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Theme Issue on TA and Family Therapy

TA and Family Systems Therapies



By Robert F. Massey, PhD

As a social psychology, TA can be used directly with families and is also compatible with many family systems approaches. Many TA concepts imply systemic interaction — a continual cycle of mutual influence and interdependence among the participants. Stroking, transactional patterns, time structuring, second and third order structural analysis and scripting all essentially involve systemic interaction. I find that TA offers both a useful conceptual framework and a variety of techniques that work well with family systems approaches.

In this article, I will briefly describe four of these approaches — growth-oriented, Bowenian, structural and strategic — and show how they can be used either individually or together, along with TA, to provide effective treatment for families.

In her growth-oriented model, Virginia Satir focuses on building family members' self-esteem, improving communication, adapting the family's rules to current reality, and making the family blueprint flexible and open to growth.

Case Example

Linda, the oldest of six children in a financially struggling family, is 27. Though she left college to support her husband Jim in his senior year, Linda now makes twice his salary. Jim, 28, is the older of two siblings and works as a carpenter. He experiences periodic lay-offs, during which he become inactive and depressed.

Recently, Linda insisted that Jim assume more responsibility or she would leave him. In therapy, he expressed his caring for Linda and made a decision not to be so passive. They began talking more, working together to fix up their house, went back-packing for the first time in several years, and discussed the possibility of having a family. Jim began to feel better about himself and Linda gained confidence in their relationship. Eventually Linda relinquished her role as Rescuer and Jim gave up his Victim position as they structured in more time for activity and intimacy. They also expressed satisfaction with their increased stroking levels.

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The Bowenian method, named after Murray Bowen, encourages differentiation of self and the development of direct, productive relationships. When anxiety is too high, individual selves become fused, third parties are drawn into the interaction ("triangles" develop) and marital conflict often spills over onto children. Pathology is also transmitted between generations and genograms are often used to make cross-generational family patterns clearer.

Case Example

Frank and Sue agreed that they had worked together effectively as parents, but Sue was seeking a divorce after thirteen years of marriage. Sue, the youngest of four children, was told she was an unwanted baby and always felt like a stepchild. Frank, the oldest of four siblings, was constantly used by his mother as a "go-for." He felt she raised him only to manipulate him into running errands for her.

Frank's mother and Sue's father were both problem drinkers. Frank, 57, had been drinking heavily since age 19. In therapy, Frank and Sue realized that the drinking involved a cycle which began when Sue said something that Frank took as a put-down. He would then drink excessively and sometimes she would join him. He would end up acting aggressively toward her, but would apologize later, even though he did not remember what had happened. Both were unsure of their separate identities and sought relief from anxiety in this symbiotic game.

Sue began to reconsider her script position as Victim ("take care of me") and made moves toward independence. She came to see Frank's concern for her, which came out of the role of Protector, which he had assumed in the marriage, as controlling Persecutor. As Sue pulled out of the marriage, Frank pursued the growthful option of joining AA. He gave up his "Don't Think" injunction, found his memory improving and became more confident of himself and his alternatives. Frank began relating more directly to his father, rather than continuing to subscribe to his mother's negative evaluation of his dad. As he became more autonomous, Frank gave up distancing from his responsibilities and other people through alcohol, and he stopped pursuing Sue.

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Salvador Minuchin's structural therapy emphasizes the organization of the system in which identities are formed and competence exercised. In dysfunctional families, the boundaries between subsystems (parents and children, spouses and grandparents, etc.) are usually unclear or too rigid, and the patterns of relating are developmentally inappropriate.

Case Example

The Getz family sought therapy because the youngest child, 15 year old Ken, is dyslexic and was doing poorly in school. Mr. Getz resisted therapy, partly because he was at odds with his oldest son, who had done hard drugs and had been in a rehabilitation program. A psychiatrist from that program had inquired about Mr. Getz's relationship with his own father, which Mr. Getz regarded as intrusive and irrelevant. Structural therapy seemed to be a good choice for this family because it avoids such confrontations by remaining primarily focused on the present.

Ken's mother spent long hours tutoring him and Mr. Getz viewed Ken as a "messenger" between his wife and the teacher. "Enactments" were set up to demonstrate the family's transactional patterns. Father would elaborate on Ken's problems, while mother would excuse their son's difficulties. Both parents spoke for Ken and had to be cautioned about rescuing him in this way.

