

CONTENTS

<i>Acknowledgements</i>	ix
1 What is Family Therapy? Patterns of Living, Patterns of Mind and Patterns of Therapy	1
The systemic approach	2
Families in transition	4
Stressful life events and family life: patterns of stress and patterns of affirmation	5
Patterns and problems over time: changing constraints and developing new solutions	7
Historical and current dimensions	8
Family systems, transitions and non-biologically connected families: implications for a family therapist	9
Rethinking family bonds: diversity, intimacy and identity	11
How do cultural values underpin family life?	12
Culture, gender and development	13
What is the job of the family therapist?	13
Listening to families and to the the family in individual stories: internal and external discourses	14
The family as the template for intimate relations: three ways of looking at what goes on	16
Summary	19
2 Changes in Families: Theories in Change	21
Systems thinking, family pattern, family coherence, and dominant discourses	21
The Xavier family	24
The therapist's thinking	30
Influences from structural family therapy in the Xavier family session	31
The Riordan family	33
The Milan approach	37
Moving forward with theory	40

3	Culture, Diversity and Developments (1): Rethinking Contexts for Growth and Change	47
	The family and life cycle ideas: a pluralistic approach	47
	Multiculturalism and diversity	49
	Gay and lesbian families: diversity and homophobia	50
	Culture and changing micropractices: keeping up with change	51
	Ethnicity, culture, migration and family change	54
	Refugees and family work	56
	Creating conditions of safety	57
	Changing gender roles for men and women	60
	Racism in daily life, and in the therapeutic context	62
	Gay and lesbian families: similarities and differences in life cycle issues	64
	Life cycle rituals: new constructions	66
	Poverty and stresses	68
	Factors that buffer individuals against stress	70
	Intimacy and resilience	72
	Summary	73
4	Culture, Diversity and Development (2): Loss and Transitions in Childhood	74
	Communication and loss	76
	Variations in childcare patterns and the loss of intimacy	80
	Loss and adaptation	81
	The importance of a safe place: former loss and current parenting	84
	Transitions and second families	87
	Adoption	87
	Young adults who have grown up in second families	91
	Theories of child development	92
5	Families, Divorce and Post-Divorce Family Work: Mothers', Fathers' and Children's Perspectives	94
	Keeping life predictable and maintaining self-esteem	96
	Ambiguities in post-divorce relationships:	98
	Residence and contact: parents and children in the post-divorce family	99
	Acrimony and hostility	99
	Parenting alone	103
	Fathers; parenting in the context of 'contact'	105
	Secrets and silence in post-divorce narratives	110

‘Holding on to the bubble’ – uncertainty about arrangements	114
Bearing the family in mind	116
Separation when children are very young	117
The Juniper/Rowan family: early separation, attachment issues, and the restoration of contact	119
Summary	127
6 Step-Families	128
What is a step-family?	128
Boys’ and girls’ ways of dealing with family distress: similarities and differences	131
Lesbian and gay partnerships	133
The extended family	135
Economic tensions	138
Stepmothers and mothers: trying to get it right	139
Stepfathers and fathers	142
7 The Family and Mental Illness	147
Cultural and family factors affecting descriptions of illness	147
Professional approaches to family work with major mental illness	150
Work focusing on patterns of communication	151
Family descriptions and self-description	153
Family relationships and different illness processes	155
Mental illness and external realities: social factors	163
Children of chronically ill parents: protective factors and ‘being alright’	165
Dementia in the elderly	167
8 Violence in Family Life	169
The ‘carry forward’ of patterns	171
The Wade family	172
The O’Rourke family	180
The use of language	180
Post-divorce issues	183
Family violence and traumatic effects on children	184
9 Sexual Abuse in Childhood and Some Effects in Adult Life	190
Boundaries of trust in therapeutic work	190
Therapy with a man: some considerations	192
The therapist as another woman	194

CONTENTS

Traumatic, formless and perverse events	195
Early work in therapy: the written word	195
Confronting the voices of others in therapy: parents and children	197
Maeve: using workmates and children to create alternative voices	199
Talking with children about sexual abuse	202
10 Doing the work and making a difference	205
Study your own coherence	205
A theory you can live and work by	205
Attention to text	206
The wider world and family life	207
Attention to the fragility of relationships	209
Keeping an eye on oneself	210
The family as template for intimate emotions	210
What do we mean by resilience?	211
<i>References</i>	212
<i>Index</i>	226

WHAT IS FAMILY THERAPY? PATTERNS OF LIVING, PATTERNS OF MIND AND PATTERNS OF THERAPY

When we approach a new model of therapy what do we want to know about it? The questions that students most frequently ask about how family therapy differs from other counselling or therapy models point to three areas that loosely distinguish a systemic approach from other approaches. First of all, family therapy looks at current context, what is going on in people's lives *now*, as well as what has gone on before: the voices that continue to shout down the telephone or speak in a derogatory manner at Sunday lunch, as well as those voices from the past that are carried in a person's head. Secondly, it listens to the ways in which current relationships, as well as former relationships, come to form patterns and conversations in people's minds, and therefore influence their beliefs and daily practices. Thirdly, the way in which these inner and outer conversations are arranged, the importance the individual accords to each of them and the way some are privileged over others are seen as related to how individuals behave in their families, in their circles of intimate relationship and in wider social contexts. Identity is therefore primarily considered as a self negotiated in relation to others from our infancy onwards. While developmental processes play a key part in how we experience and perceive interpersonal processes, the idea of a 'core inner self' is always seen as contextualised by the mutual influence of family and other intimate relationships.

The term 'family therapy' itself encompasses a number of different activities in relation to these ideas of mind and relational context: (1) a philosophy of how to observe, describe, and frame relational

events; (2) methods of description that explicitly make interactive connections between people and their wider social context specifically noting mutual influence, feedback, and circularity; (3) a relational and contextual *approach* to treating dilemmas and problems in families; and (4) a number of therapeutic modalities addressing these relational contexts, with particular skills devolving from each approach. As a therapeutic approach, family therapy as a whole considers problems in the context both of people's intimate relationships and of their wider social network, as well as the social and political structures of which the family and the therapist are each an evolving part. Thus the focus of a family therapist is the relationship of the individuals, their beliefs and behaviour to the various collective practices and beliefs in which their lives evolve, and to the ways these collective, social, religious, and political practices offer continuity and coherence or discontinuity and a disjunctive sense of self over time.

Family therapy focuses on the ways that patterns of behaviour – those that are problematic and those that promote well-being – operate at different levels within the lives of individuals. Identified problems may be described within the context of a number of overlapping social systems, the family household, the extended family, and institutions with whom household members have daily contact such as schools, or doctors, health services and other professional services that may be concerned about or stigmatise the family. In recognition of the attention paid to the multilevel social systems intersecting with family life, reference is often made not to 'family therapy' but to systemic therapy or the 'systemic approach'. The descriptions of family life generated within these different levels of social system may all be operational in different ways in the family's descriptions of themselves. They may therefore also appropriately enter the texts and the language of therapy. Personal views of the 'self', and the connections between such subjectively held views and pathologized definitions created by the accounts of others, are an integral part of what emerges in discourses created within the therapeutic context.

