Medicine, Mind and Adolescence, 1998, Vol. XIII, n° 1-2-

Printed in Italy

THE ROLE OF FAMILY THERAPY IN THE TREATMENT OF ADOLESCENT PATIENTS

IRENA NAMYSLOWSKA, ZOFIA BRONOWSKA[1]

In this article we examine adolescence as one of the phases of the family's life cycle.
The goals of adolescence, such as final separation and individuation, are discussed from the perspective of the young person, his or her family, and the family system as a whole.
Systemic thinking about adolescent patients is considered essential in organizing effective help. It enlarges the therapeutic perspective, including other systems in which the adolescent lives, such as family, school and peer group. Family therapy plays a very important role in the diagnostic and therapeutic process of adolescents suffering from emotional problems. It helps its members see themselves and the world differently through a change in the family narrative.

Key words: Adolescents, systemic thinking, family therapy.

In this paper we present some thoughts about the role of the family in the treatment of adolescents suffering from emotional problems. For years, psychiatry has been torn apart by different theories, though sometimes reductionistic, nevertheless contributed to the progress in understanding the human being. This leads to confrontation between biological and psychodynamic theories and between many schools of psychiatry. Recent years has brought many changes. The introduction of modern classification systems such DSM IV and ICD 10 has provided the opportunity for common diagnosis for psychiatrists, who speeks different languages symbolically and literally.

[1] Correspondence to: Irena Namyslowska, Department of Child and Adolescent Psychiatry, Institute of Psychiatry and Neurology, Ul. Sobieskiego 1/9, 02-957 Warsaw, Poland. Tel. O48 /22 642 12 72, e-mail namyslow@ipin.edu.pl.

One language for psychiatry can be understood in five different ways: the language of psychiatry itself, of medicine, of science, of doctor-patient relationship and of society at large.

Systemic thinking allows to some extend to make a useful synthesis of those many languages, combining the language of the individual bio-psychological system and the other systems such as family and society.

In developmental psychiatry, the understanding of the patient was always more complex than in adult psychiatry, because children and adolescents are dependent on many social systems such as family, school and peer group.

At the same time children and adolescents constitute their own biopsychosocial system, which has to be taken into account.

One can look upon adolescence as a specific phase of the family life cycle. The concept of the family life cycle allows a synthesis of many different theoretical frameworks such as structure-functionalism and symbolic-interactionism.

The family, analogous to an individual, passes through a socially regulated cycle, from birth to death, similar to our biological life cycle. It is a system moving in time, constantly changing. It has a tendency to homeostasis, however. Each phase of the life cycle is connected with special laws, tasks, rules and duties. There is also a socially determined timetable, which regulates the timing of main family events. Each turning point, passing from one phase to another, need constant reformulation of the concept of the self, family, internalization of new values, norms, and attitudes, by each family member and the family system as a whole. Stress appears, when life events come prematurely or too late – when the natural sequence and rhythm of family life is disturbed. Goals typical for each family life cycle have to be viewed in the context of the family as a whole and each family member as an individual.

For the maturing girl or boy, adolescence means the need to accomplish many developmental tasks, which has started at birth. These are summarized below.

The developmental dimensions

1. From the immature to the mature central nervous system
2. From the oral to full genital, mature sexual satisfaction
3. From the phase of normal autism to separation – individuation
4. From dependence to independence
5. From the sensori-motor to formal/abstract intelligence

6. From the conflict around basic trust versus distrust of the child to the ethic of the adult.

Behind each of these dimensions lies a specific child developmental theory, such as Freud's (1953) psychoanalysis, Mahler's (1957) theory of separation – individuation, Piaget's (1972) theory of cognitive development, as well as Erickson's (1965, 1968) theory of personal development. Parallel to psychological development, the process of neurodevelopment is gradually completed. We deliberately used the word parallel, because the relation between neuro and psychological development is still unclear, despite scientific development in many basic sciences. These dimensions can be synthesized into one.

From dependence into independence

What does this mean for the family system?

As previously mentioned, each change in the family life cycle needs profound modification of the internal family organization, which in adolescence helps the family adjust to the final separation of the adolescent. The family has to accommodate to the tendencies of its young members to become independent. It has to maintain its structure, but at the same time change the power distribution and loosen family boundaries, form new types of emotional bonds, and open itself to new values that are brought by the young person.

The marriage dyad has to prepare itself to be alone. Even if there are younger children in the family, adolescence brings thoughts about the future without children. One cannot forget about the fact, that at this period of life, parents are faced with illnesses and sometimes deaths of their own parents. Their regained closeness, new common interests, and friendships, allow the daughter or the son to have hope that parents could be left safely alone, when he is gone to his new life as an adult. So, the family has to allow the adolescent to leave without guilt feeling, to experiment with her or his independence, when she or he is ready, and to come back when it is needed.

