
UNIT 12: GROUP AND FAMILY THERAPIES*

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12.0 OBJECTIVES

After reading this unit, you will be able to,

- explain about group therapy and;
- describe family therapy.

12.1 INTRODUCTION

Dr. Mahima (Academic Counsellor) was having a discussion with the learners of BAPCH. They were discussing about psychotherapy. Let us look at their conversation.

Dr. Mahima: So learners, in the block 2 of BPCC113 you discussed about various psychotherapies. We discussed about psychoanalysis, behaviour modification, humanistic approach, short term therapies and so on. And now we come two important therapies, that is group and family therapy. Can any one guess what they are about?

Sonali (learner): Maam, I think it is very clear from the name. I think group therapy implies that the therapy is given to a group of people.

Navneet (learner): And I think that family therapy would involve various family members.

Dr. Mahima: Absolutely right Sonali and Navneet. Though there is a lot of details to what is covered in both these therapies.

Salim (Learner): Maam I feel that the more interesting the two therapies look, they are also very challenging.

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Dr. Mahima: Yes Salim, there is a lot of preparation that goes in for both, because as opposed to individual therapy, here there are a group of people. Thus, the challenges that a therapist faces in individual therapy would be different from those faced in group and family therapy.

Sofia (learner): Yes Maam I think most important would be planning the therapeutic sessions and coordination amongst the participants or family members.

Dr. Mahima: That's right, and if due care is taken, these therapies can be very effective can lead to positive outcomes

From above conversation, you must have gained some idea about what group and family therapies are. Lets us not discuss these in detail.

12.2 GROUP THERAPY

In simple terms, group therapy can be described as a therapy which involves a group of clients. It can also be explained as a therapeutic process that is carried out in a group setting and could include support groups, psycho-education groups and even skills training groups that could focus on stress management, anger management, relaxation techniques and so on.

Group therapy consists of the practice of the relationships and activities of therapy in group. Group therapy is a technique that is applicable to all, whether the severely disturbed like in Alcoholic Anonymous or to enhance one's functioning as a personality building or a corporate training workshop. It may be used after, concurrently with or instead of individual therapy . The outcomes of group therapy include an opportunity for self-exploration, improved motivation, feedback on one's status, group cohesiveness, and exploring communication and relationship building styles in a safe space.

Group interactions and relationships are used to help members achieve their personal goals. It facilitates deeper self-understand and self-acceptance. Group therapy is a special relationship where clients feel safe to discuss what really worries and upsets them, to define new behaviours, and practice essential interpersonal skills and implement new behaviours. These group intervention sessions may have be based on classic psychotherapeutic orientations like, REBT/CBT/Transactional analysis and the like or by symptom complaint or clientele.

Group therapy can be differentiated from individuals therapy mainly on the basis of number of people involved in the therapeutic process. As the name suggested in individual therapy, there is a single client. Where as in group therapy there could a small group of clients who most often share certain common characteristics. Based on the needs and the nature of the problem, the therapist can decide whether groups therapy is to be carried out. Group therapy can provide conducive environment to the clients to interact with each other, empathise with each other. look at the problem faced by them from another perspective and also learn about how others coped with the similar problem. Though the challenge of group therapy lies in how effectively it is planned and coordinated by the therapist and to ensure that there are no conflicts and the group members benefit from the therapeutic process.

Group therapy helps in installation of hope amongst the client. It also brings about universality. Group therapy can be effectively used in order to impart relevant information. It can be effectively used for development of socialisation techniques and can enhance interpersonal learning

Group therapy allow its members many valuable direct and vicarious learning experiences that facilitate exploration, self-understanding and self-acceptance. Improved motivation is a bonus. Group therapy can be very threatening for a client who is not ready. Once prepared the encouragement and support provided in groups help one overcome their fears and embrace change. The experience of group membership provides an opportunity for the shy, introverted and reserved to feel a sense of connectedness and belongingness. With others' disclosure one may realise one is not the only one facing hardships. It initiates a sense of gratefulness too. Groups also provide challenging confrontation and feedback for individuals to assess themselves and improve. Interacting with groups provide for an opportunity for members to have a here and now quality. Spontaneity and opportunity to explore feelings, defences and interpersonal styles are provided by group therapy sessions.

Box 12.1 Therapeutic Principles of Group Therapy*

Yalom's therapeutic factors (originally termed curative factors) are derived from extensive self-report research with users of group therapy.

Universality: The recognition of shared experiences and feelings among group members and that these may be widespread or universal human concerns, serves to remove a group member's sense of isolation, validate their experiences, and raise self-esteem.

