CHAPTER I
INTRODUCTORY ORIENTATION
AND STATEMENT OF THE PROBLEM

1. INTRODUCTION

During recent decades the involvement of various sciences and
disciplines with the family has progressed such that now there are
fifteen behavioral sciences and disciplines involved in the study of
the family as a life terrain[1]. Family life has undergone a variety of
changes, such as being smaller, single parent, and several other
forms[2]. These new situations present unique problems and
challenges to a therapist who wants to intervene with a family[3]. In
the practices of providing help, the family therapeutic approach
today is viewed as one of the most important of these practices[4].

Goldenberg[5] anticipates an increasing use of the family therapeutic
approach during the 1980's in a variety of fields, among which are
psychiatric hospitals, as a procedure for psychologists, and in child
guidance clinics, because family therapy is described as an
appropriate and effective method for intervening, at the present
time, with a family in distress.

Ackerman[6] maps out three important tasks of concern to family
therapy:

>   (i)   constructing a theory of family dynamics;
>   (ii)   developing and refining a method for family therapy;
>   and
>   (iii)   designing a family diagnostics.

1.1   Family therapy

 Family therapy is not generally viewed merely as a method or
technique, but as a different approach to the symptoms of an
individual, or to a problem situation within a family[7,8]. It offers a

new paradigm[9], a new orientation[110],[11] with respect to persons with problems. Against the background of a strongly individualistic approach, the family therapeutic approach, thus, creates new possibilities.

1.2 Brief overview of the rise and development of family therapy

After the Second World War, anthropologist Gregory Bateson[12] **was** involved in conferences which had covered the fields of cybernetics, systems, and communication theories. At the VA hospital in Palo Alto, Bateson initiated a project about communication. Early in the 1950's, therapists had already involved families in acquiring information for treating an individual member. However, it was observed that, if an individual's symptom improved, another symptom developed in the family, or that the family undermined the treatment.

At the same hospital, Don D. Jackson[13] was involved in providing therapy to families of schizophrenic patients. Jackson linked up with the Bateson project, and with the double-bind theory of schizophrenic development[14]. This work especially placed the emphasis on the relationships and transactions between the schizophrenic patient and his/her family members. Thus, schizophrenic behavior was viewed as a reaction to the disturbed communication with other family members.

In 1959 Don D. Jackson established the "Mental Research Institute" (MRI) and, together with persons such as Weakland and Watzlawick, developed a short-term strategically oriented therapy, and applied it to a variety of problems.

In Philadelphia in the U.S.A., two groups arose. Nagy, Framo, Spark and Zuk formed part of a group of the "Eastern Pennsylvania Psychiatric Institute". At the "Philadelphia Psychiatric Center" other persons, such as Lincoln, Friedman, and Weiner were involved in studying the family as a system. Later, the above groups merged to form the "Family Institute of Philadelphia"[15].

During the 1960's, various schools/approaches took on a stronger form. The journal "Family Process" appeared in 1961. The role of

Nathan Ackerman is viewed as of cardinal importance in the development of family therapy, and in 1961, his "Exploring the Base for Family Therapy" appeared[16].

In 1976, Mara Selvini-Palazzoli[17] organized the "Institute for Family Study" in Milan, and the influence of this team increased systematically.

In the 1970's, the field of structural family therapy gained [in prominence] because of the introductory courses offered at the "Philadelphia Child Guidance Clinic", with Minuchin as director. Persons who came to the fore and mutually observed and criticized these therapies were Bloch, Bowen, Speck, Whitaker, and Wynne[18]. In 1974, the "Italian Society for Family Therapy" was established under the guidance of Saccu and Andolfi[19].

During recent years, family therapy in South Africa has progressed, and in 1974, workshops were offered by Block of the Ackerman Institute of New York. Also, Jessie Turberg had visited South Africa. In 1975, Barcai[20], from the Philadelphia Child Guidance Clinic, and Haifa University, offered introductory courses to post graduate students in psychiatry at the University of Cape Town. The South African Institute for Marriage and Family Therapy was established and offered successful symposia in 1981 and 1983[21].

