

EXPLORATIONS:
Challenges, Speculations, Risks

Whither Family Therapy?

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To review family therapy in the modern world and to reflect on the directions it could or should take is a daunting task, as the family therapy scene has become ever more complex and diverse. This means I have no choice but to present a biased personal point of view, greatly simplifying matters in the process. Furthermore, developments in the field are still very much in flux. We can think of family therapy as a powerful river relentlessly surging onward and covering more and more territory, including family somatics, mediation, relations between gays and lesbians, family businesses and many other things but which—in the view of some observers at least—nonetheless appears to be going round in circles.

When I first made contact with this ‘river’ it was hardly any more than a trickle. I remember how in 1956 I happened to run into Theodore Lidz and Murray Bowen on their way to a meeting of a small group of family researchers and family therapists. Until then I had not heard of such a group. But what I heard from Lidz and Bowen made me curious. (At the time I was working as a young psychiatrist at a psychiatric hospital near Baltimore.) My curiosity increased when in 1962 I was able for the first time to observe a family therapy session conducted by John Weakland in Palo Alto. Weakland, who died some years ago, was a member of the early Palo Alto group which then also included Jay Haley, Don Jackson and, of course, Gregory Bateson.

As far as I know, this was also the first group to use one-way screens. I think the impact of one-way screens and later video on the development and practice of family and systemic therapy can hardly be overestimated. On the one side, this tempted and stimulated the voyeurs and exhibitionists in the field. And it helped to prepare the ground for the television talk-shows which today threaten to destroy what little there is left of family intimacy and solidarity. On the other side it created a new climate of openness in the teaching of psychotherapy:

family and systemic therapists were increasingly expected to ‘come clean’ in what they were doing and teaching and to expose themselves to criticism. Many early pioneers of family therapy are highly impressive figures on both counts. They were very adept showmasters but they also had the courage to expose themselves to hundreds of their colleagues.

My feelings were equally mixed when—it must have been in the early 1960s—I first witnessed Salvador Minuchin, one of these early pioneers, in action. He was showing a film of his treatment of a male anorectic. (This was the period before videos became available.) Minuchin invited the young patient to participate in the meals of Minuchin’s own family—with the result that the patient began to eat normally after a while. But that had some unforeseen effects in the patient’s family. The boy’s father tried to kill himself by shutting himself in the garage with the car’s engine running. For me this was a striking example of how rapid and forced separation of an adolescent from his family can trigger dramatic counter-reactions within that family. (When I mentioned these events to Minuchin a couple of years ago at a dinner he could no longer remember them. But his grown-up son, who was also present and who had participated in the family meals as an adolescent, could still recall what had happened.)

Stories of this kind might tempt us to glorify those early pioneering days and contrast them with the present state of affairs: pioneering days when creativity exploded, when there was constant experimentation with new ideas and techniques and when the pioneers fascinated huge audiences with hotly conducted debates. But times have changed and at least some of the pioneers have turned into critics of subsequent developments. Jay Haley is a case in point. He feels that there is little that is genuinely new in family therapy, registering in its stead an exhaustion of creative stamina and a mere recycling of the ideas the pioneers thought up and practised.

But one thing is certainly true. In the 40 years or so that have elapsed since the early family therapists appeared on the scene, the world has greatly changed. The cold war between the superpowers has come to an end and our multi-ethnic global village has become ever more closely interconnected. But that hasn’t made us into world citizens with equitable access to information, with the same rights and with equal chances for survival. Rather, the opposite is the case. As the people of the world find it increasingly easy to get in touch with each

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other, differences in their opportunities and their goals in life are increasing. In a world whose population is growing by more than 300,000 people every day, the gaps between rich and poor, between haves and have-nots, between those with or without access to the Internet are widening all the time.

In the field of family and systemic therapy we note similar worldwide growth processes. During the last 45 years, the number of family and couple therapists and their professional organisations, their congresses and journals have grown faster than the stock market value of high-tech shares. But the developments have been uneven. In quite a number of countries, including the United States, the interest in family therapy and family research seems in fact to be on the decline. This can be deduced from the fact that *Family Process*, the first journal of its kind in the world, has greatly shrunk in its circulation from approximately 11,000 twenty years ago to approximately 4,500 today. (But it may also have lost a good many subscribers to the rival journal *Family Therapy Networker* which presently has a circulation of approx. 60,000.) At the same time, there has been an increasing specialisation within the field, with an attendant mushrooming of different schools of family therapy and of different interest groups.