While Ken took the WISC, family members took turns alternately being with him and watching him from behind a two-way mirror. They saw clearly that he did not always put his best out and gave up easily on tasks he considered difficult.

To "unbalance" Mother's over-involvement with Ken, Father and son were assigned tasks to do together and Mr. Getz was stroked for every effort he made to help his son. At one point during the course of therapy, Mrs. Getz decided to join her father in Florida for three weeks. Ken wanted to discontinue sessions while she was away, but I persuaded Mr. Getz that he was the key to Ken's success and that therapy should continue. When Mr. Getz received my support for disciplining his son during this time, he reported that it was the first time he had experienced being backed up on a parenting decision. On her return, Mrs. Getz viewed my

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TA and Systems Therapies (continued)

stroking her husband as "flattery," but noticed that he responded favorably to it.

The therapy moved quickly. Ken began doing better in school and Mr. and Mrs. Getz reported communicating more positively with each other. In addition, Mrs. Getz began setting limits of how much she was willing to rescue her father and Mr. Getz told his wife that he was about ready to come to therapy with his oldest son.

Structural therapy succeeded with this family by opening up communication channels, energizing a greater variety of ego states, unhooking games (including Ken's "Wooden Perception"), and increasing stroking, activity and intimacy.

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Strategic therapy, as practiced by the Milan group and Peggy Papp, works with family systems that are "stuck" in dysfunctional developmental and transactional patterns. Paradoxical interventions prescribe both the symptom and the system of interactions, recommending that the family make no changes in their usual patterns of interaction. The belief is that, once the family's implicit rules are made explicit, they will rebound toward change. Strategic therapy overcomes resistance (passivity) by restraining change (autonomy).

Case Example

Lourdes and Miguel began therapy three weeks after their marriage because he was impotent. At 25, Lourdes had just left her family, including her mother who would "haunt" her by checking up on her every move. Lourdes pictured her family as so close that they would all die together and share the same coffin. Miguel, 28, the younger of twin brothers, was considered the dummy and clown, but had physically defended his weaker brother. He worked hard to put himself through college and obtained employment in government. His "Please Me" driver sought appreciation at every opportunity, and continuous joking around discounted his talents.

After educational, communication and mutual pleasuring techniques failed to motivate the couple to consumate the relationship (though Lourdes had offered premarital intercourse and Miguel had refused out of respect for her parents), the following paradoxical intervention was given:

Miguel is sensitive to both his wife and her parents. He imagines that Lourdes' parents might be offended were he to thrust himself upon her too suddenly. He realizes that Lourdes, however unconsciously, is not yet fully ready to declare her independence from her parents by allowing him to penetrate close to her heart, which she has, until now reserved for her dear parents. The group encourages Miguel to continue to sacrifice his own sexual satisfaction until Lourdes signals him that she has obtained permission from her family to fully enjoy sexuality. At that time, she will let Miguel know that he can enlarge their relationship and grow bigger until he fills her up.

This intervention, through its positive connotation, unconditionally and nurturingly recognized the couple as OK. Through an angular transaction, it challenged them to devise a way out of this uncomfortable social, psychological "knot." Once Miguel and Lourdes "penetrated" this dilemma through satisfactory intercourse, they moved on to script and redecision work that solidified their individual identities and their relationship.

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So far, I have presented each of the family systems approaches separately. However, at appropriate times, several can be used with the same family.

Case Example

Ed and Ann began therapy because their daughter, Sherry, age 16, was yelling at her parents, doing poorly in school, and possibly using marijuana. Ed was on probation for drunken driving and unable to work because of previous surgery for spinal fusion and bleeding ulcers. Ann was overweight and had high blood pressure. Eddie, just starting school, is allergic to furry animals and grass. Merryl, 18, had gone away to nursing school, but flunked out.

Therapy began with a structural approach. With great difficulty, the parents reached an agreement on the consequences for Sherry's misbehavior. However, Ed would frequently discontinue them while Ann was at work. He spent little time with his son, telling his wife that the boy should be allowed a dog or cat, even though she was the one to stay with Eddie during his allergy and asthma attacks.

The couple did not seem to have sufficient Adult and Nurturing Parent energy to form a parenting team. Ann was still in her Rebellious Child, viewing her mother as emotionally unavailable to her. As a child, Ann felt as if she had to take care of both her parents and her younger sister.