1.3 Approaches to family therapy

Various approaches or schools have developed. Hansen and L'Abate[22] provide a classification of the various approaches within family therapy.

Under the humanistic direction, there is a distinction, among others, between the existentialistic approach of Carl Whitaker[23] and the experiential therapy of Virginia Satir[24]. Under the psychoanalytic and psychodynamic directions, the names of Ackerman, Bowen, Framo, and Boszormenyl-Nagy[25] are mentioned. It also is indicated which therapists implement family therapy in a behavioral way[26].

Minuchin's structural therapy, Haley's strategic therapy, Watzlawick's communication therapy, and the Milan group are classified under the systems approach[27].

 Because of the comprehensiveness and wide diversity of the various directions taken, the emphasis in this study is mostly on the systems approach. According to Hansen and L'Abate, it appears that the interest in the systems approach has increased during the past few years. This theory represents a paradigm shift in scientific practice, and opens the possibility for promising developments in providing help.

The systems theory has arisen from three important directions, namely[28]: the communication theory of Reusch and Bateson, the transactional theory of Dewey and Bentley, and the general systems theory of Ludwig von Bertalanffy.

The core ideas on which systems theory rests are the complexity and interdependence of phenomena. Phenomena are viewed as groupings of systems of interacting elements. Each system is an element of a larger system. Systems usually have the same basic characteristics (isomorphism), and maintain themselves by processing information, and energy in accordance with the cybernetic principle of feedback[29].

Characteristics unique to a system are applicable to a family. The family situation organizes itself so that it can continue to exist. This organization is characterized by a process of conservation (morphostasis) and development (morphogenesis) and is actualized by processing information and energy among members of the system. Information is related to what one says, and energy to how one says it. Relationships are especially defined and organized by nonverbal activities, such as tone of voice, facial expressions, motor movements, etc[31].

Accordingly, a behavioral problem of an individual is viewed as an attempt to manage and control the dynamics which occur within a family system[32]. A personal problem is seen as part of the transactions among members. Thus, a problem is not something which is undesired, and which must be summarily removed, but

that it must be understood in terms of the protective and regenerative role it plays[33]. In terms of systems theory, problematic behavior has a maintaining (homeostatic) and a developing (heterostatic) function in a system[34].

1.4 The family therapeutic approach to the symptom

According to this approach, the origin and solution of a symptom are not sought in the individual him/herself, but within family relationships and relationships with broader systems[35], also not as a search for the cause, but as part of dysfunctional and rigid family relationships[36] or rigid relationships with broader systems.
The symptom is redefined[37] and seen as an activity which fulfills a specific function within a family, and as a way of communicating the dysfunctional relationships to others[38]. Thus, an individual's problems cannot be separated from the contexts in which they occur.

Hence, there is mention of a family system which is dysfunctional and rigid[39]; as a result of the inability of the family, as a family, to arrive at a solution to the problem, a therapist is necessary.

1.5 The aim of family therapy

The aim of family therapy is to change the interpersonal relationships among family members so that they can be able to solve the problem[40]. However, this is not a therapy within which relationships are worked on by conversing about them as such[41]. Alternative behaving and communicating are brought about by using the problem/symptom as a lever for implementing specific interventions[42], [43].

It seems that an important condition for this therapy is that family conflicts and tensions which arise during the therapy session can be dealt with as such by the therapist. In this way, the therapy serves as a model for solving conflicts within the family.

Broadly viewed, the aim of family therapy is the improvement of communication among family members[44], improving interpersonal relationships[45], improving the structure of the family[46], [47] or

improving broader systems within which family members find themselves, by offering them alternative ways of establishing relationships, and organization. Family therapy is a new approach and, according to Kramer[48] it is not viewed as a child therapy or parental guidance.