In pondering how I might best address my task of providing you with an overview, I finally hit upon the magic word which has intrigued me since my student days. And that magic word is 'dialectics'. But we need to approach it with caution. Posing as a dialectician is a risky business. The philosopher Kant, for example, viewed dialectics as a mere sleight-of-hand with words, designed to turn a losing cause into a good one. And Schopenhauer, another eminent philosopher, was inclined to agree with this view, indefatigably ridiculing the master dialectician Hegel who was his contemporary.

In what follows I shall nonetheless use elements of Hegel's dialectical method in order to outline some of what I think to be important developments in family and systemic therapy.

'Aufhebung' of Contradictions

What this means in concrete terms is that I shall be trying to delineate some developments in which certain trends or positions have a tendency to trigger counter-trends or counter-positions which in turn will call for an *Aufhebung* of the (apparent or real) contradictions. '*Aufhebung*' has three meanings in the German language, which are all drawn upon by Hegel. '*Ich hebe etwas auf*' means, first: *I pick something up* from the ground since I consider it to be important. Second, it means *I cancel* something, i.e. negate its existence. And thirdly it means *I conserve* something, i.e. keep it for good. In order to illustrate how these three meanings shape the dialectical process, Hegel was fond of referring to the development of a seed plant. We might begin with the blossom. That is typically its most striking feature and is often the reason for its being 'picked up'. From the blossom then ripens the fruit. In this way the bloom is cancelled out as a blossom and yet is conserved

as fruit. The fruit in turn produces the seed out of which a new plant can grow, a plant which in essential respects remains the old plant. At the risk of oversimplifying we can therefore say that through the plant's production of the seed, the 'contradiction' between blossom and fruit is 'resolved' or *aufgehoben*.

Of course, concepts such as the above operate with images and analogies. But it is, after all, images and analogies which may possibly be the best aid we have in coming to grips with a situation that is constantly changing and constantly becoming more difficult to grasp. And this means in the present context that I shall be 'picking up' some trends in the development of systemic and family therapy, that is—to stay for a moment with our flower analogy—picking up some blossoms of family and systemic therapy, going on from there to inquire what fruits have grown out of them and what seeds have been produced. Yet I must once more emphasise that the developments described here are all interconnected. Also, I cannot do without oversimplifications and this the more so because our language is structured in a linear fashion. What a dialectical approach to things can do is then to 'soften' such linearity or make it fluid, as it were. (Hegel spoke repeatedly of the need 'to make concepts fluid': *den Begriff flüssig zu machen*.)

Strategists and Conversationalists

I shall start with the first blossom: the so-called strategic approach in family therapy. It was this approach which in the fifties set family therapists most strikingly apart from psychoanalysts. Rather than patiently listening for hours to what a patient's unconscious was producing in terms of dreams, associations, phantasies and so on, strategic therapists acted as interventionists if not as active manipulators. One of their models was the hypnotherapist Milton Erickson who from early on exerted a strong influence on Jay Haley. Haley and his former spouse Cloé Madanes subsequently became the main proponents of the strategic approach. Haley observed and interviewed Erickson for months and years and then published the book *Uncommon Therapy* which in my opinion is still the best introduction to Milton Erickson's work. One can say that Erickson combined the skilled strategist, the subtle soul expert and the experienced hypnotherapist. This combination apparently helped him to treat successfully various serious neurotic, psychosomatic and even psychotic disturbances in only a few sessions. (It did not, however, seem to have earned him the appreciation of many of his medical colleagues. In fact, for some time he was in danger of being expelled from the American Medical Association.) Quite a few elements of the hypnotherapeutic approach have meanwhile found their way into family and systemic therapy, in German-speaking countries not least as a result of the work of Gunther Schmidt, who got to know Erickson in person.

It was notably the directive and strategic elements in Erickson's approach which became the pivots of structural family therapy as subsequently developed and practised by Salvador Minuchin. It is perhaps no exaggeration to

say that structural family therapy is first and foremost a manipulative therapy. The Latin roots of the word manipulation suggest a use of the hands and the use of hands was not uncommon in Minuchin's work. For example, in the early 1960s I observed a family session in which Minuchin put his wristwatch in front of the father and sternly admonished him to keep his mouth shut for at least five minutes. I also saw Minuchin repeatedly rearrange the chairs of the family members so as to create a different seating-plan each time, and I observed how he prepared a family lunch himself. No less manipulative and directive was Carl Whitaker, another pioneer of family therapy who died several years ago. However, Whitaker seldom gave the impression of having planned his strategies and interventions in advance. Rather, he relied on sudden intuitions. I recall observing him in a family session in which he competed with a young boy of ten years as to who was quicker taking off his shoes and socks. (If I remember rightly, the boy won.)