Altruism: The group is a place where members can help each other, and the experience of being able to give something to another person can lift the member's self esteem and help develop more adaptive coping styles and interpersonal skills.

Instillation of hope: In a mixed group that has members at various stages of development or recovery, a member can be inspired and encouraged by another member who has overcome the problems with which they are still struggling.

Imparting information: While this is not strictly speaking a psychotherapeutic process, members often report that it has been very helpful to learn factual information from other members in the group. For example, about their treatment or about access to services.

Corrective recapitulation of the primary family experience: Members often unconsciously identify the group therapist and other group members with their own parents and siblings in a process that is a form of transference specific to group psychotherapy. The therapist's interpretations can help group members gain understanding of the impact of childhood experiences on their personality, and they may learn to avoid unconsciously repeating unhelpful past interactive patterns in present-day relationships.

Development of socialising techniques: The group setting provides a safe and supportive environment for members to take risks by extending their repertoire of interpersonal behaviour and improving their social skills.

Imitative behaviour: One way in which group members can develop social skills is through a modelling process, observing and imitating the therapist and other group members. For example, sharing personal feelings, showing concern, and supporting others.

*Box 12.1 is adapted from Unit 2, Block 3 of MPCE013 and is authored by Dr. P. Swati

Cohesiveness: It has been suggested that this is the primary therapeutic factor from which all others flow. Humans are herd animals with an instinctive need to belong to groups, and personal development can only take place in an interpersonal context. A cohesive group is one in which all members feel a sense of belonging, acceptance, and validation.

Existential factors: It refers to the learning that one has to take responsibility for one's own life and the consequences of one's decisions.

Catharsis: Catharsis is the experience of relief from emotional distress through the free and uninhibited expression of emotion. When members tell their story to a supportive audience, they can obtain relief from chronic feelings of shame and guilt.

Interpersonal learning: Group members achieve a greater level of self-awareness through the process of interacting with others in the group, who give feedback on the member's behaviour and impact on others.

Self-understanding: This factor overlaps with interpersonal learning but refers to the achievement of greater levels of insight into the genesis of one's problems and the unconscious motivations that underlie one's behaviour.

12.2.1 Considerations in Group Therapy

Group therapy has many considerations before implementation. These are necessary to allow for a smooth administration and work with different individuals. It is important that the group therapy sessions be structured and all the members are well aware about the procedure, rules and guidelines.

Number of therapists: Sometimes therapist groups are facilitated by one therapist or at other times led by two. It is suggested that two therapists be present though it may not be completely feasible resource wise but desirable. The presence of an additional therapist helps with transacting the sessions, structuring, providing empathy to all and in case one therapist gets skewed in interactions if one client is more demanding, then the other therapist can balance it out for others. The presence of an additional therapist provides additional insights for the functioning of the group and for other individuals as well. The gender of the therapists is to be decided as per group composition and topic to be discussed. The roles of the two therapists can also be pre-decided. Facilitator role, task oriented role, observer role, and helper roles are to be discussed.

Closed or open groups: A closed group is fixed and doesn't allow members to be added once the group therapy begins. They meet for a fixed time span. Open groups on the other hand may meet for fixed or unspecified lengths of time. They are open to new members and these may be introduced as new members leave or as and when the therapist deems fit. Generally open group policy is practiced to allow flexibility to clients and the therapist.

Group size: It is critical to have a decent group size to allow for free communication and expression. Members should be sensitive to the personal needs and interactions in larger groups. There is more content available to discuss however too many members could make each one closed to share personal detail. Smaller groups make conversations easier and loaded with emotional catharsis but may be too small to permit the full range of

Treatment of Mental Disorders diversity that is the hallmark of group sessions. Around five to ten members approximating at 7 is an ideal number. There are instances where there is a bigger group. These are usually for training purposes.

Group composition and selection: Group clientele is identified in their title like singles group/pre-retirement group. Groups can be according to age, nature of problem or intervention goal; alcoholic anonymous, assertiveness training etc. Some groups may have intensive work during group sessions. It is critical to have a healthy mix of a heterogeneous crowd to ensure exchange of perspectives and ideas. A bit of homogeneity is also essential as it allows commonality for interaction. The basic idea is to promote catharsis, sharing, insight and healing.

Intake interviewing and preparation: Some groups may be composed on first come first serve basis while in some cases especially where the group therapy plan is for intense interaction, therapists may prefer to have an intake interview. Intake interviews help the therapist decide to make rational decisions about members and therapy structuring. Such interviews help clarify client expectations and help the therapist gauge their tendencies to terminate the sessions. Intake interviews help with the initial structuring for the group processes. Some therapists may also want to prepare their clients by giving them some reading material, videos etc.