1.6 The family and society

"The family also forms the smallest social unit which transmits a society's demands and values, thus preserving them. Therefore the, family therapist must see the family as the link between the individual and larger social units"[49].

The family is not viewed as isolated, but the contributions of society to the origin of the problem are also implicated. Network therapy[50] draws the connections among individual problems, family problems, social network problems, and societal problems.

"Family network intervention is an attempt to mobilize the social network support system in a collaborative effort to solve an emotional crisis"[51].

1.7 The therapeutic unity

The family and therapist(s) together form the therapeutic system[52]. According to Andolfi,[53] it seems that families have their own definition of the problem, and also their own expectations about therapy. Minuchin believes the family expects the therapist "...to change the situation without changing their preferred transactional patterns"[54]. If a family comes with the expectation that the problem is going to be solved by the therapist, it is the task of the family therapist to redefine it. The problem must be put back within the family, and the family must accept responsibility for the problem[55]. The therapist must maintain control of the definition of the relationship (See chapter III). By requiring the presence of the identified patient's family, from the beginning it is suggested that his problem is not merely his/her own.

In this context, the Milan Group[56] sees the initial telephone contact of the family, or an individual member, to be of utmost importance for maintaining control of defining the relationship.

A therapist must be accommodated in the family structure to form a therapeutic system.

In contrast to the traditional diagnostic practice, which is characterized by the objective evaluation of a person with problems, family therapeutic diagnostics implies a more dynamic and interactive procedure[57], [58].

1.8 Family therapy versus individual therapy

"Family therapy is not a method, but a new orientation to human problems"[59]. It seems that the approach underlying the various family therapeutic methods represents a new paradigm, and a new orientation.

Indeed, an individual family therapy can be done (Bowen) with subsystems of the family (Minuchin), or with the family or with the family plus various relevant instances, or persons (Rueveni).

Whoever writes about the family, also implicates educating. It is in the family where the everyday reality of educating appears and, thus, the family serves as the point of departure for pedagogical thinking[60].

1.9 Family and educating

According to Van der Stoep,[61] there is only one educating, educative reality and, therefore, only one science of educating. For Landman,[62] educating is an adult providing support to a not-yet adult with an eye to a child's becoming a proper adult. An educative situation embraces the entirety of educative concerns in terms of which an adult and child can act[63]. In the educative relationship, a parent accompanies his/her child to self-actualize his/her potentialities to become adult. A child and adult participate together in the event. Thus, both actualize their psychic life within an educative event[64].

The educative event is described in terms of a table of essences[63], [64], [65] which appears as follows:

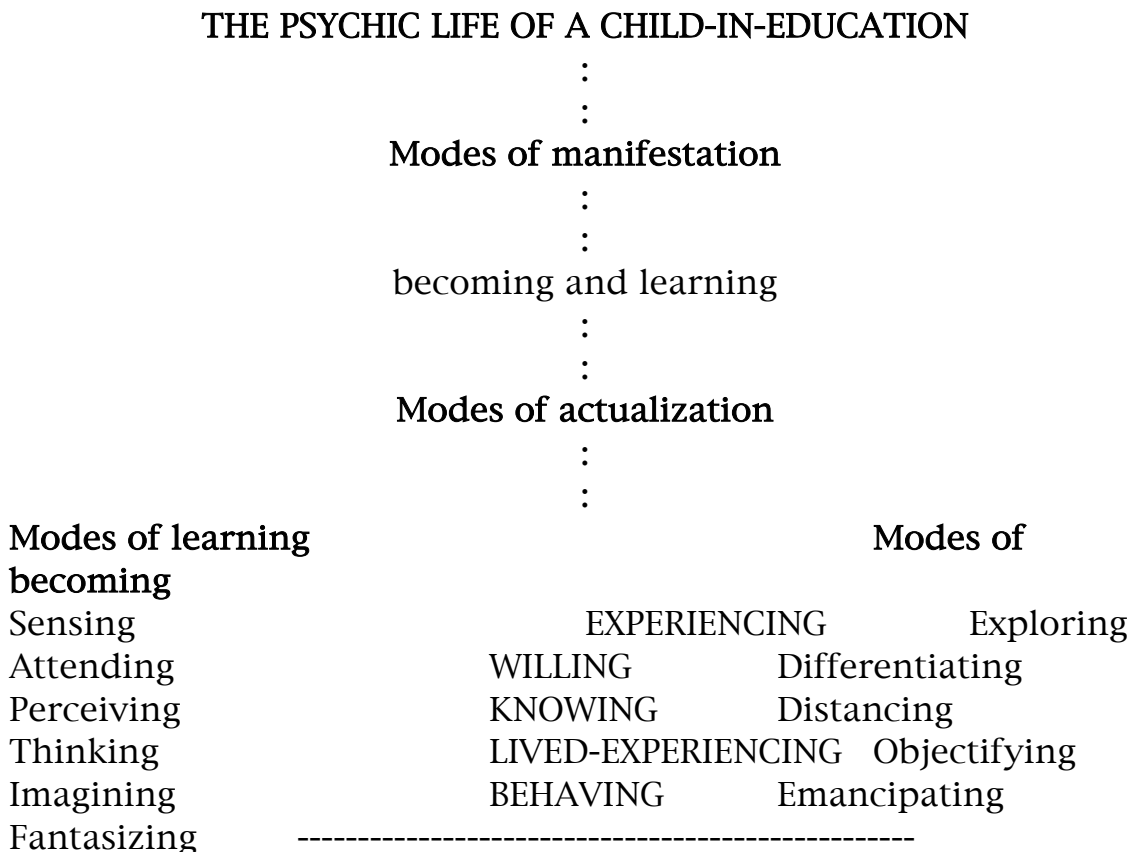| Pedagogical Relationship Activity Structures	Pedagogical Sequence Structures	Pedagogical Structures
A. Understanding Giving	A. Association	A.
B. Trust meaning	B. Encounter	
C. Authority Exerting	C. Engagement	B.
	D. Intervention	C. Exemplify norms
	(1) disapproval	
	(2) approval	D.
Venturing	E. Return to association	E.
Gratitude		
	F. Periodic breaking away	F.
responsibility		
		G. Hope
		H.
Actualization		
		I. Realization
		J. Dignity
K. Self-knowing		
L. Freedom		

Pedagogical Aim Structures

A. Meaningful existence
B. Self-judgment and understanding
C. Respect for human dignity
D. Morally independent choosing responsible acting

E. Norm identification
F. Philosophy of life

According to Sonnekus,[68] this involves the self-actualizing of a child lived experiencing to give meaning on a continually more elevated level. This attribution of meaning occurs on an affective, cognitive, and normative level.

The structure of the psychic life of a child-in-educating is represented schematically as follows[69]:

THE PSYCHIC LIFE OF A CHILD-IN-EDUCATION
:
:
Modes of manifestation
:
:
becoming and learning
:
:
Modes of actualization
:
:

Modes of learning		Modes of becoming
Sensing	EXPERIENCING	Exploring
Attending	WILLING	Differentiating
Perceiving	KNOWING	Distancing
Thinking	LIVED-EXPERIENCING	Objectifying
Imagining	BEHAVING	Emancipating
Fantasizing	---	

9

Remembering

In the dynamic of educating, where the essences of educating are brought into motion, a child actualizes his/her psychic life, and a parent actualizes his/her psychic life in terms of the accompaniment [of his/her child]. A parent accompanies his/her child in affective, cognitive, and normative ways and, in doing so, he/she actualizes his/her own psychic life on these same levels[70]. A parent also interprets the effectiveness of his/her functional activities in terms of the child's behaving which, again, is a projection of the latter's interpretation of these [educative] activities.

Where there is the slightest mention of either a parent or a child, or both, not adequately actualizing their psychic life, the inadequate "movement" of educating is inevitable, and the parties to such an educative situation must contend with a disharmonious educative dynamic. Thus, an inadequate participation in the educative event implies the disturbed or attenuated appearance of the essences of educating[71].

