



**Pearson New International Edition**

**Family Therapy  
A Systemic Integration  
Dorothy Stroh Becvar Raphael J. Becvar  
Eighth Edition**

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# The Family: Process, Development, and Context

The family as a focus of methodologically consistent study is a relatively recent phenomenon, and multidisciplinary approaches to the topic continue to remain in their formative stages. We would point out that only a little less than fifty years ago the following assessment was made:

One of the paradoxes of contemporary sociology is that the family has been studied as much, perhaps, as any institution in our society, and yet the theoretical organization and development of the voluminous materials that have been gathered are even more conspicuously absent than in other fields of sociological inquiry. (Frankel, 1963, p. 3)

Similarly, in the field of history, it was noted just over forty years ago that “studies of the family have come into vogue only within the past decade, specifically since the publication of Aries’ *Centuries of Childhood* (1963)” (Hareven, 1971, p. 211).

Also important to note is that early efforts at understanding family functioning employed a deficit model focused on structure rather than process (Billingsley, 1968; Marotz-Baden, Adams, Bueche, Munro, & Munro, 1979). Thus, the topics of concern for researchers generally consisted of structural dimensions such as father absence, or family type, for example, divorced or single parent. This use of a deficit model is consistent with a national concern with family problems nearly as old as the United States (Abbot, 1981), and forecasts of the impending breakdown of the family are hardly a new phenomenon (Becvar, 1983). In recent years, this pattern of doomsday thinking has been most apparent in discussions revolving around concerns that the prevalence of deviations from the traditional two-parent family will inevitably produce negative consequences for children (Coontz, 1992) as well as in discussions about “family values” (Becvar, 1998).

Changes both in the study of the family and in approaches to this study are of crucial importance to family therapy, and, indeed, some have

## Learning Objectives:

- Define and describe the characteristics of well-functioning families.
- Summarize the tasks and challenges of each stage of the family life cycle.
- Explain the dynamic process model of family development.
- Discuss the significance of structural variations in families.
- Discuss the significance of contextual variations in families.

occurred in conjunction with the growth of this field. Beginning in the 1970s, scholars began to recognize the limitations of a negativistic, structural approach to the study of families (Bronfenbrenner, 1979; Pedersen, 1976). They became aware, for example, that single-parent families are capable of being cohesive, warm, supportive, and favorable to the development of children (Herzog & Sudia, 1972). Researchers began to describe healthy families and to take note not only of the process dimensions within healthy families (Lewis, Beavers, Gossett, & Phillips, 1976; Lewis & Looney, 1983; Walsh, 1998) but also of the variety of family forms that may be supportive of normal growth and development for both adults and children. More recently, an important focus of study is that of family resilience, or the capacity to rebound from crisis situations or other challenges having grown and become stronger than previously was the case (Becvar, 2008, 2012; Walsh, 1998, 2007). Overall, as the importance of contextual considerations has been acknowledged and a focus on the ecology of human development established (Bronfenbrenner, 1979), serious attention has been given to the fact that both individual and family health are indeed complex issues and that “characteristically, psychological events . . . are multiply determined, ambiguous in their human meaning, polymorphous, contextually environed, or embedded in complex and vaguely bounded ways, evanescent and labile in the extreme” (Koch, 1981, p. 258).

In the following section, we consider the topic of family health and dysfunction by summarizing a variety of process dimensions characteristic of well-functioning families and those described as resilient, regardless of their particular structure. We then discuss several theories of development that provide maps for understanding the territory we think of as family. Finally, we take note of contextual issues as well as the importance of diversity considerations, cultural sensitivity and competency, and therapeutic considerations relevant to various groups of families within our society. As you will see, this chapter is somewhat like a visit to a museum or an art gallery. Accordingly, you have an opportunity to get a sense of the complexity of the family in general as well as to see a variety of pictures that depict the specifics of families and family life.

