

**PASTORAL PERSPECTIVES
ON FAMILY THERAPY &
COUNSELING IN
KWAZULU-NATAL
(PHOENIX)**

Reverend Mark Naidoo

**PASTORAL PERSPECTIVES ON
FAMILY THERAPY & COUNSELING IN
KWAZULU-NATAL
(PHOENIX)**

By

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A Mini Dissertation submitted to the
Faculty of Humanities, Development & Social Sciences

In the

School of Religion & Theology

At the



In Partial Fulfillment of the Requirements

For the Degree

**Masters in Religion & Social Transformation
(MRST)**

Supervisor: Prof. P. Kumar

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Declaration

The Registrar (Academic)
University of KwaZulu-Natal

Dear Sir/Madam

I Reverend Mark Naidoo (Student No. 90805854), hereby declare that this mini-dissertation entitled:

**PASTORAL PERSPECTIVES ON
FAMILY THERAPY & COUNSELING IN
KWAZULU-NATAL
(PHOENIX)**

is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other University.

Signature: 

Date: FEBRUARY 2005

TABLE OF CONTENTS

Pastoral Perspectives on Family Therapy & Counseling in Kwa Zulu-Natal (Phoenix)	ii
Declaration	iii
Table of Contents	iv
Dedication	v
Chapter 1 - Research Design	1
- Personal History	1
- Title of Main Dissertation	2
- Supervisor	2
- Aims	2
- Objectives & Need for the Study	3
- Rationale / Motivation for the Research	3
- Research Approaches and Methodology	4
- Conclusion	4
Chapter 2 - The Origins of Family Therapy	5
- Introduction	5
- Origins of Family Therapy: A Historical Perspective	6
- The Growth of Family Therapy	9
- Family Systems Theory	12
- Bowens System of Family Therapy	12
- The Evaluation Interview	13
- The Genogram	14
- Family Intervention Techniques	15
- The Minister and Family Therapy	17

Chapter 3 - Family Therapy and Methodology	19
- Action Techniques Sculpting	19
- Methodology and Techniques	20
- Family Sculpting	22
- Strategic Family Therapy	23
- Theoretical Constructs and Philosophy	23
- Symptoms	24
- Metaphors	25
- Hierachy	26
- Power	27
- What Makes Family Therapy and Counseling Pastoral	28
- The God Factor in Relation to Persons	28
- God as Reality	29
- Conversation about Faith in God	29
- Pastoral Counseling and its Present Challenges	30
- Preaching and Counseling	34
- Elements of the Counseling Session	35
- What is Family Therapy and Counseling	37
- Relevance for the Minister	38
- The Rationale for Family Therapy from a Pastoral Perspective	39
- Pastoral Counseling and its Present Challenges	30
- The Goals of Family Therapy	41
- Differentiating Approaches to Strategic Family Therapy	43
- Conceptual Redefinition	43
- Reality	44
- Reframing	44
- Family Development Stages	46
- Sequences	47
- The Use of Paradox	48

- The Essentials for the Use of Paradoxical Dilemmas	48
- Metaphor	49
Chapter 4 - Application of Family Therapy Model and Case Illustration Conducted in Phoenix	51
- Case Illustration 1 : Area Phoenix	51
- Case Illustration 2 : Area Phoenix	56
- Case Illustration 3 : Area Phoenix	62
- Case Illustration 4 : Area Phoenix	67
- Case Illustration 5 : Area Phoenix	72
Chapter 5 - Conclusion	77
References	79

DEDICATION

I want to dedicate this thesis to my wife Selvie and two children Justin and Janine and daughter in law Terene. Special thanks to Prof. Kumar, Beverley Venkatsamy, Denzil Chetty, and George for all their assistance and support.

Chapter 1

Research Design

PERSONAL HISTORY

Reverend Mark Naidoo has attained the following qualification over the past years Dip. Divinity (Bethesda) 1991, BA (Hon.) Westville 2000, Honorary Doctorate (D. Div) Good Shepherd College (RSA) 2003, for community involvement.

Reverend Mark Naidoo is currently serving as the senior minister of Angelus Mission Church in Mt. Edgecombe (1991-presently) which has a membership of 650 people. The context of this research allowed the researcher to enter into a community context that is influenced by the social economic and political factors that have been eminent in a previously disadvantaged society. The context brings about a history, which is much different from other communities. In this particular community of Phoenix [in which the church derives majority membership], the local community is very dependent on the office of the 'Pastor'. This has allowed the researcher, over several years of analyzing the context, to identify key traits that could be universally applicable to other communities having the same influences.

After spending several nights and days in counseling sessions, the researcher now chooses to document these illustrations and case studies of his experiences coupled with theoretical analyses of modern scholars.

The Researcher is currently developing this model - Pastoral Counseling and Family Therapy - for other churches functioning in the same community as well as with the vision of the establishment of a center with appropriate contextualized and relevant skills and techniques to address the present family crisis in Phoenix.

Title of Mini Dissertation

'Pastoral Perspectives on Family Therapy and Counseling in KwaZulu-Natal (Phoenix)'

Supervisor

Professor P. Kumar (Religion & Theology)

Aim/s

The aim of this mini dissertation is try and create an innovative and new counseling technique, which is contextually relevant and addresses the social issues challenging the

church. This mini-dissertation aims at incorporating family therapy with pastoral counseling to create an effective counseling approach by analyzing five case studies in the area of Phoenix.

Objectives & Need for the Study

The objective of this Mini Dissertation is to identify some of the family therapy approaches and use them to develop a model that could be used in counseling. This model will then be put into use by analyzing five contextual case studies.

The need for this research arises out of the context of the many challenges facing the church, in the context of counseling. Much of the techniques that the church uses are outdated or irrelevant to address and significantly change or redress the issues of society. If the church wants to be a relevant institution than its approaches need to be revisited.

Rationale/Motivation for the Research

The family is portrayed as the basic unit of society, and order within the family is the guarantor of social & political order. Fundamental to these considerations is religion, and particularly in Christianity, marriage is ordained by God and familial relationships are prescribed by God. Any behavior that runs counter to the harmony in marriage not only threatens the social stability but is also regarded as contrary to the Divine commandments.

Research Approaches and Methodology

This mini dissertation uses the methodology of literature survey, family therapy and un-structured open-ended interviews of various case study participants.

Conclusion

In this chapter I have attempted to basically provide a research outline focusing on the essential components of the research. In the next chapter I will discuss the origins of family therapy.

Chapter 2

The Origins of Family Therapy

INTRODUCTION

When there is breakdown in family life it is important to have some way of knowing what has gone wrong, and to help parents, children and youth regain problem-solving abilities and some sense of equilibrium in their life together. Religious tradition and values are not to be thrown out but re-evaluated and made contemporary for each family member. The church should not be at the periphery of this struggle but at its heart, and involved in supportive, caring, and strengthening ways... So learning methods of family counselling, analysing family problems, and seeing the whole family picture in the emerging world becomes an important task.

The family is the social system of primary relationships from which individuals derive their major sources of psychological and spiritual nurture. There are many types of families in modern society and in churches – traditional two-parent families, single-parent families, couples without children, three-generation families, and a variety of intentional committed relationships that are the families of many unmarried adults (Clinebell 1988). Thus, the church as a family of families is in an unrivalled and strategic position to become a family wellness centre.

ORIGINS OF FAMILY THERAPY: A HISTORICAL PERSPECTIVE

Most authorities point to the decade following the Second World War as the period when researchers and practitioners, turned their attention to the family's role in creating and maintaining psychological disturbance in one or more family members. The sudden reuniting of families in the aftermath of the war created a number of social, interpersonal, cultural and situational problems for which the public sought solutions by turning to mental health professionals. Accustomed to working with individuals, these professionals were now expected to deal effectively with an array of problems within the family (Goldenberg & Goldenberg 1991:54).

Psychological intervention became acceptable to people from a broader range of social and educational backgrounds than in the pre-war days. Practitioners from many disciplines began to offer such aid in addition to psychiatrists who in the pre-war times were the primary providers of psychotherapy. The definition of problems considered amenable to psychotherapy expanded to include marital discord, separation and divorce, delinquency, problems with in-laws, and various forms of emotional disturbance. Although many clinicians continued to offer individual treatment only, others began to look at family relationships. In the last several decades, representatives from a wide variety of behavioural sciences and professional disciplines have become involved in examining and better understanding family functioning.

Goldenberg and Goldenberg (1983) drew attention to five seemingly independent scientific and clinical developments that set the stage for the emergence of family therapy. These include (1) the extension of psychoanalytic treatment to a full range of emotional problems, eventually including work with the whole families; (2) the introduction of general systems theory, with its emphasis on exploring relationships between parts that make up the interrelated whole; (3) the investigation of the family's role the development of schizophrenia in one of its members; (4) the evolution of the fields of child guidance and marital counselling and (5) the increased interest in new clinical techniques such as group therapy (In Goldenberg & Goldenberg 1991:54).

The American public had been receptive to Freud's theory of psychoanalysis early in the 19th century and Freud had been aware of the impact of family relationships on the individual character formation, particularly in the development of symptomatic behaviour. In practice however Freud preferred working therapeutically with individuals, both his theories and techniques stressed the resolution of intra-psychic conflicts rather than restructuring interpersonal or transactional phenomena within a family. Freud was strongly opposed to working with more than one family member at a time that his negative assessment became virtually a doctrine among psychoanalysts.

Bowen (In Goldenberg & Goldenberg 1991) noted, one psychoanalytic principle that may have retarded earlier growth of the family therapy movement was the isolation of the therapist/patient relationship and the related concern that contact with the patient's relatives would 'contaminate' the therapist.

Proposed by biologist Ludwig Von Bertalanffy in the 1940's, general systems theory represents an effort to provide a comprehensive theoretical model embracing all living systems, a model relevant to all behavioural sciences (Goldenberg & Goldenberg 1996). His major contribution is providing a framework for looking at seemingly unrelated phenomena and understanding how together they represent interrelated components of a larger system (Bertalanffy 1968:60).

To understand how something works, we must study the transactional processes taking place between the components of a system. The emerging pattern- the organised relationship between the parts- should be the focus of attention, not merely how the parts separately contribute to the whole.

Although systems thinking permeates all aspects of family therapy- its theories, its assessment techniques, its therapeutic approaches- here we want to emphasise the historical significance of systems theory to the emerging family therapy movement. Family therapist who adopt a general systems theory viewpoint see an individual as a complex being operating within a system where concepts such as sick or well are irrelevant; a symptom developing in one person merely means that the system has become dysfunctional. In family therapy, the emphasis is on multiple causality at various levels rather than on defining an individual's unresolved intra-psychic conflict, on dealing with the present rather than the past (Goldenberg & Goldenberg 1991:61).

The fields of marital counselling and child guidance brought pairs of family members into treatment, thus modifying the traditional emphasis on treating individual patients. Group therapy used small group processes for therapeutic gain and provided a model for therapy with whole families.