Whenever a disharmonious dynamic of educating, and its correction are examined, the terrain of orthopedagogics is entered[72].

1.10 The task and terrain of orthopedagogics

As pedagogics, orthopedagogics states, as it aim, the study and description of disturbed phenomena of the pedagogical, i.e., the disharmonious in an educative event, and then integrates these corrected phenomena. Thus, an orthopedagogue is confronted with a two-fold task, i.e., to construct an orthopedagogic theory, and to design an orthopedagogic practice[73].

An orthopedagogic theory is the result of a scientific penetration of the essences of the pedagogic situatedness of a child who is restrained in his/her becoming adult. The phenomenological method is the way of arriving at this essence-knowledge.

Orthopedagogics is a practically directed science[74]. An orthopedagogic theory is continually functional in orthopedagogic

practice, where the correction of the disharmonious dynamic of educating figures.

Orthopedagogic practice confronts the two-fold task of diagnosing the disharmonious dynamic of educating, and of providing help to eliminate this disharmony. Orthopedagogic diagnostics is an exploration of the lifeworld, as the world of meaning, of a child restrained in becoming, in his/her problematic situation of educating, with the aim of gauging the nature, seriousness, and origin of his/her restrained becoming[75].

A child receives therapy (pedotherapy) to change unfavorable meanings, and to reestablish his/her relationships while, at the same time, his/her parents are accompanied to understand the meaning of their functional actions on behalf of their child, and to change them (parental accompaniment/guidance).

The convergence task[76], [77] of an orthopedagogue includes determining the connection of relevant findings of allied disciplines, such as psychology, sociology, and social work, and the inadequate appearance and correction of relevant essences of educating.

From the above, questions come to the fore, which now are formulated.

2. PROBLEM FORMULATION

   a. How is family therapy implemented from systems theory?
   b. How does the implementation of systems theory occur in practice, especially in terms of the Structural and Strategic approaches, and that of the Milan Group?
   c. Within the Structural, the Strategic, and the Milan Group approaches, how is a family diagnostic arrived at?
   d. What therapeutic interventions or techniques are prominent in each of the approaches?
   e. To what degree is there a difference or a correspondence between a family therapeutic approach and an orthopedagogic one?

f. Can family therapy be used in an orthopedagogic practice in pedagogically accountable ways, and, if so, under what conditions?

g. What contributions can a family therapeutic approach make to the exploration/identification, and elimination of a problematic educative dynamic?

3. AIM AND PLAN OF STUDY

The aim of the study is to determine whether family therapy can make a necessary contribution to eliminating a disharmonious dynamic of educating.

To attain this aim, a literature study of the entire field of family therapy is done, after which it is decided which approach(es) can be embraced.

Three approaches which can be viewed as founders of the systems approach are discussed. In chapter II, the structural approach of Salvador Minuchin is considered. This approach serves as the basis for the development of the other two approaches. In chapter III, Haley's Strategic approach is discussed, followed by the Milan Group of Selvini Palazzoli in chapter IV.

Special emphasis is placed on the way in which a family diagnostic is arrived at according to these approaches, while for the aim of this study, emphasis is also given to the various therapeutic interventions, since this is a terrain which has not yet been related to the orthopedagogic.

Chapter V then deals with family therapy, as an approach for eliminating a disharmonious dynamic of educating. Family diagnostic, as orthopedagogic diagnostic, is elucidated, while it also is indicated how family therapy can contribute to changing meanings by both parent and child with respect to the correction of the disharmonious dynamic of educating.

In chapter VI, an example is offered where family therapy is done to eliminate a disharmonious dynamic of educating. Both family diagnostics and therapeutic interventions are given attention.

Finally, chapter VII presents a summary, findings, and recommendations.

4. METHOD OF RESEARCH

An exploration of the relevant literature on family therapy, and the disharmonious dynamic of educating is undertaken.

