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A PERSONAL RETROSPECTIVE OF THE FAMILY THERAPY FIELD: THEN AND NOW*

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A few years ago, I was taken aback to read an article characterizing the work of Nathan Ackerman, Murray Bowen, Ivan Boszormenyi-Nagy, and myself as "faintly Victorian." So when I started formulating ideas for this speech, I wondered what I could tell this audience in this so-called postmodern family therapy era of political awareness; gender, race, and class sensitivity; ethnic diversity; constructivism; and co-created stories. What could I say that would not seem irrelevant in this political climate? Are the founders of the field viewed as having gone the way of the horse-drawn carriage?

Those of you familiar with my work know that I believe in the healing and power of the past and that knowledge of history helps make sense of the present. So I invite you to accompany me on this journey through the years of the family movement, from the 1950s to the 21st century. As one who was there at the beginning, I offer a perspective that may provide a context for seeing how we came to be where we are now and where we might want to go. There may be value in knowing how a small group of mavericks from the traditional mental health professions, working in different parts of the United States, independently came to develop a revolutionary paradigm about intimate relationships, emotional disorders, and treatment. I want to say at the outset that I do believe that family system theory and therapy is an exciting, creative approach that has made and will continue to make a profound contribution to assessing and ameliorating many varieties of human distress. I truly believe in it. I also want to state for the record that family therapy is not a technique nor a subdivision of psychiatry, psychology, or social work but a separate profession with its own conceptual model, rationale of treatment, methods of training and research. But I need to remind you of this caveat: the traditional way of diagnosing and treating emotional problems is still the dominant power in the mental health field, reinforced by descriptive psychiatry (the DSMs), clinical psychology, biological psychiatry, the insurance companies, and the laws governing mental disorders.

The formidability of these forces, based on old traditions and political and economic considerations, is exercised, for example, through their administrative control in institutions and agencies—determining such things as salaries, titles, clinical practice, methods of training, and research. A recent, thoughtful, and important paper (Shields, Wynne, McDaniel,

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& Gawinski, 1994) suggests that by becoming an independent profession, family therapy is likely to become marginalized and isolated from the rest of the mental health professions. The article proposed that family therapists get in line with other mental health professionals who assess disturbed behaviors as mental disorders. Such a stance obviates why family systems theory and therapy came into being in the first place. The unique contribution of family systems theory was that individuals do not exist in a vacuum and that "mental disorders" are usually by-products of the reciprocal influences of intimate emotional systems. To go back to acontextual diagnostic category thinking would be a regressive step in my judgment. It has never occurred to me that family therapy would exist outside the mental health professions. I have spent my entire professional life (in various settings: mental hospitals, medical schools, psychology departments, giving workshops) trying to influence the traditional mental health professions. Since family systems concepts made sense, these traditional professionals were frequently moved to reexamine clinical situations. Rather than waning, as the Shields et al. article states, the influence of family therapy seems to be growing; there is considerable evidence that its conceptualizations and practices have had increasing impact over the years. For example, psychiatrists, psychoanalysts, and clinical psychologists now often treat marital relationship problems by seeing partners conjointly, even when the individual partners have no diagnosable psychiatric disorder. Further confirmation of family therapy's growing influence can be seen in the surveys which indicate that the preferred professional goal of mental health students in all disciplines is to become a family therapist. Family therapy is the wave of the future. My main point is that rather than existing *outside* the mental health professions, family therapy should stay *within* the mental health professions and continue to influence them. I do agree with Shields et al. that with autonomy (family therapy as an independent profession) comes increased responsibility, particularly with respect to training and research issues.

I will describe in the early part of this paper how our group in Philadelphia started seeing families, some of the things we learned about how families work, and how our clinical observations of family interaction resulted in some fundamental explanatory concepts. A personal account of my own professional odyssey is sprinkled throughout the paper. I will offer my impressionistic survey of events in the early years of the field, developments in the middle years (1960s-1970s), and observations about the flowering and consolidation years and current state of the field (1980s-1990s). My personal critique will include my estimation of positive directions that family therapy has taken, as well as my concerns about other developments in the field. In the process, I will challenge some current sacred beliefs and practices. I will offer a sample of some of the things I've learned over many years of seeing hundreds of couples and families and will conclude with capsule impressions of some of the early pioneers in the field.

The views I will present reflect my own experiences and opinionated biases, with no pretense that I am presenting an encyclopedic account of the field. One of the few compensations of getting older, besides getting into the movies cheaper, is that you can say what you think. You don't have to worry about consequences to your career, so you can speak the truth as you see it and hope you don't come across as a damn fool.

One of my roles in my family of origin was that of the conscience of the family. My Dad was a charming Damon Runyon character who knew how to survive on the South Philly streets, and when he got the ward heeler to fix his traffic tickets, I used to remonstrate with him. As I look back on that, I think I was a bit of a prig (spelled with a "g"). I've tended to carry over this stance in my professional life in my self-appointed role as critic of

and commentator on the family field. As one of the founders of marital and family therapy, I do have proprietary feelings about this field—a bit presumptuous, but there it is.

The Beginnings

After getting my master's at Penn State and PhD in clinical psychology at the University of Texas, I interned at the Worcester State Hospital in Massachusetts. For about 6 years after I got my PhD I was a conventional clinical psychologist, working in a veteran's hospital in Maryland, the Naval Hospital in Philadelphia, and in a juvenile court. I gave thousands of Rorschachs and Wechslers, looked for signs of psychopathology, and sat in interminable case conferences where everybody argued about diagnoses. There wasn't much discussion of the inner and outer pains and forces that patients were struggling with. I was interested in that part. Early in my career I questioned the emphasis on classifying mental disorders since there were almost no specific treatments for each syndrome. If diagnostic categories did not lead to specific treatment, why the effort to achieve such nosological preciseness? In any event, in those days I did psychological testing, individual therapy, group therapy, and some research in various settings, but always with a vague sense of unease about the worthwhileness of what I was doing.

In 1957 I was on the staff of the psychology department at the Eastern Pennsylvania Psychiatric Institute in Philadelphia. This department was breaking up and someone mentioned that there was a psychiatrist on the sixth floor doing blood studies of schizophrenics and that he was adding to his staff. That was how I met Ivan Boszormenyi-Nagy. I joined his project when I learned that his primary interest was in the psychotherapy of schizophrenia; he had some interesting ideas about the healing power of relationship that intrigued me. Fortuitously becoming a part of that project was a major turning point in my professional life. Looking back on this chance happening in the light of subsequent events, I realize now that I was in the right place at the right time.

On this project we did intensive individual therapy with young adult female schizophrenics, conducted group therapy, and developed a therapeutic community. EPPI was a research and training institute, so we had the luxury of study rather than service. In a sense, families of the patients got involved with us. There were phone calls from family members hinting of dark family secrets, and the nurses would report on strange behaviors on the ward when the parents visited. Virginia Satir has told the story of how she started seeing families. She was seeing a young woman in private practice, and as this woman improved, Satir got a phone call from the patient's mother threatening to sue her for alienation of affection because her daughter wanted to leave her and get her own apartment. Satir had no liability insurance safeguard and she heard in the mother's voice the plea for help behind the threat, so she invited the mother to join her and the daughter in sessions.

Because the parents were intruding so much, we started inviting them to the patient group meetings, and these came to be called "patient-relative" meetings. The siblings of the patient were also included — a rarity in the mental health field. Based on our observations of the behaviors in these meetings, we got the idea of seeing whole families. The creative step here was taking what was ordinarily regarded as interference and using it for therapeutic change. (Most therapists who do only individual therapy regard the family of their patients as the enemy.) Frankly, at that stage we were thinking of the family as a resource to help us in treating the patient. We had no idea we were on the threshold of a whole new theory of human relationships, of symptom formation, and of treatment. It was a remarkable shift when the family, rather than being regarded as a noxious influence, was

recognized as needing help and containing the potential for possible change which could be capitalized upon. Whatever had been known about families previously came from individually administered questionnaires or from family members seen separately. The family had never before been observed interacting together in a clinical professional setting. When we saw whole families, we began seeing things nobody had ever seen or noticed before — except novelists, playwrights, and film writers. Being with one's own family is taken for granted, like the air one breathes; we almost never looked at our own families with objectivity. Attending to whole families clinically was somewhat akin to the discovery of the microscope because phenomena began to be revealed that had never been seen before.