THE GROWTH OF FAMILY THERAPY

At the American Psychiatric Association convention, Christian Midelfort, a psychoanalyst presented a paper to report on the treatment of psychiatric patients by including their families in the therapeutic sessions. The paper described Midelforts experiences and results with family therapy working with relatives and patients in and out of mental hospitals. However, due to his isolation from the mainstream of activity much of his pioneering efforts have been forgotten.

John Bell was another major architect of family therapy who does not receive sufficient recognition for his contributions, as an inductive, action-oriented researcher and innovator. Based on a misunderstanding Bell began to think about the technical implications of meeting with an entire family on a regular basis.

The family therapy movement was stimulated by the research-oriented study of families with schizophrenic members. Through organising a series of family therapy conferences devoted to the treatment of schizophrenia, Whitaker was able to bring together leaders of the emerging family therapy field. By 1957 the family movement had surfaced nationally (Guerin in Golndenberg & Goldenberg 2001) as family researchers and clinicians began to learn each other's work. By 1960 schizophrenia

as well as a number of other severely incapacitating disorders were seen as resulting from a destructive family environment, the so called pathogenic family (Zuk & Rubenstein in Goldenberg & Goldenberg 2001).

In the 1960's family therapists were joined by more individual-oriented therapists. A number of therapists began with whole families, viewing the identified patient as serving a family function, through his or her symptoms of maintaining family stability. Those therapists who retained an individual orientation recognised that the identified patient was the victim of family strife but preferred to work with each family member separately. The family – oriented therapist did more than treat individuals in a family context, they began to realise that it was the dysfunctional family patterns that needed to be transformed. During the 1980's family therapy was becoming a familiar topic at most psychiatric and psychological meetings. Bowen (1976) recalled dozens of therapists who were eager to present their newly minted intervention techniques with whole families. This rush to practice precluded the development of procedures that were adequately grounded in research or based on sound conceptual formulations. Many therapists attempted solutions to family problems using familiar concepts borrowed from individual psychotherapy.

Technique continued to outpace theory and research well into the 1970's. Additional innovative therapeutic techniques were introduced including behavioural approaches to family related problems. These included teaching parents behaviour management skills to facilitate effective child rearing (Patterson in Goldenberg & Goldenberg 2001), and to propose therapeutic strategies for working with marital discord (Jacobson & Martin in Goldenberg & Goldenberg 2001) and family dysfunction

(Lieberman 1970). The most noteworthy aspect of family therapy during this decade was the feminist critique of family therapy, challenging familiar family therapy tenets that reinforce sexist views and stereotype sex roles. The feminist challenge was particularly provocative to those family therapists who prided themselves on their enlightened attitudes of looking beyond the individual to the context of relationships within the family.

In the 1980's marital therapy and family therapy became an all but unified field. Practitioners from a variety of disciplines made family therapy their primary professional identification when joining interdisciplinary organisations. By drawing attention to the act of observing what is being and by becoming part of the system thus created, the new epistemological challenge led to the idea of second order cybernetics.

The trend in the 1990's with regard to family therapy was to move away from the strict adherence to schools of family therapy and toward integration. Most noteworthy in that decade was how the new epistemologists, along with the constructionists have forced family therapists to re-examine some prominent systemic assumptions (Piercy & Sprenkle in Goldenberg & Goldenberg 2001). Instead of attempting to change family members efforts are directed and engaging families in conversations about their problems as a result of which they can begin to feel empowered to change themselves by becoming aware of and accommodating to each others needs, wishes and belief systems (Goldenberg & Goldenberg 1991:148).

FAMILY SYSTEMS THEORY

For Murray Bowen, the idea of theory in family therapy is extremely important- this basic belief is that with theory as a guide to therapeutic action, the personal issues of the therapist are less likely to influence the therapy. Bowen describes the problem family as an emotional field having the potential to involve the therapist in its emotionality. The Bowenian approach gives us a method of organising and categorising events, helps us predict future events, explains past events, gives us a sense of understanding about what causes events and gives us the potential to control events.

According to Bowen, the family is an emotional system composed of the nuclear family, all those living in a household, as well as the extended family, whether living or dead. All of these living or deceased absent or present members 'live' in the nuclear family emotional system in the here and now, in the processes that marks the family's unique configuration. Thus, the nuclear emotional family system is a key concept in Bowen's theory. While the nuclear family may be the unit in which the therapist works, the emotional systems of previous generations of the family are alive and well and an integral part of the therapeutic process (Becvar & Becvar 1988).

BOWEN'S SYSTEM OF FAMILY THERAPY

According to Bowen family therapy occurs in stages. Adopting a neutral and objective role, the therapist first attempts to assess the family's emotional system, past

and present, through a series of evaluation interviews and measurement techniques, before intervening therapeutically with the family.

The Evaluation Interview

The appraisal of a symptomatic family begins with the initial telephone contact. Kerr & Bowen (1988) caution the therapist against being drawn into the family's emotional system by falling for the caller's charm or theoretical presentation of the family's problem. The therapist must guard against becoming incorporated into the family's problem, taking sides in disputes or becoming overly sympathetic with one member or angry with another. While the family must be convinced that the therapist cares and remains interested in them, the therapist must resist their efforts to get him emotionally involved.

The key characteristics in Bowen's system of family therapy are objectivity and neutrality. Bowen believes that the more a therapist works on becoming differentiated from his/her own family of origin; the more the therapist can remain detached and objective. Family evaluation interviews are carried out with any combination of family members, a parent, husband and wife or the nuclear family.

The interview begins with a history of the presenting problem. Focusing especially on the symptoms (physical, emotional, social) and their impact on the symptomatic person or relationship. If more than one person is present, the therapist is interested in each member's perception of the problem for which they seek relief. Through a series of questions, the therapist attempts to assess the pattern of emotional functioning as

well as the intensity of the emotional process in the nuclear family of the symptomatic person. The initial interview seeks information of issues in assessing the degree of family dysfunction associated with the presenting symptoms, which may appear in one or more family members.

Bowen was particularly interested in the historical pattern of their emotional functioning, their anxiety levels of varying stages of their family life, and the amount of stress experienced in the past compared to current functioning. The final part of the evaluation interview attempts to understand the nuclear family in context of the maternal and paternal extended family systems. Bowen was interested in multigenerational patterns of fusion, the nature of the nuclear family's relationship with the extended families and the degree of emotional cutoff from each spouse.

The Genogram

Since Bowen believed in the multigenerational patterns and influences were important in nuclear family functioning, he developed a graphic way on investigating the genesis of the presenting problem by diagramming the family over three generations (Goldenberg & Goldenberg 1991:160). To aid in the process and to keep the record in pictorial form in front of him, he constructed a family genogram in which each partner's family history is laid out. Worked out with the family, it provides a useful tool for allowing the therapist and family members alike the flow of the family's emotional processes in their intergenerational context. According to McGoldrick & Gerson (1985) family patterns tend to repeat themselves; what happens in one

generation will often occur in the next, as the same unresolved emotional issues are replayed from generation to generation.

Family Intervention Techniques

Therapy based on Bowen's theory is governed by two basic goals: (1) reduction of anxiety and (2) relief in each participant's level of differentiation in order to improve adaptiveness (Kerr & Bowen 1988). The family needs to accomplish the former goal first. Bowen's standard method of conducting family therapy is to work with a system consisting of two adults and him, even when the identified patient is a child. In this scenario he asks the parents to accept the premise that the basic problem is between the parents – the family's emotional system- and the child (identified patient) is not the source of the problem. He believes that the basic goal of therapy - self-differentiation must come from them and the therapist.

According to Bowen (1976) the successful addition of a significant other person (a friend, teacher, and clergyman) to an anxious or disturbed relationship system can modify all relationships within the family. This is possible if the therapist can stay in emotional contact with the two most significant family members (the parents) but remain uninvested in (or detriangulated from) the family of conflict. If the therapist can maintain that kind of stance; the tension between the couple will subside and the fusion between them will slowly resolve allowing other family members to feel the positive repercussions in terms of changes in their own lives. Bowen's overall objective is for each family member to maximize his or her self-differentiation. In his sessions, Bowen usually chooses one partner; usually one who is more mature and

better differentiated, and works with that individual for a period of time. The assumption is that this person is the member of the family most capable of breaking through the old emotional patterns of interaction – when this person succeeds in taking an ‘I’ stand, the others will be motivated to do the same, subsequently moving off in their own directions.

In the family therapy sessions each partner talks to the therapist rather than talking to each other. Confrontations between the partners are avoided to minimize the tensions between them. Interpretations are avoided. Calm questioning diffuses emotion and forces the partners to think about the issues causing their difficulties. Instead of allowing them to blame each other Bowen insists that each partner focus on the part he/she plays in the relationships problems.

The focus of much of Bowen’s work is on extended families. He believed that reestablishing contact with the family of origin is a critical step in reducing a client’s residual anxiety due to emotional cutoff, in detriangulating from member of that family, and in ultimately achieving self-differentiation, free of crippling entanglements from the past or present.

The family systems theory developed by Murray Bowen can be one of the most appropriate methodologies available to help the family to deal with the huge number of psychosocial stresses. This theory posits a systemic approach that is a radical change from the traditional cause-and-effect way of thinking about dysfunctional families. Family system theory believes that the human person is not merely an autonomous individual who controls his or her own destiny. The person is intimately

connected to his/her family, those around him/her, and his/her multigenerational past. Therefore, an individual's emotional or physical illness is viewed as the product of a total family problem.

This approach of family systems theory offers a valuable alternative to traditional one-on-one work occurring between a therapist and a patient. Professionals who only see one part of the family system begin to see the significant others in the clients life through the clients eyes.

The Minister and Family Therapy

Effective family therapy with troubled families, like individual psychotherapy, requires considerable therapeutic skill and understanding of individual and interpersonal dynamics. The family systems perspective can function as a valuable new set of glasses for a pastor, enabling him to see and understand families in fresh illuminating ways. It is invaluable to become aware of the interpersonal atmosphere or emotional climate of a family when making a home visitation or during a counselling session. The family systems perspective affirms the fact that we are 'members of each other,' that both our brokenness and wholeness reflect the quality of our network of need-satisfying relationships. This perspective tends to reduce unproductive blaming, since everyone in the family is involved in helping to maintain the family pattern. Seeing a person in individual counselling through the family systems perspective helps a pastor be aware that the identified patients childhood family and current family are actually present in the counselling session. All of us carry within us the family system where our personalities were uniquely shaped and

the current support system that enables us to maintain some measure of humanity (Clinebell, 1988). These inner families influence our present behaviour, thinking, feeling, and relating in pervasive ways. In short-term family crisis counselling, it is helpful for the identified patients to become aware of the roots in their childhood families of their inappropriate responses in the crisis. In marriage counselling, a session or two that include couples children or parents, often brings to light hidden aspects of the marital interaction. This can prove helpful to them in changing their previously unconstructive patterns of communication. Individual pastoral therapy seeks to help people claim the strengths and grow beyond the limitations of the internalised family-of-origin. Growth following individual crisis counselling or therapy is more likely to continue if the persons significant others are involved at some point in the therapeutic process.

Chapter 1

Research Design

PERSONAL HISTORY

Reverend Mark Naidoo has attained the following qualification over the past years Dip. Divinity (Bethesda) 1991, BA (Hon.) Westville 2000, Honorary Doctorate (D. Div) Good Shepherd College (RSA) 2003, for community involvement.