Physical setting: The room for the group therapy should be conducive to conduct group setting. It should be well-ventilated and allow for group interactions. The room should not be too large nor too cramped and have comfortable seating. There should be space to move and to screen any video if the therapist wishes. Every member should be able to see each other. The arrangement in circles or facing leadership depends on the therapist and the task that is planned.

Frequency and duration of meetings: Most commonly these group therapy sessions occur once weekly though in hospital and rehab centres they may occur five times a week. The frequency and duration of contact depends on the themes to be addressed. Generally frequency and duration are inversely related. Shorter sessions are more frequent and fewer sessions are longer. Less frequent sessions require discussing the happenings of the gap time. Additionally time may be needed to discuss the themes that may have surfaced during the break. Generally 90 minute to two - three hour sessions are comfortable. Longer durations are spread with a break and marathon groups are a one-off occurrence.

Therapist style: The conduct of the group therapy sessions depends on the therapist's style. A high degree of directiveness indicates a teacher / trainer role. In general the therapist is the facilitator who leads the discussion, asks questions and prompts interaction and steers them among groups. The therapist can also be a participant member of the group and in a non-obtrusive observational style understand the dynamics affecting the members.

Structuring: Some structuring or setting of experiences goes on in intake interviews and in any other pre-group preparation that may have taken place. Nevertheless in the initial meeting it may be helpful for the therapist /therapist to engage in structuring even at the cost of repetition. Structuring helps clear boundaries and limits of the group sessions and motivates the

members for client work. It works through resistance and creates a conducive growth environment for a positive change.

Listening and empathic understanding: It is important in group therapy for members to feel that there is an emotional climate conducive to sharing personal disclosures. The therapist listens carefully to everything that each individual says and allows members to respond and interact rather than interacting themselves. The group therapist shows empathic understanding partly through their attitude and physical presence and partly through the level of understanding shown when they do choose to respond. These empathic response statements can be like what is used in individual sessions.

Focusing on members' manner of relating: By being a member or a facilitator the therapist can help members explore their sensitive feelings and work through unfinished businesses. The following core interactions occur – self-disclosure, manner of expressing feelings, listening, support, confronting others and responding to confrontation. In marital counselling/therapy the therapist may consider it appropriate to focus on attitudes and skills of conflict resolution.

Focusing on members thinking difficulties: The group therapist will have to be careful to negotiate through member difficulties. They have to keep a watch on how participative each member is, when they get silent / defensive, the themes and nature of responses. At times group interactions may reveal that one may require more specific individual counselling. These minute emotional and verbal incidences have to be monitored and paid attention to.

Working through resistance and aggression: Resistance and aggression are two kinds of client behaviours that the therapist has to deal with. These interfere or break the flow of conversation among members and do not further insight and change. Resistance can be seen passively by their staunch non-participation or aggressive language in interacting with others. It is crucial for the therapist to intervene and diffuse hostility so that it doesn't spread to other members and also does not come in the way of member growth. Client evasiveness and exploring issues of confidentiality are key themes to resolve in group therapy sessions. Once hurt and negative feelings are worked through the group members are in a position to embrace newer behaviours and an improved quality of life.

Use of exercises, games and audio-visual: Some therapists use exercises and games in their group therapy. These help in speeding initial contact and encouraging people to explore their bodily movements and responses and helping them learn to be more physically and emotionally expressive. These exercises can be for warming up the members or leading them to build insight and awareness and deal with personal emotional upheaval. These can be in line of any theoretical orientation, behavioural, cognitive, gestalt etc. The group therapists may also use audio-visual aids, chalkboard or whiteboard to facilitate interaction. Reading material may also be provided. Activity based-sessions enhance learning outcomes in groups.

Handling termination: Group therapists may have to handle three kinds of termination: (a) members in open or closed group who terminate early, (b) members in open groups who terminate sessions because they have met their goals, (c) termination of all members at the end of a closed group. Like

Treatment of Mental Disorders in any session working through termination is a sensitive issue. It needs working through and care that other members do not continue to follow when one member terminates. The group needs help through negotiating feelings of loss and loneliness. A single member may also require additional individual help to deal with the impact of termination.

Therapist vulnerability: The therapist also needs to also focus on himself /herself and his/her vulnerabilities during the group therapy process and especially through termination. The factors they need to watch out include need to have more interactions and understand the said and unsaid content, relating to coping and defensiveness of members and may be the threat they also perceive in working with groups. Personal needs of power, status, affection and sex may need to be resolved through. Group therapists need to be open to working with another therapist and for peer and supervisor support.