Here are some of the things we learned early on when we observed interactions among the family members during the family meetings:

- The symptoms of the designated patient began to make sense and be decoded when seen in the context of the family interactions.
- As the patient began to improve, it frequently happened that someone else in the family developed symptoms. This was one of the first clues of the family as a system.
- We learned, with revolving door patients who were sent home to the same family environment, that some patients could not change without parallel changes in the family.
- We found that the psychology of intimate relationships is very different from all other social relationships; you are a different person when you are with your family than you are with other people. You regress and your immature personality features emerge when with your family. You will show your greatest cruelty to your family members, yet for them you will make boundless sacrifices. No price is too high to pay for parental acceptance.
- Every family has rules, myths, assigned roles, loyalties, and alliances (one alliance almost guaranteed to develop symptoms in a child is when a parent allies with a child against the other parent).
- In these families any two members could usually relate well to each other on a one-to-one basis, but trouble began when three interacted. A common sequence occurred when the mother pressured the father to control the disobedient daughter. Father would discipline daughter, mother would say he was too harsh and would comfort daughter, and mother and daughter would unite against the bad father.
- We came to recognize the centrality of the marital relationship of the parents. And when this relationship breaks down, generational boundaries are crossed and children are parentified and exploited. Parents live through and repeat with children and spouses the conflicts derived from their families of origin. Problems in a family tend to be repeated from one generation to the next. Symptoms, we discovered, can balance family as well as intrapsychic forces. (For example, whenever the schizophrenic patient got angry at mother, mother would label her anger as mental illness. Fathers passively stood by while siblings tried to learn what behaviors were wise to avoid.)
- Most mental health professionals treating children tended not to involve fathers in the treatment (e.g., the statues in front of child guidance clinics around the country consisted of mothers and children; there were no statues including fathers). We had little difficulty getting fathers to come in; nobody had asked them before. We

found that involving the fathers made a critical difference in treatment outcome.

- By involving the whole family in treatment, for the first time the mental health professions were including in therapy people who, while they may have malignant effects on others, send others to treatment and rarely go to therapy for themselves. When we started, we tended to overidentify with the patients and be angry at parents who did such awful things to their children. With experience we learned that whatever damage parents do to their children was once done to them.
- We also realized that distressed people are better off having their needs met by the people who matter most to them, rather than by professionals whose association with a patient is limited, professional, and "as if." Mental health professionals are supposed to provide what the spouse or family members will not or cannot give. We worked to help family members get what they needed from each other.
- It's hard, I suppose, for you to imagine the enormous opposition to working with whole families in those early days—from psychiatry, clinical psychology, and others (e.g., the child psychiatrist who said to me at a professional meeting, "Doctor, you are doing a very dangerous thing, bringing parents and children together in the same treatment room"). Once we presented our findings to the local psychoanalytic society in Philadelphia and they proceeded to tell family jokes.

In those early years we learned a lot about how families worked. Treatment of the whole family together was the laboratory from which evolved the concepts of family systems theory—for example, that the emotional functioning of each family member affects the functioning of other members in foreseeable ways. It was about time that instead of labeling the by-products of relationship events as illness, we began dealing with the real problems of people, where they lived. Most of those early findings have held up over time and are part of mainstream family therapy. As a matter of fact, many of the therapeutic interventions of strategic and structural family therapy in later years were based on the findings of all the early workers on how families operated.

Those were the halcyon, exciting years. As I've said before, I couldn't wait to get out of bed in the morning to see what we were going to find out that day. Those were the years of observation, discovery, and clinical research, before there were schools and before the field got politicized, institutionalized, and categorized. We never dreamed we were helping start a movement or a profession.

But while we were learning about family and marital dynamics, we really didn't know how to *treat* relationships. Therapy was used as a source of data for research. There was nobody around to train us how to treat families and couples, so we watched each others' sessions through the one-way mirror, listened to tapes of each others' sessions, worked in co-therapy teams (including male-female teams), and were self-trained by group supervision. Later, the schizophrenic patients were discharged when they were relatively symptom free, and we then started working on an outpatient basis with families throughout the range of manifest symptomatology.

I was with the original group at EPPI for 13 years. Directed by Boszormenyi-Nagy, the core group included Oscar Weiner, Leon Robinson, Gerry Lincoln-Grossman, Dave Rubinstein, Gerry Spark, Jerry Zuk, and Marge Griffel. One of my treasured memories is the enormous pleasure I felt being with this wonderful group of people. We learned from each other, we debated ideas, we were competitive and jealous of each other at times, and we matured professionally in our understanding of the dynamics of family life. We sup-

ported each other through personal crises and were friends.

The Middle Years (1960s-1970s)

In the early 60s wc began to hear about others seeing families and then began an informal process of networking. Because it was interdisciplinary, The American Orthopsychiatric Association meetings seemed to be the one place that was most hospitable to family therapy. At both APA meetings we would meet in corridors and say surreptitiously, "I'm seeing families. How about you?" We felt at times that we were bootlegging ideas. From time to time I served on panels at conventions with practically all of the early workers; many of these colleagues became lasting friends. Indeed, this early group of family therapists became like a family itself.

Boszormenyi-Nagy and I visited Bowen (who had hospitalized entire families) and Lyman Wynne at NIMH; we had found much in common with the observations in the classic papers of Bowen (1966) and Wynne, Ryckoff, Day, and Hirsch (1958). We came into contact with Ackerman, who was the grandfather of family therapy, having published a paper on the family as a system in the 1930s (Ackerman, 1938). We heard about John Bell's work with families. (The story has been told about the time Bell was visiting John Bowlby in England and misunderstood something Bowlby said about treating families, so when he returned to the United States, Bell started seeing whole families.) (Bell, 1975). The Palo Alto group was known to us through their 1956 seminal paper on the double-bind, as well as their other writings (Bateson, Jackson, Haley, & Weakland, 1956). Satir visited us at EPPI, as did Gregory Bateson and Jay Haley. Al Scheflen and Ray Birdwhistle at EPPI studied the body language of families and therapists. We heard about the work of Christian Midelfort in Wisconsin, who was one of the first to treat psychotic patients and their families (Midelfort, 1957). I suspect most of you today have never heard of Midelfort, just as you are probably not familiar with Lidz and Fleck's work with families at Yale University (Lidz, Cornelison, Fleck, & Terry, 1957). Insiders in the field were aware of the significance of Dick Auerswald's systemic, ecological thinking; he presaged the later epistemological contributions. Look him up (Auerswald, 1968). General systems theorists from psychiatry also influenced us—such theorists as Roy Grinker, Karl Menninger, Fred Duhl, and Matt Dumont (described in Gray, Duhl, & Rizzo, 1969). That some of these people I've mentioned are unknown to contemporary family therapists does not detract from their contributions. (It bothers me when I read an article declaring a new, original discovery or technique that Ackerman or Satir presented many years ago. Many current family therapists who write articles do not do their homework.)

There was one bit of networking Ivan Nagy and I did that was quite an experience. We went down to Atlanta and met with Carl Whitaker and his colleagues (Whitaker, Felder, Malone, & Warkentin, 1962). At their clinic, visiting professionals did not watch sessions through the one-way mirror; they were invited into the sessions. When we left several days later, I had a stomach ache. Ivan had a headache; he's more cerebral. However, when I got home, I got rid of my desk in my private practice office and never again sat behind one in sessions. So Whitaker's influence helped me loosen up, as he influenced so many. He is still a presence in my life.

In 1962 Don Jackson and Ackerman founded the journal *Family Process*, and subsequently the board of advisory editors met every 4 years and became a kind of informal national organization of family therapists. Some tentative efforts of the family therapists

and the then American Association of Marriage Counselors to connect did not get off the ground. At that time they were on different tracks; the connection came later as the territorial issue got resolved and as they defined their boundaries, particularly with respect to credentialling.

We were influenced by Norman Paul's work on mourning (Paul, 1967) and by Wynne and Margaret Singer's data-based studies on communication deviances in families of schizophrenics (Wynne & Singer, 1963). In 1965, Boszormenyi-Nagy and I published *Intensive Family Therapy* (Boszormenyi-Nagy & Framo, 1965) with 15 contributors reporting on their clinical research with schizophrenics and their families. This book has been translated into six languages. The contributors included, among others, Ackerman, Bowen, R. D. Laing, Harold Searles, Whitaker, and Wynne. The only other book in the field at that time was Satir's *Conjoint Family Therapy* (1964).

More books were published. Ackerman's book *Treating the Troubled Family* came out later, although he had previously published many articles (Ackerman, 1966). A systematic study demonstrated that psychotic patients could be kept out of the hospital by working with their families (Langsley et al., 1968).

The object relations theories of Ronald Fairbairn (1954) and Henry Dicks (1967), and the integration of systems thinking with psychoanalytic concepts done by Laing and Esterson (1964), Cliff Sager (1976), and Robin Skynner (1976) influenced the development of my own theoretical views. Books that dealt with clinical methods and techniques that I found worthwhile in those days were: Bloch, 1973; Guerin, 1976, Haley and Hoffman, 1967; and Papp, 1977.

