Integrating Family Therapy

HANDBOOK OF FAMILY PSYCHOLOGY AND SYSTEMS THEORY

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CHAPTER 1

CORE TECHNIQUES IN FAMILY THERAPY

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INTRODUCTION

The family therapy field is fast approaching a half century of accomplishment. During its evolution, a variety of models have been born and nurtured to maturity (see Guerin, 1976; Gurman & Kniskern, 1981, 1991; Haley & Hoffman, 1968; Nichols, 1984). As with any new discipline establishing its own identity, practitioners and theorists have often held tightly to their perspectives while at the same time trying to maintain a dialogue across their differences. With the emergence of the third and fourth generations of family therapists, the field has progressed to the point of recognizing both our roots and our commonalities. As a result, the current generation of family therapists is trained in multiple orientations and is cognizant of the shared theoretical threads that hold the field together. This change has ushered in a new era marked by the development of integrative models of family therapy. (See especially chap. 31 in this volume.)

Many researchers and theorists have examined and compared various tenets and aspects of family therapy (Figley & Nelson, 1989, 1990; Goldenberg & Goldenberg, 1980; Gurman, 1979; Kaslow, 1987; Madanes & Haley, 1977; Nelson & Figley, 1990; Nelson, Heilbron, & Figley, 1993; Stanton, 1981a; Strupp & Hadley, 1979). In line with their search for understanding, this chapter will focus on what family therapists actually do in therapy. We will identify the techniques or interventions that most family therapists perform in the course of their practice, regardless of the model of family therapy that they espouse. We believe that these core techniques or interventions are related more to a common approach family therapists use than to the model of family therapy or the philosophical position they hold.

If one examines the development of family therapy in context, it becomes apparent that family therapy emerged in parallel with other major changes in society. It arose at a time when industrialization, urbanization, and advances in communication technology were exploding, all accompanied by increased mobility and separation of extended family members. The nature of literature and drama had changed dramatically, and people were living much more in and for the here and now. Two world wars had accelerated the sense of urgency for connectedness in view of the potential fragility of relationships. The advances in communication technology resulted in the replacement of leisurely academic pursuits and the art of letter writing with skills more suited to the less personal expediency of computers.

Family therapy mirrored this process of change closely, with some of the pioneer family therapists holding on to more traditional ideas and others acceding to the pressures of a fast-paced and demanding society. Several of the early family therapists (e.g., Ackerman, 1958, 1966; Bell, 1961, 1975; Boszormenyi-Nagy & Spark, 1973; Bowen, 1978; Framo, 1992), developing an approach to families that grew out of the fields of psychoanalysis and developmental psychology, treated families from a predominantly historical, analytical, or *transgenerational* perspective. The approaches developed by others (e.g., Erickson as cited in Haley, 1973; Epstein, Bishop, & Levin,

1978; Haley, 1963, 1976; Jackson, 1965; Minuchin, 1974; Napier & Whitaker, 1978; Satir, 1967, 1972; Weakland, 1960) mirrored the changing times. These theorists and practitioners attended more to the *here and now,* focusing on current behavior, immediate family experience, interaction, communication, and the needs of the family. Napier and Whitaker (1978) also included in this view the perspective of the person of the therapist. Yet others (e.g., Speck & Attneave, 1973) took a larger systems or more socioanthropological approach, or viewed the behavior of the family from an *ecosystemic* (Auerswald, 1974) perspective, examining the larger context over time to discover events that might have determined present behavior. Many of these early theorists were influenced by the field of cybernetics (Bateson, 1972; von Bertalanffy, 1968) and its applicability to human systems. The early development of the field also saw the beginnings of integration with therapists such as Satir (1967, 1972), who combined historical and here and now interventions in her model of conjoint family therapy, as did Wynne (1958, 1961) and Duhl and Duhl (1981). In addition, clusters of interventions focusing on problem areas or social issues have arisen as family therapists have tapped into their creativity. These types of interventions have made a major impact on the way we do therapy, and frequently their influence extends well beyond the original problem for which they were designed. Two examples of this are bereavement (e.g., Horwitz, in press; Paul, 1986; Paul & Grosser, 1965; Walsh & McGoldrick, 1991) and addiction (Berenson, 1976; Kaufman & Kaufman, 1979; Krestan, 1991; Stanton & Todd, 1982; Steinglass, 1987). These clusters of interventions tend to be adaptations of the core techniques or different combinations of interventions often arising from the early family therapy models. In fact, many of these problem-driven classes of intervention might be regarded as the forerunners of the integrated models.

The therapist's personal perspective and beliefs largely determine how he or she conceives of the change process and therefore influence the approaches used to facilitate change (Kaslow, 1987). Therapists may view family relationships and interactions as primary and superseding the nature of the problem or believe that the particular symptomatology or presenting problem is the most important variable. In this way, whether interventions focus on the interaction among family members, the problem being treated, or the context from which the family has come or the problem has emerged appears to depend at least as much, if not more, on the therapist as on the family (Whitaker & Keith, 1980).

Despite differences among therapists and models of family therapy, certain techniques and interventions tend to be applied by most therapists. These classes or clusters of interventions often cross the boundaries of differing schools and may reflect an inherent effort to be integrative in clinical practice. In Part I, we describe these broad classes of core family therapy interventions as we see them and then apply them to a clinical case. In Part II, we describe the case in greater detail and attempt to search for the commonalities between the classes of intervention that have led to the integrative models of family therapy. To illustrate this integration, we apply aspects of transitional family therapy, developed at the University of Rochester, to the family presented in Parts I and II.

PART I

Core Family Therapy Interventions

Arising from the schools of family therapy mentioned above, core family therapy interventions can be organized into three broad classes: (a) here and now, (b) transgenerational, and (c) ecosystemic. Elements of each of these classes can be found in almost every school and model of family therapy. In this section we give a simple definition of these intervention classes. We then apply them each to a clinical case in an attempt to illustrate the interventions that form the core of family therapy.

Here and now interventions. Here and now interventions emphasize the organization of the family and its process of change as they manifest in the present. Individual problems are conceptualized as reflecting difficulties within the family system as a whole. A dysfunction may be viewed as a current sequence of behavior that originated as an attempt to resolve a problem but subsequently became a repeating problematic pattern. A problem may also be understood as reflecting an ineffectual family structure.

In any case, family problems are seen as both affecting and being affected by how the family interacts as a whole.

Here and now interventions may focus primarily on the family (its structure or its communication or both) or on the specific problem (or solution). Here and now interventions are goal oriented and problem or solution focused (De Shazer, 1980, 1982, 1985). The therapist accepts the responsibility to facilitate change. Consequently, the therapist is active and at times directive, for example, making restructuring moves (Minuchin, 1974). Interventions are designed to alter the family's organization or accepted patterns of relating so that symptoms may be alleviated and problems may be addressed differently in the future (Haley, 1963; Madanes & Haley, 1977).

Family therapy based on here and now interventions is often brief. The emphasis is on behavioral change rather than insight. The therapist may work with the whole family as defined by the family or the therapist. The therapist may also work with subsystems, dyads, and individuals. Interventions may be enacted during the therapy session or directives may be prescribed for the family to accomplish between sessions. In either case, the family is continually encouraged to work on tasks that are designed to facilitate change.

Here and now interventions may be direct or indirect (Stanton, 1984). Direct interventions, such as suggesting that parents work together to set limits with a rebellious adolescent, are compliance based. These interventions assume the cooperation of the family. Indirect interventions, such as prescribing that a couple having sexual problems refrain from intercourse, are noncompliance based. Such interventions are designed to circumvent family reluctance to change by "going with" the resistance. This creates a paradox in which the behavior that is prescribed (sex) is difficult to resist (Watzlawick, Weakland, & Fisch, 1974).