After structural attempts did not produce sufficient results, the following strategic paradoxical intervention was given.

Ann has grown up with the role of primary responsibility for her family. If Ann were to give up her place as the responsible one too quickly, she would experience too much pressure. Therefore, Ed and Sherry are to be commended for continuing to find ways to make Ann feel and act responsibly. If Sherry feels she cannot handle this job alone, she is to ask Merryl to help her.

This message defined the family members as OK and succeeded in motivating Ann toward greater autonomy and intimacy. She began to do Bowenian work and to move in ways that had important ramifications for the rest of the family. She set limits for Sherry and insisted Ed keep them. Ed responded by playing more with Eddie and giving him a nonfurry lizard.

With my encouragement, Ann accepted Ed's invitation to go to an AA meeting. When he became intoxicated before the second one, she refused to play rescuer by driving him to the meeting. But, she went again when he was sober and, despite fears about leaving the children, joined him for a weekend in the mountains. Ann's redecision about not needing to be the victim of over-responsibility enabled her to help herself, and the family, experience more competency, autonomy and intimacy.

* * * * * * *

Even when not used explicitly, a knowledge of TA can show the family systems therapist what processes are working well and which are in need of improvement. When operating out of other modalities, a family therapist may also use TA directly to provide the family with important tools, such as a working vocabulary. The potency and usefulness of TA as the basis for family therapy comes from its ability to deal insightfully and effectively with both personal dynamics and social interaction processes.

Robert Massey, Ph.D., CM, is the author of Personality Theories: Comparisons and Syntheses. *He has trained in family therapy at the Ackerman Institute in New York, the Philadelphia Child Guidance Clinic and the Center for Family Learning in New Rochelle. He is an Associate Professor and Chairperson of Psychology at St. Peter's College in New Jersey.*

BOOK REVIEWS

What We May Be

By Piero Ferrucci

J.P. Tarcher/Houghton Mifflin, 1982. $11.95

Reviewed by Mark Brady

There is a ring of authenticity and an unassuming flavor to the title of this book that immediately drew me to it. Following that draw, I found myself engrossed in the most recent and readable of the available writings on psychosynthesis.

Ferrucci studied with Roberto Assagioli, the originator of psychosynthesis, until the latter's death in 1975. He has much to say on the subject and he says it clearly and with a knowledge derived directly from study and practice in Italy over the last dozen years. Out of that study comes Ferrucci's determination that psychosynthesis is a practical psychological system open to all contributions. Central to this system (and ringing with more than a few notes of familiarity) is the concept of subpersonalities, separate psychological satellites with styles and motives all their own which are often in disagreement with one another. "Each of us is a crowd" possessed of these subparts, best described in short words or phrases like: Complainer, Bitch, Wimp, Santa Claus or Jaws.

Beyond the obvious problem of these parts being in conflict, a more important notion is that:

> ". . . nothing is meaningful as long as we perceive only separate fragments. But as soon as the fragments come together into a synthesis, a new entity emerges, whose nature we could not have foreseen by considering the fragments alone . . . . We have already been given (all the tools) we need; our only task is to use (those tools) in the most appropriate way."

Several other concepts are central to psychosynthesis, such as "will" and "intuition," and these are succinctly addressed in the book. For those of us teethed and weaned on TA diagrams, psychosynthesis offers an Egg Diagram, a Star Diagram and a pentagram of circles signifying a cluster of subpersonalities just looking to be disidentified. All are as familiar to Synthesizers as the PAC circles are to TA'ers.

Included in this book are the names and addresses of 19 psychosynthesis centers around the world. Eight are located in the US. Also included are instructions for the book's most effective use: 1) take time; 2) prepare; 3) persist; 4) connect; 5) work in silence; and 6) keep a workbook. I seriously doubt many readers will make the time to follow such instructions and, for that reason, I expect a number of the listed and explicitly described exercises to turn up at workshops and conventions over the next few years. More than 50 are included, with titles like Treasuring Beauty, Humankind's Potential and Building a Temple of Silence in a Busy Town. What better way to spend a Sunday afternoon?

Ferrucci never goes so far as to say specifically what it is that we are. His writings suggest many things.