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Supervisor

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Chapter 2

The Origins of Family Therapy

INTRODUCTION

When there is breakdown in family life it is important to have some way of knowing what has gone wrong, and to help parents, children and youth regain problem-solving abilities and some sense of equilibrium in their life together. Religious tradition and values are not to be thrown out but re-evaluated and made contemporary for each family member. The church should not be at the periphery of this struggle but at its heart, and involved in supportive, caring, and strengthening ways... So learning methods of family counselling, analysing family problems, and seeing the whole family picture in the emerging world becomes an important task.

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Most authorities point to the decade following the Second World War as the period when researchers and practitioners, turned their attention to the family's role in creating and maintaining psychological disturbance in one or more family members. The sudden reuniting of families in the aftermath of the war created a number of social, interpersonal, cultural and situational problems for which the public sought solutions by turning to mental health professionals. Accustomed to working with individuals, these professionals were now expected to deal effectively with an array of problems within the family (Goldenberg & Goldenberg 1991:54).

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Goldenberg and Goldenberg (1983) drew attention to five seemingly independent scientific and clinical developments that set the stage for the emergence of family therapy. These include (1) the extension of psychoanalytic treatment to a full range of emotional problems, eventually including work with the whole families; (2) the introduction of general systems theory, with its emphasis on exploring relationships between parts that make up the interrelated whole; (3) the investigation of the family's role the development of schizophrenia in one of its members; (4) the evolution of the fields of child guidance and marital counselling and (5) the increased interest in new clinical techniques such as group therapy (In Goldenberg & Goldenberg 1991:54).

The American public had been receptive to Freud's theory of psychoanalysis early in the 19th century and Freud had been aware of the impact of family relationships on the individual character formation, particularly in the development of symptomatic behaviour. In practice however Freud preferred working therapeutically with individuals, both his theories and techniques stressed the resolution of intra-psychic conflicts rather than restructuring interpersonal or transactional phenomena within a family. Freud was strongly opposed to working with more than one family member at a time that his negative assessment became virtually a doctrine among psychoanalysts.

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Proposed by biologist Ludwig Von Bertalanffy in the 1940's, general systems theory represents an effort to provide a comprehensive theoretical model embracing all living systems, a model relevant to all behavioural sciences (Goldenberg & Goldenberg 1996). His major contribution is providing a framework for looking at seemingly unrelated phenomena and understanding how together they represent interrelated components of a larger system (Bertalanffy 1968:60).

To understand how something works, we must study the transactional processes taking place between the components of a system. The emerging pattern- the organised relationship between the parts- should be the focus of attention, not merely how the parts separately contribute to the whole.

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THE GROWTH OF FAMILY THERAPY

At the American Psychiatric Association convention, Christian Midelfort, a psychoanalyst presented a paper to report on the treatment of psychiatric patients by including their families in the therapeutic sessions. The paper described Midelforts experiences and results with family therapy working with relatives and patients in and out of mental hospitals. However, due to his isolation from the mainstream of activity much of his pioneering efforts have been forgotten.

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The family therapy movement was stimulated by the research-oriented study of families with schizophrenic members. Through organising a series of family therapy conferences devoted to the treatment of schizophrenia, Whitaker was able to bring together leaders of the emerging family therapy field. By 1957 the family movement had surfaced nationally (Guerin in Golndenberg & Goldenberg 2001) as family researchers and clinicians began to learn each other's work. By 1960 schizophrenia

as well as a number of other severely incapacitating disorders were seen as resulting from a destructive family environment, the so called pathogenic family (Zuk & Rubenstein in Goldenberg & Goldenberg 2001).

In the 1960's family therapists were joined by more individual-oriented therapists. A number of therapists began with whole families, viewing the identified patient as serving a family function, through his or her symptoms of maintaining family stability. Those therapists who retained an individual orientation recognised that the identified patient was the victim of family strife but preferred to work with each family member separately. The family – oriented therapist did more than treat individuals in a family context, they began to realise that it was the dysfunctional family patterns that needed to be transformed. During the 1980's family therapy was becoming a familiar topic at most psychiatric and psychological meetings. Bowen (1976) recalled dozens of therapists who were eager to present their newly minted intervention techniques with whole families. This rush to practice precluded the development of procedures that were adequately grounded in research or based on sound conceptual formulations. Many therapists attempted solutions to family problems using familiar concepts borrowed from individual psychotherapy.

Technique continued to outpace theory and research well into the 1970's. Additional innovative therapeutic techniques were introduced including behavioural approaches to family related problems. These included teaching parents behaviour management skills to facilitate effective child rearing (Patterson in Goldenberg & Goldenberg 2001), and to propose therapeutic strategies for working with marital discord (Jacobson & Martin in Goldenberg & Goldenberg 2001) and family dysfunction

(Lieberman 1970). The most noteworthy aspect of family therapy during this decade was the feminist critique of family therapy, challenging familiar family therapy tenets that reinforce sexist views and stereotype sex roles. The feminist challenge was particularly provocative to those family therapists who prided themselves on their enlightened attitudes of looking beyond the individual to the context of relationships within the family.

In the 1980's marital therapy and family therapy became an all but unified field. Practitioners from a variety of disciplines made family therapy their primary professional identification when joining interdisciplinary organisations. By drawing attention to the act of observing what is being and by becoming part of the system thus created, the new epistemological challenge led to the idea of second order cybernetics.

The trend in the 1990's with regard to family therapy was to move away from the strict adherence to schools of family therapy and toward integration. Most noteworthy in that decade was how the new epistemologists, along with the constructionists have forced family therapists to re-examine some prominent systemic assumptions (Piercy & Sprenkle in Goldenberg & Goldenberg 2001). Instead of attempting to change family members efforts are directed and engaging families in conversations about their problems as a result of which they can begin to feel empowered to change themselves by becoming aware of and accommodating to each others needs, wishes and belief systems (Goldenberg & Goldenberg 1991:148).

FAMILY SYSTEMS THEORY

For Murray Bowen, the idea of theory in family therapy is extremely important- this basic belief is that with theory as a guide to therapeutic action, the personal issues of the therapist are less likely to influence the therapy. Bowen describes the problem family as an emotional field having the potential to involve the therapist in its emotionality. The Bowenian approach gives us a method of organising and categorising events, helps us predict future events, explains past events, gives us a sense of understanding about what causes events and gives us the potential to control events.

According to Bowen, the family is an emotional system composed of the nuclear family, all those living in a household, as well as the extended family, whether living or dead. All of these living or deceased absent or present members 'live' in the nuclear family emotional system in the here and now, in the processes that marks the family's unique configuration. Thus, the nuclear emotional family system is a key concept in Bowen's theory. While the nuclear family may be the unit in which the therapist works, the emotional systems of previous generations of the family are alive and well and an integral part of the therapeutic process (Becvar & Becvar 1988).

BOWENS SYSTEM OF FAMILY THERAPY

According to Bowen family therapy occurs in stages. Adopting a neutral and objective role, the therapist first attempts to assess the family's emotional system, past

and present, through a series of evaluation interviews and measurement techniques, before intervening therapeutically with the family.

The Evaluation Interview

The appraisal of a symptomatic family begins with the initial telephone contact. Kerr & Bowen (1988) caution the therapist against being drawn into the family's emotional system by falling for the caller's charm or theoretical presentation of the family's problem. The therapist must guard against becoming incorporated into the family's problem, taking sides in disputes or becoming overly sympathetic with one member or angry with another. While the family must be convinced that the therapist cares and remains interested in them, the therapist must resist their efforts to get him emotionally involved.

The key characteristics in Bowen's system of family therapy are objectivity and neutrality. Bowen believes that the more a therapist works on becoming differentiated from his/her own family of origin; the more the therapist can remain detached and objective. Family evaluation interviews are carried out with any combination of family members, a parent, husband and wife or the nuclear family.

The interview begins with a history of the presenting problem. Focusing especially on the symptoms (physical, emotional, social) and their impact on the symptomatic person or relationship. If more than one person is present, the therapist is interested in each member's perception of the problem for which they seek relief. Through a series of questions, the therapist attempts to assess the pattern of emotional functioning as

well as the intensity of the emotional process in the nuclear family of the symptomatic person. The initial interview seeks information of issues in assessing the degree of family dysfunction associated with the presenting symptoms, which may appear in one or more family members.

Bowen was particularly interested in the historical pattern of their emotional functioning, their anxiety levels of varying stages of their family life, and the amount of stress experienced in the past compared to current functioning. The final part of the evaluation interview attempts to understand the nuclear family in context of the maternal and paternal extended family systems. Bowen was interested in multigenerational patterns of fusion, the nature of the nuclear family's relationship with the extended families and the degree of emotional cutoff from each spouse.

The Genogram

Since Bowen believed in the multigenerational patterns and influences were important in nuclear family functioning, he developed a graphic way on investigating the genesis of the presenting problem by diagramming the family over three generations (Goldenberg & Goldenberg 1991:160). To aid in the process and to keep the record in pictorial form in front of him, he constructed a family genogram in which each partner's family history is laid out. Worked out with the family, it provides a useful tool for allowing the therapist and family members alike the flow of the family's emotional processes in their intergenerational context. According to McGoldrick & Gerson (1985) family patterns tend to repeat themselves; what happens in one

generation will often occur in the next, as the same unresolved emotional issues are replayed from generation to generation.

Family Intervention Techniques

Therapy based on Bowen's theory is governed by two basic goals: (1) reduction of anxiety and (2) relief in each participant's level of differentiation in order to improve adaptiveness (Kerr & Bowen 1988). The family needs to accomplish the former goal first. Bowen's standard method of conducting family therapy is to work with a system consisting of two adults and him, even when the identified patient is a child. In this scenario he asks the parents to accept the premise that the basic problem is between the parents – the family's emotional system- and the child (identified patient) is not the source of the problem. He believes that the basic goal of therapy - self-differentiation must come from them and the therapist.

According to Bowen (1976) the successful addition of a significant other person (a friend, teacher, and clergyman) to an anxious or disturbed relationship system can modify all relationships within the family. This is possible if the therapist can stay in emotional contact with the two most significant family members (the parents) but remain uninvested in (or detriangulated from) the family of conflict. If the therapist can maintain that kind of stance; the tension between the couple will subside and the fusion between them will slowly resolve allowing other family members to feel the positive repercussions in terms of changes in their own lives. Bowen's overall objective is for each family member to maximize his or her self-differentiation. In his sessions, Bowen usually chooses one partner; usually one who is more mature and

better differentiated, and works with that individual for a period of time. The assumption is that this person is the member of the family most capable of breaking through the old emotional patterns of interaction – when this person succeeds in taking an ‘I’ stand, the others will be motivated to do the same, subsequently moving off in their own directions.

In the family therapy sessions each partner talks to the therapist rather than talking to each other. Confrontations between the partners are avoided to minimize the tensions between them. Interpretations are avoided. Calm questioning diffuses emotion and forces the partners to think about the issues causing their difficulties. Instead of allowing them to blame each other Bowen insists that each partner focus on the part he/she plays in the relationships problems.