Such publications created interest in these new ideas on the part of mental health professionals, and invitations to teach and give workshops began to arrive. (I myself have given over 300 in nearly every state and internationally.) Our enthusiasm became infectious. I think we were somewhat messianic in those days, but I believe the ideas caught on because they had the ring of truth. On the other hand, from time to time we erstwhile dissidents wondered what we would do if family therapy ever became authorized and respectable.

In these early days of the field there was a sense of camaraderie, openness, and sharing of ideas among those treating families, but as time went by, other considerations entered the arena. Theoretical and ideological differences began to appear. One of the first controversies occurred after *Intensive Family Therapy* was given a damning review by Haley, the first editor of *Family Process*. I got the impression that Haley wanted to make sure that psychoanalytic thinking be prevented from ruining the newly emerging field of family therapy. (A few years later Ackerman and Haley had dinner in my home and argued over who should be the second editor of *Family Process*.) Despite the territorial and ideological differences that have continued over the years, a colleagueship has persisted among the early family therapists, bounded by a shared participation in challenging the mental health establishment.

Our group at EPPI was allied with a group in Philadelphia headed by Al Friedman and including John Sonne, Ross Speck, and others who treated families in their homes (Friedman et al., 1965). Members of both groups got together to start the Family Institute of Philadelphia. Ackerman, who already had a Family Institute in New York, came down to help us get started. Afterwards, Chuck Kramer visited us to get some ideas on how to get the Family Institute of Chicago started. Thus began the network of free-standing family

institutes around the country, especially since training in systems thinking was not available in the established, traditional training centers. (Despite the passage of nearly 30 years, marital and family therapy training is still difficult to obtain in most departments of psychiatry, clinical psychology, and social work. These traditional training centers give systems thinking lip service.)

I was concerned in the mid-60s about the wide gap that existed between family research and clinical work with families, so I organized a conference of 15 prominent family researchers and 15 family therapists, which met in Philadelphia at EPPI in 1967. The conference was titled Systematic Research on Family Interaction and included Boszormenyi-Nagy, Bowen, Haley, Macgregor, Minuchin, Watzlawick, Weakland, Whitaker, and Wynne among the family therapists. This was the conference where Bowen, who had been asked to discuss his scale of differentiation, instead, and surprisingly, discussed the work he was doing with his own family of origin. Family therapy history had been made. (I was sitting next to Bowen as he was speaking, and I remember noticing that his hands were shaking. He told me later that he was anxious because his true purpose in keeping the topic of his talk secret was to differentiate himself from the family of family therapists.) In any event, after Bowen's presentation the polarization between the researchers and therapists at this conference sort of vanished.

Prior to this conference I had been requested to invite an Italian psychoanalyst who was in Philadelphia to observe the proceedings. Her name was Mara Selvini-Palazzoli. A collegial and personal friendship between Mara and me has persisted through the years. She is my Italian sister. The proceedings of that conference had been taken down verbatim by a court reporter, and Lynn Hoffman worked with me on the tedious job of editing the book which came out of that landmark conference (Framo, 1972). The books reporting on experimental studies of family interaction by Mishler and Waxler (1968) and Winter and Ferreira (1969) were significant contributions, and it is unfortunate that this tradition of research on family interaction has not been sustained.

In 1970 I published my major theoretical paper, "Symptoms From A Family Transactional Viewpoint," in which I documented that symptoms are formed, selected, faked, shared, maintained, traded, or extinguished as a function of the context in which they are embedded (Framo, 1970). Unless the whole family is observed interacting together, it is very difficult to tell what the symptoms mean or who or what needs changing. I am more interested in treating the basic processes that give rise to symptoms than I am in targeting the symptom itself. I proposed in this paper that psychopathology, usually seen as the outcome of insoluble intrapsychic conflict, may have to be recast as a special form of relationship event which occurs among intimately related people.

In 1969 I left the group at EPPI and branched out on my own. I was invited to set up a family therapy unit within the Community Mental Health Center of Thomas Jefferson Medical University in Philadelphia. I was able to get an 8 million dollar grant to fund this experimental family unit. I wrote a paper about that experience called "Chronicle of a Struggle to Establish a Family Unit Within a CMHC" (reprinted in Framo, 1982). In that paper I described the difficulties of introducing a systems perspective in a medical setting or traditional department of psychiatry. (For instance, for financial reasons we were required to give an individual diagnosis to each member of the family, including babes in arms, which we called "Infant Adjustment Reactions.") I did propose a daring change in intake procedures for the whole center. I suggested that initial family diagnostic interviews be done, no

matter what the symptom was and no matter who had the symptom. On the basis of such family diagnostic sessions, symptoms could be evaluated in their context and better aimed treatment decisions could be made. I still believe that such an approach in all mental health settings would not only foster better focused therapeutic interventions, but would be less costly in the long run. For some reason, this proposal was not enthusiastically received by the department of psychiatry.

In 1971 Virginia Satir invited me to give a workshop with her in Mexico City; she said I was the only male she had ever invited to do a workshop with her. That trip established the basis for a warm friendship which persisted through the years. That same year I gave the first workshop in Rome, Italy, attended by Selvini-Palazzoli and Luigi Boscolo, where I met another lifelong friend, Maurizio Andolfi, my Italian brother. The family movement had begun moving into Europe, but a few years later the Europeans no longer needed the Americans; they had developed ideas of their own. I have given workshops in 16 foreign countries, the most exotic being in Central Asia. Can you imagine that family therapy is being done in Uzbekistan?

More and more books began to be published. Family therapies for the various diagnostic categories were developed. As the field took the natural course of differentiation, various spin-offs from the major theories careened off one another. Some of these approaches were attractively and commercially packaged since those individuals entering the field wanted to make a name for themselves—a perfectly understandable motive to which I myself was not immune. Whereas in those early days I was able to read all the books and articles in family therapy, it soon became impossible to keep up with the literature. Today when I buy a new book in the field, I look at the table of contents, look at the references to see if I'm cited, and then it goes up on the shelf, to be read when I get the flu. The veritable explosion of books and workshops and conference presentations created a great demand for training and stimulated interest in establishing a family therapy organization, setting standards and ethical guidelines for this new unit of treatment. Mostly, however, family therapists were interested in pushing the limits of where system approaches could lead.

In 1973 I left the CMHC and the medical setting because the chairman of the department of psychiatry told me he did not approve of my publications that criticized traditional practices and that henceforth I must submit all articles to him before sending them to journals. I quit on the spot and accepted an offer to teach family systems theory and therapy at Temple University in Philadelphia. I stayed at Temple 10 years before moving to California in 1983. My experiences teaching family systems theory to doctoral students in a traditional academic psychology program make an interesting story. The students had difficulty reconciling what they heard in my classes with what other faculty were teaching. MFT has still not made substantial inroads into psychology departments; out of several hundred doctoral programs in clinical psychology in the country, in only a handful is MFT being taught. Yet most clinical psychologists will treat couples in their private practice after they graduate, despite the fact that they have had no training in marital therapy. I could make the same statement about most psychiatrists, psychoanalysts, and social workers who treat couples.

While I was at Temple, I began a correspondence with Robin Skynner, who was the outstanding family therapist in England (in addition to R. D. Laing). Robin and I continue our friendship to this day, mostly through letters, but we are also on panels together. Israel Charny, whom I knew in Philly, moved to Israel and introduced family therapy there. So Iz and I go way back. Charny wrote an excellent book called *Marital Love and Hate* (1970),

which unfortunately is out of print.

As different approaches to working with families began to be described in the literature, the kind of competitiveness that I suppose is to be expected in the development of any field began. This trend was reinforced when the textbooks categorized the different theories or treatment methods as "schools" of family therapy. I remember being surprised to see our own notions about families and therapy classified as a "school." In any event, the major schools of family therapy became more clearly delineated: Bowen theory, structural, strategic, contextual, intergenerational, behavioral, psychodynamic, experiential, and so forth. It is interesting that when the second generation of family therapists came into being (they were students of the pioneers), they became passionate disciples of their mentors, which further fueled the theoretical debates, later labeled "The Battle of the Brand Names." (In one survey that was done at this time, family therapists were asked to name the theoretician who had most influenced them. I liked one person's response: he said that only one theoretician held sway in his thinking—his mother.)

In 1975 the American Association of Marriage and Family Counselors published the *Journal of Marriage and Family Counseling*, with Bill Nichols as the first editor. Jay Haley and I had the dubious distinction of having articles in the first issue of JFMC as well as the first issue of *Family Process*. In 1979 the AAMFT journal got a new name under the editorship of Florence Kaslow: the *Journal of Marital and Family Therapy*, reflecting the name change of the parent organization—the American Association for Marriage and Family Therapy (AAMFT). The struggle loomed between AAMFT and the nascent organization that the early family therapy pioneers ambivalently desired.