12.2.2 Stages in Group Therapy

Like any regular therapeutic session, group therapy also goes through a few stages. In the first stage the members' size up to each other and the group, attend to relationships and search for structure and rationale for the group. During the second stage the group is more pre-occupied with dominance, power struggle, control and dominance. Inter-member criticism becomes frequent and hostility toward the therapist is an inevitable. The third stage involves development of cohesiveness, an increase of trust, openness and authentic self-disclosure. From therein begins the journey to growth and healing. Once the group is stable, its effective to work through negativity and move towards change.

In general the following fifteen processes occur in group therapy

- Milling around
- Resisting personal expression or exploration
- Description of past feelings
- Expression of negative feelings
- Expression and expression of personally meaningful material
- Expression of immediate interpersonal feelings in the group
- Development of the healing capacity of the group
- Self acceptance and the beginning of change
- Cracking of facades
- Individual receives feedback
- Confrontation
- Helping relationship outside group sessions
- Basic self encounter
- Expression of positive feelings and closeness
- Behavioural changes in the group

All groups go through assimilating issues and require a proper resolution before the change and healing begins. At any point risk of termination is a real threat and needs to be sensitively addressed.

Group therapy can be conducted for various purposes and in various ways. The purpose of a group therapy can be to handle intense emotional experiences or can also be for educative and training purposes. The objective, nature of clients and group dynamics dictate how the group therapy sessions progress. This group therapy can be used for deep-rooted psychological issues like: depression, substance use disorders, impulse control issues or to more common place issues like communication, parenting, social skills training, team building, assertiveness and the like.

The group therapist may want to integrate a few of the following mentioned approaches in order to increase the effectiveness of the sessions. It is critical that client complaints, maturity and situation dictate the use of these approaches.

- **Psychodrama:** Uses dramatic methods and deals with inter-personal relations and private worlds. It is an action-oriented approach to group therapy focusing on releasing members' potential for emotive spontaneity and creativity. Some portion of the space is designated as the stage. There are the following participants in psychodrama; the protagonist/ subject, therapist, therapist other players or auxiliary egos and the group or the audience. The drama enactments may be scenes from the protagonist's past, present or future. Auxiliary roles play parents, spouse and other significant members and the audience watches and shares their experiences. Psychodrama uses role reversing and mirroring to help members gain insight and penetrate into areas of conflict and work through them towards resolution.
- **Gestalt therapy:** Gestalt therapy is performed the way it is in individual sessions. The aim is to help client build strong gestalts and good contact with their environments. Boundary disturbances are observed, confronted and resolved. It involves creating a deliberate awareness with the individual till he/she arrives with the required insight. These focus on the present moments and in the here and now.
- **Integrity groups:** Integrity group help members to establish problem solving habits and allow emotions are normally as they are intended to. It encourages within the group feelings of rectitude, responsibility and realism. These are based on mutual help or peer group model and promote change more quickly than through conventional modes. They help members get in tune with their feelings and those of the members. Such groups follow three principles; honesty, self-disclosure of contracts and promises broken, responsibility and correction of contract violations or revisions of contracts, and showing involvement, concern and giving help to others in becoming more honest, responsible and more involved.
- **Conjoint family therapy:** Though these will be covered in the following section on family therapy, it can be used in group settings. In this case the family of parents (husband / wife) and child (children) is viewed as a group and dysfunctional ties in the marital dyad or communication issues may translate to problem areas in the child. A case history is taken of the couple regarding their pre-marital and marital life including parenting styles and views. Initially the therapist works with the marital pair and then introduces the children. Age,

nature of complaints and awareness of the members, the sessions are divided with and without the child and extended members. The child's view regarding the parents and family dynamics are also collected. The major focus of the therapy is in untangling dysfunctional patterns by helping members to perceive themselves clearly and teaching them how to communicate in an open system.

Group therapy has its advantages in being efficient and effective in reaching larger number of clients. It reduces client defensiveness and allows members to be more open to change. However it is critical for members to be sensitive to others need and be open to imbibe new and positive experiences. The therapist has to be judicious to the use of group therapy.

Check Your Progress 1

- 1) What is group therapy?

12.3 FAMILY THERAPY

Family therapy is a psychotherapeutic technique of treatment of the family to resolve conflicts and disharmony. It is used to bring about better psychological functioning among family members. Family therapists analyse interaction patterns and arrive at the dysfunctional patterns affecting the family members and work on resolving them.

Family therapy has a strong theoretical basis and with a practical and empirical approach it helps a variety of target groups impacted with family issues. They assist children, couples and individuals within the family unit. Family therapist need to understand and rectify faulty communication patterns.