The focus of much of Bowen’s work is on extended families. He believed that reestablishing contact with the family of origin is a critical step in reducing a client’s residual anxiety due to emotional cutoff, in detriangulating from member of that family, and in ultimately achieving self-differentiation, free of crippling entanglements from the past or present.

The family systems theory developed by Murray Bowen can be one of the most appropriate methodologies available to help the family to deal with the huge number of psychosocial stresses. This theory posits a systemic approach that is a radical change from the traditional cause-and-effect way of thinking about dysfunctional families. Family system theory believes that the human person is not merely an autonomous individual who controls his or her own destiny. The person is intimately

connected to his/her family, those around him/her, and his/her multigenerational past. Therefore, an individual's emotional or physical illness is viewed as the product of a total family problem.

This approach of family systems theory offers a valuable alternative to traditional one-on-one work occurring between a therapist and a patient. Professionals who only see one part of the family system begin to see the significant others in the clients life through the clients eyes.

The Minister and Family Therapy

Effective family therapy with troubled families, like individual psychotherapy, requires considerable therapeutic skill and understanding of individual and interpersonal dynamics. The family systems perspective can function as a valuable new set of glasses for a pastor, enabling him to see and understand families in fresh illuminating ways. It is invaluable to become aware of the interpersonal atmosphere or emotional climate of a family when making a home visitation or during a counselling session. The family systems perspective affirms the fact that we are 'members of each other,' that both our brokenness and wholeness reflect the quality of our network of need-satisfying relationships. This perspective tends to reduce unproductive blaming, since everyone in the family is involved in helping to maintain the family pattern. Seeing a person in individual counselling through the family systems perspective helps a pastor be aware that the identified patients childhood family and current family are actually present in the counselling session. All of us carry within us the family system where our personalities were uniquely shaped and

the current support system that enables us to maintain some measure of humanity (Clinebell, 1988). These inner families influence our present behaviour, thinking, feeling, and relating in pervasive ways. In short-term family crisis counselling, it is helpful for the identified patients to become aware of the roots in their childhood families of their inappropriate responses in the crisis. In marriage counselling, a session or two that include couples children or parents, often brings to light hidden aspects of the marital interaction. This can prove helpful to them in changing their previously unconstructive patterns of communication. Individual pastoral therapy seeks to help people claim the strengths and grow beyond the limitations of the internalised family-of-origin. Growth following individual crisis counselling or therapy is more likely to continue if the persons significant others are involved at some point in the therapeutic process.

Chapter 3

Family Therapy & Methodology

ACTION TECHNIQUES: SCULPTING

Family sculpting is one of the nonverbal action techniques. It allows us to integrate systemic analyses with historical and inner aspects of the life on the individual and his/her family. In sculpting inner psychic states - emotional relationships are symbolically recreated by representing the relationships between family members using bodies and movements. We can define sculpture as symbolic representation of a system, which utilizes the dimensions of space, time and energy common to all systems. It permits participants simultaneously to represent and experience relationships, feelings and change.

Sculpting is a creative, dynamic, nonverbal modality in which the sculptor represents his own relationships to the members of the family group as well as relationships existing among the other members at a given time and in a given context. The sculptor creates a spatial composition, which is often dramatic and which visually expresses his emotions and those of the members of his family as they interact.

The techniques of family sculpting is used to gather information and for therapeutic purposes.

Methodology and Techniques

The therapist invites the sculpture to place each member of the group in an appropriate position. The sculptor is asked to establish a particular distance between the actors and to assign them facial expressions and glances that symbolically reproduce his own personal perception of them and of their reciprocal relationships. He is also asked to place himself in the sculpture according to where and how he sees himself in relation to others. The resulting composition condenses the most essential aspects of his past or present family experiences and projects them in a visible image. The therapist usually chooses the sculptor and the other members become the 'clay.' The therapist may choose the person he thinks is most capable of spontaneously expressing his emotional experiences or he may choose the family member who seems most inhibited in communicating his feelings verbally. This is to encourage active participation by using nonverbal channels of communication.

Once the sculptor has been chosen, the therapist helps him to begin. The novelty of the task may create emotional difficulties. While the sculpture is created words are used sparingly. Words are used only to describe the inner spaces that the sculptor wants to express through his choice of positions and postures.

The efficacy of sculpting derives from the use of action rather than language to represent emotional situations. Sculpture goes beyond the expressive limits of words and liberates

latent or unexpressed emotional states and communication modalities. Sculpting family relationships enables us to size up the entire family situation at a glance, both at a whole and in its individual parts. Seeing relationships is the first step towards change.

The participant's talk about what they have experienced only after the sculpture has been terminate. It is interesting to note that at this point, verbal exchange among the participants becomes free, more spontaneous and more intimate.

The nonverbal technique of family sculpting offers several advantages. Papp, Silverstein and Carter (1973), emphasized among other advantages, that it avoids rationalization, resistance and stigmatization. Since members are deprived of their usual verbal channels, they are induced to communicate among themselves in a more significant level. In fact, triangulations, alliances and conflicts are represented in concrete form and are situated in a visible, sensory and symbolic sphere that gives the participants an opportunity to communicate emotions to each other at all levels.

Another advantage of sculpting is the cohesive effect it produces in the family. The family members think of themselves as a systemic unit, of which each member is an integral part that influences every other part. The importance of family members coming together is that they will realize that they are the ones who create their own system and the existence and the rules of that system depend on the decisions of each member. Family sculpting is often an effective and unusual experience in enmeshed families, where fusion and lack of identity and personal style form the matrix of distress.

Family Sculpting

Family sculpting can be utilized in many ways in both diagnosis and the therapy of the family system. The therapist can ask family members to sculpt the most important intrafamilial relationships or to represent the problem for which therapy has been requested or he can ask the identified patient to represent himself in his family role and the other members in relationship to this role. This leads the sculptor to act out openly certain stereotypes, and representing them in space often serves as an incentive to change. It also offers each member an opportunity to see himself as part of a system, integrated in a network of relationships and interactions, of which he normally is only partly aware. A family sculpture may reveal the family's ideal self-image by means of a 'representation of desires'. The sculptor is asked to model the family by structuring the relationships the way he would like them to be. When the results demonstrate a great disparity between the real sculpture and the ideal sculpture, the family is stimulated to work on its conflicts and to examine its expectations of itself and of therapy.

Sculpting is also very effective as a means of involving children in the therapy. It offers them a natural medium for expressing emotion and significant relationships that could not be easily expressed verbally. It also gives children the feeling of how important their perceptions are to adults. This makes them more willing to cooperate.

STRATEGIC FAMILY THERAPY

Jay Haley (1973) defines strategic therapy as therapy in which the therapist initiates what happens during treatment and designs a particular approach for each problem. In other words, the therapist sets specific goals for solving each problem and designs a strategy to reach those goals. Strategic family therapy places the problem in a social context and the therapist's task is to design a strategy for that context (Madanes, 1981).

Theoretical Constructs and Philosophy

1. Family members interact within a context (that is, problems and their functions must be considered within the interactional context in which they occur).
2. Problem families are seen as being 'stuck' at a particular stage within the family life cycle (that is, family members have difficulty making the transition from each stage of the family life cycle to the next).
3. Symptoms are system-maintained and system maintaining (that is, a family system works to maintain homeostasis in interactional patterns and symptoms serve to maintain the system).
4. Emphasis is on the present rather than on the past. Family members history is not so relevant, since dysfunctional behaviour is maintained by current interactions.
5. Insight is not necessary prerequisite for change. Problems cannot be alleviated through understanding alone because the problems are maintained by ongoing interactional process.

6. Strategic therapists are concerned with the conceptual frameworks of their clients. They are aware that the problem, as described by the metaphors and constructs of the client, gives clues about the client's conceptual framework and about solutions the client has attempted. Thus, if a patient describes the child as a 'rotten kid,' and might reciprocally be labeled a 'tough, punishing and restrictive parent.' It is a fundamental assumption of the strategic therapist that people will behave in a way logically consistent with their conceptual frames.
7. Strategic family therapists are concerned with four interrelated elements: symptoms, metaphors, hierarchy and power. They see symptoms as maintaining the homeostatic balance in the family system.

7.1 Symptoms

In strategic family therapy the emphasis is on symptoms. It is said that symptoms characterize the ways family members relate to each other - e.g. one family came for therapy with the presenting problem of a 15-year-old adolescent daughter who was depressed. The daughter refused to talk to members of the family and spent most of her time in her room. It was noted during the therapy session that when the father would try to set limits with his daughter the mother would intervene. Both the mother and daughter appeared depressed in the session. It was subsequently learned from the daughter that her father had a 'girlfriend' and that the daughter felt that he did not love her or her mother. It soon became clear that the child's symptom was an expression of her feelings about her father and a way of calling attention to the problem.

A symptom is a communicative act with a message that serves as a contract between two more members and functions within the interpersonal network (Watzlawick, Weakland and Fisch, 1974). It is a label for a nonlinear set of behaviours within a social organization (Haley, 1976).

7.2 Metaphors

The symptoms may often be a metaphorical label for conceptualizing the problem. A metaphorical message usually contains an explicit element (e.g., 'I have a headache') as well as an implicit element (e.g. "I want attention' or 'I am unhappy'). Madanes (1951), discusses how symptomatic behaviours can be metaphorical in several ways:

- (a) A symptom may be a report on an internal state and also a metaphor for another internal state, for example a child's headache may be expressing more than one kind of pain,
- (b) A symptom may be a report on an internal state and also an analogy and a metaphor for another person's symptoms or internal states for example a child who refuses to go school may be expressing his own fears and also his mothers fears. The child's fear is analogical to the mother's fear (in that the child's fear symbolizes and represents the mothers fear).

7.3 Hierarchy

Symptoms can also reflect problems in the hierarchal structure and can be viewed as an effort to resolve the family's problem in the distribution of power. In most societies parents are responsible for their children and therefore have the most power in a nuclear family. In functional families, members adhere to the general accepted hierarchy whereas in dysfunctional families there is often a violation, a situation in which a parent sides with a child or grandparents against the other parent, often affects symptoms.

In a two-generational family coalition, one parent is often over involved while the other parent remains peripheral. Levant (1984) describes the typical sequence of communication

- (a) mother over involved with child
- (b) child acts up, expressing the symptomatic behaviours
- (c) mother calls for father to assist
- (d) father deals with the problem ineffectively
- (e) mother criticizes father for not dealing with the problem appropriately
- (f) father withdraws
- (g) mother and child continue to be over involved until they reach another impasse

A three-generational coalition might involve a grandparent.