One important book that came out in the 1970s attempted to develop a classification of different kinds of families, based on the families' psychological health (Lewis, Beavers, Gossett, & Phillips, 1976). Nagy and Spark published *Invisible Loyalties* (Boszormenyi-Nagy & Spark, 1973), a text which led to the development of contextual therapy, focusing on the intergenerational ledger of debts, legacies, and entitlements. It took a while for this elegant theory to be understood well enough to apply to clinical problems in families. Structural family therapy became widely used, partly because it offered a set of family therapy procedures that were more teachable (Minuchin, 1974). Braulio Montalvo's contributions to structural family therapy were acknowledged by Minuchin, but you don't hear much about Montalvo because he was so unassuming. Although Haley had published widely for years, his 1976 book *Problem Solving Therapy* clearly presented his strategic approach (Haley, 1976). Neil Jacobson was the foremost proponent of the behavioral approach to the treatment of relationships (Jacobson & Margolin, 1979). The field had to wait until 1978 for Bowen's book of his collected papers, *Family Therapy in Clinical Practice* (Bowen, 1978). Among all the theories presented by the pioneers, I believe Bowen's was, and still is, the most comprehensive, far-ranging, and influential in the field. Clinically, Bowen spent decades studying the fundamental question of how one can deal with one's family's craziness without giving the family up.

Family systems therapy began to be practiced in many different settings—in clinics, hospitals (both medical and psychiatric), social service agencies, children's residential settings, institutions for the aged, courts, the home, private practice, and so on. The early workers had put the broad strokes on the canvas, and the details were being filled in. Some family therapists focused on the family or marital contexts of specific symptoms like alcoholism, drug abuse, eating disorders, depression, medical problems, incest, adolescent problems, chronic illness, and areas such as women's issues, loss, the person of the therapist,

ethnicity, effects of divorce, problems of remarriage, and so forth. Different varieties of systems therapy began to be practiced, such as multiple family therapy, conjoint marital therapy, couples groups, social networks, and intergenerational therapy, and a whole assortment of techniques were developed, such as paradoxical interventions, hypnosis, role playing, videotape playback, sculpting, behavioral tasks, imagery, relabeling—all of which were designed to bring about system change. Family therapists pioneered in opening up the treatment room with one-way mirrors, audio and videotape recorders, and live supervision.

A small group of eight of us got together in 1977 to found the American Family Therapy Association. It would never have happened without the prestige of Murray Bowen. He was the first president and I became the second. A long series of events preceded this step; a description of how AFTA got started is in the Winter 1989 issue of the AFTA newsletter. AFTA and AAMFT went through their domain struggle for a few years. That's how the relationship between me and Don Williamson started; I was president of AFTA and he was president of AAMFT, so we started as adversaries. Over the years our relationship has developed into a firm friendship. As is now known, the relationship between AAMFT and AFTA has become a model of interorganizational cooperation.

In 1976 I published my first paper on my family-of-origin work (Framo, 1976). Whereas my symptom paper provided the basis for my theoretical thinking (Framo, 1970), my work with family of origin was its clinical application. Early in my experience with troubled individuals, couples, and families, it had become apparent to me that the kinds of conflicts people have—internally, with their partners, with their children—have much to do with what they are still working out from their families of origin. Intimates collusively carry psychic functions for each other and active, unconscious attempts are made to force and change one's partner to fit the internal role models. Most people who enter psychotherapy spend a lot of time talking about their original families. I took the unusual step of having clients actually bring in their mother, father, brothers and sisters, together, for consultations, taking the problems back to where they began, thus providing a direct route to etiological factors. In these sessions, which I call the major surgery of family therapy, the families deal with their past and present hard issues. My recent book on *Family-of-Origin Therapy* describes this method and its results (Framo, 1992). The adult sons and daughters come to terms with parents before they die, cutoffs get repaired, and one's inner demons of unforgiving pasts sometimes get tamed, resulting in forgiving one's parents and perceiving one's partner or children more realistically. A book in preparation will present a full-length family-of-origin consultation with one family (Weber, Framo, & Levine).

In the classes I teach, I try to be consistent with my conceptual approach. I do not give exams; instead, the doctoral students are required to write a family biography. Writing these family biographies is an intense experience for most students. They usually say, "Writing that family biography was the most difficult but most rewarding assignment of my life." My book on family of origin contains my own family biography. I try to practice what I preach.

The Flowering and Consolidation Years (1980s-1990s)

There were so many developments in this burgeoning field in the 1980s and 1990s that I can only sample a few.

In 1981 Gurman and Kniskern published the milestone *Handbook of Family Therapy*, a comprehensive encyclopedia of the state of the art of the field (Gurman & Kniskern, 1981). In this same volume Gurman and Kniskern presented their own survey of the find-

ings of family therapy outcome research. In 1981 *Family Therapy: Major Contributions* was published, consisting of the old classic papers in the field (Green & Framo, 1981). I published my own book of collected papers, *Explorations in Marital and Family Therapy* (Framo, 1982).

Unlike the early years of the family movement when Satir was the only well-known woman in the field, many women had begun publishing and introducing new, innovative ideas which enriched the field. Among the female contributors were Connie Ahrons (Ahrons & Rodgers, 1989); Carol Anderson (Anderson & Stewart, 1983); Carolyn Attneave (Speck & Attneave, 1973); Betty Carter (Carter & McGoldrick, 1980); Lee Combrinck-Graham (Combrinck-Graham, 1988); Celia Falicov (Falicov, 1988); Lynn Hoffman (Hoffman, 1981); Evan Imber-Black (Imber-Black, 1988); Florence Kaslow (Kaslow, 1982); Jan Kramer (Kramer, 1985); Cloé Madanes (Madanes, 1981); Monica McGoldrick (McGoldrick, Pearce, & Giordano, 1982); Peggy Papp (Papp, 1983); Michelle Ritterman (Ritterman, 1983); and Froma Walsh (Walsh, 1982).

A major development in the late 1970s and early 1980s was the introduction of the feminist viewpoint on family therapy. Such feminists as Virginia Goldner (Goldner, 1985); Thelma Goodrich (Goodrich, Rampage, Ellman, & Halstead, 1988); Rachel Hare-Mustin (Hare-Mustin, 1978, 1986); Deborah Luepnitz (Luepnitz, 1988); and members of the Women's Project (Walters, Carter, Papp, & Silverstein, 1988) have been prominent. Monica McGoldrick, Carol Anderson, and Froma Walsh collaborated on publishing the book *Women in Families: A Framework for Family Therapy* (1989). I'll have more to say on the feminist movement in family therapy later in this paper.

A book of Whitaker's collected papers was finally published in 1982 (Neill & Kniskern, 1982). For the first time therapists could try to learn how to reproduce Whitaker's brilliant, irreverent, absurd approaches to the family through the generic themes of life and death. They should have known you cannot imitate Whitaker.

In the 1980s and early 1990s journals proliferated in the field and the field grew enormously; the membership of the AAMFT increased about 500%. Systems thinking was utilized in areas that to the early pioneers might seem far afield from where they started. There was a whole world out there waiting to be explored. A systems perspective from varied theoretical approaches was applied to a wide range of clinical problems and subject areas. A fairly representative sample follows[1].