> What we are may be energy forms with hearts in which the Gods have chosen to hide the Truth.
>
> What we are may be what we live by.
>
> What we are may be all of humankind's potential.

What we are may be an integration and wholeness beyond that glimpsed even a teeny bit by any of our subpersonalities, our Parent, Adult and Child ego states, our Top Dogs and Under Dogs, or our fragmented, rewarded and punished personas. What we may be is who we really are.

Vulnerable but Invincible: A Study of Resilient Children

By Emmy E. Werner and Ruth S. Smith

McGraw-Hill Book Co., 1982. $18.95

Reviewed by Esther R. Rubin, ACSW, CM

The study reported in this book was begun in 1954 on the island of Kauai, Hawaii. It was believed that the population there would be more stable than population groups elsewhere. This proved to be so, even with this past 25 years of rapid change. The authors note: "Throughout the two decades of the study, attrition was low; 96% of the 1955 birth cohort participated in the second year follow up, 90% in the 10-year follow up, and 80% in the 18-year follow up." This proves the point of longitudinal studies: that careful planning and persistence over time, with scrutiny and contact maintained with the research subjects, provides the data which, in short-term studies, can only be assumed.

What this study proved, through a myriad of sociological, physiological, biological and psychological parameters, is that, unless the variety of stress factors is simply overwhelming, children, by nature, appear to have the ability to maintain a dynamic homeostasis that allows them to live well, work well, play well, love well, and expect well from others, which meets Freud's definition of sound mental health.

The majority of the children in this study (422 out of 698) were considered low-risk at birth, grew up in supportive, care-giving environments and coped successfully in childhood and adolescence. Of those who were born into extreme poverty, to parents with little education (high-risk), more girls than boys grew into resilient young adults. Those who were troubled also tended to have multiple problems; e.g. a combination of delinquency and mental health difficulties for the boys and teenage pregnancies and mental health difficulties for the girls. Causes for these difficulties were either the result of major biological insults that prevented adequate development, severe poverty in the homes, and/or a persistently disorganized family.

Essentially, this work clearly points out how a child's own developmental stage will work to physiologically and socially interact with environmental influences in a variety of ways from infancy through adulthood. The book is well-supplied with references, indexed and has all of Werner's and Smith's research materials in the body of the book or in the appendix. The hypothesis of the original study and the premise of the book are precisely stated and clearly verifed in the research data.

KEEPING IN TOUCH

Virgil Beasley has been offering two courses to the Ventura Coastal Corporation Management personnel. One is on Communications/Human Relations and the other is on Becoming an OK Boss and Manager. Both have been extremely well-received. Luis Lewin, Manager of Employment and Industrial Relations, says, "Dr. Beasley has definitely been an asset to Ventura Coastal Corporation's management development of human skills. His dedication and enthusiasm, as well as his subject knowledge and effective teaching approach, are insuperable." Good work, Virgil!

Position Available: Juan Villegas has received a federal grant to rehabilitate a number of Cuban entrants. He wants to establish a TA/Gestalt trained staff. Bilingual Spanish-English MSW's (#2; $20,000+) and BA's (#14; $13,500+). TA/Gestalt training can substitute for BA degree. Candidates please write Juan C. Villegas, SJ, 648 23rd St., Brooklyn, NY 11210.

John Richardson, new Secretary of the Institute of Transactional Analysis, (ITA), recently became an Extra-Mural Lecturer on TA at the University of London. He had previously been teaching an evening class in TA at the Adult Education Center in Beckenham, England. The University took John onto their staff, despite present academic cutbacks, because of their interest in the new subject. (Thanks to Ian Stewart, Editor of the ITA newsletter, for permission to reprint this note from the February 1982 issue of the *ITA News.*)

New Certified Members

April 7, Rome, Italy
April 14, 1982, Raleigh, North Carolina
Norma R. Anderson, M.A., SFM, Kansas City, Missouri
Silvia Romanini-Attanasio, Ph.D., CM, Rome, Italy
Thomas H. Bain, M.D., CM, Crozet, Virginia
Maria Serena Barreca, Ph.D., CM, Rome, Italy
D.W. Cusack, CM, Florence, South Carolina
Eleonore Fawaz-Kamber, M.A., CM, Yvonand, Switzerland
Raffaella L. Guglielmotti, Ph.D., CM, Rome, Italy
Sara A. Hutchinson, B.A., CM, Dundas, Ontario, Canada
Aaron Lederer, CM, Chatham, New Jersey
Betty Putman Lowery, M.Ed., CM, Charlotte, North Carolina
Ferdinando Montuschi, Ph.D., SFM, Rome, Italy
Maria Teresa Romanini, M.D., CTM, Rome, Italy
Pio F. Scilligo, Ph.D., CM, Rome, Italy
Jorge Oller Vallejo, Ph.D., CM, Barcelona, Spain

