Family Group Therapy

To find an adequate treatment method for the disturbed adolescent is one of the major problems in psychotherapy. Conducting therapy with this age group has been so difficult that many have said we should not try to treat adolescents, and that when a child has reached 10 or 11 years of age we should modify his situation but postpone the attempt to do psychotherapy with him until he becomes an adult.

It is not through lack of trying psychotherapy that we have failed with children in this developmental stage. Psychoanalysis, which has had notable success in a few reported cases, has not proved, in general, a very useful method for this age. In most instances the ambivalence of the adolescent toward the therapist as toward all adults has made it difficult for the therapist to establish and maintain a therapeutic relationship within which the adolescent could examine his own difficulties and learn to adapt in new ways. The modifications of psychoanalysis in which the therapist has become more directive, more of a reality figure for the patient, have been reported to be more effective. But apparently the success has not been sufficient to encourage widespread adoption of this approach. Therapy with groups of adolescents, which has been utilized more and more commonly of late, has been advocated as a therapy of choice for their age. Complementary groups composed of the parents of adolescents have been urged as desirable supplements to the adolescent groups. These and similar approaches have not filled the need for effective therapeutic method, for in many cases the results they have produced have been less than gratifying.

It was against this background of some urgency that the method of treatment called "family group therapy" was developed.

Family group therapy is an effort to effect behavioral and attitudinal changes within a total family through a series of conferences attended by the parents, the children 9 years of age and older, and the therapist. In most instances the conferences are initiated through referral of a child who is disturbed, but from the beginning the therapeutic goals are family-centered rather than child-centered. The primary intent of the therapist is to accomplish a modification of the functioning and structure of the family as a group. It is assumed that as a consequence modifications will be effectuated secondarily in the situation of individuals within the family. The method of the therapy emerges, then, from the one basic assumption differentiating it from individual therapy: the family is the unit to be treated.

It is important to stress that in this method the family is not regarded as an assembly of individuals, but is recognized as a biological and social unit. One must keep in mind that

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Public Health Monograph No. 64

Family Group Therapy. *By John Elderkin Bell.* Public Health Monograph No. 64 (PHS Pub. No. 826), 52 pages. U.S. Government Printing Office, Washington, D.C., 1961, price 35 cents.

The accompanying text presents the basis for family group therapy which is described in detail in Public Health Monograph No. 64, published concurrently with this issue of *Public Health Reports.* The author is mental health consultant in psychology and acting chief, Mental Health Services, Public Health Service, in Region IX of the U.S. Department of Health, Education, and Welfare.

For readers wishing the data in full, copies are on sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. Official agencies and others directly concerned may obtain single sample copies without charge from the Public Inquiries Branch, Office of Information, Public Health Service. Copies will be found also in the libraries of professional schools and the major universities and in selected public libraries.

here no child or parent is under treatment as an individual. Whereas in individual therapy the emphasis is on the unique person, in family therapy specific attention to the individual as an individual is to be avoided as much as possible. The problem for which the family is accepted for treatment is to be thought of as a problem of the family, not as a problem of the child. Those who are accustomed to individual therapy may find the shift to emphasis on the family as a unit a difficult change in orientation.

Specifically, emphasis on the family means that the problem for which the family comes to treatment must be accepted not as the symptom of an individual's disturbance but as a symptom of disrupted relationships in the family. The hypothesis that lies behind the therapy for both child and parent in the traditional clinic, namely, that where there is a disturbed child there are disturbed parents, is reinterpreted. The hypothesis is now made that where there is a disturbed child there is a disturbed family. This leads to a series of theoretical consequences culminating in the conclusion that all members of the family contribute to the disturbance. Whereas etiologically it may be true that the parents were disturbed first, in the present they are not judged individually as either more or less responsible for the disturbance than others in the family. Thus it is not important to try to decide whether this parent is good or that parent is bad. What each parent and each child may be is the result of the family totality. It is no more useful to say the parents are responsible for the child's difficulties than to say the child is responsible for the parents' problems. To continue to think in traditional terms will handicap the therapist, who must learn to think of the family as an organic unit.

Functionally, then, the symptom is thought of as the product of a disruption in family interaction, most usually a breakdown in intrafamily communication, and not as the product of intrapsychic conflicts. From this point of view conflicts within the individual become the end results rather than the causes of disturbance. The normal interpretation of what is symptomatic is thus modifed.

A further implication of the basic assumption relates to the goals of the therapy. The goals may represent the values of the therapist, but it is more likely that they emerge primarily from the matrix of cultural norms established within the subculture of which the individual problem family is a part. Consciously the therapist seeks to improve the means by which interaction may take place within the family. This is at least a twofold process: first, of releasing the respective members of the family from inhibition about the expression of feelings, wishes, ideals, goals, and values, and second, of developing new forms of expression to channel the interpersonal communication. To increase spontaneity is only one side of the picture; the other is to pattern the more spontaneous activities so that the perpetuation of activities that are helpful to the family's purposes is facilitated and the change of interactions that may retard the needed growth of family life is accomplished. We can say, then, that both release and discipline are goals of the therapy.