Common examples of here and now interventions include tasks that may be performed both in and outside of the therapy session:

Reenactment and enactment (Minuchin & Fishman, 1981). A common in-session task involves instructing the family to reenact a problematic family interaction and then demonstrating an enactment of new patterns of interaction and communication. In Moreno's psychodrama (Compernolle, 1981), the patient was instructed to experiment with and practice new methods of relating during a simulated interaction. The extension of this technique to use by actual family members (as opposed to fellow patients on a psychiatric ward) served as a major breakthrough in here and now interventions and is applied across many schools and models. For example, the therapist actively engages family members in demonstrating their difficulties, such as arguing. The therapist then directs the family to talk to each other about the changes they would like to make regarding family fights. Finally, the therapist has the family enact, demonstrate, or practice the new behavior in session.

Reframing/positive connotation/noble ascription and symptom prescription. These techniques of viewing or framing the problem in a more positive way (Watzlawick et al., 1974) are commonly used when the therapist wants to recognize an individual's or family's positive intention and when resistance to change is high. The attribution of a positive value to an interaction, event, or pattern has been variously called *reframing* (Minuchin & Fishman, 1981), *noble ascription* (Stanton & Todd, 1979, 1982) and *positive connotation* (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978). In the case of symptom prescription (Selvini-Palazzoli et al., 1978), this perspective is taken to its natural conclusion, as the family is not only helped to see the beneficial nature of the symptom or problem but also is asked to do more of the same.

For example, in a hypothetical case, parents may present their child's temper tantrums as an insoluble problem. These parents might disagree on how to approach the problem but also insist that they have "tried everything." They are likely to be angry at each other and at the child and to feel sure that it is the child's problem. The therapist may suggest that far from being a bad child, the child is actually quite loving and is expressing his or her love by behaving in ways that invite the parents to come together and work as a unit. In fact, the child may fear that if he or she cannot keep the parents together they will break apart. The therapist may suggest that the child have a temper tantrum whenever he or she is afraid that the parents may be moving apart.

Restructuring the family in session. Restructuring may be facilitated by helping the family identify the repeating patterns on which structures are based (Madanes & Haley, 1977) or by encouraging a change in the physical positioning of family members (Minuchin & Fishman, 1981). The therapist may use nonverbal behavior as much as verbal behavior to alter problematic family interactions and to restructure a family. A common example of this latter technique is changing how a family is seated during a session. For example, in the case of the hypothetical child mentioned above, he or she might be seen as effectively splitting the parents. It would be likely that this child would sit between the parents at the family therapy session. The therapist might ask him or her to move (or ask the parents to have the child move out from between them) and the parents' chairs may be thus brought closer together. Another method by which the system is changed in the here and now is family sculpting, an action (as opposed to verbal) technique that allows for the alteration of how the family occupies and represents its relationships in space (Duhl, Kantor, & Duhl, 1973). A typical sculpting exercise might depict the family structure at various points in time or during a particular situation. The family takes the form of a silent tableau in which people are placed at set distances from one another and in postures that depict their relationships.

Defining the problem and establishing goals and action plans. Depending on the orientation of the therapist, these techniques may be seen as two parts of the same whole. The definition of the problem leads to the clarification of goals needed for the development of a solution (Haley, 1976; Landau-Stanton & Stanton, 1985; Watzlawick et al., 1974; see especially chap. 3 in this volume). For example, the parents of the problem child presented above were able to develop an understanding of the repeating pattern that resulted in the child's gaining a position of power vis-à-vis the parents. The child was able to control the parents' behavior by acting out in order to bring them closer together each time they were experiencing conflict. The action plan developed for the purpose of altering this pattern might be for the parents to decide that they will (a) spend time together by going on a date, rather than in response to their child's bad behavior; (b) not respond to their child's cue of acting out; and (c) define more clearly their mutual goals for their child.

Family psychoeducation. These techniques were developed primarily to treat schizophrenia (Anderson, Hogarty, & Reiss, 1986; McFarlane, 1991; see chap. 10 in this volume) but are also used in many other areas, such as substance abuse and chronic medical illness. At the core of this technique is a belief that families can be trained to create a relational context that may compensate for, and in many instances correct, a disability faced by a particular family member. The therapist functions as an educator, teaching members about the disability and training them how to respond and interact differently. Families often meet in multifamily groups that are designed to educate families and provide a setting in which families can support and guide each other.

Between session homework tasks. The therapist may devote the end of each session to codesigning tasks with the family that will be done between sessions. These homework tasks are generally clearly linked to the stated family goals for therapy. In the case described above, during the session, the couple may have planned a date or an outing. They might have negotiated the time of the outing and established some of the details. The parents may be encouraged to get a sitter and to block any of their child's efforts to keep them from going out together. The process of designing a task creates different forms of interaction during the session. Carrying out the tasks at home supports the family's sense of competence and accomplishment in reaching their goals for treatment.

Therapist's use of self with the family (Satir, 1967; Whitaker & Keith, 1980). The therapist may use self-disclosure, humor, metaphor, and other personal means to increase or decrease energy or anxiety in the therapy session. This active unbalancing of the family is intended to interrupt homeostatic processes and to stimulate new ways of thinking, feeling, and interacting within the family that commence during the therapy session. (See especially chaps. 2, 3, 13, and 20 in this volume.)

These examples should not be considered exhaustive. There are as many here and now interventions possible as the interaction of family and therapist can

stimulate. Common elements of here and now interventions are a focus on the identified problem; a perception of family structure, organization, boundaries, and interactional process as central to problem maintenance; active intervention in current family organization and process to resolve problems; and therapist responsibility for facilitating change. (See especially chaps. 6, 17, 18, 20, 25, 27, and 30 in this volume.)

Transgenerational interventions. Transgenerational interventions emphasize the evolution of both problems and solutions across many generations of the family. Here and now family interactions are viewed as reflecting patterns that have been developed by and inherited from ancestors. Solutions involve addressing relationship issues in one's family of origin.

The therapist applying a transgenerational perspective believes that families are held together through time by invisible strands of loyalty (Boszormenyi-Nagy & Spark, 1973; see also chap. 3 in this volume). Family members must maintain a delicate balance between how they choose to behave and what is owed to family members (Boszormenyi-Nagy & Spark, 1973). These loyalties transect the genogram in both vertical (e.g., parents and children) and horizontal (e.g., siblings, cousins, and partners) directions. At the intersection of these vertical and horizontal loyalties, the transgenerational projection process is enacted (Bowen, 1976). Unresolved problems from the family's past are bequeathed to the present generations (Bowen, 1976; Framo, 1992; Paul, 1986; Paul & Grosser, 1965; Williamson, 1978).

Transgenerational therapists are attuned to how the family projection process is manifest in the family's current journey through the life cycle (Carter & McGoldrick, 1988; see also chap. 5 in this volume). An assumption of transgenerational therapists is that family difficulties are most likely to emerge during transitional periods from one life cycle phase, such as adolescence, to another, such as leaving home. How families navigate their life cycles is influenced by how each branch of the family has navigated similar stages in previous generations. For example, when an offspring develops problems while preparing to leave home, such as unexplainable failure in school, these difficulties may reflect similar problems of leaving and self-differentiation in the parent, grandparent, and even great-grandparent generations (Boszormenyi-Nagy & Spark, 1973; Bowen, 1976; Landau, 1982; Landau-Stanton, 1990).