Some family therapists began stretching the limits beyond the nuclear family to the extended family (Bowen, 1978) and to the family in the context of wider systems, such as the culture of poverty and the family's link to schools, medical settings, and other institutions (Imber-Black, 1988). Systems consultations to organizations, family businesses, corporations, and work settings began to be offered (Wynne, McDaniel, & Weber, 1986). Organizing factors like ethnicity (McGoldrick et al., 1982) and race (Boyd-Franklin, 1989) in family therapy were explored. Specific symptoms such as depression, borderline personalities, eating disorders, personality disorders, sexual problems, violence-prone, paranoid disorders, somatization problems, psychotic disorders, and so on, were re-examined from the standpoint of the family context (Lansky, 1981). Drug and alcohol addictions were viewed from a family systems perspective (Kaufman & Kaufman, 1992; Lawson, Peterson, & Lawson, 1983; Stanton & Todd, 1982; Steinglass, Bennett, Wolin, & Reiss, 1987). Cliff Sager gave the field insights into the conscious and unconscious contracts of marriage (Sager, 1976), and he helped launch the field of sex therapy with the publication of the *Journal of Sex and Marital Therapy*. Inasmuch as by the year 2000 the majority of

the population of the U. S. will be in second and third marriages, stepfamily relationships became salient; the Vishers have offered their expertise in this area (Visher & Visher, 1987). Therapies for different kinds of marital problems were proposed (conflictual couples, dual-career couples, borderline-depressed couples, remarriage issues, cross-cultural marriages, etc.). The treatment of gay and lesbian couples was described (Carl, 1990). The turmoil of marital infidelity became a focus for some clinicians (Moultrup, 1990; Pittman, 1989). New modes of marital therapy were attempted, such as couples groups, and increasingly couples were treated by male-female co-therapy teams and even husband-wife co-therapists (Roller & Nelson, 1991). Incest as a family affair was explored by Gutheil and Avery (1977). The neglected area of sibling relationships was examined in detail (Bank & Kahn, 1982). The important area of family medicine and the confluence of the medical arena and family systems was investigated (Doherty & Baird, 1983; McDaniel, Hepworth, & Doherty, 1992). The world of religious systems was explored from a systems viewpoint (Friedman, 1985), and in more recent years, the relationship of spirituality to family therapy has been examined (Kramer, 1995; Prest & Keller, 1993). Other subjects that were explored from a family systems perspective included family rituals (Imber-Black, Roberts, & Whiting, 1988; Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1977); family therapy for the poor (Aponte, 1991); brief therapy (Fisch, Weakland, & Segal, 1982); men's issues in marital or family therapy (Erickson, 1993; Meth & Pasick, 1990); death and mourning in the family (Walsh & McGoldrick, 1991); multiple perspectives on the treatment of one couple (Chasin, Grunebaum, & Herzig, 1990); family secrets (Imber-Black, 1993; Pincus & Dare, 1978); training and supervision issues (Liddle, Breunlin, & Schwartz, 1988); intergenerational issues (Roberto, 1992; Williamson, 1991); family transitions and crises (Falicov, 1988; Pittman, 1987); the current predicament of AIDS (Landau-Stanton, & Clements, 1993; Walker, 1991); and divorce therapy (Everett & Volgy, 1991; Sprenkle, 1985). (One day I'll finish the book I'm writing about how to help divorcing couples during that shattering experience.)

Different paradigms of family process and treatment were introduced—theories which challenged existing concepts. The Milan school, based partly on Bateson's concepts, ushered in this trend (Selvini-Palazzoli et al., 1978). The Milan approach captured the imagination of therapists. Family therapists traveled to study the Milan school, and others went to Rome to learn Andolfi's structural-strategic-experiential approach (Andolfi, Angelo, Menghi, & Nicolo-Corigliano, 1983). A major school, object relations family therapy, made its appearance in the 1980s (Scharff & Scharff, 1987; Slipp, 1984). Ecosystemic ideas were described by Goolishan and Anderson (1988) and Tomm (1988); these workers argued for a "new epistemology" for family therapy and research, contending that methods derived from linear concepts do not explain patterns and how systems develop, function, and change. The cybernetic or ecosystemic model caught on, engendering many debates in the literature on who was the true Batesonian and which epistemology was the true one. Maybe these debates and this competitiveness, which have taken place in every era of the family movement (indeed, in all fields), are how science advances. Linear thinking became as forbidden as the word *psychoanalytic* and as degrading as being called a "liberal" in this political climate.

Ericksonian, hypnotic approaches were related to the family movement (Zeig & Lankton, 1988). Volume 2 of the *Handbook of Family Therapy* gave recognition to changes in the field (Gurman & Kniskern, 1991). More contemporary approaches have drastically refashioned approaches to conceptualization and treatment of the family. The geometry of the field moved from lines to circles to the "positive solutions" approaches (de Shazer, 1985;

O'Hanlon & Weiner-Davis, 1989), narrative approaches (White & Epston, 1990), and the cyberspace of constructivism. Which brings me to my personal evaluation of the course the family therapy field has taken.

A PERSONAL CRITIQUE OF THE FAMILY THERAPY FIELD

The Positive Directions

First, I'd like to talk about what I think are some of the positive directions the field has taken since those early days.

- I applaud the steady movement away from pathologizing behaviors. Although it was a giant step when we recognized that emotional symptoms could be induced by family forces as well as by intrapsychic forces, it was only later that we recognized that we had unwittingly replaced the pathological individual with the pathological family. The early family therapists were ambivalent about psychopathology. On one level they decried diagnostic labels and viewed all behavior as "normal" in the sense that crazy behavior is an adaptive response to a crazy context. On the other hand they tended to view families as the culprit when people went mad. The family had become the patient. An acceptable system of relational diagnoses has not yet been established.
- Corresponding with this movement away from pathology is the emphasis of some contemporary family therapists on the adaptive, coping, self-corrective mechanisms in individuals and families. (For example, we tend to think we have failed when a family does not return after the first session. I found out later with one family that the parents, after the session, said to their kids, "We are taking charge of this family. Now you do this and you do that. We're not paying any damn shrink 100 bucks an hour!") Wolin's work on the resilience of survivors of troubled families has promoted an optimistic outlook on clients and has opened up a whole new research arena (Wolin & Wolin, 1993). This work moves beyond the 12-step recovery movement. It counters the belief that if you come from a disturbed family, you are doomed to be an emotional cripple. As the Wolins point out, the DSM-IV contains over 800 pages of mental disorders but devotes none to the strengths and resiliencies of people. The shift from the "damage model" to the "resource" model represents a profound conceptual shift in thinking about emotional disorders. This emphasis on the positive is not the same as the "positive solutions" model of therapy.
- Probably the most valuable technique used by family therapists has been the reframe. Although it was not a new concept (an analytic interpretation is a reframe), nonetheless the reframe has been most usefully employed by family therapists and has, when used skillfully, been most effective in bringing about change. By relabeling noxious or even destructive behaviors as benign in intent, by offering a way of seeing events in a different light, and by recasting motives, fixed beliefs about one's self or others can undergo enduring transformation.
- Not only have family therapists since the early days found applications for a systems approach to many problems of intimate relationships, but they have also moved beyond the nuclear family to the family in its wider contexts, such as family businesses and work families. (It is interesting to note that toward the end of their lives Murray Bowen and Virginia Satir had moved beyond the family to the wider society—Bowen with his "societal regression" hypothesis and Satir becoming ambassador to the world.) Families have to cope not only with stresses within the family (death, marital conflicts, violence, divorce,

etc.) but also with societal and cultural stresses (discrimination, crime, poverty, state of the economy, etc.).

- I have been impressed with the range of ingenious and innovative techniques that have been applied over the years to families and couples: paradox, reflecting team, videotape playback, sculpting, strategic moves, family stories, rituals, reauthoring, contracts, imagery, hypnosis, empowerment, genograms, feedback techniques, prescribing the symptom, marital conflict management, behavioral exchanges, task assignments, and so forth. These methods have enriched the field and reflect increasing sophistication.
- I commend the forward looking philosophy of the positive solutions approach, but I'll state my reservations later about the application of this method.
- The recent interest in spirituality and family therapy opens up a neglected, transcendent area whose healing properties are promising.
- Working with nontraditional family units, such as same-sex couples, blended families, single parent families, and nonrelated families, reflects societal changes.
- Feminism has had a profound effect on the culture in changing the roles of men and women. Feminist thinking explicitly entered the family therapy field in the 1970s and has increasingly influenced the theory and practice of family therapy. Feminist family therapists documented the second-class status of women in the treatment situation, showing how women were often discounted, discriminated against, and pressured toward traditional female roles and how therapists reinforced the male privilege that existed in the wider culture. When the feminists first brought to our attention the inequities in the power relations of men and women, centuries of conditioning made it difficult for men and even for some women to see. The observations were eye-opening, and consciousness was raised. Basic assumptions of the field had been recast. Gender had been introduced as a major reformulation of family dynamics since it questioned the basic concept of systems theory and its potential to disadvantage women. In a bit I will discuss my reservations about some aspects of the feminist movement in the field.
- Finally, I congratulate the AAMFT for doing the prodigious planning and work in setting up training standards for the field, as well as establishing criteria for accrediting training programs. This organization has advanced the field tremendously.
- The wise counsel of such leaders in the field as Lyman Wynne, Bill Nichols, Craig Everett, Don Bloch, Don Williamson, and others has kept the field on a steady professional course.

The Negative Directions

Before I state my concerns about some of the directions the field has taken, I should state my credentials for critiquing the field. You should note, first, that "I am a dysfunctional, pre-modern, co-dependent, disempowered, recursively unnarrated, postmodernly challenged, non-politically correct person."