The systemic approach

The principles of the systemic approach underlie all models of therapy used within the broad heading of family therapy. They can be summarised as follows:

- People in families are intimately connected, and focusing on those connections and the beliefs different members hold about them can be a more valid way of understanding and promoting change in problem-related behaviour than focusing on the perspective of any one individual.
- People living in close proximity over time set up patterns of interaction made up of relatively stable sequences of speech and behaviour.
- The patterns of interaction, beliefs and behaviour that therapists observe and engage with can be understood as the 'context' of the problem and be considered as both 'cause' and 'effect', acting as feedback loops that create the 'fit' between problem and family. These are often referred to as 'circular patterns of interaction', in contrast with the cause and effect 'linear' thinking of the psychology from which early systems thinkers were trying to break free. Such patterns involve mutual influence and mutually regulated learning.
- Problems within patterns of family life are often related to dilemmas in adapting to some environmental influence or change. Such changes may already have happened or are about to happen. For example a young person leaving home, a family migrating or an impending divorce all involve the development of new patterns and the loss of old ones. The minute details of the ways in which families describe such changes – the language within which constructions of problems, both past and anticipated, are generated – are of key importance in understanding the nuances of family thinking; the 'discourses' or discussions about family life and its problems and solutions. These take place both within individuals and between them. All the adults who form part of the family may carry different discourses in their minds, which while often unspoken in the room nevertheless carry powerful imperatives for action or restraint in their thinking about themselves and the processes they are engaged in.

Change in systemic therapy is therefore usually conceptualised as possible at a number of levels: in relation to the presenting problem, to the relationship pattern to which it is connected and to wider social factors that are currently affecting the family. Historical patterns, both those created in former generations and in earlier contexts of a family's life, and the relationship of these to current beliefs will also be areas of interest to many therapists (see Chapter 2). Many of the differences between the systemic approaches themselves derive from which level of the social system a therapist

makes their primary focus of attention; systematised patterns of thinking about the self manifest in language about the self, the intimate unit of the immediate family, the wider family and kinship groupings and the social context of the life of the family in a broader political sense.

Families in transition

There are many situations in which the organisation of family life is in transition. In such situations systemic work with *individuals* – exploring beliefs and feelings in relation to the changing contexts of which she or he is a part – is likely to be useful (for example, when a child's parent has died, when a parent has lost their partner in circumstances they do not wish to describe to the children, when parents are getting divorced, or when a child is moving between one family and another). In these as in many other circumstances people may feel that to speak in front of one another without first exploring their own views further would be harmful. As more parents are separating and new partnerships are formed, I have found it helpful to work with the many subsystems involved in the changing family and to respect the differing views that are held at the time of family break-up and new family formation (see Chapters 5 and 6). Recent research (Dunn, 2002) has also drawn attention to the importance of attending to children's views about the biological family and their more intimate connections within that framework, including the extended family, and respecting the distinctions between biological and step-parents.

The systemic approach is constantly in change in response to family and social change, and the early pioneers' insistence on 'seeing all the family' in the room has been replaced by recognition of the importance for the therapist to 'hold all the family' in mind and to enquire how members not present are held in the minds of those who are. This takes into account the many people in an intimate social network who at different times have contributed to 'voices in the mind', inner conversations, or components of self. These voices come from many differing contexts, some of which may compete with one another. Any individual may have to negotiate a pathway through relational contexts representing conflicts of interest. Gender, class, ethnicity, religion and culture, which may include the expectations of extended families in this or other countries, may each bring different perspectives to bear on current individual and family discourses. People originally categorise the world the way they do because they

have shared social and cultural practices, including ways of thinking about and talking about their lives. The term 'discourse' encompasses this notion of shared meanings of events within relationships, relationship patterns over time and the development of shared meaning at many different levels. However, these shared notions may change through necessity or choice as people in transition through change of partner, change of country (or both) negotiate new meanings to make sense of their lives. New meanings and old meanings can give rise to great tension within and between generations, and the negotiation of *shared* meaning is not always possible. Thus, for many adults and children where the context has changed dramatically, it is important to respect the notion of 'parallel lives'.

Social discourses, the common descriptions of ourselves by others that also make up aspects of our own identity, such as 'single parent', 'black person', 'adoptive mother' or 'underclass', are also voices that may be essential to deconstruct in therapy. By considering wider social discourses and their specific effects on individuals and their thoughts about themselves, a family can gain a clearer understanding of what is contributing to their own perceptions and daily exchanges.

Stressful life events and family life: patterns of stress and patterns of affirmation

In the last decade much of the research into family life and the onset of different forms of psychological illness has explored the impact of stressful life events within the family such as sudden death, the loss of a parent through acrimonious divorce, serious illness or accidents, as well as larger external events such as civil war, enforced migration, and other unexpected disaster in terms of the meanings that these events are given by individuals and families, and the potential impact of such meanings developed in one context on subsequent choices. Other research has considered patterns of early childhood deprivation and the way that, as a result of childhood experience, negative meanings may be attributed by any of us to subsequent life events. Anticipating that bad things are bound to happen may itself contribute to subsequent experiences developing a negative way. However, studies have also looked at how patterns of deprivation can coexist with alternative patterns of affirmation; patterns in which a positive self-image is fostered that promotes the resilience that enables people to get by. The effects of former patterns of deprivation

can also be changed by subsequent intimate relationships. Research studies therefore give us broader evidence to back up our clinical and subjective knowledge that people's former life experience is intimately connected to how they manage the present, to the choices they consider they are able to make, and to their ability to respond in the face of further life stress (see Chapters 3 and 4). In the process of therapy, affirmative stories that the family may have deleted from their narrative about themselves may be brought back into their way of thinking about and describing strengths or assets. This can help to shift the habitual pattern of looking at the problem-focused story about themselves, to developing more varied and richer descriptions. Some therapists focus on bringing out these patterns of affirmation (often subjugated by the greater pressures created by stress) and make competence, what people have done well, the primary focus of therapy. Others believe that to affirm in the absence of empathetic enquiry into the negative effects of stress will be perceived by clients as facile, and therefore choose a 'both/and' approach to acknowledging what the family has endured.