The key that unlocks the door to change in the present is held in the family's past. This is a crucial point when working with families who may be reluctant to explore patterns or problems in the past. Transgenerational issues are directly linked to the current issues facing the family. The efforts of past generations may provide a map for how present generations will traverse their life cycles or tackle their problems. The transgenerational therapist may function as a coach or guide to family members (Bowen, 1976). Although transgenerational patterns are linked to present concerns, the therapist is less likely to focus on interventions that directly address the problem as it exists in the present. Instead, the therapist addresses family of origin issues that are impinging on the present. The therapist may work with the whole family but frequently works with couples or even individuals. The basic assumption is that addressing issues from the past will help the family resolve difficulties in the present.

With child problems, some therapists working from a transgenerational perspective might intervene primarily at the parental level. They might regard the parent generation's capacity to resolve family of origin issues as the key to eliminating these problems in the present. For example, parents who have problems with child rearing might be encouraged to work on their relationships as children to their own parents; couples who argue and cannot communicate may be diverted to work out their unresolved problems with their own opposite-sex parent because these are likely to be influencing their current conflict with their partner. Other transgenerational therapists might work only with the individual. Therapy may include sending him or her "back home again" (Framo, 1976) to resolve earlier issues, or to individuate (Bowen, 1976) from family of origin. In these ways, the patient is helped to work through the problem patterns, relationships, and events.

Transgenerational therapy interventions tend to be less directive than here and now interventions. The responsibility for change in the family is more shared or mutual. The therapist may coach but is less likely

to enter the game actively to intervene, other than by offering advice or guiding homework tasks. The patient has greater responsibility for taking action. Transgenerational interventions are more closely tied to the analytical roots of therapy and are more likely to generate insight than are here and now interventions. Insight or understanding of the impact of earlier relationships enables the patient to make decisions and take action.

Common examples of transgenerational interventions (like here and now interventions) include tasks that may be performed both in and outside of the therapy session:

Genogram development (Bowen, 1978; McGoldrick & Gerson, 1985). The therapist will usually develop a genogram early in therapy in order to map relationship patterns and transitional conflicts (Landau-Stanton, 1990). It is an effective way to elicit the patient's story and bring absent family members into the room. The therapist will help the patient understand how roles, triangles, losses, transitions, and other family dynamics influence the functioning of current family relationships.

Trips home (Bowen, 1976; Framo, 1976). The therapist will use genogram information to help patients develop an understanding of what changes need to occur in their family of origin. It is not enough, though, to identify and understand family of origin issues. Patients often are encouraged to return home to deal directly with those relationships that are contributing to current problems. The goal is to help patients differentiate from their families of origin (Bowen, 1976). Self-differentiation involves maturing sufficiently to relate to members of the family of origin without behaving in an involuntary and emotionally reactive way. Patients who are able to differentiate in this manner are better able to decide for themselves how they will relate to family members. They are less likely to be pulled unwittingly into unhealthy family patterns (Framo, 1992).

Inviting extended family into therapy. Transgenerational therapists may involve members of the patient's family of origin in the therapy. In couples therapy, for example, parents of each partner may be included (Framo, 1976). Issues between partners often reflect problems both partners have had in their relationships with their own parents. By including parents in therapy the couple can work directly on family of origin issues that have an influence on the couple's current relationship. In this way, the therapist brings the family's home into the office, where family patterns can be addressed directly and the wisdom of previous generations can be utilized in solving current problems (e.g., Horwitz, in press; Landau-Stanton, le Roux, Horwitz, Baldwin, & McDaniel, 1991; Whitaker & Keith, 1980).

Symbolic inclusion of family of origin. The therapist may bring family of origin into therapy in a variety of other creative ways. The therapist may talk about other family members being present in the room; often these "ghosts" are seen as alive in current family members (Whitaker & Keith, 1980). Or the therapist may have a family member sculpt his or her family of origin (Duhl et al., 1973). The sculpting may entail having current family members represent members of previous generations (Landau-Stanton, 1990) or may employ therapy teams, empty chairs (Duhl et al., 1973), and role play dialogue (Satir, 1967) to manifest the hidden family that is always present. In this way, the family member can return to scenes from the past that are being replicated in the present. By facilitating sculpting of this nature, the therapist can "act as a bridge between generations" (Duhl et al., 1973, p. 62). The opportunity to refashion the past can loosen the logjam that is occurring in the present.

The common elements underlying transgenerational interventions include the following premises: that transgenerational processes across time influence the development of current problems, that these problems often arise during transitional periods such as family life cycle changes, and that solving current problems often involves resolving relationship issues with family members from the past. (See especially chaps. 4, 5, 6, 13, 17, 18, 22, 25, and 26 in this volume.)

Ecosystemic approaches. An ecosystemic approach emphasizes the interaction of multiple factors both within the family and beyond the relational bonds of the family (see Imber-Black, 1988). The term *ecosystemic* was coined by Auerswald (1968), who described the balanced interaction of family and larger social systems, which forms an interdependent rela-

tional ecology occupying both time and space. For purposes of this chapter we are expanding that original concept to include work by a variety of theorists and therapists who have focused attention on dimensions of the larger ecosystem. Therapists dealing with the ecosystem might consider the immediate social system or extend their hypothesizing to the entire natural and artificial support system as depicted by Lewin (1935), including larger social systems and institutions; political and economic issues; ethnicity, race, culture, religion, gender, language, and social construction; geographical and historic events; the neighborhood; and the immediate and extended family.

Truly ecosystemic interventions are inherently biopsychosocial (Engel, 1977, 1980; see also chaps. 21 and 25 in this volume). Problems develop due to the interaction of multiple factors inside and outside the family (Epstein et al., 1978). The family is seen as one system among many larger systems that influences family and individual functioning. This multisystem, or contextual, perspective has led some ecosystemic therapists to focus on the "problem-determined system" (Anderson & Goolishian, 1988) or the "system of import" (Stanton, 1984) as the unit of treatment. The system of import includes everyone who is involved meaningfully in conversation about the presenting problem. This could include nuclear family members, extended family members, and significant others such as friends, members of families of choice, and representatives of the legal, religious, medical, and social services systems (Berger, Jurkovic, & Associates, 1984; Imber-Black, 1988; Landau-Stanton et al., 1991; Landau-Stanton & Clements, 1993; Mirkin, 1990; Speck & Attneave, 1973; Wynne, McDaniel, & Weber, 1986). Meaningful solutions are co-constructed in the dialogue that occurs among these many participants (Anderson & Goolishian, 1988; Goolishian & Anderson, 1987; Hoffman, 1990; White & Epston, 1990; see especially chap. 21 in this volume).

An ecosystemic approach is inherently collaborative (see especially chaps. 2 and 27 in this volume). The therapist is a partner with the family and other social resources in defining the origin of, and developing solutions to, the family's problems. Depending on the therapist's orientation within an ecosystemic approach, the therapy may have a unique focus. For example, feminist family therapists are particularly attuned to issues of power in relationships (e.g., male/female) and how the unequal distribution of power is supported by social structures and cultural mores (e.g., Goldner, 1988, 1991; Goodrich, Rampage, Ellman, & Halstead, 1988; Hare-Mustin, 1978, 1987; Krestan & Bepko, 1980; McDaniel, 1990; McGoldrick, Anderson, & Walsh, 1989; Reid, McDaniel, Donaldson, & Tollers, 1987; Walters, Carter, Papp, & Silverstein 1988; see especially chaps. 17, 18, and 31 in this volume). A therapist who pays particular attention to ethnicity in a family may explore how ethnic origins (see especially chaps. 19, 20, and 23 in this volume) influence current family values, communication patterns, and problem resolution (e.g., Boyd-Franklin, 1989; Landau, 1982; le Roux, 1992; McGoldrick, Pierce, & Giordano, 1982; Sotomayor, 1991; Sue & Sue, 1990; Szapocznik, Scopetta, Kurtines, & Arenalde, 1978). Such a therapist would also be sensitive to how the family's ethnicity is perceived and influenced by the larger culture.