- My first criticism: If you examine the history of the family therapy field, you will note how each approach or technique has had its heyday and how everybody hops on the bandwagon until the next "hot" theory or treatment comes along. Every school or technique has had its day in the sun. Note this incomplete list: NLP, T.A., Satir, Bowen, social networks, structural, paradox, multiple family therapy, strategic, sculpting, the Milan school, Batesonian concepts, reflecting team, PAIRS, invariant prescription, Ericksonian approaches, Maturana, and now positive solutions, narratives, stories, gender, culture, diversity, eye

movement, and constructivism. There was a time when many family therapists were measuring how differentiated they were, when everybody was using paradox on their family as well as on clients; once the rage was sculpting. Now many therapists are looking for solutions and short-cuts and are retelling stories, while others are trying to figure out what the constructivists are trying to say. The constructivists themselves are searching for what is really real. To be sure, there is value in all these concepts and techniques, and some of them will endure. My students are expected to know something about all these schools. But there is a faddish quality about the field, and there is a tendency toward viewing anything old in the field as disposable. As they say in Hollywood, you're only as good as your last picture. So in the family therapy field, if it's new, it's good. Sorry Michael White, but in a few years you will be replaced. The Foucault Pendulum reminds us that we live on a rotating planet. The profession should not bow to every untested idea that enjoys momentary appeal. These fashionable approaches should not override the understanding of family dynamics and principles of contextual and systems thinking. I can understand therapists wanting to make a name for themselves; certainly I was on that path for years.

Some of this atmosphere is propagated by the literature in the field, particularly the pop literature. Like other aspects of our present society, the family therapy field is not immune to commercialism and hype. The *Family Therapy Networker*, the publication with many thousands of subscribers, has printed many quality, in-depth articles on a wide variety of topics related to the field. But even though it makes pronouncements about major changes and trends in the field, it does not represent family therapy as a whole. Although it attempts to determine the scope of the field, its biases have excluded such major areas as Nagy's contextual therapy, the other intergenerational approaches, and object relations family therapy, primarily because they are not trendy, and they are certainly not flashy. The *Networker*'s publication of the "Shapers of Family Therapy" (Simon, 1992) rewrote the history of the field because shapers like Ackerman, Bowen, Lidz, Wynne, Bell, and Nagy were not included. They were not newsworthy.

- Sometimes I get the feeling when I read about the new epistemology and postmodernism, that there is more interest in ideas than in people. The field has moved farther and farther away, it seems to me, from the real, gut issues of family life. Sometimes it seems that theoreticians in this field are more interested in proving their point to other theoreticians than they are in clinically applying their concepts. I would feel a lot better if family therapists would turn more to family therapist/theoreticians for their concepts—to clinicians who got in there, down and dirty, with the real problems of real people—instead of turning to mathematicians and biologists to explain what they see in families. Bateson never had much time for therapy anyway, and I doubt Maturana ever had to struggle with helping a child abuse family. Sometimes the abstract philosophizing in the field gets too far away from our common sense observations of family life. Reading that stuff for me has the quality of that old saying, "How many angels can dance on the head of a pin?" They make families sound like no family you ever knew.
- Let's not forget what families are all about. Families are not cybernetic machines. You in this audience are on the front lines and you know. There are certain naturalistic universals of family life. Families can provide the deepest satisfactions of life—love, devotion, attachment, joy and fun, belonging, loyalty, familiar sounds and smells, the taste of family food (I search for foods I wouldn't eat as a kid), family games and vacations, and the kind of unconditional acceptance for which no price is too high to pay. At the same time, every family, like every individual, has its demons and dark side. All families have to deal

with their underground currents, such as family secrets, conflicts over who gets more, jealousy, guilt, rage, scapegoating, family favorites and family bad guys, crossing of boundaries, deleterious alliances, abuse in its various forms, exploitation, and generational heritages. Remember Whitaker's statement: "The family is the place where there are life and death voltages." How come Shakespeare, Arthur Miller, Eugene O'Neill, Tennessee Williams, and Ingmar Bergman knew more about family dynamics than we family professionals? That's one of the reasons I've taught courses on Marriage and Family in Film, so students can benefit from the perceptiveness of *real* pros.

• I now approach, with some trepidation, the touchiest issue of all—the gender issue. I must disclose my own bias first. I am a male and I don't have to apologize for that. I've often thought it would be enlightening if men and women could change their sexes briefly and then go back again so each could experience what it feels like to be the other sex (remember the movie "Tootsie"?) Virginia Satir was a good example of someone who could empathically experience the perspectives of both genders (probably based on her family-of-origin relationships). Satir had good reason to be resentful of her male colleagues, some of whom patronized or insensitively put her down. She was hurt, bewildered, and even angry (a foreign emotion for Satir) by those attitudes. At the same time, she liked men and understood them. She traveled a lot and told me that men sitting next to her on airplanes would often open up their hearts to her; that is how she got to know about the pain in men's lives. Today's family therapy training programs usually include courses on gender sensitivity. I wonder how often gender sensitivity to *both* sexes is being taught.

My experience with gender discrimination came early. I must reveal that I grew up in a matriarchal family and, like most men, did not have a male teacher until junior high school. My mother and her sisters almost completely dominated their husbands; they made all major decisions, like where we lived. So when the feminists began talking about how women were oppressed, I had no idea at first what they were talking about. It took a while for me to make the distinction between the power politics in the family and the power politics outside the home in society.

I have already discussed how instructive it was for family therapists to recognize how they unwittingly reinforced gender inequities in favor of men. The feminist movement has brought about changes in sex roles that would have been unthinkable back in the 50s. (There used to be a time when only wives called for appointments for marital therapy. Now it's often the man who calls in a panic, requesting marital therapy because his wife is leaving him or has had an affair.) The comments I have to make now about some of the divisive and harmful side effects of the feminist movement are directed toward the extremist wing of the spectrum of feminist thought—those called feminist fundamentalists. These zealots, who have considerable influence, make men the enemy, do not permit dissent, blame and shame men (who are perceived as bad), and in the process of setting feminist agendas to correct wrongs done to women create new wrongs. I wonder whether these therapists, with such negative attitudes toward men, are losing the men in marital therapy. I wonder how they raise their male children. I also think they are caught up in the culture of victimhood. Moderate feminists are increasingly turned off by the excesses of militant feminists. Younger women, who take for granted the rights and freedoms women have achieved, are excluded by radical feminists. In a field that is promoting diversity, the attempts to squelch diversity of opinion are appalling to me. In *Who Stole Feminism?* (1994) Sommers documents not only the questionability of feminist research but also its use to foment anger in women and

turn one half the population against the other half. Militant feminism certainly has had powerful effects on the intimate relationships of men and women. Notwithstanding these comments, none of what I say here should be interpreted as meaning that the determination to see that women are fairly treated should be relaxed. I believe that classical equity feminism will eventually prevail. However, I do wish the militant feminists would lighten up. I am reminded of the story of the person who goes to a bookstore and asks for the humor section and is told, "This is a feminist bookstore. There *is* no humor section."

I get the feeling that in this era of political correctness everyone is walking on eggshells so as not to offend. This strained atmosphere inhibits real dialogue, and it seems to me that we are becoming like the stressed, conflict-avoidant families we treat. Clinical practice is driven in these times by the political fads of the day. Even some research is no longer based on dispassionate scientific inquiry, and experimenter bias is more likely now. Studies are undertaken in areas loaded with political implications (e.g., domestic violence, which is taken for granted to occur only toward women; I wonder whether a feminist family therapy journal would be unbiased and confident enough to publish a study on female batterers). A priori political views contaminate not only the experimental design but also the interpretation of results. In future years we will likely look back on these days of political correctness and pressured orthodoxy with dismay.

- I will now discuss briefly the issue of managed care and the brief therapies designed to meet the demands of managed care. The mental health field is being shaped by the changes taking place nationally in health care. The demise of the Clinton health reform program was the signal for the insurance companies to move in and take over. The various managed care groups are now able to get psychotherapists cheaply, and they have set up criteria for reimbursement for mental health services that have one guiding principle: how much profit can the insurance companies make? Patient needs were the last to be considered. Economics determined treatment decisions, providing another demonstration of the truth that most matters in human affairs come down to money. Managed care organizations now are competing with each other to get a piece of the action. Some of them have merged, creating conglomerates. The likelihood is that these big for-profit hitters will absorb the mental health field. Instead of student therapists learning therapy skills, they will be forced to get training in sharp business practices. In the long run, however, being a business person first won't help because if present trends continue, except for the wealthy, out-patient psychotherapy is likely to become extinct.

The national mental health organizations (both APAs, NASW, AAMFT, AFTA, ACA) must provide leadership on this matter. Without their backing, private practice therapists who refuse to work within managed care suffer the loss of their livelihood.