Family therapy sessions start with those who are aware of the problem or are most impacted and they progress to involve all family members. The sessions are short term and the specific approach depends on the nature of the complaint and situation of the family. The goal is to ensure that individuals can deal with the issues and remain symptom free with functional interaction even after therapy is terminated. Family therapists deal with a wide range of problems that arise viz. anxiety, depression, marital conflict, substance abuse etc. Families with debilitating mental illnesses like chronic abuse and schizophrenia and psychotic onset mood disorder benefit with family therapy, especially from the care giver perspectives.

The therapy plan for every family will change depending on the family's vulnerabilities and will to resolve. Many a time, even if an individual approaches counselling, family therapy may be suggested for holistic intervention.

Family therapy is an effective tool to understand double bind interactions that cause pathologies among family members. Marital schism and marital skew are important concepts dealt with, in family therapy. Double bind interactions are when the individual receives two related but contradictory messages, where one is clear and the other one is not, but is rather suggested non-verbally, creating a no-win paradox. Constant double-bind interactions create mental health issues. Marital schism is when the parents are occupied with their own problems and they undermine the worth of the other parent by competing for sympathy and support from the children. Marital skew is when there is a psychological disturbance in one parent and that dominates the home. All of these are dysfunctional patterns of interaction and lead to maladaptiveness among individuals and the entire family. Pseudomutuality, appearance of open relationships that conceal distant relationships in families, also creates dissonance and more trouble in family. A family therapy needs to assess and address these issues in therapy. Clients can connect with a therapist directly or via to a referral. Clients can consider a therapist based on the clarity they get regarding the therapist's educational qualification, licensing and certification along with location, convenience of timing, home visits, and online consult along with fee and session duration, frequency and length.

Generally a family therapy last for about an hour and goes on for about 15 sessions. The therapist generally sees the entire family or a few members and rarely just the individual. The frequency and length are ultimately adjusted as per the situation the family presents itself.

Box 12.2 History and Theoretical Frameworks of Family Therapy*

Formal interventions with families to help individuals and families experiencing various kinds of problems have been a part of many cultures, probably throughout history. These interventions have sometimes involved formal procedures or rituals, and often included the extended family as well as non-kin members of the community. These interventions were often conducted by particular members of a community – for example, a chief, priest, physician and so on – usually as an ancillary function.

Family therapy as a distinct professional practice had its origins in the social work movements of the 19th century in England and the United States. As a branch of psychotherapy, its roots can be traced somewhat later to the early 20th century with the emergence of the child guidance movement and marriage counselling. The formal development of family therapy dates to the 1940s and early 1950s with the founding in 1942 of the American Association of Marriage Counselors and through the work of various independent clinicians and groups – in England (John Bowlby), the US (John Bell, Nathan Ackerman, Christian Midelfort, Theodore Lidz, Lyman Wynne, Murray Bowen, Carl Whitaker, Virginia Satir), and Hungary (D.L.P. Liebermann) – who began seeing family members together for observation or therapy sessions. There was initially a strong influence from psychoanalysis (most of the early founders of the field had psychoanalytic backgrounds) and social psychiatry, and later from learning theory and behaviour therapy – and significantly, these clinicians began to articulate various theories about the nature and functioning of the family as an entity that was more than a mere aggregation of individuals.

The movement received an important boost in the mid-1950s through the work of anthropologist Gregory Bateson and colleagues – Jay Haley, Donald D. Jackson, John Weakland, William Fry, and later, Virginia Satir, Paul Watzlawick and others – at Palo Alto in the US, who introduced ideas from cybernetics and general systems theory into social psychology and psychotherapy, focusing in particular on the role of communication.

This group was also influenced significantly by the work of US psychiatrist, hypnotherapist, and brief therapist, Milton H. Erickson - especially his innovative use of strategies for change, such as paradoxical directives. The members of the Bateson Project had a particular interest in the possible psychosocial causes and treatment of schizophrenia, especially in terms of the putative “meaning” and “function” of signs and symptoms within the family system.

The research of psychiatrists and psychoanalysts Lyman Wynne and Theodore Lidz on communication deviance and roles (for example, pseudo-mutuality, pseudo-hostility, schism and skew) in families of also became influential with systems-communications-oriented theorists and therapists. A related theme, applying to dysfunction and psychopathology more generally, was that of the “identified patient” or “presenting problem” as a manifestation of or surrogate for the family’s or even society’s problems.

By the mid-1960s a number of distinct schools of family therapy had emerged. From those groups that were most strongly influenced by cybernetics and systems theory, there came MRI Brief Therapy, and slightly later, strategic therapy, Salvador Minuchin’s Structural Family Therapy and the Milan systems model.

