family development (Boszarmenyi-Naggand Spark, 1973; Bowen, 1978; Framo, 1981; Williamson, 1981). Multigenerational patterns focus on change and development across the
generations and how interactional and emotional patterns are transmitted within a particular family.

Morin (1977) posits that it is necessary to bring history and the present event into all conceptualisations. The stuckness that the family presented with, was essentially linked to unfinished business from the past. Movement was not possible until these issues were brought into the present and resolved.

4.8 SOME THEORETICAL CONCEPTS REVISITED

Chapter two consisted of a detailed discussion of relevant theoretical concepts. It is now necessary to review some of the main themes in order to integrate them with the case presented.

Selvini Palazzoli et al. (1989) discuss a number of principles posited by Morin (1977) as support for the reintroduction of the individual into the system.

Morin's (1977) principle of universality has direct implications for the case presented. Morin (1977) proposes a continual dialectic between what is general and what is specific to each situation.

As was seen with the Hunter family, the therapeutic interventions were specifically tailored to their unique situation. The family was perceived as dysfunctional. Furthermore, the dysfunction of each individual seemed to override the dysfunction of the system as a whole. Consequently, three independent therapies with three individual family members were introduced.

The outcome of the therapy seemed to support Dell's (1982) contention that in order to achieve change the therapist must trigger system - transforming behaviours from each individual family member.

The changes noticed in Cynthia, Russell and Justin respectively induced changes in the system as a whole - the family became more functional. In addition, relational improvements were reported between dyads and subsystems.

A marked change in David's behaviour was as a direct result of changes in other parts of the system. David was never in therapy and yet he responded favourably to the reorganisation of the family.
This points to another principle proposed by Morin (1977): the individual cannot be considered disjoined from the family, nor the family disjoined from the individuals who constitute it. It is essential to link knowledge of single elements to knowledge of the whole of which they are a part.

Attention to individual issues is by no means antithetical to a systemic understanding of problems. As is suggested by Jenkins (1992), family therapy without the family is possible as systemic therapy is not a question of how many people are seen, but rather refers to the theoretical framework which informs what the therapist does.

The therapy with the Hunter family was conceptually based on a systemic framework and the overall goal of the therapy was systemic change.

The therapy was redefined as a modality in which interventions targeted family systemic change, regardless of the number of people present in the particular therapy sessions.

Feixas (1990) differentiates that this requires interventions on a more personal and private level in order to alter personal experience and systemic structure. The degree of personal and intrapsychic dysfunction indicated the need for a more personal intervention in order to alter the experience of each individual. A corollary of this was improved interpersonal relations and systemic functioning.

Lewis (1989) theorises that the self and the family are separate non-intersecting systems and thus a problem in the self is not necessarily a problem in the family.

It was felt by the team that Cynthia's intrapsychic dynamics were not necessarily a problem of the nuclear family, although the effects of her behaviour strongly impacted on the family. Individual therapy was therefore indicated before Cynthia would be ready to consider the larger whole of which she was a part. A similar situation occurred with Justin and to a lesser extent with Russell.
4.9 CONCLUSION

It became clear to the team, that although the family presented with symptoms isolated to the immediate nuclear family, the boundaries of the system had to be expanded in order to understand how each individual's presenting symptoms related to the larger transgenerational system (Guerin, 1976). This further served to complicate the process and reinforce the need for individual therapies.

The treatment plan had to be tailored to fit the specific needs of the family in order to maximise individual and family changes. The case and the way it was managed presented a unique opportunity to explore some of the current trends in the family therapy approach. That is:

(i) Neither the dynamics of the individual nor the contexts in which they operate can be ignored.

(ii) Family functioning can be altered without the entire family present in the therapy room.

The case presented is not intended to validate or invalidate these theoretical positions, but rather to stand as a practical example of possible variations in the approach to family and ecosystemic therapies. As suggested by Salin (1985), combining the best parts of family and individual work is an effective way to understand the duality of man - as a self-determined autonomous being and/or a socialised interactional part of a larger whole.
CHAPTER 5

CONCLUSION

Sing and dance together and be joyous
But let each one of you be alone -
Even as the strings of a lute are alone
Though they quiver with the same music.

(Gibran, The Prophet)

5.1 INTRODUCTION

Problem-determined systems are made up of a number of persons who are connected by conversations about what is thought to be the problem under discussion. In accepting the view that there is no absolute truth or reality, one accepts the idea that any conceptual frame of reference is but a partial explanation of a whole and can therefore never fully explain the phenomena being studied.

It seems that the move to reintroduce the individual into the system was preempted by a fundamental premise of the Milan School, that is, the priority given to the question "why is this particular member of this particular family exhibiting this particular symptom at this particular time" (Selvini Palazzoli et al., 1986, p.6).

This form of questioning could be considered a precursor to the epistemological shift presented in this study. Such a question could naturally lead back to look at the individual in depth, rather than to merely reflect on the effects of behaviour as it reverberates throughout the system.

5.2 UNITY OF THERAPIES?

Boszormenyi-Nagy (1986) reviews aspects of a therapeutic approach that deals with issues at the individual/family interface. The author makes the point that
although the terminology of individual therapy cannot be translated into the terminology of systemic therapy, they can be subsumed into the terms of relational ethics. The integrative principle must be based on therapy's ultimate mandate for humanity.

The context of relational reality encompasses the inevitable conflicts of interest between persons. Such conflicts cannot be reduced to either intrapsychic conflict between two forces of one mind or to power conflicts between two persons or systems.