Guidelines for an accountable family diagnostic, and family therapy must be acquired through converging relevant findings from the family therapy, with respect to the family dynamic, and the relevant orthopedagogic pronouncements, with respect to the disharmonious dynamic of educating.

Practical evaluation is undertaken, and by means of an empirical investigation of limited scope, the stated approaches are practically applied.

5. REFERENCES

1. GOLDENBERG, I, and GOLDENBERG, H.: Family therapy – an overview. Wadsworth, Belmont, CA, 1980, p. 77.
2. BLOCH, D. A.: Techniques of family psychotherapy – a primer. Grune and Stratton, New York, 1973, p. 273.
3. HOFLING, C. K. and LEWIS, J. M.: The family: Evaluation and treatment. Brunner/Mazel, New York, 1980, p. 147.
4. KASLOW, F. W. (Ed.): Supervision, consultation and staff training in the helping professions. Jossey-Bass, San Francisco, 1977, p. 199.
5. GOLDENBERG, I. and GOLDENBERG, H.: op. cit., p. 77.
6. SAGER, C. J. and KAPLAN, H. S.: Progress in group and family therapy. Brunner/Mazel, New York, 1972, p. 449.
7. JONES, S. L.: Family therapy – a comparison of approaches. Prentice Hall, 1980, p. 3.
8. SAGER, C. J. and KAPLAN, H. S.: op. cit., p. 263.
9. KRAMER, C. H.: Becoming a family therapist. Human Sciences,

New York, 1980, p. 45.

10.SAGER, C. J. and KAPLAN, H. S.: op. cit., pp. 262 and 271.

11.JONES, S. L.: op. cit., p. 3.

12.GURMAN, A. S. and KNISKERN, D. P.: Handbook of family
   Therapy. Brunner/Mazel, New York, 1981, p. 362.

13.See GREENBERG, G. S.: The family interactional perspective; in
   Family Process, Dec. 1977, Vol. 16, No. 4, p. 385.

14.See BATESON, G., JACKSON, D. D., HALEY, J. and WEAKLAND,
   J.: Toward a theory of schizophrenia. Behavioral Science 1
   (1956) p. 251.

15. KASLOW, F. W.: (Ed.): op. cit., p. 205.

16. Ibid.

17. HANSEN, J. C. and L'ABATE, L.: Approaches to family
therapy.
   Macmillan, New York, 1982, p. 146.

18. KASLOW, F. W. (Ed.): op. cit., p. 205.

19. GURMAN, A. S. and KNISKERN, D. P.: op. cit., p. 388.

20. LANDAU, J. and GRIFFITHS, J. A.: Family therapy in South
   Africa; in Journal of Marital and Family Therapy, Jan. 1980,
   pp. 83-84.

21. INSTITUUT VIR HUWELIKS- EN GESINSTERAPIE: Symposium
   held in Durban, June 1981. INSTITUUT VIR HUWELIKS- EN
   GESINSTERAPIE: Symposium held at Bophutatswana, 1983.

22. HANSEN, J. C. and L'ABATE, L.: op. cit., p. 4.

23. See NEILL, J. R. and KNISKERN, D. P.: From psyche to system.
   The evolving theory of Carl Whitaker. Guilford Press,
   New York, 1982.