An ecosystemic approach has few technical interventions that are directly identified with this perspective but tends to include many of the techniques mentioned in both the here and now therapies and the historical approach. Of special note, though, is the use of network sessions developed by Speck and Attneave (1973) as a therapeutic intervention. As they describe, network sessions bring together the important participants and resources to the family problem. Some therapists employ network sessions throughout the course of the therapy. Others call for a network to deal with special issues or when the therapy appears to be stuck. Network sessions may be designed to elevate the family and focus on its own competence (Landau-Stanton, 1986). The therapist works with the family to identify extended family, friends, associates, and professionals who either are currently involved with the problem, have experience with similar problems, or are defined by the family as an important resource to them. Any member of the ecosystem may be called upon for help. Therapists might invite not only extended family members but neighbors and support systems into the therapy session to throw light on some of the prob-

lematic patterns (e.g., Landau-Stanton & Clements, 1993; Rueveni, 1975; Speck & Attneave, 1973). Therefore, network sessions may involve large numbers of participants. The group works together to find solutions to the family's problems. This collaboration helps the family break out of its stuck position and move forward. By increasing the diversity of perspectives on the problem and then focusing the network's energy on solutions, the therapist, family, and network co-evolve a new reality. Change occurs because the entire ecosystem has moved together in a new direction.

Common elements in ecosystemic interventions are sensitivity to extrafamilial factors in the development of problems, utilization of larger systems resources in the assessment and treatment process, the therapist's function as more that of orchestrator than that of performer, and the therapist's role as "ecosystemic detective" (Auerswald, 1968). (See especially chaps. 2, 3, 6, 7, 9, 12, 20, 21, 23, 26, and 27 in this volume.)

The Application of Core Interventions

The three broad classes of intervention that we have described—here and now, transgenerational, and ecosystemic—certainly do not include every possible intervention in family therapy, but they do reflect the broad center of the family therapy field. In order to illustrate techniques from each of these classes, we will present a case that was seen by one of the authors using transitional family therapy.[1] We will then discuss the case hypothetically by demonstrating how therapists using techniques representing each of the intervention classes might approach the case. Later in the chapter we will present the case as it actually was treated.

CASE EXAMPLE

Louis, age 20, had been hospitalized for depression and suicidality for two months prior to being referred for family therapy. His parents, Angelo and Madeline, with whom Louis lived, wanted to help in any way possible. Louis's parents had felt hopeless about Louis for quite some time. His father did not understand Louis's problems but was willing to do "whatever it takes to get Louis right." Louis's mother told the intake worker at the family clinic that all of Louis's problems stemmed from the death of his maternal grandfather. She contended that Louis felt guilty because of the time he had spent abusing alcohol and drugs with his friends while his grandfather was dying. Louis also had a brother, Mario, 18, who was a dean's list student at a local college and a sister Emily, 10, who was the "apple of her father's eye." Everyone planned to attend the first session.

Here and now interventions. The therapist using here and now interventions helps the family define the problem as clearly and concretely as possible. In the process, the therapist pays close attention to the way family members interact with one another. The therapist attends to such issues as repeating interactional patterns and confused hierarchy. Interventions may be designed to restructure the hierarchy so that boundaries among subsystems are more clear. Alternatively, the therapist might actively alter how family members interact with each other. This might be done by nonverbal methods such as sculpting or rearranging seating. It may also be achieved by directly intervening to alter verbal communication through such methods as blocking, reframing, or noble ascription. A combination of verbal and nonverbal techniques, such as enactment, may be used.

During the initial interview the here and now therapist may notice that Louis and his mother, Madeline, are very close, in fact their chairs are touching. In defining the problem Madeline speaks repeatedly for Louis. Louis sits in silence that his mother defines as depression. Louis's father, Angelo, on the other hand, sits across the room from his wife and son. The seating positions of Emily and Mario further separate their father from Louis and Madeline. Angelo expresses helplessness and confusion about his son, Louis. At this stage a therapist might note

[1] Susan H. Horwitz, MS, was the therapist for this family. Some material has been added to further protect anonymity and highlight aspects of the treatment approach.

that whenever Angelo talks he is interrupted not only by his wife but also by Mario and Emily. Angelo seldom completes his sentences and soon withdraws from the conversation. The therapist may also notice that Louis and Angelo often sit in silence, forming mirror images of each other.

The main concern of the family is that since Louis has left the hospital he is silent and withdrawn. He spends little time with the family and seldom goes out. The therapist assesses Louis's suicidality. The family feels Louis is in no immediate danger of committing suicide, but they remain anxious and worried for his safety. Louis agrees that his silence and withdrawal are problems, but he has no solutions. Having clarified the problem and observed the family's interaction, the therapist may proceed in the following manner:

> *The therapist asks the family to change their seating so that Madeline and Angelo can sit together. The therapist feels this will make it easier for the parents to discuss how to approach their son's problem. The therapist then asks the father and mother to discuss ways to address Louis's silence and withdrawal. The other family members are encouraged to listen to their parents and are blocked from interrupting their parents' discussion.*
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> *The therapist asks Angelo "as Louis's father and as the most experienced man in the family" to share his ideas on what to do. The therapist supports Madeline in listening to her husband because she "has had to carry the responsibility alone too long." Mother and father talk together for the first time about their fears and frustrations. They also decide on a plan of action. Louis, who has not been eating with the family, will be expected to eat dinner with them daily. In order to support Louis in getting out more often, Angelo and Louis will plan an outing to be accomplished before the next therapy session.*
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> *Since Angelo and Louis are "quiet," the therapist asks Madeline to coach Angelo on talking effectively with his son. The therapist then has Angelo and Madeline brainstorm appropriate and enjoyable outings. Angelo and Louis discuss these options and decide to go to a basketball game. The therapist cautions the family that a whole basketball game may be too much togetherness and suggests staying for half the game. Angelo and Louis, with Madeline's support, say they will decide at half time whether or not to stay longer.*

In this intervention, the therapist maintains a focus on what the family defines as the main problem. The therapist is concerned that the family's structure may be part of the problem and may reflect problems between the mother and father. The therapist actively restructures the hierarchy in the family and alters how communication takes place. Louis has been elevated to peer status with his mother as the central dyad in the family. The family's interaction also reveals a pattern in which the father is either excluded or excludes himself from meaningful involvement in family decisions. The therapist moves quickly to bring mother and father together, thus reestablishing a generational hierarchy. This elevates Angelo, the father, and provides much needed support to Madeline, the mother, and allows Louis to rejoin the sibling generation.

In this example, the therapist addresses the problem in the here and now process of therapy. The therapist intervenes to restructure family interaction and enables the family to enact a different process of communication and decision making. The therapist also adds a restraint-from-change maneuver designed to protect the family from failure and to stimulate their confidence to move ahead. The therapist takes responsibility for creating a context and facilitating a process that helps the family arrive at solutions.