As migration from around the globe has changed the living patterns of our cities, much family work takes place with cultures and ethnicities that are different from the therapist's own. While the need to understand differences created through ethnicity has long been a part of family therapy thinking in the United States, the many acute and subtle differences in the understanding of life experience that this requires from a therapist only began to be addressed in the UK in the mid-1980s. There are different beliefs about why there has been reluctance to document patterns of breakdown, and patterns of resilience for different ethnic groups. One school of thought has argued that to make such distinctions based on ethnicity could be construed as persecutory or prejudicial, by those who were subject to such distinction, and that it might also contribute to the creation of unitary, stereotypical categories of 'peoples' that are unhelpful to individuals. Another viewpoint might be that failure to distinguish between diverse peoples is a further instance of 'fuzzy thinking' derived from former traditions of global colonisation. Following these legacies, the need to respect difference and be curious about it failed to enter the minds of therapists, born into a predominantly white society, in ways they could utilise positively. In the latter years of the 1980s, black professionals in the UK began to voice the need for white professionals to face up to differences, and to the implications for new constructions of theory and practice that this would involve. White professionals were challenged to take a pluralist view of society

that acknowledges there are many equally valid perspectives of reality, and to recognise that these may be *in conflict*. The attempt to construct a homogeneous view of reality between black client and white therapist in therapy may disqualify the experience of black families, especially when inequalities of structure and power built into mental health treatment systems are taken into account (Hardy and Laszloffy, 1994, Fernando, 1991). Thomas, a black psychotherapist, has pointed out that it is in the areas of racism and sexism that 'psychotherapists are at their weakest and not in a position to help their clients who might not only turn to them for solace but to understand how their inner structures have responded to or accommodated the external realities of racism and sexism' (Thomas, 1995, p. 172). The growth in the number of black professionals in the UK has also led to greater diversity in what is thought about and written about in international work.

Patterns and problems over time: changing constraints and developing new solutions

From a systemic therapist's viewpoint, then, social patterns and attitudes are seen as interweaving with and likely to affect family patterns and self-descriptions. The longer-term effects of family patterns of the past on the present, the present on the future, and whether such effects carry forward in positive or negative ways, are obviously questions of great importance. If current intervention is also potentially related to future prevention, our work has relevance not only for what is going on now, but also for future generations within a family. There is considerable evidence from research of different kinds to show that the influences that come from the establishment of negative ways of interacting with other people – negative patterns of feeling, thinking and behaving – are hard to change. Much depends on whether alternative positive frameworks for problem-solving are available to growing children, so that they can learn affirmative possibilities, and the skill of developing solutions. Children learn patterns or principles of relating, rather than just 'behaviours', and these affect both the way they see themselves and their role in family life, and the development of ongoing ways of relating to others. Children whose families are very closed to influences from the outside world have particular difficulty in developing other models of relating. In particular, unhelpful patterns develop in relation to aggression, quarrelling

and the inability to set up models of problem-solving within the family.

Family therapists look not only at what has brought about behaviour that is considered a problem, the history and the circumstances of the problem, but the contexts in which over time the problem has been shown to the world, the different ways people have responded, and whether these differences offer *new* ideas in the current context. They enquire about and elicit stories that may be less prominent; stories of former solutions and resources that may emerge from members of the family who are not the 'frontliners', and whose voices are usually given less time or attention. These marginalised voices may come from a different gender or generation, or from extended kin. Family therapists also try to develop some specificity about the context of the problem – *where* it is shown, to whom, and by whom the problem is considered a problem. Why now? Why has the problem arisen at this time? In relation to what other events in the lives of the family members is the problem located?

Historical and current dimensions

Each problem or dilemma is likely to have a historical as well as a current dimension in terms of the family's perception of life events and the difficulties that go alongside these, and different ways of responding to or dealing with them are likely to have developed at different times. The patterns that people use to cope with changing life circumstances may be based on old models rather than ones that suit the current circumstances. Assessment therefore involves joint appraisal by family and therapist of how these areas have been handled in the past, and why former solutions have been forgotten or do not work in the current context. The therapist will try to elicit what new dimensions of family thinking, feeling or behaviours the current problem is challenging, and where the family members see that their own resources, as they currently define them, cannot meet the changes required. What shifts in gender arrangements may new solutions involve? Whose voice may need to have more executive power? This provides a rough map of what may be possible from the family's point of view, as well as highlighting constraints on thinking or action. Co-constructing knowledge of what can and cannot be handled from within a family's own resource pool will help the therapist to formulate a realistic plan of their own outsider input. By input, the therapist may have in mind the provocation of new ideas and curiosity by asking previously unasked questions

that will lead to the family considering the problem in a new way. Alternatively, he/she may make an active contribution by advocating the healing of emotional or relational connections that have been lost, either within people's minds or between members of the family. The therapist may also address the patterns of behaviour she or he can see taking place in the room, and start creating new pathways of communication, listening, talking, and observing (see Chapter 2).

Family systems, transitions and non-biologically connected families: implications for a family therapist

Early family therapy training was based on a theory of the family as a stable two-parent social system that remained together over time. However, we will rethink continuously throughout this book how constructions of family life have changed in the last two decades, and consider a number of influences which have contributed to new thinking. Firstly, the structures for bringing up children in the UK have diversified. Patterns of cohabitation, childbearing, marriage, and divorce are all different from a generation ago. Up to one-third of all live births precede marriage. While marriage follows birth in many instances, there remains a larger number of cohabiting couples than ever before. Lone parent households now form 23 per cent of all households with dependent children in the UK, composed of the two groups of never-married parents, and divorced and separated mothers, with a smaller, but substantial group, of fathers heading up families (Haskey, 1998). About one million children live in step-families (two-fifths the number of those who live in lone-parent headed households). Movement in and out of these different structures for family living means that transitional experience characterises the lives of many adults and children, and is often insufficiently enquired about by therapists. In addition many families undergo major life transitions as a result of economic pressure, particularly drastic changes in employment patterns at the local and global levels. Huge shifts and dislocations in lifestyle also follow the migration of a large number of families following civil wars and religious persecution.

Thinking about what therapeutic work with families is now likely to involve has therefore also undergone change. While a systemic approach based on introducing variety into rigid family structures is still likely to be of use to family therapists, they will equally require an ability to look for and help the family think about the effect of

different transitions, of different pathways into family life, of losses and subsequent adaptations to their lives. Therapists may also need to help families to value coherence or core characteristics of family life. It may be important for parents to hold on to these in their minds, both as part of their own internal equilibrium and on behalf of their children. To know what they are looking for in what keeps life viable for a particular family unit, therapists need flexible mental maps of family possibility to equip them to explore diversity. In addition to knowledge about how transitions have an impact on human behaviour and the way life changes of different kinds may undermine people's ability to maintain a sense of effectiveness, counsellors, mental health professionals and therapists need to develop an understanding of the many different ways in which families are created, constructed and maintained, and the potential effects of these differences on subsequent relational dilemmas.

Diversity also includes non-biologically created family forms. The families we see as well as the families we are part of may be created by adoption, by fostering and adoption, by artificial insemination, by surrogacy. Couples may be heterosexual, gay, or lesbian. While each family will have its own unique properties, there will also be commonalities created by the different pathways into family life. Research is one of many voices now contributing to a wider acceptance of lesbian parenting, although we still know little about the issues faced by gay fathers (see pp. 64–8).