24. SATIR, V.: Conjoint family therapy. Science and Behavior
   Books, Palo Alto, CA, 1964.

25. HANSEN, J. C. and L'ABATE, L.: op. cit., p. 5.

26. Ibid., p. 5.

27. Ibid., p. 5.

28. Ibid., p. 21.

29. RADEMAYER, G.: Unpublished notes. Department of
   Psychology, UNISA, 1983.

30. HOFFMAN, L.: Foundations of family therapy. Basic Books,
   New York, 1981, p. 346.

31. See HALEY, J.: Strategies of psychotherapy. Grune and
   Stratton, New York, 1964, p. 7.

32. Ibid.

33. PALAZZOLI, M. S., BOSCOLO, L., CECCHIN, G. and PRATA, G.:
    Paradox and counterparadox. Jason Aronson, New York,
    1978, p. 55.
34. RADEMEYER, G.: op. cit.
35. See RUEVENI, U.: Networking families in crisis. Human
    Sciences, New York, 1979.
36. ANDOLFI, M.: Family therapy – an interactional approach.
    Plenum, New York, 1979, p. 11.
37. Ibid., p. 51.
38, Ibid., p. 99.
39. Ibid., p. 11.
40. Ibid., pp. 101 and 13.
41. HALEY, J.: op. cit., p. 99.
42. Ibid., p. 27.
43. ANDOLFI, M.: op. cit., p. 51.
44. HALEY, J.: op. cit., p. 99.
45. KRAMER, C. H.: op. cit., 101.
46. Ibid., p. 45.
47. See MINUCHIN, S.: Families and family therapy. Harvard
    University Press, Cambridge, 1975.
48. KRAMER, C. H.: op. cit., p. 45.
49. KAUFMAN, E. and KAUFMANN, P.: Family therapy of drug
and

    alcohol abuse. Gardner, New York, 1979, p. 9.
50. See RUEVEN, U.: op. cit.
51. Ibid., p. 26.
52. MINUCHIN, S.: op. cit. p. 123.
53. ANDOLFI, M.: op. cit., p. 51.
54. See MINUCHIN, S.: op. cit.
55. ANDOLFI, M.: op. cit., p. 51.
56. PALAZZOLI, M., et. al.: op. cit., p. 11.
57. RADEMEYER, G.: op. cit.
58. SAGER, C. J. and KAPLAN, H. S.: op. cit., p. 262.
59. KRAMER, C. H.: op. cit., p. 45.
60. See LANDMAN, W. A.: Fundamentele pedagogiek en
    onderwyspraktiek. Butterworths, Durban, 1977.
61. VAN DER MERWE, A.: Die verbesondering van
    opvoedingsproblematiseringsmoment in die ortopedagogiese
    praktiek. Unpublished M.Ed. thesis, U. P., 1982, p. 5.
62. See LANDMAN, W. A., ROOS, S. G. and MENTZ, N. J.:

Fundamentele pedagogiek – leerwyses en vakonderrig. Butterworths, Durban, 1979. **English translation:** http://www.georgeyonge.net/node/90

63. VAN NIEKERK, P. A.: Die onderwyser en die kind met probleme. University Publishers and Booksellers, Stellenbosch, 1978, p. 7.

64. See SONNEKUS, M. C. H. and FERREIRA, G. V.: Die psigiese lewe van die kind-in-opvoeding. University Publishers and Booksellers, Stellenbosch, 1979, pp. 135 and 385.

65. LANDMAN, W. A.: op. cit.

66. LANDMAN, W. A., ROOS, S. G. and MENTZ, N. J.: op. cit.

67. LANDMAN, W. A., VAN ZYL, M. E. J. and ROOS, S. G.: Fundamentele pedagogiese essensies. Butterworths, Durban, 1975. **English translation:** georgeyonge.net/node/14

68. SONNEKUS, M. C. H. and FERREIRA, G. V.: op. cit., pp. 193-194.

69. Ibid., p. 67.

70. SONNEKUS, M. C. H. (Ed.): Opvoeding en opvoedingsprobleme tussen ouer en kind. H.A.U.M., Pretoria, Jan. 1984.

71. VAN NIEKERK, P. A.: op. cit., pp. 8, 9.

72. VAN NIEKERK, P. A.: Die problematiese opvoedingsgebeure. University Publishers and Booksellers, Stellenbosch, 1976.

73. Ibid., p. 64.

74. Ibid., p. 67.

75. Ibid.

76. VAN NIEKERK, P. A.: Die professionele opvoedkundige-sielkundige: Terreinbepaling. Lecture, Sielkundekongres, Pietermaritzburg, 1983.

77. VAN DER MERWE, A.: op. cit., p. 32.