## Process Dimensions

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Consistent with the systemic/cybernetic perspective underlying our conception of family therapy, our discussion of health and dysfunction focuses on process rather than on content. We are concerned with the patterns that characterize families defined as *well-functioning*, and thus, implicitly, those defined as *dysfunctional*. However, our first task is to attempt to define these terms. In so doing, we must recognize that any definition that implies goodness or badness is inconsistent with systems theory at the level of cybernetics of cybernetics. It is only at the pragmatic level of first-order, or simple cybernetics that we as observers may look at a system and decide about its health or pathology. Given the notion of structural determinism (Maturana, 1978), we recognize that a system responds to various perturbations in a manner determined by or consistent with its structure. Thus, all systems do what they do, and what they do is not pathological unless we so define it. With that thought in mind, we feel that any definition of health or dysfunction must include the members of the family we are observing. We therefore would concur with Walsh (1982), who states that “the guiding question is that of how families, with variant forms and requisites, organize their resources and function to accomplish their objectives” (p. 9). Accordingly, we are more concerned with *how* families do best what it

is *they* want to do than we are with *what* they are doing. Consistent with this position, we would define health as *the family's success in functioning to achieve its own goals*. We would emphasize the fact that we are not defining how a family should be structured or what its goals should be. At the same time, we recognize that all of us live in a society characterized by a range of norms, established by law and tradition, deemed acceptable by that society. These norms must be taken into consideration when working with families. We believe, however, that a family's success in functioning must be dealt with situationally and is more appropriately evaluated relative to context.

In our own practice of family therapy, as we have noted elsewhere (Becvar & Becvar, 1999), we have found several process dimensions to be characteristic of healthy families. Although no one family is ever likely to possess all these dimensions, the more successful families seem to have a combination that includes at least a majority of the following:

1. A legitimate source of authority established and supported over time.
2. A stable rule system established and consistently acted upon.
3. Stable and consistent shares of nurturing behavior.
4. Effective and stable child-rearing and marriage-maintenance practices.
5. A set of goals toward which the family and each individual works.
6. Sufficient flexibility and adaptability to accommodate normal developmental challenges as well as unexpected crises. (Becvar & Becvar, 1999, p. 103)

Similarly, Lewis et al. (1976) found that optimal family functioning was characterized by a variety of processes interacting with one another. In their study of healthy families, these authors concluded "that health at the level of the family was not a single thread, and that competence must be considered as a tapestry, reflecting differences in degree along many dimensions" (p. 206). These dimensions include (1) a caring, affiliative attitude, versus an oppositional approach to human encounters; (2) respect for the subjective world-views, differences, and values held by self and others, or the ability to agree to disagree, versus authoritarianism; (3) belief in complex motivations and the ability to be flexible and to change both form and structure in active resonance with a complex environment, versus rigidity in approach to the world at large; (4) high levels of initiative, as manifested in high degrees of community involvement, versus passivity; (5) flexible structures characterized by a strong parental/marital or couple alliance, with clear individual and generational boundaries, an absence of inappropriate internal or external coalitions, and high levels of reciprocity, cooperation, and negotiation; (6) high levels of personal autonomy, expressed by clarity of communication, acknowledgment of what the other feels and thinks, and strong encouragement of individual responsibility for feelings, thoughts, and actions; (7) a congruent mythology, with family members perceiving themselves in a manner consistent with how others perceive them; (8) openness in the expression of affect, a prevailing mood of warmth, affection, and caring, a well-developed capacity for empathy, and a lack of lingering conflict or resentment; and (9) high degrees of spontaneity and humor.

Building on this information and adding the findings of several other researchers and clinicians, Kaslow (1982) reports that healthy families reflect a systems orientation, with a sense of mutuality, a clear and definite structure, openness to growth and change, and shared roles and responsibilities. In such families, boundaries are distinct and appropriate,

and the need for both individual and relational privacy is respected. Communication in well-functioning families is effective, and power issues are handled hierarchically yet with strong, egalitarian parental leadership gradually giving way to greater freedom for children relative to their development. Autonomy and initiative are encouraged in a context that nurtures and supports even as it facilitates emancipation and independence. A wide variety of emotions are expressed in the healthy family, and individual members are permitted to be angry with one another while also having the ability to play well together. There is a pervasive feeling of optimism and humor, and negotiation is favored over compromise or conciliation. Finally, well-functioning families have a transcendental value system that embodies a sense of relatedness and continuity in terms of both time and space. Although it is perhaps debatable whether this final dimension must necessarily refer to a religious value system, Kaslow (1982) notes that she has

yet to find a family that rates a 1 or 2 score on the Beavers–Timberlawn Scale (indicating high functioning) that does not speak with certainty of a belief in the harmony of the universe, some sense of a Supreme Being or Force in nature, and a humanistic and ethical system of values. (p. 22)

In addition, the observance of shared rituals and traditions has been found to be another important aspect of healthy families (Becvar, 1985; Otto, 1979; Sawin, 1979, 1982). Indeed, rituals tend to enhance group identity and allow members to accept growth, change, and loss while maintaining their basic continuity. The ritual acknowledges not only tangible but also intangible realities, inasmuch as it involves both content and process. Thus, it may help to strengthen the entire family or relationships within it, encourage and/or acknowledge role performance, and influence the structure—rules and boundaries—characterizing the family:

The word “ritual” implies action . . . . Ritual transforms the state of powerlessness (“life just happens to me”) to one of effectiveness. Its prescribed form and predictability are part of its power to give shape to joy, form to grief and order to the assertion of might—and in so doing contain and relieve our anxieties. (LaFarge, 1982, p. 64)

For example, research regarding the role of rituals in alcoholic families has revealed that “extreme ritual disruption was significantly related to greater intergenerational recurrence of alcoholism, whereas ritual protection was associated with less transmission” (Wolin & Bennett, 1984, p. 403). The authors of this study feel rituals relate to the core quality of the family and its ability to conserve its basic identity even during periods of disruption. They believe that to keep rituals relevant, flexibility of the family through the life cycle is extremely important. Traditions may be just as effective in symbolizing transition as they are in reinforcing the status quo. Perhaps you remember the opening lines of a well-known play in which the following question is asked: “How do we keep our balance?” The answer: “Tradition.” And Tevye goes on to conclude that “without our traditions, our life would be as shaky as a fiddler on the roof.”

Healthy families also tend to have a natural network of relationships outside the family. On the other hand, when a family sees itself, or is perceived by others, as being different, the natural network may drop off. Not only can social isolation be detrimental to family functioning, but it also has been found to be a characteristic of families in which abuse occurs. What abusing families lack is a lifeline, so during particularly stressful times they

have no network of resources, either emotional or material, to which they can turn for help (Cochran & Brassard, 1979).

Similar process dimensions also characterize those families who evidence resilience. Even under the most stressful circumstances, some families, regardless of their structure, are able to adapt, to regain their balance and continue to encourage and support their members through the process of change. By contrast, some families are in danger of crumbling under challenges that by comparison seem much less weighty. The capacity of families in the former category to rebound and go on is known as *resilience*, or the ability to meet and handle successfully both normal developmental challenges and unanticipated crisis and change. Walsh (1998, 2007) notes that in the area of belief systems, in resilient families the members are able to make meaning in the face of adversity, retain or regain a positive outlook, and find solace in a sense of transcendence or a spiritual realm. Relative to organization, flexibility, connectedness, and both social and economic resources are present. And in the realm of communication, there is clarity, open emotional expression, and the ability to solve problems collaboratively.

Indeed, communication is an area of such great importance to healthy family functioning that it requires further elaboration. Well-functioning families speak clearly and congruently so that both verbal and nonverbal levels match. Messages are acknowledged, and attention is direct. Discussions are neither chaotic nor characterized by the taking of rigid and inflexible positions on issues. Individuals are able to assert themselves, yet they tend to agree more than they disagree. The environment is one of friendliness, goodwill, and optimism with evidence of a good sense of humor. Mind reading and intrusiveness rarely occur, and arguments are followed quickly by friendly interactions. Individual differences are encouraged and respected, and cooperation and collaboration are the norm when family members work together on a task. The uniqueness of each individual is encouraged, and successes are acknowledged appropriately (Becvar, 1974, 2008; Becvar & Becvar, 1997; Riskin, 1982; Satir, 1982). What is more, by practicing effective communication family members model and thus encourage additional healthy processes.

Closely related to this point about effective communication is our position that a happy family is one in which happy things happen. Thinking systemically, we see all behavior as communication or information, and we see information flow as the basic process of social systems such as the family. The more energy devoted to positive processes, the less energy available for negative processes, and vice versa. Further, positive processes tend to revitalize, whereas negative processes tend to wear down the system. Thus, it is not surprising to find that in healthy families the members enjoy one another, are able to play, and have fun together. Although happiness certainly involves more than the ability to play, it is an ingredient all too often overlooked (Becvar & Becvar, 1994).

For example, consider the young man and woman who, after a delightful courtship, marry and quickly settle down into the routines of an old married couple. Some years down the road, they find themselves complaining that the magic has gone out of their relationship. It is little wonder: even the magician has to learn and practice his tricks if he is to remain skillful. Similarly, romance requires a loving attitude, and keeping fun in families requires a lighthearted stance and the ability to be a little bit creative in directing energy toward maintaining the romantic and fun aspects of relationships.

Therefore, in well-functioning families the members often celebrate one another. They enjoy uniqueness and togetherness as individuals and as a family. They fight, but