Partly in reaction to some aspects of these systemic models, came the experiential approaches of Virginia Satir and Carl Whitaker, which downplayed theoretical constructs, and emphasised subjective experience and unexpressed feelings (including the subconscious), authentic communication, spontaneity, creativity, total therapist engagement, and often included the extended family.

Concurrently and somewhat independently, there emerged the various intergenerational therapies of Murray Bowen, Ivan Böszörményi-Nagy, James Framo, and Norman Paul, which present different theories about the intergenerational transmission of health and dysfunction, but which all deal usually with at least three generations of a family either directly in therapy sessions, or via “homework”, “journeys home”, etc.

12.3.1 Approaches to Family Therapy

While family therapy addresses the dysfunctionality in the family it typically addresses the feedback loops, the patterns of communication and the manner in which the families arrive at a homeostasis or balance in the family. Family therapy assists individuals going through life transitions. A family therapist watches family interactions and uses a number of intervention techniques to resolve the same. Family therapy employs a number of therapeutic approaches that are discussed below.

Bowen's Family systems approach: This approach was postulated by Murray Bowen and it is best suited for individual members of the family. This happens with the most differentiated member, who is aware and has the will to change. Differentiation allows individuals to objectively analyse situations without emotional attachment. This approach to family therapy is an approach to counselling which looks at the problem a client is having as a symptom of dysfunction in the entire family. The objective is not to find faults but to identify the maladaptive patterns of interaction and remediating the same. The entire family is a system and interactions and interdependency between members is crucial for diagnosis and interventions.

Bowen family systems approach therapy has a basic tenet that all human relationships are driven by two counterbalancing forces, individuality and togetherness, the contrasting needs for companionship and independence. These opposing forces often lead individuals through patterns of closeness and distancing from the people and the degree of success in reconciling these two forces depends on the 'differentiation of self'. Differentiation of the self is when the individual can think without being emotionally attached and can reflect without succumbing to pressure from others. Bowen introduced interlocking concepts to explain family development and functioning among members. These include:

Differentiation of Self, that is the ability to separate feelings and thoughts. Individuals who do not possess the ability to differentiate are not able to disconnect their own perceptions from others. Their emotional and cognitive experience is heavily influenced by others. Differentiation occurred when the individual was able to free themselves from the family's emotional processes in defining themselves. This means being able to have different opinions and values than your family members and yet not cutting emotional ties.

Triangulation is pulling in the third person from the family into the tensions between two members. This occurs more when individuals are not differentiated.

The nuclear family emotional processes and the multigenerational processes are the emotional patterns in a family that continue over the generations. Intergenerational continuity in emotional processes and conflicts are critical intervention points. These reflect as family conflicts, open volatility, passive hostility or reactivity in the form of physical and emotional distance and social isolation.

The family projection process is an extension of The nuclear family emotional process wherein the family member who "has" the "problem" is triangulated and serves to stabilize an unstable relationship between two people in the family.

Healthy emotional contact, basal anxiety and differentiation is important for healthy family development.

Structural therapy: Structural therapy was founded by Salvador Minuchin and this approach focuses on healthy boundaries between family members. It also supposes adequate control with parents. Joining by the therapist is essential in order to learn about the family they are going to treat. The therapist joins, observes, learns and enhances family to have fulfilling relationships.

Treatment of Mental Disorders It supposes that dysfunctional interactions cause mental health issues and unnecessary in the family. The family addresses how members of the family relate to one another with the goal being to improve communication and relationships to create positive changes for individuals and all the members of the family.

Structural family therapy relies on a technique called family mapping to uncover and understand patterns of behaviour and family interactions. This map, genogram, diagrams the basic structure of the family, including the members of the family unit, their ages, genders, and relationships to one another. They also indicate the nature of faulty among members and portray the existing dysfunctionality.

A family therapist observes the following:

- Family rules
- Patterns of behaviour
- Family structure/hierarchies

This approach also utilises techniques as Joining (involves the therapist developing a sharing and empathetic relationship to “join” the family), Boundary-making (helping the family identify, explore, and adopt clear boundaries and hierarchies within the family), Role-play (involving acting out scenarios with the therapist’s guidance to look at certain patterns of behaviour, identify dysfunction, and practice enacting alternatives, Reframing (building a different and positive perspective to the same issue).