Transgenerational interventions. The therapist who approaches the family with transgenerational interventions in mind listens for evidence of transgenerational processes that may influence the family's current functioning. Are there issues of unresolved loss and grief? Have relationship patterns been passed on from one generation to the next? Have other family members faced similar problems in the past when entering the leaving-home phase of devel-

opment? Does each generation of the family usually have a "sick" member? Are there strands of loyalty to past generations that make it difficult for parents to deal effectively with the current generation? What family legacies may influence the roles family members play in the family now? The therapist may have these and other considerations in mind when meeting with the family.

During the initial interview the transgenerational therapist might be particularly interested in Madeline's explanation of her son's difficulties: All of Louis's problems stem from guilt over the death of his maternal grandfather. The therapist may hypothesize that grief is the central issue not only for Louis but for Madeline and the family as a whole. The guilt Madeline sees in her son may reflect her own guilt and pain. The therapist may want to learn more about other losses on both sides of the family and how the family has dealt with grief traditionally.

> *The therapist listens to Madeline discuss the impact her father's death has had on Louis. Angelo and Louis both confirm Louis's sadness and guilt. The therapist says: "I can see that family ties are very strong in your family and that I will not be able to understand your family well until I understand more about the larger family from which you've come." The therapist then engages Angelo and Madeline in describing members of their families. The therapist constructs a four-generation genogram on an easel. The therapist learns about previous deaths, births, methods of leaving home, and the like. This discussion helps the family recognize that drug and alcohol abuse have been ways some family members have dealt with loss and grief for several generations. The therapist suggests that Louis may not have wanted to neglect his grandfather but that it may have been just too painful for Louis to face his grandfather's death without drugs and alcohol. With this Madeline discusses her own unresolved grief over her father, and Angelo talks movingly about problems he has never resolved with his father who is also deceased. The therapist then asks what Louis's grandfather would want the family to do at this time. Louis is unsure how to respond. He becomes tearful. Madeline says her father would want them all to "be strong."*

In this session, the therapist's use of the genogram broadens the family's perspective on Louis's problem to include patterns of coping with loss. By expanding the family's view, Louis's substance abuse is presented as a sign of pain and hurt rather than irresponsibility. In addition, the therapist may describe it as a form of grieving that is loyal to the way others in the family have grieved before. The therapist may also feel it is important to understand how men are taught to grieve. By including the father's family of origin the therapist develops an understanding not only of how men grieve but of how they deal with each other's grief. This may be valuable later in therapy if the therapist wants to bring father and son closer together. The therapist then brings the deceased grandfather into the session by asking what he would say to the family. In this way the therapist makes more overt (the grandfather's presence) what has been covert.

From these beginning steps, the therapist may do more extensive work with the patient alone or may work more directly with the parents. The therapist may feel that when the parents have been helped to deal more effectively with loss, they will provide a better model for their son as he deals with loss. The therapist may also believe that by dealing with their own losses, the parents may be saving their son from having to deal not only with his grief but also with the grief of his parents and past generations.

Ecosystemic approaches. The therapist who utilizes an ecosystemic perspective with the family is interested not only in intrafamilial relationships but also in relationships with larger systems. The therapist may want to include members of other systems that influence or are influenced by the problem being addressed in the family. The therapist may also be interested in the impact of social currents in the development of the family. These currents may include such considerations as the impact of ethnicity on how the family deals with problems, establishes roles

for family members, and maintains its own identity, as well as how gender plays a part in the family's problems and solutions. In these ways, the therapist regards the family as one system in a multiverse of systems that interact and evolve together. Because the therapist sees these larger systems as integral to the family's life and progress, the therapist may actively collaborate with members of other systems in order to treat the family in a comprehensive manner. This collaborative approach may include network sessions in which members of other systems are included in the therapy.

During the initial interview the therapist may be particularly attuned to how members of other systems are an active part of the family's life. The therapist may learn, for example, that Louis was particularly attached to his art therapist while he was an inpatient. The therapist may also learn that the family's priest has been very involved in their lives since the death of Madeline's father. As the therapist learns more about the family's connections to members of other systems, he or she may actively elicit identification of the family's support system. He or she may learn that Angelo's main supports, for example, are friends with whom he socializes at the Sons of Italy hall.

The therapist may also explore the role that being Italian plays in the family's life:

> *The therapist comments on the importance of the Catholic church and organizations that support their identity as Italians. The therapist asks the family to teach him or her about their ethnic identity. Angelo says they have very strong ties to their relatives in Italy even though they do not see them. Both Angelo and Madeline speak Italian but their children do not. As they talk about their relatives, Madeline becomes tearful. She explains, though, that these are not tears of sadness. She simply says, "For us, family is everything." The therapist learns that the family is defined broadly and includes friends and neighbors and members of their parish. The therapist asks the family if it would be valuable to include these important "family members" in the therapy to help with Louis's problem and to be a support. The family agrees and together they decide who should be invited to the next appointment. They include their priest, two friends, a great aunt and uncle, Louis's godparents, and the art therapist, who they came to see as a member of their family as well.*

The therapist demonstrates respect for the culture of the family by asking the family members, as experts in their own ethnicity, to educate him or her about who they are and how they are connected to their community. The therapist learns how important family is and how broadly family is defined. With that in mind, the therapist asks the family to identify members of the larger ecosystem who might be a help to them. By identifying and mobilizing the larger network the therapist adds diversity (le Roux, 1992) to the family's approach to the problem. No longer alone in their troubles, the nuclear family can draw from the wisdom of professionals, friends, and family whom they have named as resources. The therapist might work with the patient or nuclear family alone or choose to involve other members of the larger system as needed. The therapist using an ecosystemic perspective is inherently confident in the larger system's capacity to work together to resolve the presenting problem.

In this section, we discussed the differences in therapeutic approach that a hypothetical therapist may take with a family depending on the class of intervention he or she chooses. We want to emphasize that each approach can be effective depending on the needs of the family and the skill of the therapist. In the next section we will take the process another step forward by considering an integrative approach to the same case.

PART II

Integration

Many, if not most, later generation family therapists apply an amalgam of core techniques as suits the pragmatic needs of the case. Even when they officially espouse a circumscribed family therapy model, we believe that their actual therapy is likely to incorporate core techniques from other models, involving

at least two of the categories of intervention described in Part I. A few examples of integrative therapies are structural/strategic family therapy (Stanton, 1981a, 1981b), integrative family therapy (Duhl & Duhl, 1981; Friedman, 1981; Moultrup, 1981, 1986), multimodal therapy (Lazarus, 1971), comprehensive family therapy (Kirschner & Kirschner, 1986), an intersystem model (Weeks, 1989), and metaframeworks (Breunlin, Schwartz, & MacKune-Karrer, 1992).

With all the integrated models, the process of integration results in a larger and more complex entity than just the sum of its parts. To illustrate, we will return to our clinical example and explore how the family was actually treated using transitional family therapy (Horwitz, in press; Landau-Stanton, 1986, 1990; Landau-Stanton et al., 1991; Landau-Stanton & Clements, 1993; Landau-Stanton & Stanton, 1983, 1985; le Roux, 1992; McDaniel, 1990; McDaniel, Hepworth, & Doherty, 1992; McDaniel & Landau-Stanton, 1991, 1992; Seaburn, Gawinski, et al., 1993; Seaburn, Lorenz, & Kaplan, 1993; Stanton, 1981a, 1981b, 1984, 1992; Stanton & Landau-Stanton, 1990; Weber, McKeever, & McDaniel, 1985). We will limit our discussion to one key element of the model, *family competence*, which depends upon an interweaving of here and now, transgenerational, and ecosystemic themes.