Each family is characterized by unique constellations of tendencies to bond the adolescent and to delegate to him. Those forces are called by Stierlin (1977) centrifugal and centripetal. They operate within the family on the three levels: id, ego and superego. For example, bonding through the id

means constant building of adolescent dependency, addressing his regressive needs, offering him too much love, too much money to spend. Bonding through the ego, means mystification and depreciation of adolescent view of reality, his ability for independent thinking, his norms and values. And bonding through the superego addresses the loyalty of each young person, induces his quilt feelings in the presence of his tendency to separate.

Stierlin's (1977) way of understanding processes in the family during adolescence is an outstanding example of a combination of psychoanalytical and system theory. Family processes are not only the results of it structures, boundaries, morphostatic and morphogenetic tendencies and so on. Many generations of the family of origin are reflected in them. For example, the special view of the world as dangerous and threatening could be transmitted through generations. It is very difficult for the adolescent to try to separate from such a family. On the other hand, there are families, in which family myths exists, and are transmitted from one to generation to the next, that independence is the most important value. In such families, the adolescent may be forced to separate, even when he is not yet ready for some particular psychological or biological reasons.

Tasks of adolescence cam be so complex, difficult and sometimes overwhelming, that A. Freud (1966) called adolescence "benign psychosis", although Offer (1970) is convinced that most of adolescents pass to adulthood without undue turbulence.

According to the systems theory all transitional points in the family life cycle bring risks of symptom formation. They play specific role for the whole family system, independently of the meaning of the official medical diagnosis.

There are several functions of the symptoms specific to adolescence.

First, symptoms protect the adolescent from moving to adulthood. This can be understood in the example of an anorectic girl who, together with her family, is unprepared for separation. Through her thinness, she is regressing to a child and the changes in her body are symbolic representations of the step backward in the family life cycle.

Symptoms also protect the whole family from moving to the next phase of the family life cycle. It is most frequent when the family is not yet ready to move in time, due to emotional divorce in the marital dyad, illness or alcoholism, for example, of one of its member. They also may protect one of the family members against depression but most of all, loneliness.

Therefore, symptoms give the family time to accomplish the difficult task of

moving to the next phase of life. Sometimes only time is needed, but most often professional help and treatment is required.

Before we move to the analysis of the role of the family in the treatment of adolescent patients, we would like to make one assumption connected with the role of the symptoms of the adolescent for the family system.

THE SYMPTOMS OF THE IDENTIFIED PATIENT ARE PART OF THE FAMILY TRANSACTION AND MAY BE SUPPORTED BY THIS TRANSACTION, OR MAY ITSELVES SUPPORT IT, BUT ARE NOT NECESSARILY CAUSED BY IT (Jones 1987).

This assumption is very important in understanding the role of family therapy in the treatment of adolescent patients. It allows us to find an important place for it, in the therapeutic strategies concerning every patient.

Family therapy is the treatment of choice for an adolescent crisis, conduct disorder, and adolescent depression, as well as for anorexia nervosa. At the same time, young patients suffering from schizophrenia may also benefit from it. In this case, family therapy may help the family to pass to the next phase of the family life cycle and let the patient continue his developmental tasks despite his illness. Family therapy in addition to pharmacological and individual psychotherapeutic treatment, may affect the course of schizophrenic illness, even if it may not be responsible for the complete recovery of the patient.

Family therapists have moved a long way from being a family judge, through being the family expert interested mostly in the process of change - to being the partner in the dialogue with the family members. We are going to speak only about this last period in the development of family therapy.

At the turn of 80's, along with the development of social constructionism, a new understanding of the family in therapy has emerged. Family therapists have noticed that many techniques and strategies are not effective because they are too distant from the family's view of itself and the world around it. It became clear that this subjective family view is more important than the objective knowledge of an expert.

Family therapy can be understood as a dialogue of the family with the therapist, whose main attitude is curiosity of his partner in this dialogue. The family tells the therapist its subjective story, its own narrative. And the therapist, through many questions - called circular and reflective - helps the family to see things differently. Together the family and the therapist are drawing a new map of the world. In this dialogue, new realities are constructed. A transformation in discourse may frequently provide a release

from tyranny of governing beliefs. Such release may be facilitated by tranformative dialogue, in which new understandings are negotiated together, with a new set of premises about meaning. For example, new meaning of the word *independence* or *separation* is constructed. It may be very important for the family, in which all members including the adolescent live, to renounce the assumption that separation means an end to family love.