The individual reality of consequences for the self is complemented by the relational reality of consequences for others. Neither psychological nor transactional systemic reductionism can capture the whole of relational reality.

The bulk of the therapeutic literature shows how difficult it is to conceive of the dialectic of separation and individuation in a relational context. Therapies that isolate individuation from the context of relationships are conceptually deceptive (Boszormenyi-Nagy, 1986).

Family therapy has demonstrated that it is important to consider relational as well as individual reality in evaluating health and dysfunction. The omission of psychological dimensions from strategic planning can deprive the therapist of insight into the family members' intrapsychic forces.

Similarly, the omission of transactional systemic dimensions can deprive the therapist of important information concerning the mutually reinforcing nature of interactional roles.

5.3 INTEGRATION

This dissertation has been an attempt to describe the evolution of a relationship network within a problem-determined system. A therapeutic process was presented in which systemic change was tentatively initiated via the relevant individual systems.

Selvini Palazzoli et al. (1989) describe a development towards a mode of 'complexity', that is where heterogeneous concepts, such as the individual and the system, are dialectically fused while remaining conceptually distinct from each other.
Consideration is given to the individual, the family system as well as the family of origin in the treatment of any given family. The mother-child relationship, and what the parent has brought from his/her relationship with his/her family of origin is explored in an attempt to find significant explanations of what processes are taking place in the family (Marchetti, 1993).

Selvini (1988) argues that emphasis on individual members of the system should not be seen as a return to intrapsychic principles.

...a truly systemic and ecological conception cannot ignore the fact that every systemic level has its own identity (and its own limits) and hence its own relative autonomy ... The individual plays his game and has an autonomous strategy, even though that game is indissolubly bound up with the game played at the family and higher levels. Every level has its own relative autonomy, its partial independence. (p.17)

The ideas of complexity provide an epistemological alternative which allows individual feelings and motivations to interact with systemic processes.

Morin's (1989) ideas allow for a dialogue to take place between intrapsychic and systemic perspectives.

A system is a complex concept because it cannot be reduced to elementary unities. Morin (1989) therefore sees the system as the unit of complexity.

Morin (1989) explains that organisation can be seen as the sorting out of the relationships between different components or individuals which produce a complex unit or system. The latter therefore has qualities unknown to the individual components of that complex unit or system.

Organisation connects elements/different individuals in an interrelational way which consequently become a component of the whole (Marchetti, 1993).

In a rejection of the classical Newtonian scientific model, Morin (1989) sought to reintroduce the importance of the individual and all his/her personal qualities into his conceptualisations. However, this rejection does not imply the acceptance of the systemic model either.
Morin (1989), criticises systems theory for its holistic reductionism. He argues that in an attempt to look at the whole, the parts are forgotten. "It is impossible to know the single parts without knowing the whole and also to know the whole without knowing its parts" (Pascal, in Marchetti, 1993, p.58).

In conclusion, Morin (1989) argues that one cannot look at a complex system through the reductionism of the classical sciences, nor even through the holism of systems theory. The latter is also an oversimplification which ignores the parts in an attempt to understand the whole.

In an attempt to move towards multidimensional thinking, it is important to remember that complexity is not a desire to gain all possible information on the phenomena under study (Marchetti, 1993).

Complex thinking, although aspiring to multidimensionality also carries with it the principles of incompleteness and uncertainty. "Only at the moment that one admits that reality is not reality, that one acknowledges the limitations of the mind and those imposed by culture can one truly move towards multidimensionality" (Morin, in Marchetti, 1993, p.69).

5.4 CONCLUSION

It was not the purpose of this study to translate intrapsychic theoretical and therapeutic terms into ecosystemic terms. This is neither necessary nor possible. As the number of therapeutic concepts and methods increase so it is becoming more difficult to reduce them to any one common denominator. Therapeutic accountability to all affected persons should remain a sound clinical guideline. This in turn may become the only unifying principle of a comprehensive therapeutic practice.

The rediscovery of the individual is merely the recognition that we need to remain open to all levels of experience. This may include the inner world of our clients.

5.5 RECOMMENDATIONS

As previously discussed, the present study represents an attempt to portray the different realities of each individual member of a system. This portrayal is, itself,
no more than a further punctuation of reality and based, as it is, on a single case study, it does not purport to represent a general truth.

Changes in any system are determined by their own structure and organisation. In other words, systems can only respond to interventions that evoke responses that are latent within their structure. The reaction of a system and its component parts to an intervention provides important feedback about the system's structure and functioning.

Important information can be obtained through individual sessions with the members of the system. It is essential to integrate the client's world-view with constructions provided by other members of the problem-determined system. The various realities should be co-constructed to provide new or different ways that the client can respond to his/her world.

Both linearity and circularity are valid. Each perspective would serve to increase our grip of the hidden whole.

Implications for therapy and treatment arising from this study, thus include the need for a broader view which takes into account the realities of all members of the problem-determined system. This implies meeting with the parents, the family as a whole and the symptomatic child alone, as well as taking into account the multigenerational effect. Thus information necessary in order to formulate multidimensional hypotheses and to conceptualise the problems in behavioural and psychodynamic terms as well as systemically, is elicited.

The ideas of complexity, which were briefly mentioned in this study provide an epistemological stance which can be an effective way of looking at therapeutic processes. This area deserves further research which might generate new ideas about the development of theories and therapeutic methods.
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