Nurses Note: a sub-committee of the Education Committee is forming to collect information about the use of TA by nurses in education. If you are interested and/or have information to share, please contact Sharon Job, RN, MA at 1798 Barlow Lane, Boise, ID 83709.

Jane Stennett, PhD, CM, founder and co-director of Change Agency of New Orleans, has been chosen by June B. Ellis, PhD, the President's Delegation leader, to serve as a member of the People-to-People Psychotherapy Delegation to the People's Republic of China. The purpose of this program is to promote goodwill and understanding between American citizens and citizens of other countries. A will-defined professional team is sent abroad to exchange ideas and information with their occupational counterparts in various countries. The adventure began on May 20 and ended June 11, 1982. The group will visit with therapists and get an overview of the cultural aspects of Beijing (Peking), Nanjing, Shanghai, Guilin, Canton and Hong Kong. Jan promises to share some of the highlights of this trip with TA folks via the *Script* and *Journal.*



Laura and Harry Boyd's workshop at Rottnest Island, West Australia in March, 1982. The workshop was sponsored by Jeff and Maggie White and the Western Australia Seminar Institute. Laura adds, "Notice the sprinkling of children in the group, which was a great added attraction!"

SEX! Now that we have your attention, we want to remind you that we'd like to be on your mailing list so that we get your brochures, conference programs, workshop announcements, etc. This will help us to keep in touch with what you're doing and to build up our resource file for future theme issues. And keeping in touch is sorta sexy, don't you think?

The Statement of Ethics and the Procedures for Handling Ethics Charges within the ITAA are available upon request from the ITAA office.

Placer Clinical Seminar — meets the first Monday of each month at 7:30 pm at the Madison Avenue Counseling Center in Roseville, CA. Cost is $25/yr. or $5 per seminar. Seminar is open to students, professionals and professionals-in-training. No charge for first two seminars. For information contact The Placer Center for Creative Living, 700 Sunrise Ave., Ste. L, Roseville, CA 95678. Phone 916-782-3388.



Abe Wagner (he's the tall fellow in the bottom row, mid-right with the dark mustache) with group from the Philippines

Abe Wagner, CM, is continuing to promote TA in business and organizations throughout the world. In January he did a management workshop in Manila, Philippines. He will return to do another seminar on selling and still another on supervision. Abe is also speaking in Israel, Caracas and London during the next six months in addition to continuing his consulting and training program in the US.

Editor's Note: We're glad to know what Abe's been up to, now how about you? Even if you haven't gone any further than your own neighborhood (so what's so great about non-stop jet lag?), we're really interested in what's been happening with you - work and play. Come on, folks, let's give Abe a run for his money!

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Intensive Multiple Family Group Therapy

Exciting Developments in the Field of TA and Family Therapy

Having heard about the Family Development Center, we felt that this issue of the **Script** *on TA and Family Therapy would not be complete without a description of the innovative work being done there by Ellyn Bader, Ruth McClendon, Les Kadis and Sharon Roper. We asked them if they would be wiling to answer a few questions about their program and they graciously agreed. The results are summarized below.*

We understand that you have been doing some new and interesting work in the field of family therapy. Can you tell us a bit about it?

One of the more exciting developments in our work recently has been our shift from working with individual families in the one-hour-a-week, week-in, week-out, format to an intensive multiple family program. This new way of working gives us a chance to see three, four or five families working together in a group. We can see families this way for a longer period of time at one sitting, but the over-all duration of treatment is shorter. The context for this work is what we call the Family Development Center (FDC).

What is the Family Development Center?

The FDC is a new project where both creative and imaginative family treatment and the training of professionals can occur in a warm, caring and stimulating atmosphere. The Center's programs focus on the family as the source of individual change and utilizes the multiple family group as the vehicle for creating change. The underlying premise for our work there is that, when people change their sense of themselves within the family, lasting change results.