All couples are vulnerable to change. Just as heterosexual couples split up, so do gay and lesbian couples. The couples with whom children begin their lives may not be those with whom they spend their middle childhood or adolescence. How will therapists bear in mind the balance between acknowledging losses and the need for parents to negotiate a coherent identity for the developing child? Children may have the complex task of developing their own sense of self and family out of shapes that do not compare easily with those of others in their neighbourhood or in the children's books they read at school. Imaginative ways of talking and connecting may need to be found by therapists as well as parents to help them construct their own story out of more than one parental meaning system (for example, a divorced heterosexual mother and their now openly gay father), and to negotiate the mystery of 'hidden meanings' in relation to parents they have never met and may never meet (for example, donor sperm fathers, or biological parents in an adoptive family). Therapists as well as families are often sailing in uncharted waters, and they need to be open to their own lack of knowledge in

relation to these new constructions of family life and family relationships. None of us know what questions children will have in the future about the connections between constructions of family and self, and the most important thing therapists can do is to help parents to be open to questions and to be ready to try to think about them when a young child becomes a young person.

Rethinking family bonds: diversity, intimacy and identity

The diversity of race and culture within UK society has slowly led to greater curiosity about similarities and differences in structures, loyalties, and beliefs about family life. In Western societies, theorising about the family has traditionally privileged the significance of the husband – wife bond, taking as desirable norms equality between partners, empathy with each other's experiences and a willingness to collaborate around both meaning and action (Rampage, 1994, 2002; Gorell Barnes, 1994a). The importance of connectedness in other relationships – mother/son, father/brother, sister/brother, mother/child – that give meaning to the idea of 'family' have been marginalised in western theorising about family, and therefore also in theories informing family therapy. Similarly, there has been a lack of knowledge about relationships that through their inbuilt structures of power can be disqualifying or pathologising. Two that I have become more familiar with in clinical work include firstly the formal relationship of daughter-in-law to mother-in-law in some Indian and Chinese families: where the new wife is in effect subjugated to the will of her husband's mother, and secondly the extent to which the extended family on either side can actively exacerbate marital distress by their insistence on their own 'share' of their family entitlements. Such kinship groups continue to carry active power in the adult life of the next generation, both as physical presences, but also in the mind (Ma, 2000). In spite of the wide knowledge available through sociology, anthropology, or writings from cultures other than those that are Northern-European-based, that draw attention to the significance of intimacies within larger kinship groups for secure family identity as well as for secure gendered identity, the psychotherapies have been slow to recognise these. From these kin come beliefs qualifying the limits of intimate relationships of different kinds, and the effect of these beliefs on different behaviours in families – what is permitted in the way of open talk within different sections of a family and

what is forbidden, distorted or concealed. Therapists therefore need to develop both curiosity, and sensitivity in enquiring what may or may not be openly talked about and with whom.

Family therapy teaching and research, therefore, has moved towards considering the diversity of processes in family life and away from ideas of family 'normality and pathology'. Assumptions based on the stability of family life and the internal coherence of systems patterned over time (which developed in the 1960s) have to be reconsidered in the light of the transitions and disruptions experienced by many families seen in clinical settings in the new millennium. The theoretical focus on patterns and rules that were seen as maintaining symptoms over time, which it was the therapist's job to 'discover', has changed to a more humble professional curiosity in which therapist and family together consider the changing field of life relationships and intimate experiences.

How do cultural values underpin family life?

For all of us, ways of life are both constituted by and express culture. Values exist at some deep and often unexamined level, and are held not only within but between people connected by kinship, by family of choice, by culture at macro and micro levels. The degree to which families believe and experience themselves as connected to 'cultural communities' varies widely, and many families express themselves as suffering as a result of disconnection from that wider community because of mobility, migration, exile or loss of faith. The degree to which the values of a culture are embodied within a family is likely to vary from member to member, so that the use of 'culture' as an external reference point may well be a matter of ongoing controversy in the family (particularly between generations, but also, often less openly expressed, between genders, brother and sister, or a husband and wife). The absence of a wider community and its appropriate representatives in this country may be felt as a loss by many of those who would have had recourse to elders in their countries of origin. However, ingenious ways of reconstructing such groups are being created by different communities.

Culture is part of the make-up of each of us. All too often we make crude assumptions about a person's culture based on their country of origin, ethnicity or religion. Culture is more intangible than any one of these things and makes up the self in many subtle ways, affecting the meanings which we attribute to our experience. In this sense, culture is constitutive of the self (see Gorell Barnes, 2002a).

By participating in our culture we also contribute to it. Each individual's and family's interpretation of culture is unique to them, even though it also expresses the larger collectivity. For a therapist, then, understanding something of the larger collectivity illuminates potential aspects of what is being expressed by the family, but is not equivalent to 'understanding' the family.

Culture, gender and development

For young children, home and culture are synonymous. At a very early age, therefore, certain concepts of human behaviour, with overarching principles relating to the learning of gendered behaviour (what belongs to 'men in the home' and what belongs to 'women in the home') will begin to form images of living that carry powerful impressions. It has been argued that gender concepts in particular are formed when young and are extremely resistant to change (Maccoby, 1980, 1986). Such impressions derive both from what is observed in the behaviour of others (witnessed behaviour) and what is experienced and fantasised by the self (lived experience). The two together in the daily proximity of family life create legacies of beliefs about behaviour that re-enter the working contexts constructed by the boundaries of therapy or counselling. Family therapists not only work with families as a living presence in the room, but also with the families in people's minds. Both in systemic work with individuals and in family sessions, the therapist may experience a tension between the adults present in the room and a version of themselves to which they seem to refer, but which is not apparent to the therapist. This version of another self may continue to hold dominant meanings, influencing aspects of family life in the present.

What is the job of the family therapist?

The special job of a family therapist is to understand the 'meaning making' particular to each family; the therapist has to be able to attend to each individual as well as retaining a sense of the overall family (Reimers, 1999). In addition he/she has to be aware of how the larger culture, with its many layered meanings, is also a part of this family, as well as the variations in meaning held by the individuals who make up the family. Understanding also involves the distinctions of generation and gender. Cultures are not always benign to the individuals within them, and this may need bringing into the open. Culture can be used to hide behind, as in recourse to a man's 'rights'

over a woman, which may be seen by another person from a different culture as the right to abuse or terrorise her. Deconstruction of the particular use made of a *culture* to justify a position of power by an *individual*, (in relation to gender, age or status), is one of the many discourses that accompany a central therapeutic purpose. Gender and its accompanying uses of power, developed over centuries, is often one of the vital discourses that affect the mental health and emotional well-being of certain individuals in the family. Therapists require a number of positions, so that they can keep in mind questions that relate to potential discourses outside the room. In this way cultural practices that appear abusive to the therapist can be openly questioned in the context of therapy as 'larger social issues', relating for example to men and women, and to the 'use of power', while their validation through other levels of historical or cultural meaning can also be acknowledged. In relation to such questions, other holders of knowledge – religious leaders, family elders or people of the same community of beliefs with the authority to dispute the subject – may usefully be involved as the appropriate people to ask questions that the therapist or the family may feel the therapist is not empowered to ask.