A further goal of the therapy is to make the family conscious of the roles that the various members play in relation to one another. It might be expected that changing these roles would be a major aim, but that is not necessarily so. Many of the forms of behavior that grow out of the roles appropriated by the members of the family are desirable to the family and to the individuals in the family, who must retain the option of continuing or discarding these roles.

A third goal is to demonstrate to the family its essential unity and thus the mutual interdependence of each with the other and with the family as a whole. The strength of the cohesive forces within most families makes it seem natural to both the parents and the children that the family should examine its status and rethink its fortunes in the family therapy conferences. In spite of the tacit recognition of these bonds, the members of a disturbed family are more likely to be aware of the divisions, the tensions, and the hostilities they experience with one another and of their symptomatic expression. In the course of the therapy there is a reaffirmation of the meaning of the family to each.

Federal Publications

The National Water Quality Network, 1960. *PHS Publication No. 663; 1961; 436 pages.*

Data on water quality are compiled from reports of the expanded network of sampling stations. A streamflow section has been added in this edition. Tables on radioactivity, plankton population, and organic chemical and chemical, physical, and bacteriological analyses have been continued.

Sewage and Water Works Construction, 1960. *PHS Publication No. 758; 1961; 24 pages.*

Basic data on contract awards are tabulated for sewage treatment works, collecting sewer construction, sewer construction, waterworks construction, and combination construction. Analyses are given of population size groups and drainage basins and by States and contract size groups.

Public Health and Clean Water. *PHS Publication No. 828; 1961; 7 pages.* A review of the "microchemical era of public health" condensed from an address by Gordon Fair, professor of sanitary engineering at Harvard University.

Clean Water, A National Resource. *PHS Publication No. 828C; 1961; 10 pages; 10 cents.* Outlines water needs for the future against a historical background of public health.

Recreation and Clean Water. *PHS Publication No. 828A; 1961; 5 pages; 5 cents.* Stresses the dangers in polluted waters to all forms of water-oriented recreation and cites many examples of "our vanishing shoreline" in a time of social change when outdoor recreation is becoming a major feature of American living.

Fish, Wildlife, and Clean Water. *PHS Publication No. 828B; 1961; 8 pages; 5 cents.* Discusses stream pollution by industrial, chemical, and domestic wastes and effects on fish, wildlife, and man.

Municipal Water Facilities Inventory as of January 1, 1958. *PHS Publication No. 775, Vols. 1–9; 1960, 1961.*

Detailed information is tabulated on all water facilities in communities with a 1950 population of 100 or more. The volume numbers correspond to the Department of Health, Education, and Welfare regions. Data for each State are also bound separately.

The Psychopharmacology Service Center. *PHS Publication No. 809. December 1960; leaflet; 10 cents.*

Describes activities of the Center at the National Institute of Mental Health and its research grant program in psychopharmacology. Cites areas in which research is currently underway, grant procedures, activities for which grant funds may be used, and consultative and informational services provided investigators.

Hospital Equipment Planning Guide. *PHS Publication No. 822; revised 1959; 56 pages; 35 cents.*

This guide, revised periodically and used extensively by hospital planners, includes steps in preparing an equipment list, sample forms, estimated average costs, and suggested equipment for 50-, 100-, and 200-bed general hospitals.

The Dog in Medical Research. *PHS Publication No. 312; revised 1961; by Keith S. Grimson; 15 pages; 15 cents.*

This guide, written primarily for investigators with projects requiring dogs, discusses physical and ethical standards for the care and maintenance of dogs used for experiments. Contents include sections on sources of animals, selection for special purposes, care and handling, quarters, feeding, and humane treatment. A list of guiding principles is featured, as well as a model pound law for local jurisdiction. New with this edition are the section on humane treatment and a list of organizations interested in the care of laboratory animals.

Highlights of Progress in Mental Health Research, 1960. *PHS Publication No. 824; 1961; 43 pages; 25 cents.*

Items on programs and research studies conducted and supported by the National Institute of Mental Health are grouped under ten subject headings: progress in treatment, biological studies, psychopharmacology, childhood studies, aging, delinquency, suicide, retardation, drug addiction, and alcoholism.

Basic research at both the biological and psychological levels as well as clinical and sociocultural programs and projects is included. General summary statements introduce most subject areas.

About Syphilis and Gonorrhea. *PHS Publication No. 410 (Health Information Series No. 84); leaflet; revised 1961; 5 cents, $2.50 per 100.* Describes symptoms of diseases, dangers to the affected person and offspring, and methods of transmitting. Cautions against self-treatment, pills, salves, and quacks. Stresses immediate care by a doctor or public health clinic.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Office of Information, Public Health Service, Washington 25, D.C.

The Public Health Service does not supply publications other than its own.