Our goal is to build healthy family support systems and to encourage the personal growth and autonomy of each family member, both inside the family and within educational, work and social environments. In addition to the family treatment we do, training is provided for people whose work requires knowledge of the family and also for therapists who are interested in learning more about diagnosis, treatment planning, family therapy and multiple family group therapy.



Ellyn Bader, PhD, TM, is an Associate of the Western Institute for Group and Family Therapy and is currently Vicepresident of ITAA. She was formerly the chairperson of the International Training Standards Committee.

How is the Family Development Center different from the work you do privately?

It is unique in that we emphasize intensive family therapy, and we provide the opportunity for families and individuals to change themselves within the context of individual, family and peer group relationships. We utilize individual therapy concepts drawn from Redecision theory and relationship concepts drawn from family systems theory, integrating them into a dynamic, comprehensive therapy approach. We are also developing a new Family Evaluation Service that makes use of a team of therapists and good observation facilities.

Our hope is that the FDC will provide a means by which these methods of working with families can live on, so to speak, after us so that they will grow and spread in a way that is not related to the individual personalities of those of us who are doing this work right now. Multiple family group therapy is very difficult to do in a private setting because of factors such as cost, population and the logistics of the necessary arrangements.

What exactly is multiple family therapy?

Multiple family therapy has been around for a long time and has basically meant doing family therapy with groups of families, usually anywhere from four to six families at one time. The way we do multiple family therapy differs from the traditional approach in that, while we work with the families together intensively in a large group, we also separate the group into parents' groups, kids' groups, men's groups and women's groups. In that context, we are able to work with all the different possible dynamics, such as father-son relationships, the couple relationship and sibling relationships. By working in this way, we can deal effectively with deeper emotional problems, as well as everyday problems in living.

How are multiple family groups better than single family sessions?

They allow the therapist to experience the family in an atmosphere that is not an in-therapy-room adaptive experience. Multiple family groups offer times for families and peer groups to play together, eat together, and work together so that we, as their therapists, can plan our treatment and design our interventions to meet the family where they really are. In addition, the group offers many support systems to each member of the family, whether it be a six-year old getting support from another kid or parents supporting each other. These kinds of support groups are not available in an individual family session.

In addition, the multiple family group allows us to "attack" different problems on different levels. For instance, adolescents often have difficulty separating from their parents and integrating themselves into peer grops. In regular family therapy, we help kids separate from parents, but we don't have firsthand knowledge about their integration into peer groups. The multiple family group allows up to do that while we support their sense of self.

Another important point about multiple family groups is that there is more than one identified patient in the room, which lessens the threat to any one of them.

Isn't that large a group very inhibiting for the people involved?

Sometimes it is in the very beginning, but people seem to overcome that very quickly, largely perhaps because we do various exercises that get people connected to each other. They begin to experience the group as much more supportive than inhibiting.

How is it for you, as therapists, to work with a group that large? How do you keep track of everything?

When you are new to it, that size group can be rather intimidating to the therapists. (We always use a male/female team.) However, as we get to know the families and see their dynamics repeatedly played out, it becomes possible to track their major issues and then to use the different groupings to facilitate change. We also have a therapist in the back room observing the videotape and working with a group of trainees. This trainer can help the therapists who are working with the large group keep track of the various dynamics. Since we videotape everything, we can go back and check up on something that happened, reviewing anything about which we are uncertain.

What types of problems do you deal with?

We deal successfully with all types of family problems. We have had families in multiple family groups with contracts for growth and also families that have one or more psychotic member. For some families, the multiple family group experience is their total therapy, and for others, usually those with more severe individual pathology, it is part of a larger treatment experience.



Les Kadis, MD, CPTM, is an Assistant Professor of Psychiatry and Behavioral Sciences and Anesthesia, Stanford University and an Assistant Professor at Langley Porter Neuropsychiatric Institute. He is an Associate of the Western Institute for Group and Family Therapy, and a former member of the ITAA Board of Trustees.

Has any research been done into the effectiveness of this method?

There have been several studies on redecision therapy, redecision family therapy and multiple family therapy. The most notable is the study Ellyn completed for her dissertation and which was recently published in the *TAJ*. It is frequently quoted in the family therapy literature as one of the few well-designed outcome studies in family therapy. Ellyn showed quite clearly that important changes followed a multiple family therapy experience and that these changes were maintained over time.