Family competence is elicited by assisting the family in exploring their history across multiple generations in order to familiarize them with the strengths and resources that their family has been able to access and utilize (see especially chaps. 6, 8, 9, 20, and 34 in this volume). Interventions are directed toward creating continuity among past, present, and future with careful consideration of the context across time (Landau, 1982). This bridging enables the family to understand its current functioning in terms of both its past and its present relational interactions. A key tenet of this approach is that the therapist does not have secrets from the family, but shares his or her philosophy and hypotheses with them in order to reconstruct the transitional pathway together. The therapist's innate belief that current problem patterns resulted from adaptive and effective solutions from the past allows him or her to engender a sense of competence in the family that enhances their solutions and interactions in the here and now. This transgenerational perspective encourages an examination of relationships across the genogram, how transitions have been completed in the past, and how this impacts relationships in the current extended family system.

In assessing aspects of the context from an ecosystemic perspective, the therapist may discover events from the past (such as losses from war and migration that had an impact on Louis's family) that are being played out again in the present. By construction of a transitional map (Landau-Stanton, 1990) and timeline (Stanton, 1992), the family discovers the "why now" of their current difficulties. It also allows the therapist and family to examine whether and how effectively its resources (within both family and community) are being utilized. In order to understand the context of the presenting problem, the therapist elicits information about family history and life cycle stage, ethnic and cultural background, and the extent to which situational and developmental transitions have been resolved. This information is normalized by the therapist, rephrasing the information in terms of the events and changes the family has experienced. The family is then able to recognize that earlier adaptive solutions to unavoidable events have led to patterns that have become entrenched and problematic.

During this process, the family frequently discovers that their current symptoms result from patterns (repeated over time and multiple generations) that may have worked in the past but no longer are effective. Strategic here and now therapists believe that the problem is a failed solution (Watzlawick et al., 1974). We believe that problems develop from the continuation of patterns that arise from solutions that were once successful but are no longer relevant and therefore become problematic. By gaining an understanding of what was happening in the family and its larger context at the time of onset, the family members are able to perceive the intrinsic health of their multigenerational family.

The discussion of the strengths, resources, patterns, and themes that appear across generations allows the family to realize the inherent assets of their traditions, heritage, and values and how these may have extended across generations. This, in turn, pro-

vides an understanding of current events that offers relief from guilt and blame, freeing them to work toward solving their current difficulties (Landau-Stanton, 1986, 1990; Landau-Stanton et al., 1993). The family, aware of its own potential health and competence, is then able to identify both the focus of the therapy and who will be needed to assist in its process.

Integrative Interventions

The process of therapy is both interactive and evolutionary, with family and therapist constantly revisiting earlier tasks and information and integrating them into new directions and solutions. As this occurs throughout the therapy, family and therapist influence each other and the process of change. The family takes increasing responsibility for change and feels more competent to take charge of resolving their problems.

The initial phase of treatment. In the initial phase of therapy, the integrative therapist utilizing transitional family therapy accomplishes several key tasks that will form the foundation of the whole therapy. These include many of the first session tasks that might be accomplished by therapists following here and now, transgenerational, and ecosystemic approaches. In the interest of brevity, only a few of these key interventions will be described below:

Hypothesizing. As Louis and his family prepared to engage in the first phase of treatment, the therapist constructed several working hypotheses that, if correct, would provide the foundation upon which she would build the primary interventions. For example, the therapist hypothesized that for Louis, difficulties were related to his and his family's unresolved grief over past losses. While taking into account all the ideas presented in Part 1 (here and now, transgenerational, ecosystemic), the therapist also used the intake information to develop hypotheses about family strengths, areas of competence, and who might be engaged from the extended family and the larger system. The therapist hypothesized, for example, that the longevity of the couple's marriage, maintained despite considerable pain, reflected strengths, such as loyalty and commitment, that were a part of the value systems of both families of origin.

Joining and mapping. The therapist began the therapy by spending time joining with the family, not only to establish rapport, but also to begin mapping the players in the family's system. Joining is a critical factor in the process of successful treatment. Through joining, the therapist communicated sensitivity to a variety of family issues, such as generational hierarchies and gender. Joining also provided an initial opportunity for the therapist to validate family members and highlight the importance of their roles in the family. The tone of the overall therapy was set by communicating respect and affirmation of the individuals, the family as a whole, and its various support systems. Joining was utilized throughout, but it was an especially important intervention at the outset of therapy.

The use of the transitional map constructed during this initial phase had two primary purposes, in addition to providing the transitional perspective mentioned above. First, the mapping process was a natural and comprehensive vehicle through which the therapist continued to join the family. Second, while the family began to relate its history, symptoms, and relationships, the therapist learned the family's "terrain" and was able to assess whether or not her initial hypotheses fit the family's experience over time.

At this stage the mapping process included identifying members of the immediate and extended family, plus the family's natural and professional support systems. The therapist also mapped other issues: the symptoms that had shaped the family's responses to each other, the ways they had protected and cared for each other, and their unique qualities. All of these assisted the therapist in bringing them to a successful resolution of their problems. (See Figure 1).

Establishing goals for treatment. Often families come to treatment discouraged and overwhelmed by the longevity and/or repetition of their problems. Setting goals is a way to provide forward movement, direction, and hope for resolution. This family's articulation of goals, fashioned in specific and workable language, gave them a new way of thinking about their problems, offering a clearly defined path to achieve change. Among the family's goals in Louis's case were to help him decrease his depression, elimi-