The *family structure* which refers to the rules that have been developed over years refers to the interaction patterns between family members. There are *boundaries* that are placed before the *family sub-systems*. The family subsystems are the marital, parent-child and sibling systems that operate to carry out the functions of the family. These relationships, coalitions and the alignments dictate boundary permeability and the rules of interaction. A healthy amount of flexibility is adaptive. However strong coalitions can imbalance the power source in the family and then follows the faulty communication patterns in the garb of power struggles. The structural therapy understands the family structure and modifies these to bring nurturing and empathy in family communications patterns.

This therapy can be effectively used in conflict-ridden homes. Some of the ways it may help include correcting imbalances within a family, establishing healthy boundaries, helping individuals improve their reactions to changing demands, improving communication, hierarchies within the family system, parental competence and satisfaction, relationship dynamics and reducing anger and resentment. Family mapping is very important as it helps the client understand their current boundary transgressions and helps them to work them through by accommodating and joining, enactment and reframing. In case of enmeshed families where there is power imbalance, the therapist my side the parent and empower them. The purpose of this therapy approach is to help individuals learn their roles and act appropriately for a smooth functioning.

Systemic therapy: This model looks at family dynamics with a different approach. It talks about the unconscious processes, needs, apprehensions

that guide family communications. The therapist remains neutral and allows members to introspect and arrive at an understanding and insight over their problems. It addresses the problems people present within the context of their relationships with significant people in their lives and their social networks. This approach to family therapy rests on so called systemic assumptions that play emphasis on the role of wider systems, such as community, society and the culture to which the family belongs. This approach looks at family issues as an issue with the system than with the individual. It assesses the context within which every family relationship operates and attempts to correct the same.

As a therapist when your goal is to enhance the support that family members provide each other, systemic therapy can be used. It enables family members to use their resources more efficiently in a supportive way. The systemic therapy can be vital in helping members manage transitional stages of family development or stressful life events such as a serious illness or a death of a family member or if there is an experience of emotional pain.

Some of the issues or situations at which a family could benefit from family therapy include health problems, particularly chronic physical illnesses, psychosomatic problems, child and adolescent mental health issues, adult mental health issues, psychosexual difficulties, alcohol and other substance abuse, marital problems including separation and divorce issues, foster care, adoption and related issues, family life cycle and transitional stages of life issues, promoting parenting skills and family functioning, school and work-related problems, traumatic experiences, loss and bereavement and disruption of family life due to social, political and religious conflicts. It should be noted that this therapy benefits socially and economically disadvantaged families in particular.

Strategic therapy: This therapy approach is given by Jay Haley. He is concerned with the symptoms the family presents and then takes responsibility for it during the treatment process and resolves them. This therapy looks at finding solutions and solving problems among family members. The therapists start with identifying solvable problems, setting goals, designing interventions to achieve those goals, examining responses and evaluating therapy. This approach does not look at the history and cause of issues and pathology but begins to set it right.

It is a direct solution approach and views to understand the power struggles between members. The concept of hierarchy is critical especially in decision making and adherence to responsibility. Triangulation with one over involved parent and one under involved parent is a key to understand family dynamics. Haley was also very much concerned with how these symptoms presented themselves. He felt these were the unacknowledged ways of communication. The therapist invites suggestions from family members on how to proceed with symptom management, but ultimately decides the goals and moves with assigning homework. Being a very direct approach to family problems, the strategic therapist designs straightforward tasks that work on symptom control. Paradoxical and metaphorical interventions are used sparingly as well. The general goal of this approach is to foster clear communication and better decision making among family members.

Treatment of Mental Disorders In a sense, the strategic therapy (SFT) combines strategic therapy and family therapy to be able to deal with the family situation in a more effective way.

Therapy sessions generally involve understanding bringing the dysfunctional patterns before the therapist and then analysing and working through them. Interventions assist in prompting and engaging the clients with probing questions and discussions. These sessions are designed to maximise awareness and build in insight about the way the things go wrong in the family and then model appropriate ways of communicating. The family members are nudged to find the dysfunctional patterns by strategically getting them to introspect. They also come to realise the strengths they possess and then work on them to correct the deviant patterns. This approach utilises a lot of homework to enable effective practice in learning healthier ways to communicate. Sessions are active with the therapist directive the flow of conversation. The therapist designs techniques in helping individuals become more socially adept. They work on the social environment and help one to tackle or bypass the chronic maladaptive patterns. Strategic family therapy is not concerned with the past history. Problems are seen as a interacting with the larger social environment and correcting that that can make a difference and the focus is on arriving at strategic solutions.

12.3.2 Application of Family Therapy

As seen, family therapists have a multitude of roles to play. Basic process includes understanding and diagnosing the problem, building insight and working through maladaptive and dysfunctional patterns and symptoms of social conditioning. Every family therapy approach uses a different lens into understanding family dynamics and can be applied singularly or in combination. A family therapist has to be proficient and should have a sound academic record and a clinically supervised experience.