Yet—and this brings me to the first counter-movement—these strategic and manifestly directive and manipulative family therapists came up against their first opponents in the so-called 'Conversationalists', that is, in therapists who rely on the power of conversation, the power of mere talk, to bring about constructive changes in their clients.

True, the 'Structuralists' themselves were of course acutely aware of the importance of words and word meanings as tools in effecting changes in families. 'Reframing' was, as we know, part of their repertoire from the very beginning. But this was a reframing strategically planned. The conversationalists acted quite differently. They engaged in conversations that were largely unplanned and that could easily move in one or the other direction, depending on what the clients came up with at any given moment. For us in Heidelberg this was exemplified by a live demonstration conducted by Harry Goolishian, then one of the leading representatives of conversationalism. (This was quite a number of years ago and Goolishian has since died.) I remember I had some difficulty in appreciating Goolishian's approach, as I found it resembled mere small-talk (or in German a *Kaffeeklatsch*).

But, of course, such freewheeling conversation was also guided by a theory. And this theory owes much to a radical constructivism which has since had a major impact on the thinking of systemic and family therapists. The philosophy of radical constructivism teaches us that what counts in the communication process is not what the sender of signals intends but what their receiver makes of them on the basis of his very individual ways of constructing meanings. And such construction of meaning depends in turn on the individual's emotional condition, on his particular ways of perceiving things, on his previous experiences, on his expectations, in short, on his very individual possibilities for the construction of meaning. That can mean that even when a patient learns he has an incurable cancer this may not be experienced as a devastating blow but rather as a liberating message, the reason being that he attributes meaning to the cancer

diagnosis in such a way that it frees him from guilt and causes him to feel entitled and placed in a position to enjoy regressive gratification and to demand understanding and concern from his closest relatives.

So-called social constructionism also came to the aid of the conversationalists, as it tended to view all meaning as growing out of culture-dependent language games. This also encouraged the narrativists in the field, who can be seen as a species of conversationalists. Narrative therapists define themselves primarily as instigators and co-constructionists of new or re-activated (life-) stories by means of which more hope and more joy in life can be awakened.

Yet with our dialectical model in mind we have to ask ourselves: Could we not see the positions of social constructionism, radical constructivism and narrativism as extreme positions of a pendulum swinging back and forth between a 'harder' and a softer assessment of so-called reality, and hence bound to swing back? And if I am not mistaken, this swing of the pendulum is already under way. We have, after all, reason to believe that there are limits to our possibilities of constructing meaning. There are givens which—in the words of Hegel—testify to the *Ernst des Negativen*, to the factuality of the negative. Even a therapist who defines himself as a radical constructivist will react differently depending on whether he is accosted by a young woman with a bunch of flowers or a masked man with a pistol. And for a client it will also make a difference whether a therapist tells a story rather monotonously or whether, like Michael White, who counts as one of the pioneers of narrative therapy, he imbues his story with powerful suggestion and the acclaim of an observing team or chorus, as I saw happen when I visited him a number of years ago in his native Adelaide. And thus we end up with the question whether and how the above contradictions can possibly be reconciled in a way that could really advance the development of family and systemic therapy.

Further Contradictions Demanding Reconciliation (or *Aufhebung*)

The second set of opposing tendencies revolves around the concepts system vs. individual. When the first family therapists became intrigued with systems theory this theory seemed unable to properly accommodate concepts such as the individual, the subject or the self. Rather, they talked of patterns, of rules, of recursive processes, of games, etc. while the individual, the subject or the self seemed to disappear. Niklas Luhmann, the best known systems theorist in the German language, also seemed bent on banishing the individual from his theories.

But here too a counter-trend set in. As time went on, more and more publications and even symposia dealt with the relationship between the individual and the system, or with the individual as a system or the individual in the system. Not surprisingly, systemic individual therapy made its appearance as, for example in a book by Luigi Boscolo. In the USA Richard Schwartz developed his 'internal family systems therapy' which he also enlarged

upon in book form. I myself came to prefer the concept of an ‘inner parliament’ and have tried to elucidate in my recent writings the relationships and communications within this inner parliament and between the inner parliament and the family system. Yet much conceptual work remains certainly to be done before the (seeming or real) contradiction between the individual and the system can arrive at a reconciliation or *Aufhebung*.