A function of therapy as I practice it is to bring hidden meanings into the public domain – 'public domain' meaning that a person (the therapist) other than the family is involved. Such 'bringing forth' involves new negotiations of these meanings. The very act of bringing out meanings that may have been deeply coded into the life of a family at levels that may even have been non-verbal, involves new, often slow and painful, often angry and acrimonious negotiations of meaning. Shared procedures of 'interpretation', understanding who understands what meaning is attached to which behaviours, arriving at a joint negotiated position about those meanings, or agreeing that agreement may never be reached, require the therapist to retain a clear head and not to become confused, enmeshed or inappropriately confrontative. Recognition that certain meanings, in relation to practices involving dominance and submission, are areas of fundamental disagreement between generations or genders in a household can be of vital importance to members 'locked into' an abusive situation.

Listening to families and to the family in individual stories: internal and external discourses

This book is about listening to families, to couples, to parents and children, to adults and their own parents, to the way they talk about

intimate relationships and the things that are going wrong with these relationships, and the ways in which they relate these 'wrong things' to the past, the present and forces external to themselves, as well as blaming themselves for what is happening. A goal would be the negotiation of viable selves that they can live with, and that he/she/they can stand by when challenged. When listening we pay attention to the recurrence of themes, phrases and ideas or powerful 'internal discourses' that suggest in what arenas tangled thoughts and emotions may be keeping people in positions that are not currently useful to them. We also consider what *external* discourses in their earlier lives, as well as those current in our society today, may be responsible for people maintaining a lowered sense of self-esteem, disempowering them and their ability to act effectively (for example, discourses of oppression, of enforced migration, of poverty, interrupted education, and unemployment) (see Chapter 4). For each of the families you will meet in this book, *family* life has different meanings that are made up from components such as intimacy, loyalty, mutual support, trust, commitment and dependability. The family is a place within which one ideally could be taken for granted for better or worse, relate and converse according to old habits and principles, and take up comfortable, expected familiar roles. However, these very familiarities, as noted above, may be the breeding ground of misunderstanding, misperception and attributions that do not fit easily with the individual in receipt of them. 'Home' therefore also involves conflicts of interest, oppressive experience, discord, aggression, violence and abuse. 'Home' is also embodied at more abstract levels in emblematic stories that family members tell about their families that illustrate plights, tragedies and their outcomes, symbolic and amusing resolutions; and less pleasantly, stories of horror and pain, misunderstanding without resolution; of deprivation, madness, cruelty and death. The effort of wiping these from the mind or distorting them to rewrite a better story can lead to confusion in later generations, who sometimes need to return to the original sources or texts in order to reinterpret a new generational understanding.

When listening to an account of an individual's life experience or a family's description of how they manage their daily lives, we are continuously involved as therapists in identifying key moments or key transactions that give subjective meaning to the lives being described. We listen on more than one level: to factors contributing to stress, which may amplify previous experiences of stress, and to factors that contribute to, or demonstrate strength and resilience in the face

of difficult life situations. We also try to note what values are placed on these. Within the themes that emerge we begin to identify recurrent patterns that work for and against different family members, or different relationship constellations in the group that is with us, and between them and the family beyond the walls of the room; patterns of stress and coping in the way accounts are given – both as they show now and have shown in former times.

The way in which an individual may develop a sense of identity, effectiveness and continuous sense of self over time, and how this emerges from the stories that are told, can be linked to, and validated by, various areas of research. Research conducted from a psychoanalytic perspective on coherence in narrative has links with earlier research on childhood resilience (Fonagy *et al.*, 1993; Rutter, 1987). Each set of studies points independently to the importance of the capacity to appraise, the ability in any of us to sit back and look reflectively at ourselves and the way we are living our lives from a position where we can make choices. This is more easily described in research studies than done in real life, where any coherent stories about ourselves have continuously to be carved out, negotiated, protected or manipulated through the hazards of life events and their sequelae. Nonetheless counselling and therapy do offer (as do many other life events away from the therapy room) the opportunity for a second chance or a second look – what in systemic therapy has been called ‘a meta-perspective’ (or getting an overall view) of what is going on. The opportunity to sit in a neutral but friendly space defined by time and geography for the purpose of reflection, is a declaration that meaning may be found in what as yet seem incoherent or out-of-control events. As systemic therapists we remain concerned with the experience of the individual even when the key structure of our work is with the family. We are always curious and respectful about what has helped an individual to do well or maintain a sense of self despite multiple setbacks, and why some people feel so vulnerable that in spite of good life circumstances they are unable to believe in their ability to manage their lives, their relationships or their children.

The family as the template for intimate relations: three ways of looking at what goes on

As the family both constructs intimate relationships in which individuals grow, and becomes a construction that individuals

subsequently hold in their minds, three different ways of reflecting on family processes and asking myself 'what is going on here?' are described below.

Intimacy and confusion

The emotional dimensions of family life contain many physical components. I always think about the ways that people in families affirm one another: for example in preverbal experience of a very primitive kind, such as skin care, hair care and certain kinds of touching or massaging; and in certain kinds of soothing and tonalities, as well as reliable expectations of having needs met through food, warmth and closeness. I often talk about these experiences with families. The 'taking one another for granted' in meeting primitive needs that much of family life involves, encompasses many facets of intimacy, power and control, since an act as simple as making someone a cup of tea can be an act of loving or an oppressive experience, depending on the way the request is contextualised. Partly because the continuity of patterns and habits in family life hold the possibility of a continuity of self over time, and partly because those continuities are so often tied up with intimate processes such as eating, sleeping, habits of health and hygiene, sex or its absence, talking, laughing and crying, the time-frames available to any of us *within* the context of a family situation are often confused, however much autonomy we achieve away from the family. Like Dr Who's Tardis, within an instant we can be carted backwards to an earlier time by a moment of strong emotion, shared hilarity or deep grief, or by rituals of birthdays or religious festivities. But the time-frame to which we are returned may no longer be available to us as a resource in the present. Indeed those around us may have no knowledge of that earlier family life and its representations that we refer to inside ourselves. Such moments of loss can create acute confusion in adults and often lead to the search for outside help. For many therapists, as well as for many of the people we see as clients, the relational systems within which currently held meanings were originally constructed have either dramatically changed or are no longer available. This absence can be an enormously powerful disqualifying factor in feeling able to cope in the present, even when past experience is reported as negative.

Power and blame

In intimate human systems, connected and developed over time, systemic therapists formerly took the view that there are no 'protagonists' or 'victims', but that each member enters into the interactions

in the ways that are complementary to the overall balance of the family as a whole. Systemic theory was initially constructed by white middle-class men in the 1960s and 1970s, and these views have subsequently been widely disputed. Researchers and women therapists from differing perspectives began to change theorising in the 1980s by drawing attention to the imbalances of power in the structure of families as systems with developing and dependent members. A debate was created in which a wider discussion of power and coercion in social systems enforced the need for more distinctions in systemic thinking as it related to therapy with families and intimate human relationship groups. The way in which people become drawn into habitual patterns that may not be to their individual liking, for reasons of economic survival for protection of their young and their elderly dependents, requires a different lens for examining theory, as does the creation of abusive patterns through structures of race, class and caste. In any interactions people may not be equal in the degree to which they choose to be bound by a particular set of beliefs imposed by one or more members. Choice will also be dependent on relative power related to age. While to some extent most adult participants may be said to 'choose' to continue to participate in their life in a family, the cost of trying to give up that participation may be dramatically different for different family members. Children obviously cannot easily leave home; this is frequently also true of abused women and the elderly.