Psychotherapists have been slow to recognize that insurance companies rather than they are making treatment plans and decisions. A kind of suspension of judgment has taken place about managed care. Therapists have been caught in a bind, in conflict between wanting to give the best treatment to clients and having to meet the requirements of managed care, especially that diabolical paperwork. Most therapists have felt powerless in the situation and have passively gone along with and tried to appease the managed care companies. A whole industry has now been developed on how not only to collaborate and live with managed care but also to enjoy it. The workshops that formerly drew crowds interested in therapy techniques are now instructing therapists how to accommodate to managed care groups, how to select one, how to be a player in the game, and so on.

It has been difficult for therapists to apprehend that assessment and treatment methods no longer evolve from clinical experience, theories, or research, but are driven by economic considerations. Brief treatment with rapid turnover of clients would yield maximum profit. There is an old saying: "We can't take a short cut; we don't have the time." Experienced therapists knew that therapy tricks, gimmicks, and quick fixes could be more antitherapeutic and costly in the long run, but their counsel was not heard. Rare were the voices which broke through the denial, pointed out that the emperor had no clothes, and advised that the current system of managed care be defied (Moultrup, 1994).

Managed care companies only pay for psychiatric disorders as defined by DSM-IV. The systemic or relationship problems that family therapists focus on are rarely reimbursable. If the presenting problem is conflict over whether or not to have a child, one has to label one or both partners as having a diagnosable illness. If the partners are not symptomatic, an acceptable diagnosis would have to be concocted. In the event that the claim is kicked back because the people don't sound sick enough to get reimbursement, the therapist plays the game and adds a few more symptoms in the report. The whole process is demeaning, ridiculous, and dishonest. I predict that within a decade, as more needed treatment is denied and as insurance companies become bloated with riches, the whole national structure of managed care will collapse.

Will the time come when people will punch their problems into a computer and receive a print-out of solutions? Will the therapeutic *relationship* and empathy disappear as healing elements in psychotherapy? Our society is oriented toward speed: we have instant oatmeal, microwave cooking, fast foods, fast forward on the VCR, and hurried phone sex. So why not quick therapy? In my judgment there is good therapy and bad therapy and the effectiveness of treatment does not depend on its length.

To be sure, there were excesses in the system of fee for service. Which therapist in private practice has not kept clients in therapy who should have been terminated because the office rent had to be paid? Long-term psychotherapy is no guarantee of anything. For some people, psychotherapy is a way of life; there are therapy addicts. Remember Woody Allen's great line: "I've been in analysis for 16 years. I'm going to give it one more year and then I go to Lourdes."

Faced with the inevitability of having to conform to the labyrinthine rules of managed care, a host of therapies and techniques were created to accommodate to the HMOs, PPOs, and the rest of the alphabet. Brief therapy (especially as practiced by the Mental Research Institute) as a discipline has a long and respectable history. The brief therapies currently in vogue, however, are attempting to make a virtue out of necessity. The effectiveness of some of these therapies, such as the positive solutions approach, has been promoted at times with extravagant hyperbole that borders on show business. Words such as *miraculous* and *incredible* have been used to describe the outcomes of this approach to psychotherapy. I have been around for a long time and have seen many psychotherapy methods announced with great fanfare as *the* definitive method. In truth, therapies come and go. Few have been subjected to rigorous research evaluation.

Undoubtedly, in well-selected clinical situations, the positive solutions approach is indicated, appropriate, and beneficial. Some people benefit from this salutary method which avoids the problems people bring to therapy. It would be instructive for proponents of this method to spell out when this approach is indicated and when it is not. Other aspects of solution-focused therapy also concern me. All problems and symptoms are treated without an evaluation of their meaning in the specific context (Framo, 1970). I worry that we are

becoming a field that treats symptoms rather than people. Plunging into solutions without assessing, for example, the possible deleterious side-effects of attaining professed goals can lead to disaster. (Remember the old saying: "Be careful what you wish for; you may get it."). Therapy by formula rarely works, and one size does not fit all. The human condition and systems are far too complex for that. (I remember when paradox was viewed as the consummate technique—so much so that therapists began using intentional paradoxes on their spouses and children.) Another difficulty I have with the positive solutions approach is that in practice, especially by inexperienced therapists, it is often mechanical in its delivery of repetitions of positive messages in rote fashion, and it can be experienced by clients as invalidating, insincere, trivializing, or even mocking their concerns. Despite the great claims for this approach, unfortunately, there *are* no miracle questions . . . *or* miracle answers.

Space considerations prevent me from discussing such matters as the latest narrative and constructivist approaches, and training and research issues. I must, however, comment on the relationship between the leading mental health organizations and family therapy. Although the American Psychiatric and American Psychological Associations recognize the existence of MFT, they have yet to perceive systems thinking as a major paradigm shift and a different model of emotional illness. In these professions acontextual thinking, diagnosis, and focus on individual psychopathology abound.

I have concerns about the two leading family therapy organizations, the American Family Therapy Association (AFTA) and the American Association for Marriage and Family Therapy (AAMFT). AFTA, moving away from its original purposes concerning the field of family therapy, has evolved into a politically correct, social activist organization. Gender, diversity, race, class, and culture are certainly worthy causes, but are they why AFTA was formed? AAMFT has done an excellent job of professionalizing the field, but I am concerned about its increasing preoccupation with money and business matters. The same could be said about the California group of family therapists (CAMFT).

SOME THINGS I HAVE LEARNED AND SOME SUGGESTIONS

I'm going to mention some things I've learned over the years about psychotherapy, about the MFT field, about the people who come for help, about what clients have taught me, and about myself. I also offer unsolicited counsel to beginning therapists. These random thoughts are not listed in any order of importance and should not be taken too literally.

- It is only beginners who believe you can help everybody. There are lots of reasons for therapy failures. Some people won't give you the time, there are marital and family situations for which there seems to be no way out, or removal of presenting symptoms could result in unacceptable consequences. Some people cannot tolerate prosperity. As my friend Oscar Weiner once said, "You can't want more for people than they want for themselves." Sometimes either you cannot connect with certain clients or they cannot relate to you; you will not like some clients, and some will not like you. I've often wondered whether the clients who improved were the ones we liked. I'm sure some therapy failures occurred because I was not skillful enough and didn't know what to do. From time to time all therapists make mistakes with their clients. These errors should be frankly acknowledged to the clients.

- Therapy is a tricky business. People can improve from bad therapy and get worse with good therapy. Clients can terminate, regress, or improve for reasons that have nothing to do with the way the therapy was conducted. Also, you may never know what clients get or take from what you put out. Therapy outcome is often unrelated to the artistry or sophistication of our techniques. (One client, when asked at the end of a good outcome what she attributed it to, said, "It was that time I was feeling despairing and you said something like, 'Behind every cloud there is a silver lining.'")
- I still struggle with the dilemma of the rights and needs of the individual versus the needs and pressure of the family system.
- We had to learn that the family is a system before we could recognize that it does not always behave as a system.
- When a family comes for help, it's a good idea to ask the diagnostic question: Why is this family coming in *now*, especially since the problem has existed for some time? What change occurred in the family that made the symptom antisystem?
- Treatment methods which ignore the past and history fail to perceive the longer term family processes which can have decisive effects on outcome. For instance, hidden transgenerational forces exercise critical influence on current intimate relationships.
- You can't be too careful in the choice of a family.
- The predominant natural feeling toward parents is one of ambivalence. This ambivalence carries over to feelings toward one's partner, and even toward one's children.
- If you didn't have a mother or father, it's very difficult to be one. You also have to struggle hard to have a better marriage than your parents did.
- I believe there are two major sources of symptoms in children: symptoms as a metaphor for the parents' relationship, and parentification of the child.
- Marriage can be a growth experience.
- Don't be so technique oriented. Workshops on techniques are always crowded. Work from your humanity. One of the hardest things for therapists to do is to listen to clients and their inner experience without letting their ideas or theories get in the way. The best qualification for being a therapist is to be a *mensch*; only certain kinds of families produce them.
- I think the key to understanding the complexities and mysteries of marital relationships resides in the concept of projective identification.
- If I could give advice to those planning delivery of mental health services in the country, I would propose that whenever possible the main target and unit of treatment be couples rather than individuals. To be sure, single parent families, individuals who are isolates, and other family forms should be helped. But I think we would have the greatest payoff in terms of averting human tragedies as well as lowering financial cost if we focus on couple relationships. If we did so, I believe the side-effects of marital problems would diminish, not only the personal ones (depression, spouse abuse, suicide, accidents, medical problems) but also those that affect society, such as violent crime, alcoholism, drug addictions, murder. The development of a system for diagnosing different kinds of marriages should have a high priority.
- My clinical experience confirms the systematic studies that have found manifold negative long-term effects of many divorces. I believe that more premarital therapy would cut down on the divorce rate. If a marriage is in serious trouble, the chances of divorce are greater if one of the partners goes for individual therapy. Conjoint divorce therapy holds great promise for minimizing the destructive fallout of many divorces. A useful method for

treating divorcing couples is couples group therapy, an underutilized form of treatment. People going through a divorce exhibit a normal "craziness," which is often misinterpreted as serious psychopathology.