7.4 Power

Hayley (1976) believes that any relationship is a power struggle. As Hayley describes it, the power struggle between two people is not a question of who controls whom but rather of who controls the definition of the relationship and by what maneuvers. Hayley notes that 'when one person communicates a message to the other he is by that act making a maneuver to define the relationship.' Any message has elements of both 'command' and 'report.' When a mother says to her daughter, 'It's raining, your bicycle is outside,' she is reporting on the weather and the location of the bicycle and she is also commanding her daughter to get the bicycle out of the rain. If the daughter brings the bicycle inside, she is allowing the mother to remain in charge at the top of the hierarchy. If she refuses to bring the bicycle in or gets her brothers to bring in the bicycle, then she is engaging in a power struggle with the mother. The major focus of strategic therapy has been to arrange the hierarchy so that, parents are in a position superior to their children. Parents are encouraged to state rules concretely to increase the likelihood that they will be followed. Rules must be practical, and there should be consequences if the rules are not followed. When the child obeys rules, then she/he is placing the parents in a superior position in the hierarchy. However, when the child refuses to obey the rules, then he/she is in a position of superior power.

WHAT MAKES FAMILY THERAPY AND COUNSELLING

PASTORAL

Counseling generally speaking is a non-discipline, the aims of which are to facilitate and quicken personality growth and development, to help persons modify life patterns with which they have become increasingly unhappy and for persons facing the inevitable losses and disappointments of life. The counselor's task is to heal sometimes, to comfort often and to comfort always. A person seeking counseling is usually suffering internal and interpersonal conflict. The communication between counselor and counselee is therapeutic. The goals of healing are the reconciliation of conflicts through decision and clarification of the purposes of life of the counselee through commitment. The communication in counseling is privileged; neither the counselor divulges his/her conversations with the persons outside the relationship without the one first consulting the other.

Family therapy and counseling from a biblical perspective will have some distinctions in that it brings in a fresh consciousness and unique contributions to this field that make it pastoral. These unique contributions are as follows:

(1) The God factor in Relation to persons

Regardless of a counselors professional identification, social role and body of data in family therapy and counseling, the counseling becomes Biblical when the counselor or counselee focuses the relationship upon the relation of God to the process of their

lives. As Daniel Day Williams puts it God becomes the third person in the clinical counseling making it a triologue. In family therapy and counseling the therapist has a choice as to whether God is brought in or not. But a pastoral family therapist and counselor have no choice.

(2) God as Reality

The awareness of God as reality makes counseling pastoral. What is missing in family therapy and counseling as I view it is the emphasis of the God aspect. Awareness of God is what Paul Tillich called the ultimate concern of persons. The pastoral counselor who has this relationship with God has the confidence necessary to relate to the counselee, has the awe and wonder and the charisma and substance. Because of this relation to God there is this meditation, reflection and communion with God. He from a pastoral and shepherding heart being in relation to God is able to be a part of the agony of the souls of other people who are in moral confusion, he can also absorb without too much fear the rebellion of the counselee.

(3) Conversation about Faith in God

As I discussed earlier it is easy to have a God kind of talk without tackling the problem. To preach God and how he touches and heals is easy but to counsel someone with problems and to identify those problems is a long process. What I propose is that we be forthright in speaking of God and about faith in and fellowship in God. In doing this we need to understand that pastoral family therapy and counseling can be done without a counselor's being explicitly 'holy'. Words such as hope, peace, care, love, concern, life,

and death make a counseling session pastoral. Still on the point of faith in God, trained pastors can counsel without all the religious jargon. Pastors must be aware of how they are being heard. There are pastors who can only speak in a heavenly-programmed 'holy speech.' Then there are those who choose to leave out the subject of God in counseling. However the pastoral counselor in family therapy and counseling can be flexible.

PASTORAL COUNSELLING AND ITS PRESENT CHALLENGES

The new millennium has dawned upon us and we as pastoral counselors need to ask ourselves what is relevant in our field for the time and what is it that really matters. From a pastoral counseling perspective I see it to be the growing deep needs of people. Their hearts, hopes, hunger, pain, broken relationships and the diverse types of sicknesses. Pastoral counseling needs to be relevant for the times. Pastoral counseling through the church can be a valuable instrument by becoming relevant to meet the current human needs.

It is a way of translating the good news into the 'language of relationships,' as Renel Howe expresses it – a language that allows the minister to communicate a healing message to persons struggling in alienation and despair. The church through counseling as a family therapy center needs to stand out as a life saving station. What needs to be put in place is an effective counseling programme, in which both minister and lay members be fully trained to meet the community at large. It can make the church a place of healing, a place of reconciliation and growth. Therefore family therapy and counseling must be seen as an instrument of renewal through reconciliation, helping to

heal our estrangement from our families, the congregation, the community and ourselves. Thus, it can create windows of new awareness, restoring sight to eyes previously blinded to the beauty, tragedy, wonder and pain which is all about us. It is counseling that allows us to discover fresh dimensions of our humanity. This we will note later as we discover the different dimensions of family therapy and counseling.

It is quite a task to relate to the depths of another person's pain, hurts, despair, hate, guilt and resentment. Family therapy and counseling helps us to surface these areas so that therapy can be applied.

What I want to present to pastors and counselors is a renewal or freshness in counseling. It must be understood that last period of history there has been changes. History shows us that life has not been static but dynamic. Lifestyles have been changing and our world has become innovative to meet the demands. What I am pointing to is the freshness that comes with each season, year and time. What worked twenty years ago in all probability may not work today. The church therefore must find fresh ways of meeting the needs of troubled people to bring about reconciliation, healing and growth. In doing so it can remain relevant to the dire needs of the people. It is pastoral family counseling and therapy that contributes and increases the church's vitality to provide healing, reconciliation, renewal and to meet the deep needs of the people. In doing counseling doors are opened for new alliances to aid people to see what they have been blinded to in the past.

The field of counseling has undoubtedly been growing through the years. There are a variety of books and training programs available. The church needs to take advantage of what's offered and mobilise has many lay people towards counseling. It is through this that we can be challenged to be both participants and contributors. In doing so we could always provide the freshness that is needed for counseling to be relevant to meet the current demands of our generation. It is this that has prompted me to introduce to the church 'family therapy and counseling' as a method for counseling. Therefore the challenge today is for pastoral counseling to come of age, so that it could find a new level of self-identity and maturity. It needs to deepen its theological roots, broaden its methodology through what it has and also using other disciplines.

For pastoral counseling to move ahead then older methods must be challenged and their effectiveness and results evaluated. It is important for us as pastors to keep abreast or else we will be lacking in the future.

Pastoral family Therapy and Counseling is a response to the need of someone within the family church or the community that needs care and help during their troubled and crises moments. There is a growing need for help from within the family church and outside. Thus pastoral counseling has both an inreaching and an outreaching mission to persons in conflict and trouble, wherever they may be. The need for pastoral counseling as a repentance process is acute.

Although we have a growing number of professional people as psychiatrist, psychologists and marriage counselors, the greater percentage of troubled people will seek the help of a pastor. Jesus' critics felt that he spent a disproportionate amount of his time with the burdened, the disturbed and the sick. But the importance, which he attached to this ministry, was clear. His parable of the shepherd who left the ninety-nine to help the one showed his concern for the one in need. His words, 'those who are well have no need for a physician, but those who are sick.' This indicates clearly the Jesus type of ministry.

PREACHING AND COUNSELING

Some say that preaching is itself an act of pastoral counseling. When preachers enter the pulpit they become counselors. They may proclaim the gospel, exhort the congregation to lead godly lives, instruct them in the Christian faith and speak out against social injustice. The main purpose is to give the congregation wise counsel for dealing with life's problems.

Some say that preaching and pastoral counseling have a common theological base. While preaching and pastoral counseling differ in style and mode of communication, their objective reflect a common theological understanding of our relationship to God.

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Harry & Morson Fosdick developed the view that preaching is an act of pastoral counseling. To him the expository and topical sermon was deficient. He used what he called the 'project method' of preaching or the 'counseling sermon.' To him a lengthy analysis of the life and times of Abraham, Moses and John was irrelevant. He believed that the counseling sermon began with peoples real problems, meeting their difficulties and answering people's questions.

Edmund Haly Finn lists the following characteristics of the counseling sermon:

1. The counseling sermon expresses clear constructions based on personal experience
2. The counseling sermon involves speaking as to a single person
3. The counseling sermon involves relating to people where they are
4. The counseling sermon deals fairly with objections
5. The counseling sermon applies the gospel to persons
6. The counseling sermon retains the older methods
7. The counseling sermon makes a direct effort.

Elements of the Counseling Session:

In pastoral care and counseling basically four elements are used. Donald Capps in his book, '*Pastoral Care: A Thematic Approach*,' uses the following elements:

1. **Identification of the counselee's problem:** The first stage involves identifying the problem that has brought the counselee to the pastor for help. Identifying the counselee's real problem is not always easy. The counselee may be reluctant to discuss the problem until it is clear that the counselor will understand. Sometimes the counselee may not have a clear idea of what the 'real' problem is.

2. **Reconstruction of the Problem:** The second stage explores the various facets of the problem. This involves discovering what caused the problem to assume its present form and how it is being currently experienced. The counselor does considerable listening and verbal communication by the counselor is designed to clarify the counselee's story. The concern by the counselor is to clearly understand the problem. Pastoral counseling theories emphasise the counselor's role to listen and clarify.

3. **Diagnostic Interpretation:** Here, one communicates one's understanding of the problem to the counselee, noting its negatives and positive features. Here the counselee may agree with every facet of the counselor's interpretation, or the interpretation may prompt the counselee to offer new information or insights that confirm, clarify or refute some aspects of it.

4. **Pastoral Intervention:** This happens after the situation has been accurately assessed. A plan or strategy is developed to deal with the problem based on the diagnostic interpretation. The counselor explores personal and external resources to cope with the problem. External resources include church and community.

Family therapy and counseling in its approach enhances the above approach but helps further in applying therapy.

WHAT IS FAMILY THERAPY AND COUNSELING

Family therapy and counseling is the simultaneous treatment of an entire family. This is by far one of the most promising developments in current methods of helping troubled persons. In the counseling profession there has been a marked growth and a virtual explosion of interest in this approach. In the church counseling has always been part of its ministry. Although the churches have not used the term 'family therapy and counseling,' it has always been practicing family counseling sessions. The minister has been in homes to administer pastoral care to the family.

Families have always been open to their ministers about their difficulties and problems and their areas of need in the family.

My intention is to show ministers that family therapy and counseling if practiced according to family therapy methods will inevitably cause an impact and show results. An impact that will bring healing, reconciliation, understanding and unity within one troubled family. Many counselors and therapists have seen the results of family therapy and counseling just by changing the focus from individual to family-organism therapy.

There are various methods or styles of family therapy that have been developed within the span of time, as we will note in the history of family therapy and counseling.

RELEVANCE FOR THE MINISTER

Family therapy offers many possibilities for use by the counseling pastor. Few, if any, of the counseling methods are so directly relevant to the pastor's setting, role and function. For the following reasons family therapy can be used effectively in the ministers counseling:

- It is often helpful on a relatively short-term basis. Within six to twelve sessions many families can acquire skills, which they then use on their own to improve their life together
- It is often more efficient and effective than individual counseling since it deals directly with the family source of individual problems
- It functions on a role-relationship level
- It is a natural approach for the pastor since he normally has ongoing relationships with whole family units. Family members are freely able to express themselves to the

minister. By means of family therapy methods the mental health professions are now using a therapeutic opportunity which clergymen have had, but not utilized fully. Family therapy approaches give the minister new ways of using his natural pastoral advantages as a family-centered professional with a direct opening to many family circles.