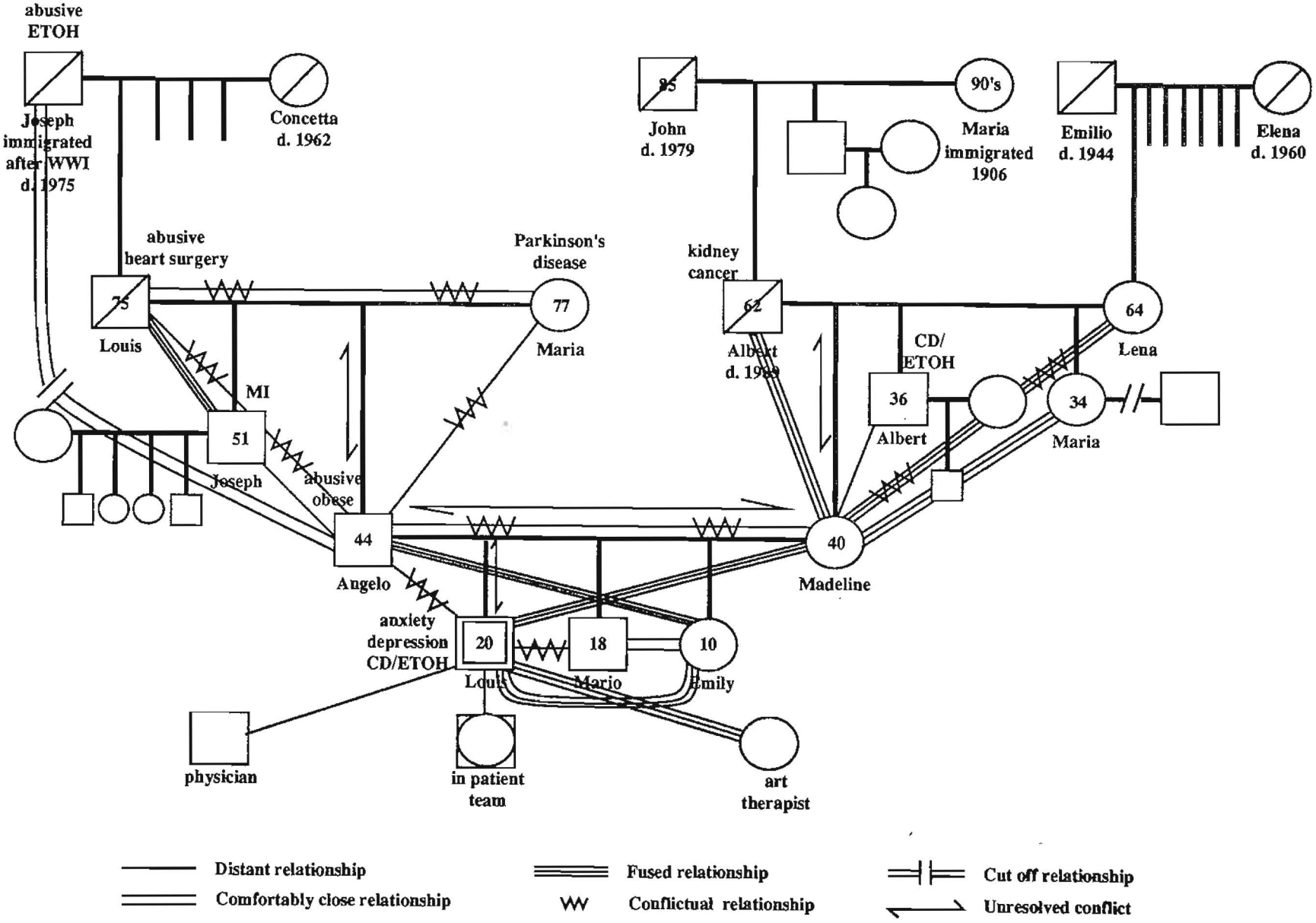

FIGURE 1. Map of Louis's family.

nate substance abuse, grieve his grandfather's death, and move on in his life in a meaningful and productive way. The therapist listened carefully to the family's goals while continuing the mapping process. The therapist ascertained how the family's goals were connected to events and issues that spanned many generations. This process created a context and direction for the family's therapeutic endeavor.

Assessing family strengths. The therapist spent a portion of the initial phase helping the family identify and articulate their perception of the family's strengths and resources. This helped family members identify and own their areas of competence and enabled them to plan how they would apply those strengths to the problems they faced.

Formulating the transitional perspective. Once the family had traced symptoms and strengths back across three or four generations, they were able to recognize how patterns and events from the past both contributed to current problems and shaped the family's future. A pattern of coping that had been adaptive or appropriate in the past no longer served its original purpose and actually created problems for the family. This family's very traditional family structure may have served them well at the time of immigration. But in the current generation, the same traditional structure was hindering family members who were trying to individuate or leave home. The family did not recognize that they had inherited patterns of interacting that were no longer productive. Consequently, they found themselves stuck in repeating patterns they neither understood nor could change. Therefore, issues related to loss, immigration, and trauma were explored early in the treatment process.

In this way, the therapist and the family began to understand how each family member was connected to the generations before them. They began to appreciate the individual "scripts" they had inherited, as well as the contributions they had made to the continuation of old patterns (Byng-Hall, 1991; Stanton & Landau-Stanton, 1995a, 1995b). The therapist also helped the family focus on the origins of their own strengths and competencies within previous generations. This process helped the family recognize a broader range of options for planning their present and future tasks.

Louis and his family were forthcoming, sincere, and eager to explore their history. They realized that there had been a great deal of love and loss across the generations and that one of the key values and strengths of their family was the willingness to make sacrifices for each other and to protect each other. In concluding the first phase of treatment, the therapist talked about ways in which the family expressed these strengths:

> *I am very impressed with the creative ways in which your family has worked together over these many years to honor the cultural origins of your family and to protect the way in which grandparents have maintained a special place in the family. I can see that both of these issues are of the greatest importance and must be respected throughout our work together.*
>
> *The family has taught Louis to be a loving and responsible son and grandson. Somewhere along the line Louis misunderstood his mission and appointed himself sole guardian of the family's pain, so as to free up his loved ones to live, love, and be happy. He has become the reservoir of the family's sadness and grief, centralized among and between all his family members. He is so protective of everyone, he cannot dare to move forward for fear he might not be there if someone needs him.*
>
> *Our job is to find new creative ways to maintain the respect for your Italian heritage and the role of grandfathers in the family while finding a way to lift the depression and overwhelming feeling of total responsibility from Louis's shoulders. In that way he can carry his share without depriving the other men* and women *of their rights and privileges to membership in the family.*

Through this message to the family, the therapist communicated respect for the family's issues and values and sensitivity to the family's need to maintain and continue those values for future generations. At the same time the therapist framed Louis's behavior

as no longer necessary to the survival of the family. The family was now well established in the new country and would not fall apart at the loss of a single member. The family no longer needed to be bound to the grave of the departed in order to prevent splintering and dissolution. In this way the therapist gave both the family and Louis the noble ascription they well deserved, and created a climate of hope and nonthreatening change. She taught the family that they could continue their heritage without sacrificing their son.

The mid phase of treatment. The treatment moved into the second phase when clearly defined goals and a working map had been determined, and the family was beginning to take charge of the process. The mid phase was characterized by prioritizing, planning, and working on the goals identified in the initial phase. The strengths and resources of the family were utilized and homework continued the process between sessions. The therapist maintained a focus on the goals established in the earlier phase and developed the theme of the transitional pathway in greater detail. During this mid phase, the therapist expanded the treatment system to include resources identified in the initial phase. This phase continued until both therapist and family believed that the family's work was well under way and that they had established new ways of resolving their problems. Once the initial phase of therapy had been summed up, the therapist invited Louis to share what he had learned through the process:

> *Louis painfully disclosed his memories of the excessive physical punishment he remembered receiving throughout his childhood, particularly from ages 7 through 13. In session, he confronted his parents, especially his father, for the lack of judgment and control Angelo had displayed during those years. In an emotionally charged session, Louis expressed his pain; the long-standing poor self-concept he had come to despise, the fear of his father and his father's rage that he carried with him always, and his need for solace, which he believed he could only find in alcohol, drugs, or suicide. Louis expressed his fear that his father could "pop off" at any time and that he felt he needed to "be there" to protect his mother and sister.*
>
> *After several sessions of working through the pain, Angelo was coached to embrace his son and to reassure Louis he would work to understand the reason for the long-standing frustration in their family. Both parents made a commitment to him and the other children that they would find a way to correct the problems from the past and renew their relationship with their son using love, rather than rage, as a basis of their future relationship.*

At this point, the therapist began to explore rage in the family. The therapist returned to the transitional map to discuss in greater detail the tension-filled environment within which fathers and sons had struggled for several generations. Angelo explained to his family that his father was physically harsh with him as a young boy. This left Angelo angry and confused about what he had done to make his father so angry. When his older brother left home, Angelo's father withdrew all meaningful contact with him, again leaving him confused and deeply saddened. Further investigation led to Angelo's memories of his grandparents, who were his primary source of nurturance. He explained that his paternal grandfather had served in World War I in Italy and had become a highly respected soldier, serving in a special corps. After immigrating to the United States, he had lost his status and had to work in a factory. He began to drink and became the "town drunk," often thrown out of bars onto the streets. This behavior brought much shame to the family and resulted in Angelo's parents' forbidding him from having contact with his grandparents. Angelo explained further that this grandfather had been sent away from his home and family at age 7 because his father was off to war and his mother could not feed all of the children. The grandfather was the oldest child and so it was decided he would go to live with a relative and work on their farm. The family was astounded by the power and sadness of this story, which they were hearing for the first time. The family was able to understand how the issues of father absence, loss of

family and status, and alcoholism all contributed to Angelo's rage and Louis's depression.