Systemic therapy has therefore adopted a number of different lenses through which to consider the relevance of interconnection through choice and interconnection through circumstance. These distinctions affect people's freedoms within families and households. Recent writing indicates the variety of applications of systemic thinking to interdependence in families among therapists of different ethnicities and cultures. Feminist perspectives on the issues of power and abuse reflect the tension between attempting to hold a 'non-blaming' systemic position at the level of 'family' and the anger deriving from the recognition of how such imbalances are built in and reinforced at wider and more powerfully institutionalised levels in society.

Family pattern and individual habit

Bateson, arguably the most influential early theorist affecting the practice of systemic family therapy, described 'habit' as a 'major economy of conscious thought' (Bateson, 1973a, p. 115), the sinking of knowledge to less conscious levels. 'The unconscious contains not

only the painful matters which consciousness prefers not to inspect, but also many matters which are so familiar that we do not need to inspect them' (ibid., p. 114). Much of what systemic family therapists do, therefore, is to help families reflect about their own 'habits' which incorporates dimensions of family living discussed in this chapter. Different techniques that stem from the therapists' different belief systems and methods of utilising themselves are oriented to restoring the capacity to think and reflect in situations where this capacity is lost. Family therapists look for 'habit' or ways in which families behave, which are not necessarily just responses to the current situation, but are ways of behaving laid down at levels not immediately accessible to awareness. Some of these behaviours may be redundant, that is, they no longer have a relevant meaning, and may actively impede the development of behaviours that would be more functional for the family in their current context.

Summary

Family therapy addresses itself to changes in patterns of relationships, to those which are lived and witnessed on a daily basis, and to those which are carried in people's minds (Reiss, 1989). The fact that members of a family not only live an habitual pattern but also witness it around them, allows the development of different degrees of reflective capacity within different families and between different members of different families. Families are often interested to talk about what they do in detailed and passionate ways. Much of what may be shared as an area of interest between a psychodynamic approach and a systemic approach relates to this question of how the reflective capacity of different members develops, how it is protected or destroyed through individual developmental processes and how the capacity to reflect on experience affects children when they grow up and become parents (Fonagy *et al.*, 1993). The way a reflective capacity can be monitored and supported within therapeutic intervention of any kind is of key concern to all professionals working with children or adults, as well as their wider families.

One way of describing the job of the therapist, then, is that he or she explores the different power accorded to the voices that contribute to descriptions in the family and give these descriptions and definitions emotional and moral power at the expense of alternative descriptions. When appropriate, therapists reintroduce marginalised voices or silenced voices. Where voices are contributing to ongoing negative images of self for any individual, alternative descriptions

will be sought within the family, or the family's wider milieu. If more positive or benign descriptions become part of the language spoken about the person, then the person's inner images, the voices with which she or he speaks to her- or himself will also change. In therapeutic conversations, whether with an individual or with the family as a whole, the inner 'negative' monologues or self-descriptions may be invited into conversation and challenged by or tested out against other more positive views of the self. If alternative descriptions can be heard and accepted they may be incorporated into the language and interactional pattern of the family and subsequently into the self (Penn and Frankfurt, 1994). However, this is unlikely to come about easily; it is likely that it will need to be repeated and reaffirmed on numerous occasions and may require the therapist to encourage the discovery of appropriate allies to back up these new definitions. Much family therapy theorising has tended to neglect the hard work that change involves if it is to last. Emphasis has been given to the exhilarating effects of initial therapeutic intervention. While such shifts may well create new trajectories that can amplify in positive ways, life experience teaches us how difficult the maintenance of such patterns can be and therefore the importance of allies (team mates in daily life and in the mind) to help see changes in pattern through to a secure new position.

INDEX

- Adams, J. 106
Adams, T. 164
adaptation, loss and 81–4
adoption 10, 87–91
affirmation, patterns of 5–7
alcohol abuse 69, 109, 172
ambiguities in post-divorce relationships 98–9
Andersen, T. 45, 182
Anderson, Harlene 45
anxiety neuroses 149
Archer, C. 89
Armesto, J. C. 68
Arnold, E. 81, 164
artificial methods of reproduction 10, 67, 68
Asen, E. 35, 38, 70, 147, 157, 162, 163
asylum *see* refugees
attachment theory 22–4, 30, 52, 80, 206
Avigad, J. 59
Avon Longitudinal Study of Pregnancy and Childbirth (ALSPAC) 48, 54, 136
Backett, K. 107
Bakhtin, M. 194
Bateson, G. 18, 21, 22, 23, 148
Beardslee, W. R. 165
behaviour 7–8
 family therapy and 2; systemic approach 3
beliefs
 Milan approach and 37
 second families and 92
Bentovim, A. 195
bias 210
Bifulco, A. 75
biological development 52
biological family 10
 children and 4
bipolar disorder (manic depression) 149, 152–3, 162–3, 167
Bishop, P. 147, 151, 152
Black, D. 75, 78
blame 17–18
Boss, P. 167
Bowlby, J. 22, 78
Boyd Franklin, N. 63
Bratley, M. 106
Brown, G. 72, 75, 148, 163
Browne, K. 169
Buchanan, J. 91
Burck, C. 42–3
Burghes, L. 48
Burman, E. 50
Burns, E. 51
Byng-Hall, J. 23, 25, 52, 56, 147
Campbell, D. 37
Carter, E. 54
Cecchin, G. 37, 38
Cederblad, M. 88
change 9
 gender roles 52, 60–2
 keeping up with 51–4
 loss and transition in childhood 74–93
 migration and 54–6
 self and 63–4
 stressful events and family life 3, 5–7
 systemic approach and 3–4
child development theories 92–3
childcare
 fathers and 109
 variation in childcare patterns and loss of intimacy 80–1
Children Act 1989 129, 136
Children Act 1991 169
Clulow, C. 22
Cochran, S. D. 66
Cockett, M. 95, 99, 110, 130, 135
Cody, H. 148
cohabitation 9, 48
coherence 205