THE RATIONALE FOR FAMILY THERAPY FROM A PASTORAL PERSPECTIVE

The family is a social organism, for better or for worse. Nathan W. Ackerman suggests that the term 'organism' connotes the biological core of the family, its qualities of living process and functional unity and its natural history that is 'a period of germination, a birth, a growth and development, a capacity to adapt to change and crisis, a slow decline and finally, dissolution of the old family into the new.'

Whatever effects one part of the family organism automatically affects all parts, just as an infected, injured, or well-functioning hand influences the entire body.

In family therapy and counseling I have noted how the 'identified patient' be it a drug addict, alcoholic or gambler affects the whole family. Ackerman declares: "The family is the strategic center for understanding emotional disturbances and also for intervention on those psychic forces in human relations that have to do with health and illness. In other

word, the family group can make or break mental health. It has this power, insofar as it influences every aspect of human development, and of human relations.”

As an organism a family has its unique psychological identity. The marital pair identity becomes the core for the expanding ‘family identity’ as children are added. According to Clinebell “It is the interaction, merging, redifferentiation of the individualities of the partners of a marital pair that mould the identity of the new family. Just as a child’s personality internalizes something of each parent and also evolves something new so the identity of a new family incorporates something of the self-image of each marital partner and the image of their respective families-of-origin and also develops something unique and new. The psychological identity of the marital pair shapes the child, but the child also shapes the parental pair to its needs.”

Virginia Satir made a valuable contribution in her observation in saying that, “The pain of the identified patient (the one who is sick, neurotic, delinquent) is an overt expression of the covert pain which the whole family is suffering in its relationships.” My observation in family therapy and counseling shows that the pain of the family is just not covert only but is also expressed within the home as a concern of the family to the identified patient.

Since families interact as organisms, it is logical to help dysfunctional families as units. This is precisely what family therapy does. The pastor who grasps the profound implications of the family organism point of view will find that it makes a dramatic

difference in his marriage and family counseling. Now the pastor will tend to focus on total family interaction rather than simply on the ways in which parents influence their children. We pastors believe that the sins of the fathers are visited on their children psychologically. In *Family Group Therapy*, p49. Bell states: 'What each parent and each child may be is the result of the family totality.' In family therapy and counseling we note whether the sins of the children are visited on the parents. As pastors we note from the many counseling sessions and home visitations how their children manipulate parents. Family therapy helps the whole family become responsible for improving its interdependent web of need-satisfying relationships.

In all counseling the minister is actually dealing with an interlocking network of persons. In individual counseling he has access to only one facet of the total family network. The limitations of this are roughly analogous to those, which a physician would face if he attempted to help an ill person by examining and treating only his arm. Family counseling and therapy methods as we discussed earlier gives direct access to larger portions of the total problem, through the family network thus permitting more comprehensive understanding and help to be given to the identified patient and the family as a whole.

THE GOALS OF FAMILY THERAPY

The master goal is to reduce negative complementarity (mutual frustration) and to enhance positive complementarity in family interaction. This means making the

relationships more mutually satisfying of personality needs. The operational goals of family therapy include:

- Reopening the lives of family communication so that feelings, wishes, goals and values can be discussed.
- Interrupting the self-perpetuating spiral of mutual need deprivation and attack
- Increasing the family members awareness of the roles which various ones play and are expected by others to play in their interaction
- Becoming aware of their essential interdependent and identity as a family
- Having practice in thinking together about sources of pain and pleasures in family interaction
- Beginning to experiment with more flexible and mutually satisfying roles and with more responsible ways of relating.

This approach focuses simultaneously on feelings and functioning, seeking to enhance both meaningful communication and constructive behavior. It keeps asking, 'what can be done to help this family change relationships within it so that individuals may be free to change.'

DIFFERENTIATING APPROACHES TO STRATEGIC FAMILY THERAPY

Conceptual Re-Definition

There is a problem with defining the term 'strategic therapy.' This stems largely from the fact that the term refers more to an attitude towards therapy than to a clearly defined therapeutic approach or body of theory. Haley (1973, p.17) calls strategic therapy 'a name for those types of therapy where the therapist takes responsibility for directly influencing people.'

Rabin (1977, p6-7), uses the term 'strategic' to differentiate his approach from those therapies that 'seek wisdom and enlightenment.' He defines it as 'usually brief' and concerned with 'changing the approach that patients have toward their problems and symptoms.'

Weakland et al (1974) and Peggy Papp (1977) use the term brief therapy. The primary concern is with changing 'attempted solution' that can be seen to be maintaining the problem. It is to do more with the breaking of repetitive sequences through directives aimed at changing behaviors. Papp refers to interventions aimed at changing the cycle of family interaction. She talks of the 'use of planned strategies based on systemic predictions of change'.

Reality

It is the theory that describes what we can observe (Albert Einstein). Typical of the strategic therapist is the view that an important component in problem development and maintenance is the belief system. This is the framework for organizing reality, shared by those members of a system, within which the problem appeared, and as to which they may cling in their face of all reason. Concerned with the belief systems and frameworks through which we order our existence Watzlawick (1976:XI) has looked at the way in which human communication creates what we call reality. He states that his belief that 'the most dangerous delusion of all is that there is only one reality,' and again that 'there are many different versions of reality some of which are contradictory, but all of which are the results of communication and not reflection of external truths.'

Reframing

The belief in the multiple choices available for the construction of a 'reality' has led to the powerful technique of reframing, a crucial technique for the strategic therapist. If the framework through which experience is viewed can be changed, then meaning can be changed and thus also the experiential and behavioral consequences of meaning.

For example, a couple brought their teenage son into therapy. He was in trouble with the police for shoplifting and was defiant disobedient and aggressive at home. He presented as surly, tough and unco-operative in the therapy session, much to the distress of the

family. Ignoring the boy, the therapist assured the parents that the childish behavior was common in children who were for some reason, afraid to grow up into young adults. He sympathized with the parents but cautioned them that to push their son from childhood into adulthood too quickly could only increase his fear and thus produce an increase in childish behavior. He agreed that it was hard to see such aggressive behaviors childish but assured them that, in his experience; many children in this day and age were fearful of taking their place in such a confusing world and thus clung to behaviors more appropriate to a younger age group. The therapist shared his concern about the many difficulties and temptations facing the growing child in this modern age. He would grow up when he was ready and not before, in the meantime they would have to try hard to understand the fear behind his attempts to behave as if he were tough. He was not responsible for this fear.

The parents left the session accepting and considerably relieved by this different view of reality. The boy's behavior had been without criticism, reframed as childish, thus without being challenged he had been challenged. To continue to behave 'tough' was to continue to define him as childish. At the following session the parents reported vastly improved behaviors in their son. Here again the therapist warned the parents not to expect too much too soon.

A reframing will almost inevitably be one that places a positive connotation on what, in the client or family belief system, has been seen in a more negative way. In this way the behavior chosen for the reframing is used as a pivot thru which a system can move

towards a belief framework allowing for a wider complex and hopefully more adaptive range of behaviors.

Family Development Stages:

Strategic therapists typically view symptoms in families as an indication that the family has reached a developmental stage in its life cycle and is experiencing a difficulty in making the necessary organizational transition to the next stage.

Families are systems that are constantly subjected to stress and demands for change from both internal and external sources, and require a high degree of adaptability if the family is to cope. Symptoms do not occur randomly but tend to cluster around particular transitional stages in a family's life cycle, as it struggles to negotiate and re-negotiate the internal structural and emotional changes demanded of its members arrive or are born, struggle to live and grow together and finally leave or die.

Families organize themselves on those systems with the necessary flexibility to change where internal or external pressures demand, to these rigid systems at the other end, where any pressure requiring reorganization is experienced as a threat, causes high levels of anxiety and fears of abandonment or engulfment, and almost inevitably produces a symptomatic solution, the greater the pressure the more acute the symptom.

Sequences:

The behavioral manifestations of a family's rule governed structure are the repetitive sequences through which family systems tend to regulate themselves and adjust to diverse pressures from internal and external sources. Symptomatic behavior is typically seen as just one input in a pattern of interaction.

Strategic therapists will tend to view the repetitive patterns as preventing more complex, adaptive sequences, preventing change in the participant's ability to deal differently with each other and thus tending to confirm belief systems and perpetual dysfunction.

For example, a couple presented for therapy with a highly disruptive eight year old. The system reflected an almost archetypal sequence with a seemingly over-involved parent (the mother) becoming exasperated whilst attempting to deal with the child. The dad appeared distant by this over involvement. Finally the mum would demand the help of dad to intervene. Dad's intervention would bring mums protection to the child. Thus the dad would withdraw. Tension would build between mom and dad. The child would pose difficulties again and the whole sequence would start again.

The strategic therapist might arrange for the father to take more direct responsibility for dealing with the child. He will also devise a strategy to prevent the wife moving either to 'help' her husband or to 'protect' her child. He will assume that the interruption of the sequence will allow for more complexity and a wider range of problem solving options.

The therapy is primarily concerned with solving the presenting problem through interrupting the repetitive sequences through which it is seen to be maintained.

The Use of Paradox:

There are essentially two ways of encouraging people to change. The first is to make suggestions or give directives as to how to behave differently and second is by instructing people to behave in the same way.

The Essentials for the use of Paradoxical Dilemmas:

1. A context identified with the Idea of Change
2. A clear definition must be made of the problem and of the sequence of behaviors that can be seen to be maintaining the problem
3. A reframing of the problem and the supporting behaviors must be made putting a positive rather than a normal negative connotation on them, and allowing for the framing of an apparently irrefutable rationale for the necessity of either continuing or escalating the behaviors
4. A request or demand for such a continuation or escalation, for the time being and made within an overall framework or benevolent concern

A paradoxical prescription can be used as a technique using an overall therapeutic framework that identifies itself clearly with change and with the direction for change.

E.g. Within a marital relationship a couple was directed to take an evening out together. According to the couple an argument between them would be inevitable. If it was before they leave the house the usual would be a cancellation of the trip. But they were asked to have their argument as early as possible. Following this injunction, the couple had their first most enjoyable evening out without arguing. We note through this that a shared therapeutic objective had been reached.

Metaphor

Strategic therapists are unlikely to attempt to help a family understand its metaphors but may seek ways of introducing change through communicating in metaphor either accepting and expanding those of the family or introducing new metaphors.

E.g. A couple needed help so that they could prevent their twenty-six year old son from making a relationship with a divorced woman, The father being a strong believer was outraged by his sons behavior. The parents saw this as a heavy load that they had to contend with. The parable of the prodigal son was cited and discussed with them. What was pointed out to the parents in the parable was that the father in the parable needed much faith to allow his son to waste away his inheritance and so learn by his mistakes and yet still welcome him back and forgive him. No attempt was made to link up the meaning of the parable with any suggestion that the parents change their attitude. At the following session the parents showed that they were deeply moved by the first session

and had to re-read the parable, and both met the divorced woman and found her to be basically a good woman.