Angelo's mother was invited to join the therapy to talk about family life when she and her husband were children. She, too, had experienced a sad and deprived childhood. She was able to confirm Angelo's report, and she added valuable information. She also gave Angelo permission to find his grandparents' grave and to visit them as often as he wanted. Angelo agreed to make a trip across country to visit his brother, with whom he had a somewhat strained relationship, to discuss his rage and sadness. Together they were to construct a plan for grieving the past and for finding meaningful ways of staying connected with each other. The therapist shared her thoughts with the family at this juncture:

> *I am very impressed with how courageous you all have been over these many years. Each son, though confused and sad, has suffered in silence and, at some level, has understood the pain of his father. You have all been busy protecting and caring for your families, while taking on the growing burden of grief and sadness. It is no wonder that Louis grieves deeply over the loss of his mother's father, a loving grandfather who understood and nurtured him, much like Angelo's experience with his grandfather. While unfortunate circumstances deprived Angelo of his grandfather, illness and death deprived Louis of his grandfather. Indeed, both Angelo and Louis have much in common. We need to find a way to continue to honor and respect the grandfathers in this family, but first we must find a way to put the grief and sadness in its proper place. With the support of all the family members, I believe we can accomplish this necessary work. Angelo, you will need to lead the way.*

The therapist weaved the transgenerational perspective together with an ecosystemic view of the family's movement over time. The therapist paid close attention to the repeating patterns of father–son conflict and absence, as well as the burden of unresolved grief over the many losses both parents' families had carried from one generation to another. The transitional map was used to guide the discussion of the family history and to define the points of transitional conflict, namely when sons reach 7 years of age, when fathers go off to war, when families immigrate, when marriages are tension filled, and when sons both prepare to leave home (age 13) and actually leave. The therapist expanded the system by bringing in the extended family to help heal the wounds and to relieve Louis of sole responsibility for protecting his family and grieving their losses. The role of the women in the family was key in this task. For example, Louis's maternal grandmother attended a session in which she helped Madeline grieve her father's death and "let go." Then, Madeline was encouraged by her mother to turn her attention more to her current family. Madeline's example and ongoing support were vital as Louis and his father struggled to forge a new relationship.

Here and now techniques were also included in that Angelo is sent to talk with his older brother. This intervention served to strengthen the sibling subsystem, thereby removing pressure from Louis (the elder son) to be both son and lost brother to Angelo. It also legitimized Louis's symptoms of depression and withdrawal and offered the family a context in which to resolve the etiology of the problems. The transgenerational perspective was weaved into the assignment in that the therapist "sent Angelo home" to do this work with the one other person who was most appropriate.

The final phase of treatment. The final phase of treatment was typified by the family being more in charge of the direction of therapy. They felt they were achieving some of the goals they had set in the initial phase; the family also felt confident that they were utilizing their strengths and resources toward planning their future. The primary task of the final phase was to help the family recognize its own capacity to deal with difficulties that may present in the future.

As Louis's family moved toward the end of the mid phase of treatment, they began to see the progress they were making. They had completed many tasks designed to reorganize the family's structure, reconstruct and enact (in and out of session) Louis's

and Mario's childhood in the way the parents wished it could have been, and to create safe, productive ways of expressing anger and pain to one another. Because the yarn of tangled family interaction found itself unknotting and smoothly rewinding, several previously unstated issues began to emerge. Convinced Louis was now "safe" from suicide and major depression, Mario expressed his rage at his brother for having treated him in the same way their father had treated Louis, abusively and at times cruelly. The brothers were able to work out their unfinished business to both of their satisfaction. Mario also disclosed that he and his girlfriend were beginning couples therapy at the university's counseling center to work on their chronic conflicts. Emily began to show signs of withdrawal and anxiety similar to those that started Louis on his journey of pain and suffering. The parents quickly stepped in and helped her manage her fears and anxiety in productive ways.

Angelo shared with his family that the depth of his rage was significantly diminished and that even though he could not promise he would never be angry again, he felt certain he would not lose control. In a moving session Angelo and Madeline sat together, holding hands, and told Louis they did not want him to take care of them anymore; they wanted him out of the middle of their marriage and they had decided to engage the therapist for 6 to 8 sessions of marital therapy. Because Louis continued to express a high degree of anxiety, individual time-limited sessions were arranged for him with a coworker at the clinic. In this way, the overall treatment plan could be coordinated between the two therapists. The separate therapies were critical at this juncture. Drawing an appropriate boundary between the two therapies assisted Louis in differentiating from his parents and their marriage.

The final phase of treatment constituted marital therapy for Angelo and Madeline. This therapy included utilizing extended family members (ecosystemic) to deal with current difficulties (here and now), grief work related to Madeline's father's death (transgenerational), exploration of spousal relationships in both families of origin over multiple generations (transgenerational), and reminiscences and reenactments of "the good days" of their relationship. In the course of these discoveries Madeline and Angelo were able to respectfully share both their painful perspectives of the bad times and a newfound ability to hear each other, even though they disagreed about many of the facts. The couple's 25th wedding anniversary served as an incentive for cooperation and forgiveness leading to termination of the marital therapy.

Louis's individual work was slow, but he learned to manage his anxiety through the use of several tasks, one of which was the employment of relaxation techniques (here and now). Even within the context of individual therapy, the therapist utilized transgenerational and larger system techniques by sending Louis to his mother's great-grandmother, still alive in her 90s, who coached Louis to move on with his life and to let her son (his revered grandfather) rest in peace. He became more productive at school and reported greater satisfaction with his limited, but significant, relationships. He began to move away from his former group of friends with whom he had been drinking and began to form new relationships.

Louis became a full-time student in a local college, majored in psychology, and received high grades. He moved in with a girlfriend and they cared for lots of pets. Angelo and Madeline continued "dating," looking forward to getting closer to each other in new ways. Mario graduated from the university with honors. He and his girlfriend were getting along well. He anticipated going on to graduate school in the next academic year. Emily was doing well in school and had lots of friends.

At the time this chapter was written, the family was ready to terminate therapy. They were working on their last assigned task, which was to discuss and agree on the most desirable way to punctuate their progress and their many accomplishments. A follow-up family session was planned to bring proper closure to the therapy.

CONCLUSION

This case demonstrates that integrating all three classes of intervention—here and now, transgenerational, and ecosystemic—enables the therapist and family to

create a working environment in which problems can be resolved effectively. Problem resolution occurs not just within the patient and nuclear family but across the extended family both vertically and horizontally. The therapist's broad and inclusive perspective enhances the family's ability to develop tools to stop ineffectual patterns from repeating across the genogram.

Our discussion of core interventions in family therapy reflects a desire for integration. Integration involves more than borrowing from various models of family therapy—the heart of integration is dialogue. To integrate is first and foremost to facilitate a meaningful exchange between viewpoints that may differ. Such dialogue is much like weaving a fine tapestry. Each strand contributes its own color, texture, and strength. Together all the strands create a fabric that no single strand could have created alone. Exploration of here and now interactions, processes, and structure; inquiry into the evolution of family life and legacies; and curiosity about how families are woven into the larger ecosystem of culture, values, gender, and ethnicity teaches us more about the tapestry of family resilience, competence, and strength than any single strand or perspective could.

Integration is the future of family therapy. Integrative approaches hold the key to a more complete and in-depth understanding of the family. The implications of integration for the field of family therapy are far reaching. As we look at the family through integrative eyes, how we practice, how we train family therapists, and how we do research will surely change and grow.

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