- Colapinto, J. 32
 Collins, B. 148
 communication
 loss and 76–80
 mental illness and patterns of 151–3
 confusion 17
 constructionism 43–5
 Cooklin, A. 35, 147, 152, 153, 158, 193, 204
 Cooper, J. 169, 179, 180
 Cooper, P. 161
 Cottrell, D. 147
 Coyne, J. C. 162
 crime 69
 culture 6–7
 changing gender roles 52, 60–2
 changing micropractices and 51–4
 cultural and family factors affecting
 descriptions of mental
 illness 147–50
 gender and development and 13, 14,
 191–2
 life cycle ideas and 49
 migration and family change 54–6
 multiculturalism and diversity 49–50
 myth 42
 refugees and 56–7
 underpinning family life 12–13
 Cummings, E. M. 99, 105, 169, 172, 183
- Daniel, G. 42–3
 D'Ardenne, P. 49
 Davies, P. T. 99, 169, 172, 183
 de Singley, F. 107
 death, loss of parent through 75–6, 129,
 139–40
 communication and 77–9
 De'Ath, E. 87
 Dehaan, I. 71
 dementia in the elderly 167–8
 depression 48, 150, 154, 155–7, 163–4
 manic bipolar disorder 149, 152–3,
 162–3, 167
 desertion, communication about 79–80
 discourse 5
 dominant discourses 24
 divorce 87, 94–5
 post-divorce living 95–6; acrimony
 and hostility 99–103, 117, 129;
 ambiguities in post-divorce
 relationships 98–9; bearing
 family in mind 116–17; contact
 with fathers 104, 105–10;
 keeping life predictable and
 maintaining self-esteem 96–7;
 lone parenting 103–5; residence
 and contact 99; secrets and
 silence 110–14; separation
 when children are very
 young 117–18; uncertainty
 about arrangements 114–15;
 and violence 183–4
 see also step-families
 Dowling, E. 48, 97, 110, 116
 Down, G. 45, 51, 68
 Downey, G. 162
 drug abuse 69
 Dunn, J. 4, 22, 48, 52, 53, 54, 72, 87, 91,
 128, 130, 136
 Dyregov, A. 77, 78
- Eekelaar, J. 69
 elderly people, dementia and 167–8
 Elizur, Y. 68
 Elliott, J. 99
 Emde, R. N. 171
 Emery, R. 96, 99
 Epston, D. 149, 153, 155
 Esterson, A. 148
 Exeter Study 95, 110, 130, 135
 extended family 135–8
- families
 cultural values and 12–13
 dominant discourses 24
 extended family 135–8
 habits 22–3
 historical and current dimensions
 3, 8–9
 influence in 22
 life cycle ideas 47–9
 listening to 14–16
 mental illness and *see* mental illness
 patterns and problems over time
 3, 7–8, 22, 36–7
 post-divorce *see in the* divorce
 rethinking family bonds 11–12
 sexual abuse in *see* sexual abuse
 step-families *see* step-families
 stressful events and family life 3, 5–7,
 53; buffering factors 70–2;
 poverty 68–70, 103–4
 as template for intimate
 emotions 210–11
 as template for intimate relations 16–19;
 family pattern and individual habit
 18–19; intimacy and confusion
 17; power and blame 17–18
 in transition 4–5; implications for
 therapist 9–11
 violence in *see* violence
 wider world and 207–9
see also divorce

- Family Law Act 1996 100
- family therapy 19–20
 attachment theory and 22–4, 30
 biases of therapists 210
 compared to other therapies 1
 implications of new family systems
 for therapist 9–11
 job of therapist 13–14
 listening to families 14–16
 loss and transition in childhood
 and 74–93
 making a difference 205–11
 meaning of 1–2
 professional approaches to family
 work with major mental
 illness 150–1
 racism in daily life and 62–4
 refugees and 56–7; creating
 conditions of safety 58–9
 structural family therapy 30–1,
 205–6; Milan approach 37–40;
 moving forward with
 theory 40–6
 systemic approach 2–4,
 205–6
 systems thinking 21–2
 therapist's thinking 30–1
 whole-family work 116–17
- fathers 48
 post-divorce contact with 104,
 105–10
 sexual abuse by 193, 199–202
 stepfathers and fathers 142–6
 violence and 169, 172–89
- Fatimilehin 163
- feed forward questions 157
- feminist theorising 41–3
- Fernando, S. 7, 148
- finances
 economic tensions in step-families
 138–9
 lone parents 47–8, 49
 mental illness and 163
 poverty and stress 68–70,
 103–4
- Fishman, C. 35
- Fitzgerald, J. 87
- Fleeson, J. 169
- Fonagy, P. 19, 23, 206
- Forehand, R. 96, 99
- Forster, M. 88, 167
- fostering 10
- Foucault, Michel 155
- fragility of relationships 209
- Frankfurt, M. 20
- Frommer, M. S. 67
- Garmezy, N. D. 69, 100, 209
- gay parenting 10, 50–1, 52
 life cycle issues and 64–6; new
 constructions 66–8
 step-families 135
- Gelles, R. 172
- gender
 boys' and girls' ways of dealing with
 family distress 131–3
 changing roles 52, 60–2
 culture and 13, 14, 191–2
 depression and 157
 feminist theorising 41–3
 job of family therapist and 13–14
 normative standards and
 34–5, 44
 poverty and 69
 refugees and 57
see also sexual abuse
- genogram 82
- George, C. 117, 121
- Glendinning, C. 130
- Golding, J. 48
- Goldner, V. 170
- Golombok, S. 48, 65, 66, 67,
 130, 135
- Goolishian, Harry 45
- Gordon family 167
- Gorell Barnes, G. 11, 12, 30, 33, 42, 45,
 46, 51, 54, 68, 70, 72, 75, 78, 87, 91,
 97, 110, 116, 130, 133, 136, 152, 153,
 188, 193, 204, 210
- Gorney, C. 90
- grandparents 48, 136, 163
 childcare and 80–1
- Green, R. J. 50–1, 65
- grief 75–6
 communication about 77–9
- habits 22–3
- Harding, S. 43
- Hardy, K. 7, 51, 62, 63, 64
- Harris, K. 59
- Harris, T. 75
- Hart, B. 107
- Haskey, J. 9, 69, 94, 128
- Hawley, D. R. 71
- Haworth, G. 88
- Henesy, S. 42, 193
- Herbert, M. 169
- Hetherington, E. M. 96, 99, 104, 105,
 106, 107, 130, 133, 142
- Hind, G. W. 148
- Hinde, R. A. 38
- Hobcraft, J. 48
- Hoffman, Lynn 21, 41