A similar tension and (seeming or real) contradiction shows up in the way therapists tend to evaluate and treat the past vs. the present. This was most marked in the different ways in which early family therapy and psychoanalysis dealt with a client’s past. At the time when family therapy entered the psychotherapeutic arena, psychoanalyses had tended to become quite long. (That was not always the case. Approximately 100 years ago many psychoanalyses, including these conducted by Freud, were rather brief.) Whereas psychoanalysts became more and more occupied with unearthing the patient’s conflictual past through an ongoing activation of transference and countertransference processes, family therapists directed their attention first of all to those patterns, rules, processes or games which pointed to the ‘here and now’. This was equally true for neurotic, psychosomatic and psychotic conflicts and symptoms.

These different perspectives with their different underlying theoretical assumptions had a very real bearing on how much time was considered necessary for therapy. In fact, these differences have bedevilled the issue up to the present day. On one side of the spectrum we find the defenders of long therapies with up to five sessions per week requiring, if need be, 1,000 sessions and more. On the other side we find brief therapists such as those in the group around Paul Watzlawick in Palo Alto and Steve de Shazer in Milwaukee who usually consider a few sessions sufficient, feeling that more frequent sessions and longer treatment periods will only foster the client’s unhealthy regressive dependence on the therapist. (Note: In the United States more than 95% of all consultations and psychotherapies presently take place in seven or fewer sessions.) Meanwhile, in the United States, we find not only brief but also super-brief therapists such as Moshe Talmon, who believes that in many if not most cases one single session will do the trick. He has described his ‘Single Session Therapy’ in two books and teaches it in an Institute for Single Session Therapy. Thus, he fits in well with present-day health politics which—in the United States but also increasingly in European countries—tries to make psychotherapies ever shorter, ever more effective and ever more economical. The key term here is ‘managed care’, which in the United States is mainly in the hands of profit-oriented corporations.

Yet here again we can also observe a counter-trend, away from brief therapy and toward a longer time perspective. And this trend, too, makes systemic sense. Certainly, there now exists an impressive list of reports of cases in which lasting changes were triggered by short interventions. Evidently, there was deviation-amplifying feedback in operation, triggering and accelerating such changes. But the available evidence also suggests that in

many other cases more time and repeated interventions are needed if constructive changes are to be effected and sustained. This applies, in particular, to many chronically psychotic patients, where each push for change seems to elicit in them a counter-move resulting in a stalemate. We had to take account of this state of affairs in our Heidelberg team when we were dealing with psychotic clients and their families. In order to resolve this (seeming or real) contradiction—the contradiction between a long-term therapy that promotes a patient’s dependence on us and a brief therapy without any lasting effect—we eventually developed our version of a ‘long-term brief therapy’. We tended to see families with members suffering from psychotic or serious psychosomatic disturbances in relatively few (typically about seven) sessions but also tended to spread these sessions out over a number of years, if necessary. Luigi Boscolo has reported a similar trend in his practice in Milan. Of course, there are exceptions and there are certainly not a few cases in which it makes sense to see patients and their families at shorter intervals and also over longer periods of time.

Another dialectic comes into view once we adopt a multigenerational perspective. This perspective owes much to the pioneering work of Ivan Boszormenyi-Nagy. He sensitised family therapists to the importance of invisible loyalties and fair give-and-take in the relations between the generations, of destructive entitlement and of relational ethics in general. Partly stimulated by him, I developed my own ideas about the dynamics of delegations and missions. But this multigenerational perspective seemed to become irrelevant when the Milan team began to take centre stage, putting the focus on the paradoxes and binds in which family members were caught up because of their differing belief systems and reality constructions. In other words, here too an *Aufhebung* of the different perspectives appears to be called for, one that both alerts us to multigenerational vicissitudes and simultaneously directs our attention us to ongoing entanglements.

Here again, moves towards a reconciliation of seemingly opposing trends seems under way. This is perhaps most strikingly exemplified by the upsurge of *Familienaufstellungen* (Family Positioning) in German-speaking countries. Here the prime mover is Bert Hellinger, a former Catholic priest. The seminars and congresses organised by him and his followers are presently drawing huge audiences, while the books by or about him are selling hundreds of thousands of copies. (Unfortunately, time is too short to deal here with the ‘Hellinger phenomenon’ in greater detail.)