These transformations also demand a facilitating context. Anderson and Goolishian (1988) emphasize the need to create a climate in which clients' experience of being heard, of having both their points of view and their feelings understood, and of being themselves confirmed and accepted.

Yet, this new kind of listening to the family story does not automatically mean the therapist's commitment to it. Family therapists have invented many ways of achieving change of the meaning of the family narrative. Anderson and Goolishian (1988) employ a form of interested inquiry, which simultaneously credits the family reality and at the same time engages the family toward change. Andersen and his colleagues have developed the practice of the reflective team. Others employ letters and other written documents to help family members to see meanings of live events and life stories differently. These letters may generate a dialogic process within the family stories, in order to find new openings for conversations with others. In other forms of family therapy, discussions about possible solutions may replace those about problems. Other therapists place strong emphasis on positive construction of life events, encourage new descriptions of them, new ways of connecting behaviors and events in the process of continuous reflection. Coelho de Amorim and Cavalcante (1992) for example, encourage disabled adolescents to produce puppet shows, which create new possibilities to tell the story of their own life and to give it new meaning.

As a consequence of family therapy, the family constructs a new story, a new narrative. Adolescence and separation are seen by the family in a different perspective, and acquire a new meaning, which allows the adolescent to separate without guilt, and the family to accept his leaving without too much pain.

We spoke extensively about the role of family therapy in the treatment of adolescent patients. But one cannot forget that many families are socially deprived, live in poverty and suffer from unemployment. These families most probably will not have an opportunity to profit from family therapy. Instead, they need family work, mostly delivered by social agencies. Adolescents from such families may often need help, often protection. Their basic social,

emotional, cultural, as well spiritual needs should be addressed and fulfilled. They also have right to complete the main tasks of adolescence and move towards a more fulfilling adulthood.

Family therapy plays a crucial role in the treatment of adolescent patients. It helps the family system as a whole and its members to accomplish the goals of adolescence. It especially helps the adolescent to achieve independence, to finish the process of separation and individuation, without which, successful passage to adulthood is difficult.

In cases of severely, emotionally disturbed adolescents, family therapy may help to ameliorate the effects of the illness. Even if total recovery may not always be possible, the adolescent will be able to accomplish his developmental tasks and pass successfully to adulthood. This is, after all, the basic right of every young person in health as well as in illness.

Riassunto

In questo articolo l'adolescenza viene guardata come una delle fasi del ciclo di vita della famiglia. Gli obiettivi dell'adolescenza, come la separazione finale e l'individuazione sono discusse dalla prospettiva del giovane, della sua famiglia e del sistema famigliare come insieme. Un approccio sistemico nei confronti di pazienti adolescenti è considerato essenziale per organizzare un aiuto efficace. Questo tipo di approccio amplia la prospettiva terapeutica, includendo altri sistemi nei quali l'adolescente vive, come la famiglia, la scuola, il gruppo dei pari. La terapia famigliare gioca un ruolo molto importante nei processi diagnostici e terapeutici rivolti ad adolescenti che soffrono di problematiche emotive. Permette ai partecipanti di vedere se stessi e il mondo in modo diverso attraverso un cambiamento del modo di raccontarsi della famiglia.

Parole chiave: adolescenti, pensiero sistemico, terapia famigliare

References

Andersen, T. (1991). *The Reflecting Team: Dialogues and Dialogues about the Dialogues*. New York: Norton.

Anderson, H., Goolishian H. (1988). Human systems as linguistic systems: Evolving ideas about implications for theory and practice. *Family Process, 27*, 371-393.

Coelho de Amorim, A., Cavalcante, F., G. (1992). Narrations of the self. In McNamee, S., Gergen, K. (eds.) *Therapy as Social Construction*. London: Sage

Erickson, E. (1965). *Childhood and society*. London: Hogarth Press.

Erickson, E. (1968). *Identity, Youth and Crisis*. London: Faber

Freud, A. (1966). *Normality and Pathology in Childhood*. London: Hogarth Press

Freud, S. (1953). *Standard Edtion: The Complete Psychological Works of Sigmund Freud*. London : Hogarth Press.

Jones, E. (1987). Brief systemic work in psychiatric settings, where a family member has been

diagnosed as schizophrenic. *J.of Family Therapy, 9*, 1, 3-25.
Mahler, M., Pine, F., Bergman, A. (1957). *The Psychological Birth of the Human Infant*. New York: Basic Books.
Offer, D., Marcus, D., Offer, J.L. (1970). A longitudinal study of normal adolescent boys. *Am. J. Psychiatry, 126*, 7, 917-924.
Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development, 15*, 1-12.
Stierlin, H. (1977). *Psychoanalysis and Family Therapy*. New York, Aronson.