- homosexual parents *see* gay parenting;
lesbian parenting
- hypochondriasis 149
- identity, family therapy and 1
- Immigration and Asylum Act 1999 57
- individuals, systemic therapy and 4
- intimacy 17
resilience and 72-3
variation in childcare patterns and loss
of intimacy 80-1
- James, A. 118
- James, Kerry 181
- Jamison, Kay 149, 150-1
- Jenkins, J. 99
- Jones, A. R. 193
- Jones, E. 38, 157, 163, 203
- Keith, D. 25
- Kelly, J. 96, 99, 104, 105, 106, 107,
130, 133
- Kemps, C. 51
- Kiernan, K. E. 48, 130
- Kolvin, I. 69
- Kraemer, S. 106
- Kruk, E. 107
- Kurdek, L. A. 66
- Laing, R. D. 148
- Laird, Joan 42, 65
- Lam, D. H. 148
- language, violence and 180-3
- LaSala, M. 68
- Laszloffy, T. 7, 51, 62, 63, 64
- Lau, A. 55, 64
- Leff, J. 148, 151
- lesbian parenting 10, 50-1, 52
life cycle issues and 64-6; new
constructions 66-8
step-families 133-5
- life cycle ideas 47-9
gay/lesbian families and 64-6; new
constructions 66-8
migration and family change
54-6
- life-story material 41
- Lipsedge, M. 148
- Littlewood, R. 148
- lone parent families 9, 52
changing gender roles and 61
life cycle ideas and 47-8
post-divorce living 103-5
- Long, J. 65
- loss and transition in childhood
74-93
- adaptation and 81-4
child development theories 92-3
communication and 76-80
importance of safe place 84-6
second families and 87; adoption
87-91; young adults growing up
in second families 91-2
variation in childcare patterns and loss
of intimacy 80-1
- Ma, J. L. C. 11, 37
- Maccoby, E. E. 13
- MacKinnon, L. 42
- MacLean, M. 69
- Mahtani, A. 49
- Main, M. 22, 52, 206
- Malley, M. 65, 66
- Mansfield, P. 94
- Marlborough Family Service 70
- marriage 9
- Mason, Barry 205
- Masten, A. S. 69
- Mattison, M. 66
- Maxwell, C. 59
- McCarthy, P. 95
- McCann, D. 45, 51, 65, 67, 68
- McGoldrick, M. 54, 76
- McWhirter, D. P. 66
- mental illness 147-68
children of chronically ill parents
165-7
cultural and family factors affecting
descriptions of 147-50
dementia in the elderly 167-8
family description and self-
description 153-5
family relationships and different
illness processes 155-63
parents who are ill and their
children 161-3
patterns of communication 151-3
professional approaches to family
work with major mental
illness 150-1
social factors 163-4
- migration 6
family change and 54-6
mental illness and 163-4
refugees 56-7; creating conditions of
safety 57-9
- Milan approach 37-40
- Millar, J. 130
- Miller, A. C. 42, 64
- Miller, D. 42
- Minuchin, P. 34, 52-3
- Minuchin, S. 34, 35, 36, 52-3

- Moffitt, T. E. 49, 54
Moltz, D. 152
mothers, stepmothers and mothers
 trying to get it right 139–42
multiculturalism and diversity 49–50
Murray, L. 161
myth 42
- narrative therapies 44
National Asylum Support System
 (NASS) 57
neglect 69
Newcastle Study 69, 95, 129
normative standards 34–5,
 44, 65
nuclear family model 47
Nwoye, A. 62
- obsessive/compulsive disorders 153
Ochiltree, G. 99, 103
Osborne, E. 48
- Papadopoulos, R. 54, 56
Papp, Peggy 42
parentification of children 104
Parkes, C. 22, 76
Patel, N. 64, 163
Penn, P. 20, 157
Peplau, L. A. 66
Perelberg, R. J. 42
Philadelphia Child Guidance Clinic 43
philosophy of family therapy 1–2
phobias 149–50, 153
Phoenix, Ann 63
Place, M. 73, 151, 166
pluralism 6–7
 life cycle ideas and 47–9
Pooley, J. 59
violence 183–4
post-modernism 23, 43–5
poverty
 mental illness and 163
 stress and 68–70, 103–4
power 17–18, 35, 42
problems in families 3, 7–8,
 22, 36–7
 stressful events and family life 5–7,
 53; buffering factors 70–2;
 poverty 68–70, 103–4
- Prynn, B. E. 89
psychodynamic thinking 30,
 205–6
psychosis 150, 165–6
psychosomatic illness 149
- Quinton, D. 54, 71
- race and ethnicity 6–7, 11, 51
 mental illness and 148, 163–4
 migration and family change and 54–6
 racism in daily life 62–4
 refugees 56–7; creating conditions of
 safety 57–9
- Rampage, C. 11
reflective self function 206–7
- refugees 56–7
 creating conditions of safety 57–9
- Reichelt, S. 58
Reimers, S. 13, 38, 44
Reiss, D. 19
resilience 35, 71, 211
 intimacy and 72–3
- Reynolds, D. 90
Reynolds, S. J. 94
Richards, M. P. M. 99
- rituals
 death and 77
 new constructions 66–8
- Rutter, M. 54, 69, 71, 72, 93, 166
- safety, importance of safe place 84–6
- Sapphire 193
Schefflen, A. 150
schizophrenia 148, 153
Schlosser, A. 87
Schmidt, J. P. 66
Schuff, G. H. 162
Scott, G. 70
- secrets and silence, post-divorce
 living 110–14
- self-esteem, maintenance of 96–7
- sexual abuse 190–204
 boundaries of trust in therapeutic
 work 190–2
 confronting the voices of others in
 therapy 197–9
 talking to children about 202–4
 therapy with a man 192–4
 therapy with a woman 194–5
 traumatic, formless and perverse
 events 195
 using workmates and children to
 create alternative voices 199–202
- written word 195–7
- Siegel, S. 65
Silverstein, Olga 42
Simpson, B. 95, 105, 107, 129, 183
Slater, S. 66
Sluzki, C. E. 54–5
social constructionism 43–5
Solomon, J. 117, 121
Speed, B. 44
Sroufe, L. A. 169

- step-families 4, 9, 75, 128–46
 boys' and girls' ways of dealing
 with family distress 131–3
 Clarke family 140–2
 economic tensions 138–9
 extended family 135–8
 gay/lesbian step families 133–5
 Marley family 142–6
 nature of 128–30
 stepfathers and fathers 142–6
 stepmothers and mothers 139–42
 stereotypes 65–6
 Stern, D. 161
 Stevenson-Hinde, J. 38
 stressful events and family life 5–7, 53
 buffering factors 70–2
 poverty 68–70, 103–4
 structural family therapy 30–1, 205–6
 moving forward with theory 40–6;
 feminist theorising 41–3;
 post-modernism and social
 constructionism 43–5; use of
 research 46
 Sturgeon Adams, L. 118
 Sveass, M. 58

 Tamura, T. 64
 Tasker, F. L. 65, 66, 67
 Tavistock Clinic 97
 teamwork, Milan approach and
 38–9
 text, attention to 206–7
 Thomas, L. 7, 56, 64
 Thompson, M. 152
 Tizard, Barbara 63
 Tomm, K. 37
 transition, families in 4–5

 Tripp, J. 95, 99, 110, 130, 135
 trust, boundaries of 190–2

 uncertainty 114–15
 Urbanowitz, M. 75, 78

 Vetere, A. 169, 179, 180
 violence 70, 85, 169–89
 carrying forward of patterns 171–2
 post-divorce issues 183–4
 traumatic effects on children 184–9
 use of language and 180–3

 Wadsby, M. 103
 Walker, G. 65
 Walker, J. 95
 Walsh, Froma 71, 76
 Walters, M. 41
 Weisman, A. 68
 White, M. 149, 153, 155
 Whittaker, C. 24, 25
 whole-family work 116–17
 Wilson, J. 151
 Wolin, S. 71
 Wolin, S. J. 71
 Woodcock, J. 54, 57, 59
 work variation in childcare patterns
 and loss of intimacy 80–1
 writing 195–7

 Xiong, W. 148, 151

 young children, separation when
 children are very young 117–18
 young mothers 49

 Ziv, M. 68