Family therapy can be employed in a wide array of psychological disturbances viz., childhood developmental problems, adolescent behavioural problems, relationship and adjustment issues, marital conflict, substance abuse and even caregiving and compassion fatigue. Individuals with depression, anxiety, gender identity, body image issues can be additionally managed with family therapy. Family therapy can also be used as an adjunct especially when there is a debilitating illness in the family.

The main aim of family therapy is to help each member identify the faulty communication patterns, the power struggles and the self-related triggers that lead to the same. They seek to empower every individual and thereby the overall interactions within the family members. The family therapists are aware that working through the family may lead to projection of ego-damage and power dynamics into the session and are experienced and ready to handle the same.

The challenge with family therapy is that it requires the members to be willing to change. The management of change is the therapist's task but the members have to allow themselves so that family dynamics can improve. There will be clashes and confidentiality is challenged but the therapist has to remain neutral and work for the welfare of the family. It is critical that the therapist is not triangulated in the family conflicts and refrains from having favourites and taking sides. Family therapists have to be ethically

professional in their dealings with their clients. Adequate referrals to medical and legal entities have to be made as and when required.

Family therapy helps families that are enmeshed and embroiled in emotional crises and where the member's individuality is at stake. They are effective and can bring about a positive difference and help heal the entire family or at least the individuals willing to change. Goals of therapy are generally mutually decided, however in the strategic family therapy, the therapist can have the freedom to take charge.

Family therapy can also work very well in areas where there are cross generations. Further generational continuity in dysfunctional communication is best dealt with family therapy.

Blended families are known to be best dealt with a family therapy approach. It is to be understood that family therapy can also be used to facilitate transition in these families and are best used for the same than wait for the dysfunctionality to set in. In a sense family therapy can even play a preventive role and not just a remedial one.

Family therapy is a holistic way to heal and has a number of advantages. Firstly it leads to a better understanding of the self, and the way one can contribute to family conflicts. It enhances one's ability to perceive the internal world of their family, their needs, fears, apprehensions and so also wishes and dreams. It makes the family sensitive over the way issues get embroiled into conflicts, helps identifying signs, symptoms and trigger factors and also provides strategies to manage them. Family therapists ensure that the entire family is adaptive and functioning with enriching interactions and improved quality of life. Family therapy builds trustworthy perceptions among family members and helps them to build warm relationships with secured emotional attachments, especially after crisis. Family therapy ensures a deeper empathy and an effective conflict resolution technique among members.

Check Your Progress II

- 1) What is structural therapy?

12.4 LET US SUM UP

To summarise, in the present unit, we discussed about group and family therapy. In simple terms, group therapy can be described as a therapy which involves a group of clients. It can also be explained as a therapeutic process that is carried out in a group setting. Group therapy consists of the practice of the relationships and activities of therapy in group. Group therapy is a technique that is applicable to all, whether the severely disturbed like in Alcoholic Anonymous or to enhance one's functioning as a personality building or a corporate training workshop. In the context of group therapy, we discussed about the considerations in group therapy, besides its

stages. Family therapy is a psychotherapeutic technique of treatment of the family to resolve conflicts and disharmony. It is used to bring about better psychological functioning among family members. Family therapists analyse interaction patterns and arrive at the dysfunctional patterns affecting the family members and work on resolving them. In the context of family therapy, we discussed about its approaches and application.

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12.6 KEYWORDS

Family therapy: Family therapy is a psychotherapeutic technique of treatment of the family to resolve conflicts and disharmony. It is used to bring about better psychological functioning among family members. Family therapists analyse interaction patterns and arrive at the dysfunctional patterns affecting the family members and work on resolving them.

Group Therapy: Group therapy consists of the practice of the relationships and activities of therapy in group. Group therapy is a technique that is applicable to all, whether the severely disturbed like in Alcoholic Anonymous or to enhance one's functioning as a personality building or a corporate training workshop.

12.7 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) What is group therapy?

In simple terms, group therapy can be described as a therapy which involves a group of clients. It can also be explained as a therapeutic process that is carried out in a group setting.

Check Your Progress II

- 1) What is structural therapy?

Structural therapy was founded by Salvador Minuchin and this approach focuses on healthy boundaries between family members.

12.8 UNIT END QUESTIONS

- 1) Explain group therapy with a focus on its considerations.
- 2) Describe family therapy.
- 3) Explain various approaches to family therapy.
- 4) Discuss the application of family therapy.



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