Another set of (seeming or real) contradictions in our field revolves around the concepts intellectualisation vs. emotionality or, perhaps more correctly, the importance of the therapist’s reflective detachment vs. his capacity and readiness for an empathic encounter. This controversy has caused quite a commotion both in the United States and in Europe as well. One repercussion of it is that both the Milan group and our Heidelberg team have repeatedly been accused of being too ‘brainy’, too abstract and impersonal in our systemic approach. (Which has led

some of our critics to point out: 'You cannot kiss a system!'). Our Heidelberg approach and that of the Milan Group do indeed contrast with what has been conveyed by demonstration interviews as conducted by prominent leaders in the field over the years. I have observed quite a few such interviews in which tears were plentifully flowing, and in which rage and despair—among many other emotions—found dramatic expression. However, doubts are allowed as to whether such encouragement and display of emotions are really conducive to lasting constructive changes. In other words: the reconciliation of circum-spect rationality and an empathic tuning in to clients' emotionality remains a challenge for family therapists.

Systemic Therapy or Systemic Politics?

I should like to turn to another set of (again seeming or real) opposing trends in systemic and family therapy. These are, on the one side, a 'pure' scientific approach to family theory and family therapy, which tries to avoid being contaminated by politics and, on the other, an approach which puts politics—or perhaps more correctly: a sensibility to the political implications of the theory and practice of family therapy—into the centre of the agenda. It was not least the feminist awakening of modern women that made this issue both so important and controversial, an issue that is also reflected in a growing concern about how language is being used to describe relationships and to thereby maintain and/or obscure existing power relations (such as, for example, relationships between the sexes or between doctor and patient). Or, to put this somewhat differently: what is at issue now is how the use of a certain language may either prevent or promote the 'democratisation' of a relationship.

Let me illustrate this with an example. There is an increasing tendency among systemic and family therapists to replace the term 'patient' with the terms 'client' or 'customer'. And this does indeed signal a change in, and a democratisation of, the relationship between the persons in question. It implies that we are no longer dealing with two people relating to each other within an unquestioned hierarchy. Rather, we are dealing with a contractual arrangement between equals, in which one partner, the client or customer, expects the therapist to help him achieve a goal, which he, the client or customer, is defining. Such 'customer orientation' hardly fits in to traditional views of a doctor–patient relationship with its medical model and its use of a diagnostic terminology that is heavily pathology-oriented. At the same time, family therapists cannot afford to isolate themselves from their medical colleagues, i.e. cannot afford to ignore their point of view, their language and their findings. Hence

here too, a need for an *Aufhebung* of (seeming or real) conflictual trends is called for.

Let me finally take up one more of the contradictions and/or challenges besetting our field. These result from the mushrooming of psychotherapeutic schools and orientations in modern Western societies. Here, people have become increasingly 'conflict-and mental-health-conscious' and therefore are turning in growing numbers to psychotherapists. But these psychotherapists frequently offer them a confusing medley of therapeutic approaches and recommendations. Thus, in cities like Heidelberg we increasingly see families in which each member is receiving some form of psychotherapy such as long-term psychoanalysis, gestalt therapy, *Familienaufstellung* and what not. A number of years ago the American family therapist Evan Imber-Black showed us the video of an American family whose members were each undergoing individual psychotherapies of different orientation. In addition, a minister was serving as some sort of therapist for the whole family.

Through Imber-Black's questioning it soon became evident that these different therapies had quite a confusing impact on the family members and were taking them in different directions. Finally, Imber-Black came to ask the family: Why have you kept up with all these therapists who do not seem to do you much good? To this the answer was: 'We just couldn't bring ourselves to send them away. They were trying so hard.' Therefore, the task of *Aufhebung*, for the family as well as for the family therapist, consisted in helping the members to discharge the various therapists but to do this in a manner likely to demonstrate appreciation for their contributions and efforts.

I myself have used the term 'related individuation' in order to elaborate various aspects of this task of *Aufhebung*. Here let me close with a quote from Hegel, which can illustrate what is involved in this task. The quote is taken from Chapter 8 of Hegel's *Philosophy of Law* as an addition to § 158. The chapter deals with marriage and the family and in this context this is Hegel's comment on love:

The first moment in love is the fact that I do not want to be, for myself, an independent person and that I, were this the case, would feel defective and incomplete. The second moment is that I win my independence in another person, that I am affirmed in that person, and vice versa. Thus, love is the most formidable contradiction, which the mind cannot resolve. For there exists nothing as unyielding as this singularity of my self-awareness—which must be negated and which yet I need to have affirmed. Love is both the creation and resolution of this contradiction; as its resolution it is moral communion (*sittliche Einigkeit*).