- The best way to help children of divorce is to help their parents.
- I believe that people change in therapy when they have to — when the alternative to not changing is not acceptable.
- When mental health professionals come to marital therapy, they each have a profound understanding of their mate's dynamics. The first therapeutic task is to stop the therapy they're each doing badly on the other and have each partner focus on self. When they each focus on their own inner dynamics, their IQs go down to 50.
- I find that when you treat individuals, you are more likely to bring about change if you convert the individual case to a family one. I find that the more family members you can get into the sessions, the more therapeutic leverage you have.
- Mate selections are made with exquisite accuracy.
- When you see families, I think it is necessary to be mindful and aware of individual psychology. Each individual family member lives in a different family. I believe the intrapsychic should not be ignored and that it is just as important to know what goes on inside people as what goes on between them.
- No one can ever know the real truth about anyone else's marriage, not therapists and not even the partners themselves.
- Systematic evidence is consistent with the clinical experience that men and women think differently. One of the best safeguards against gender bias in therapy is to treat couples and families with male-female co-therapy teams.
- The loss or threatened loss of a significant relationship, in my judgment, is one of the greatest sources of symptoms. Aborted mourning can give expression, years later, to seemingly unrelated intimacy and sexual difficulties (Paul, 1967).
- I often give my students ideas for dissertations. I'll pass on a few to you. Study the long-term generational effects of the unfair distribution of a will. There are families in which siblings have not talked to each other for many years because one was left more in the will. I think the concept of family cutoffs is worth investigating. Also, how often have you heard clients say, "The only one who really loved me was my grandmother or grandfather"? The study of relationship to grandparents and their place in the system is overdue. Another important study: Which is likely to have more damaging effects on the children—parents who divorce or those who stay together unhappily?
- I cannot understand why the family therapy organizations have not done more about setting up an archives of family therapy. Old papers, tapes, and records are being lost every day. AAMFT and AFTA should give this project high priority.
- I think therapists develop a therapy style that is comfortable for them and then they build a theory on it.
- I believe that the nature of the *relationship* between therapist and clients is the critical therapeutic factor in psychotherapy—something that seems to be ignored in the present climate of quick high-tech procedures. Furthermore, somewhere along the line family therapists stopped paying attention to the emotions and affects of clients and instead centered their attention on cognitive factors.
- I think every therapy that is proposed should report on its side-effects, risks, and under what circumstances it is and is not useful. In my book on family-of-origin therapy, I included such a chapter (Framo, 1992).

- It will be interesting to see whether the newer approach of helping clients to externalize their problems is more effective than abiding by the time-tested psychotherapy principle that people have to take responsibility, not only for their internal conflicts but for their contribution to relational difficulties.
- Men have to struggle with getting acceptance from remote fathers who they feel are disappointed in them, and women have to sort out their love-hate feelings toward their mothers. They, too, long for dad, and men eternally search for mothers.
- Always keep in mind the vision of family systems theory, even when you see individuals. Maybe someday, when we get relational diagnoses, the insurance companies will routinely pay for MFT and we won't have to convince some insurance clerk why we wanted to see the whole family.
- There are great rewards that accrue from being a psychotherapist, among them: the challenge of figuring out human puzzles and patterns; moments of authenticity when one is in synchrony with clients; unhooking kids from family snares; observing a marriage move from contempt and alienation to love and respect; seeing families move toward health; and so forth. More personally, it is a great source of pride for me when I hear from former students, workshop participants, or clients who say that my family-of-origin work helped them not only professionally but also personally ("Thank you for giving my father back to me").
- If you really want to find out what marital and family therapy are about, try it yourself.
- Remember Robert Frost's line: "Home is the place where, when you have to go there, they have to take you in." That line is not particularly apropos of anything, but I threw it in anyway because I like it.

CAPSULE IMPRESSIONS OF SOME EARLY PIONEERS

I am going to make a few cursory remarks about each of these pioneers as persons as well as about their work. Except for Haley, I knew these persons very well.

Jay Haley

Jay had the advantage of not having come from the traditional mental health professions, so he was able to see things with a fresh perspective. To be sure, he has made many creative contributions—more as a teacher than as a therapist. He has heavily influenced the field. Jay is, perhaps, along with Frank Pittman and R. D. Laing, one of the best writers in the field. I do think it unfortunate that Jay wastes so much of his time and great talent criticizing psychodynamic thinking.

Virginia Satir

I think Virginia knew more about family dynamics than anyone else in family therapy. Her unbounded optimism about people, her remarkable healing qualities, and her empathic abilities were unmatched. She believed that if there was one cell alive, it could be nurtured. Virginia and I were a mutual admiration society. In her last days she wrote to some of us that she was "going to a different place." I miss her.

Nat Ackerman

I call Nat the grandfather of family therapy because he was the first pioneer who risked being shunned by the psychiatric and psychoanalytic establishment. Nat was a remarkable clinician and therapist. You should watch one of his filmed sessions sometime. Nat was

feisty and could give you a good fight anytime, but he had heart. I suspect very few therapists read his stuff anymore. Present day family therapists could learn a lot from Ackerman's contributions.

Murray Bowen

Bowen was a highly principled person who actually lived his theory. (For example, when he first presented the work he was doing with his own family at the 1967 research conference [Framo, 1972], he told me later that his intent was to differentiate himself from the family of family therapists.) Bowen aimed high: the development of a comprehensive natural systems theory. Clinically, he grappled with the fundamental question: how does one deal with one's family's craziness without giving the family up?

Bowen's single-mindedness created an aura of magnetic power, which came across to some as intimidating. My experience with Murray the person was different. We had a 30-year relationship, and I saw his warm, playful, witty side. (I will always remember the sight of Bowen dancing with Native Americans when he presided over an AFTA meeting in Seattle.) When he chastised your thinking, there was always the comforting meta-message, "I hear you." I do believe that 50 years from now Bowen theory will still be influential. Murray is gone now and I miss him.

Carl Whitaker

What can I say about Carl Whitaker that has not been said? Over the years his distinctive therapy has been regarded with amusement, ridicule, wonder, awe, confusion, envy, and admiration. Whitaker dared to be different and paid a professional price for his creative efforts to cut through the baloney that surrounds much of traditional psychotherapy. Sometimes, like Sinatra, he hit clinkers, but when he was "on," no one could touch him. He had an extraordinary, instinctive understanding of unconscious marital and family dynamics. His witticisms and wisdom have been (and will continue to be) repeated by generations of therapists who vie to tell their favorite Whitaker story. One of my most memorable moments in my professional life was watching Carl cry during an interview. I must point out that behind the mythic figure was the real Carl Whitaker, a wonderful human being who was shy and very straight under the apparent craziness. He, too, is now gone, and I miss him.

Ivan Boszormenyi-Nagy

Ivan Nagy and I have known each other for many years. He was, in a way, like Bowen, my mentor. We worked together for 13 years, were among the earliest workers in family therapy, jointly published one of the early classics in the field, and spent countless hours exchanging ideas about theory and treatment methods. Nagy is a true scholar of relationships, and I have always been impressed with his massive knowledge and intellect. Over the years we have kept in touch with each other, and I greatly value our friendship. Ivan has not quite gotten used to being an American, but you can get beyond his European reserve. His elegant contextual theory will become more appreciated over time, and I predict that his contributions, like Bowen theory, will last.

Closing Remarks

I realize that the family therapy field has changed considerably and that this paper could be perceived as a nostalgic anachronism. Despite my disquiet about some of the directions the field has taken, I know that each generation has to seek its own truths in its own conditions. But even though I am somewhat outside present day family therapy and its political context, I believe that many of the old findings about family dynamics and family

systems theory are still valid and will endure.

Finally, there's an old line that goes: "Have you ever heard of anyone on their death bed saying, 'I wish I had spent more time in the office'?" Avoid burnout and tend to yourself and your families. One of the greatest joys in my life is having grandchildren, but sometimes I wish my children were young again so I could get those wet toddler kisses. Children give you immortality. Come to terms with your parents before they die and get to know them. Then you will love and appreciate your partner and children more.

In closing, I need to say, when I look over my 35 years in this field: "I've had my time. It's your time now."

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NOTE

[1]I offer my apology to those whose subject areas and books do not appear here. I am sure that some of those not mentioned are just as significant as those who were included. Space considerations prevented a more complete listing.