Chapter 4

Application of Family Therapy Model and Case

Illustrations conducted in Phoenix

Case Illustration 1: Area Phoenix

Assessment: Presenting the Problem/ Describing the Case Study/

Historical Overview (Genogram)

Forty-two years old, Mr. Paul¹ is a chronic alcoholic. A successful soccer player and sporting enthusiast turned alcoholic at age twenty-five. His zest to work and be progressive in life faded daily as he took to alcohol. His friends and lust for alcohol sucked up all that he earned. His working life ended in his early thirties.

Although he was a Christian - church, God and spirituality had no bearing on him. After losing his job he became totally reliant upon his wife who is a schoolteacher. He married at age twenty-four and the couple has two sons. They are sixteen and fourteen years old. The wife is thirty-eight years old.

¹ The above names used in the case studies are pseudonyms to secure confidentiality of the counselees.

Further information received on this case as follows:

- The wife comes from a family that is strong and tolerant and the stemming hypothesis from this information is that she has the same family trait. This could be one of the reasons for her remaining in the marriage for the past eighteen years.
- The wife's dad's passed on while she was an infant. Her family experienced hardship and difficulties.
- In passing information the wife created the impression that she was afraid of her husband (a hypothesis to test and work on).
- The wife would tactfully and diplomatically present problem areas.
- The excessive and daily alcohol consumption by her husband did not deter her from caring for him.
- She worked ardently to care for the family.
- The wife turned to the church after her husband was hospitalized and diagnosed as a diabetic.

The team that I was training in family therapy and counseling at Bethesda Bible College was keen to assist in this case.

The team used the five-part Milan Systemic Approach (Journal of Marital and Family Therapy, 1984)

- (i) Family Genogram
- (ii) Hypothesis
- (iii) Circularity and circular questioning

- (iv) Narrative method of externalizing the problem
- (v) Biblical perspectives – the counseling was consistent with scripture, prayer and trust in God

1. The Presentation

The team reviewed the information received of the family. The presenting problem was that the husband was an alcoholic. The team discussed the causes of his drinking habits, what were his behavior patterns, the fall in his health, what's his self-image and worth like. What is the relationship between husband, wife and children? The team looked into the genogram and further discussed the family framework of the two parties. The team discussed the type of questions to pose. Firstly open ended and then specific questions.

2. The Main Interview

The team conducted 5 sessions in a 5-week period. There was one counselor/therapist in the interviewing room and the team with a live televised view in the next room. The interview was devoted to asking questions. Maximum opportunity was given to the family members to express themselves.

In the five sessions the following was noted:

- The wife's main concern of the husband being sick (severe back pain and swelling of feet).

- She repeatedly spoke of her loyalty, faithfulness and care for her family in the past 18 years.
- Her concern was for the building of the relationship between father and sons.
- She discussed her financial difficulties.
- The husband openly confessed his alcohol problem.
- He felt his body pains were unmanageable.
- He answered specific questions – e.g. when did you last spend quality time with your two sons? Answer – I don't know of spending anytime with them. Questions of this nature redirected and focused the husband.
- The team's hypothesis of the wife being a schoolteacher and the sole supporter would cause her to be domineering and authoritative. This was inaccurate; the husband was honored and respected by the wife.
- Although it was tough for the wife to contend with an alcoholic husband – the couple never separated.
- The sons responded to questions regarding their sporting programme and schooling but were reluctant to talk about the prevailing problem with their dad.
- By the third session in the third week the elder son started to breakdown emotionally. Questions like, how close is he to his dad? He would answer in an emotional state.
- Both sons by the fifth session looked to be well joined with mum and dad.

3. The Interview

During inter session the team would prayerfully and thoughtfully brainstorm all aspects of the family. Homework would be set - e.g. dad to attend younger son's soccer match or play cards with the older son. Mum to plan a family outing. Dad to attend all church services. The sons to assist mum with work around the house. Dad to keep away from alcohol.

4. Intervention

In this case the presenting problem of the husband's chronic drinking habit is discussed. The method of externalizing the problem was used. The family needed to separate dad and alcohol. Dad is not the problem, alcohol is. The family must work together to overcome alcohol. The biblical views of an alcoholic were discussed and the serious effects that alcohol has on the body.

5. The Post Session

The team discussed the family's responses. The team documented any further hypothesis to work on. What further help were needed to assist the family? The team worked on projects and rituals to fill the family's schedule

Concluding Synopsis

In the five weeks the husband stopped drinking alcohol. He was referred to a doctor for medication to assist in the sudden stoppage of alcohol consumption. The team assisted in maintaining his sobriety. The family therapy and counseling process played a major role in joining the family and changing behavior patterns.

Case Illustration 2: Area Phoenix

Assessment: The Presenting Problem/Description of Case

Study/Genogram (Historical Overview)

Composition of the Nuclear Family

The members of the Dhurga family are: dad age 43, a thriving businessman; mum age 38, occupied chiefly with running the house; 3 children – the eldest a daughter age 19, passed matric; son 18 in grade 12 and another son 16 in grade 11. The couple married at an early age of 22 and 17 respectively. The family is Christian, however, only the wife and children attend church.

Referral and Motivation for Family Therapy

Close friends from the local church who were counseling the couple referred the family for family therapy and counseling. The initial interview was with the wife. She presented her husband as the identified patient. The information received was that:

- He is self centered
- Spends no quality time with the family
- Relationship breakdown with her and children
- He is rigid and obstinate
- No communication
- He spends his free time with his siblings and friends
- There has been physical and verbal abuse
- There is fear and silence whenever he is at home
- He was described as been a angry and a bitter man

The following quote shows the absolute necessity of family structure that is used in family therapy and counseling, 'The structure of a family governs family in that it defines the roles, rules and patterns allowable within the family' (Becvar & Becvar 2003:175). If the husband and wife neglect the structure the results will be a collapsed family. In this case the problem areas need identification and the family counseled and directed towards restructuring and reconstruction so that it becomes a mobile system.

Historical Overview:

The genogram was drawn and it was evident that this couple and their respective parents never divorced all of them were loyal to their marriage partners. The couple comes from homes that were less fortunate. Both of them did not complete their schooling. After marriage, life for them was difficult. They lived with the husband's parents until the municipality granted them a self-help dwelling.

The Techniques /Skills used in this case for Family Therapy and Counseling

- (i) Genograms
- (ii) Hypothesis
- (iii) Circularity and circular questions
- (iv) Structural Approach to Family Therapy
- (v) Strategic Approach to Family Therapy
- (vi) The Biblical Approach

Hypothesis:

From the information received the following was probed into:

- Why is the couple behaving in strange ways?
- What is the underlying cause?
- The wife did not mention anything good about her husband. Why?

- Why was the husband behaving in a manner that is hurting his family?
- Is there the element of infidelity?
- Are there any business constraints?
- The initial interview with the wife showed strong signs of her assertiveness. She prefers talking rather than listening. Is there a power struggle?

All these areas need ratification.

Session 1:

The session was conducted with the couple and not with the children. The wife presented her difficulties and problems as stated at the initial interview. The husband's major problem was that his wife would not listen to him and in the process not carry out his instructions. Matters concerning the children would be brushed over. He stated that he was not one to speak much to his children but was of the belief that it's his wife's function to control the children. He showed strong tendencies of being cool, calm and collected. Although the husband was of a passive disposition he wanted to be in control. The wife showed strong signs of wanting power and control. In all that was spoken the wife showed no signs of submission to her husband. The impression played out was that both husband and wife had their own agendas, methods and structures to follow.

In this session questions of the following nature were asked– who are the children closer to? What makes them happy? What are the things they don't like? What troubles them

the most? Their answers were basically helping them to review their positions and note their marital breakdown.

The wife spoke about her pain whenever he leaves home to join his friends and siblings. She wanted him to spend his time with the family. Much was unpacked in this session.

Intervention:

The couple was told that a structure must be modeled to allow for the family behavior to change so that they could accommodate, function and build and maintain good relationships.

Session 2:

The entire family was present. In this session it was noted that dad and elder son were not on talking terms. The daughter and younger son were positive towards dad; they believed that dad was a good man. The problem they presented was that dad did not spend time with the family. They felt that dad's outings created trouble in the house. Dad built remorse towards the elder son because he was dating a young lady in the neighborhood. Dad disapproved of the relationship. Mum disappoints dad by entertaining the son's relationship. Her belief was that somebody has to listen to her son. The children were satisfied with dad's care and provision for them.

Intervention:

The family is a system that adapts to the changing demands of the different phases of its developmental cycles well as to the changes in the demands of the society. It must adapt in order to provide its members with both continuity and opportunity for psychosocial growth (Minuchin, 1974).

- (i) To break the power struggle – mum and dad to know their positions and roles to play. A biblical view of roles in Ephesians 5:22-32 was discussed. This pattern/structure needed to be adapted.
- (ii) Mum to work with dad to provide guidance to children.
- (iii) Mum and dad to discuss matters of the family. They need to set aside time.
- (iv) The family to work on building relationships.
- (v) Dad and elder son need the support and encourage the family to start the communication process.
- (vi) Mum is the key person to build and restore the family.
- (vii) Mum and dad to create outings and plan family programme.

The Next 3 Sessions:

- The family cooperated in building relationships.
- Family outings were enjoyed.

- Dad opened the doors for the elder son to join him in the business.
- The communication between dad and son improved.
- Mum and dad were pleased to apply Biblical Principles. Mum worked in consultation with dad.
- Dad started attending church.
- The matter of the elder son dating was put on hold.

Concluding Remarks

The frustration and tension in the family was lifted. The family are joining and working together.

Case Illustration 3: Area Phoenix

Assessment: The Presenting Problem/Describing the Case

Study/Historical Overview

The case is of the nature wherein the problem that was presented stemmed from within the context of the local church. The problem arose when the youth facilitator's spouse made allegations against the youth team.

This couple is married for five years. They have one child who is two years old and the wife was pregnant at the time of the presenting problem. She is twenty-seven and the husband is thirty. He is a businessman and she was employed as a receptionist.

According to the genogram the husband's dad died while he was an infant. His mum single-handedly raised her four children. The husband's childhood was difficult. The wife is the only daughter with two brothers. She requested counseling. Her initial problem was that her husband was neglecting her and he was spending more time outside with friends from within the youth team.

Hypothesis:

With the limited information the following points were drawn:

- They need to handle the pressure of the pregnancy.
- The closeness and support from the husband is missing.
- The pressure of caring for the two year old son.
- Work related pressure on both sides.

The First Session:

At this session it was noted that the husband and wife were not on talking terms. The husband wanted the wife to present the case. Her problem was not the youth fellowship

but two young ladies who were drawing close to her husband. The following questions were posed to the wife:

- When did you first notice the problem?
 - What led you to conclude that this was the problem?
 - Who else agrees or disagrees with you?
 - Did you discuss the problem with your husband?
 - Did you discuss the problem with the two young ladies?
1. Her observation at the youth function and meetings was the behavioral styles of the two young ladies.
 2. It gave her cause for suspicion.
 3. There were too many incoming call and outgoing calls on the husbands cell phone especially from one of the two ladies.
 4. They would call him whenever they needed transport.
 5. The husband's response was that the wife was overstating the case.
 6. He stated that it happened in the line of his function as facilitator.
 7. The real problem he stated was his wife.
 8. His marriage for the past five years has been unstable.
 9. He found his wife to be trapped by her parents.
 10. He felt that he was secondary.
 11. His mother-in-law as immense influence on his wife.
 12. She has to visit her parent's home daily - continuous attachment.

13. Their child was cared for by grandparents to which the husband was not in favour.

After the first session the case was noted to be a complex one. Too many people involved.

What was needed in this case was a treatment plan:

- (i) To keep out outside influences and work only with the couple.
- (ii) Prioritise on the areas of change and flexibility.
- (iii) Set goals on strengths.
- (iv) What are the problematic behaviours the husband and wife would like to change?
- (v) Fix communication lines and establish patterns of communication.
- (vi) Set family goals, tasks and outings.

Whilst working on the above after the second session the wife could not manage with the stress and pregnancy. She was hospitalized and had to terminate the pregnancy. This was not anticipated or hypothesized. The wife was counseled by the local hospital and she was treated for depression. A support group from the church was put in place to comfort, pray and assist.

After the wife recovered and was ready for counseling we started the process of healing.

Both husband and wife were interviewed individually.

Intervention:

- Apply Biblical principles of forgiveness.
- To work on their differences.
- To accommodate each other for their weaknesses and to work on strengthening those areas.
- To apply the above treatment plan.

Concluding Remarks

1. The husband resigned from his position as youth facilitator
2. He broke all close ties with the two young ladies
3. The wife resigned from her job to care for the son
4. Husband and wife agreed that the wife will visit her parents once a week

Initially it was not easy for the couple but they continued with the goals and tasks.

Case Illustration 4: Area Phoenix

Assessment : Background Information/The Presenting Problem

The Chetty's are a close-knit family. Mr. Chetty has a thriving business. He is able to afford the best for his family. He is 43 years old, his wife 38, daughter 15 and son 12. This is a happy family with all going well for them; the children are above average on school. They are religious and attend church regularly.

The genogram chart shows that the wife comes from a stable home. Her mum and dad are married for forty years. Mr. Chetty's parents are late. Life for him as a child and teenager was difficult because his mum was an alcoholic.

The Incoming Call:

Mrs. Chetty called and it was more of a distress one. She wanted an urgent meeting due to the fact that she could not cope with her immediate problem. She could not state her problem over the telephone but wept profusely giving the impression that she needed urgent attention.

The immediate hypothesis was:

- Burglary

- Rape
- Child Abuse
- A doctor's report of life threatening sickness
- Husbands business – liquidation
- Accident

The First Interview

The interview was conducted at the Chetty's residence in Phoenix. Initially the wife felt it difficult and painful to speak. She was badly broken up emotionally. The interview was only with the husband and wife. The technique of circularity and circular questioning was used to source out information.

Some of the questions asked were:

- (i) What caused you to phone?
- (ii) What would be helpful for us to discuss?
- (iii) How did you notice the problem and was there any previous indication of the problem?
- (iv) What made you conclude that this is the problem?
- (v) Are there any other persons involved in the problem?
- (vi) What would happen if things don't change?

The problem that the wife needed to discuss was her husband's telephone call to a lady in the neighbourhood. He was unaware that she listened to the conversation from another telephone line in the bedroom. The conversation was an intimate one by which she concluded that her husband was having a close and intimate relationship with the other woman. The information over the phone showed her that the other woman was traveling with her husband to work and back. Mrs. Chetty did not know of this arrangement. She redialed the telephone number and the lady in question answered. She blatantly and openly told Mrs. Chetty that her husband is having an extra-marital affair with her.

It was noted at this stage that the initial hypothesis was inaccurate. Mr. Chetty confessed to the extra-marital affair. He asked for his wife to forgive him and for her not to make any irrational decisions, e.g. leave home with her children to live with her parents. This was the plan Mrs. Chetty referred to.

- We discussed the option of staying at home and work through the problem. Can she cope with this? or
- She stays at her parents' home with her children and goes through a healing process and then makes decisions. Mrs. Chetty after much deliberation planned to stay at home but asked for a rest period from her husband. At the end of the session Mrs. Chetty looked emotionally drained.

Some closing instructions to the husband:

- (i) Not to interfere with his wife.
- (ii) To allow his wife to rest.
- (iii) He must break all ties with the other women.
- (iv) Give his wife space and time.
- (v) Both of them must individually plan ways of reconciling.

The Second Session:

After 3 days the next session was held at the Chetty's residence with the entire family. The children were initially at home when the problem erupted. In this session the plan was:

1. To apply therapy to the family
2. To draw information from Mrs. Chetty to ascertain
 - Where she is?
 - How she is feeling?
 - What are her strengths?
 - The negative effect of this problem on the marriage.
3. To identify family strengths (patience, skills and coping behaviour).
 - Emphasise positive statements.
 - Emphasise those times that the family enjoyed.
 - The growth and prosperity of the family.

- Emphasise the strong points of the family.
- 4. To discuss a Biblical perspective of forgiveness, adultery and reconciliation.
- 5. To find common grounds that would help in reconciliation.
- 6. To assist the husband who has shown weakness in the area of adultery.

The Next 3 Sessions:

Mum requested for her close associates from her local church to be around her from time to time. It was established that they would come in as a support team, to pray, encourage and support.

During these sessions, with the help from the support team the wife was showing good signs of recovery. She was regaining her composure. The husband came in well by reassuring his wife. He wanted to leave the past behind them and start rebuilding their relationship. The husband was asked to plan for family outings. By the fourth session the healing and restoring process became more evident.

Concluding Remarks

After five sessions there was acceptance and forgiveness from the wife. She called for a special meeting with her parents to renew their marriage vows. The family is on their way to rebuilding and recovering their relationship.

Case Illustration 5: Area Phoenix

Assessment:

The Presenting Problem:

The case involves two professional people. The couple in question is married for five years. The husband is thirty years old and the wife twenty-seven. They have one child who is three years old. In the five years of their marriage they built up their resources and have shown good financial standing.

A look into their genograms and a little probing shows that both husband and wife come from dysfunctional families. The parents on both sides are in their early fifties and now seem to be settled in their marriages. The wife made the initial move for help in her marriage. The information received at the first call was that:

- She was unable to cope in her marriage.
- She is tired of trying to make her marriage work.
- She is not appreciated for working hard.
- She won't take the abuse anymore.
- She is contemplating a divorce.

Working on the information received the genogram chart was drawn and the initial hypothesis made.

The Hypothesis

1. The young couple is finding it difficult to cope with change.
2. They need to adjust to accommodate each other.
3. Are both parties working too hard that they have little or no quality time to spend with each other?
4. Is there a power struggle?
5. Abuse, is it just verbal, physical or both.
6. Is there infidelity?
7. Is there a communication problem?

The First Session: What's the Presenting Problem?

The husband stated that they are fighting constantly. Every matter becomes an argument or debate. His belief system is that he must be in control of his family to which he is not given the opportunity. He feels like he is not receiving the care and attention of a husband. His observation is that his wife is trapped very especially with her mum. He dislikes his wife visiting her mum on a daily basis.

The wife stated that she couldn't voice her opinions or plan to do anything as the woman of the house. When she speaks then there's verbal abuse, which ends up in physical abuse. She cannot talk or respond to any young man. He taunts her until there is a big fight. He always wants to win an argument. There's been no growth in their marriage

for the five years. She stated that she has been faithful in her marriage. After this session a prescription/homework was drawn for the couple.

- (i) Do three things together that will make them happy - e.g. take their son for a beach outing, go out for dinner or visit a favorite friend - i.e. without arguing.
- (ii) Focus on building their relationship.
- (iii) Husband to immediately stop the abuse.
- (iv) Wife to reduce the number of visits to her mum. She must plan the visits to mum with her husband, who must accompany her.

The above responses in the first session filtered in an array of questions posed to the couple.

Further Hypothesis after First Session

1. They have learned to negotiate closeness in their relationship.
2. Their beliefs, role and expectations requires clarification.
3. Their communication and problem solving styles have not brought about successful conflict resolution.
4. Husband is overly suspicious due to the fact that his wife is a very pretty young woman.
5. Husband and wife are not playing their respective roles and focus too much on power.
6. They need to create space for each other.

The Next Four Sessions (4 weeks)

At these sessions the interview was more specific pursuing pertinent issues in depth. Questions like, what was difficult in the last prescription? Did the family go on an outing? The husband's behavior: Is he continuing with verbal abuse? Is he continuing with the physical abuse? How is the wife feeling with her husbands change behavior? Is the wife continuing with her daily visit to her mum? Is the husband accompanying her? How does he feel about the visits?

The Milan Type intervention was applied.

'The goal of Milan Systemic Therapy is to enhance autonomy and freedom, not to constrain it. Besides, no one could ever know the complexities of other persons' lives sufficiently well to know with certainty what is best for them. The therapists goal in offering any intervention is to enhance the family's own ability to discover non-symptomatic solutions as it continues on its path of evolution through the life cycle (Milan: Journal of Family Therapy, 1984).

This married couple of five years would therefore have need to clearly define their problem areas and thereby map a way forward. The family would need to understand the 'family system' how they would need to operate so that they understand each other. They would need to work within the boundaries so that there is harmony and understanding. This would alleviate the stress, pain, anger and frustration.

In the four sessions it was noted that the couple would want to rationalize on every point. The element of approval, support and compromise was lacking. In helping this couple we looked into their courtship. There was caring, planning, communication, support and a strong bond of togetherness. It seems like they left this in their courtship. It was shown to them that they needed to carry this into their marriage to build a strong structure.

At the end of the four weeks the talk of divorce, abuse (verbal and physical) and suspicion was out. There was a good depth of openness and accommodation. The couple understands the roles they played in building the family. At the end of the sessions the assessment was that the couple had come to a danger zone and stressful period and much work had to be done to build their relationship and family.

Chapter 5

Conclusion

The aim of this mini-dissertation was to critically reflect on the approaches and methods in family therapy from a pastoral perspective with the intention to incorporate some of its essential or core elements into a pastoral counseling approach.

In Chapter one, I provided a research outline of the mini dissertation by focusing on the aims, objectives, need for the study, rationale/motivation for the study and the approaches and methods to be used. In Chapter two, I discussed the origins of family therapy by focusing on the historical perspective, the growth of family therapy, family systems theory, Bowen's system of family therapy (i.e. the evaluation interview, the genogram, family intervention techniques, the minister and family therapy).

In Chapter three, I focused on Family Therapy and Methodology. In this chapter I analyzed action techniques, such as sculpting, strategic family therapy, theoretical constructs and philosophy, what makes family therapy and counseling pastoral, pastoral counseling and its present challenges, preaching and counseling, what is family therapy and counseling, relevance for the minister, the rationale for family therapy from a pastoral perspective, the goals of family therapy, differentiating approaches, and finally in chapter four an application of family therapy model and case illustrations in Phoenix.

This model that I have developed is not the final phase, but a work in progress. The intention of this model is to be universally applicable. I pray that other scholars will add to this phase and develop it further with the intention to build on a model that is contextually relevant.

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