Recently, Bethany Schachtner completed an effectiveness/cost benefit study on these families and, although the final results aren't in yet, preliminary findings suggest that this modality is very useful. Ruth and Les also recently published a paper in the *American Family Therapy Journal* which reviewed their ten-year experience with some long-term follow-up, again demonstrating the value and efficiency of this method and its ability to maintain change over time.

Earlier you mentined the Family Evaluation Service. What is that?

It is a unique way of diagnosing a family by collecting information about it and efficiently and thoroughly assessing that information. It involves three or four interviews with the family which are all videotaped and observed by a therapist other than the one doing the interview. In addition to the interviews, the family fills out a number of forms.

The first interview is primarily a family systems evaluation. The second is an assessment of the individual dynamics of each family member. The third is a feedback session and usually involves giving the family some task or homework assignment. An important part of the information gathering is seeing how the family responds to this. The fourth session involves follow-up to see what changes have been made and how the family has responded to the feedback and confrontations they were given earlier.

A report and recommendations are then given back to the family and the referral source. Our recommendations to the family include specific suggestions for change in order to create a more positive interaction. We may also recommend some additional treatment.

The referral source may be a doctor, an attorney, or even another mental health professional who is feeling stuck with the family. We give the referral source information which he or she can use in their own particular contact with the family. In the assessment, we emphasize the strengths that families and individuals have, and in the recommendation, our emphasis is on the utilization of those strengths for the resolution of the diagnosed difficulty.

Can you give us an example of how your method works?

Sure. We recently saw a family which consisted of father, mother, son (age six) and daughter (age eight). The problem was that the son, in spite of considerable long-term individual therapy and conjoint therapy for the parents, continued to soil. Mother and father are both highly educated. Mother has two PhD's, although she isn't using either of them. Father is a manager for a local computing firm. The eight-year old daughter, according to the family, was doing fine.

We saw the family for an evaluation and invited them to join a multiple family group therapy experience with four other families. This session was held for one full day and then six successive weeks of two evening sessions per week. We met in the large multiple family group, and with individual families. In addition, the parents and kids met separately and the men and women met separately.

During that time, we observed in this particular family a high degree of enmeshment, continual uproar, lack of parental boundaries, the absence of a clearly defined hierarchy of power, very indirect communications, and a system in which everyone acted like children, with the parents competing for the child spot and the children keeping themselves even younger than the parents.

This was a "Don't Grow Up" family. As we approached that issue, we entered the system through the father and found that his seemingly hostile transactions were, in fact, based on scare. For the first time, he talked about how, when he was his son's age, he had been hospitalized with polio. He talked about how petrified he was about being in bed next to youngsters with iron lungs, many of whom didn't make it. This led to his redecision work, in which he decided to grow up and to take a more active role in his family.

His newly found strength provided the safety which supported our work with Mother's anxiety. It also supported the son in reversing his decision not to grow up. The work in the women's group facilitated the mother-daughter relationship and provided the basis for change there.

After the six sessions, the family was quite different. They weren't totally done, however, and so continued for several sessions before finishing. Mother is now goal-directed and has begun utilizing her extensive education. She is feeling much different about herself. Father is present in the family system, confronting both of the kids, and the son has been symptom-free.



Ruth McClendon, MSW, TM, is an Assistant Professor at Langley Porter Neuropsychiatric Institute and is on the training faculty of the Fielding Institute. She is an Associate of the Western Institute for Group and Family Therapy and former President of ITAA. She was also Director of the American Group Psychotherapy Association.

How does TA fit into your program?

TA is a major part of our theoretical framework. It is our thinking structure for operations with individuals within the families and for the family as a whole. We use TA particularly in the redecision framework and find that it is a wonderful tool for diagnosing difficulties in the present, for helping people make connections between the present difficulty and their early decision, for resolving the early decision, and then for coming back into the present and making their lives different.

What is the most exciting part for each of you of doing this kind of work and of developing your program?

Sharon: the flexibility the model provides. Being able to break the group up or restructure things in any way that seems to best meet the needs of the family members at that particular time. The second most exciting thing is the support that the group provides for each other.

Les: families get what they need, they get it quickly and they have fun while they do it. They don't always enjoy it, but they work hard and they have a sense of accomplishment in this work. I, too, have some of that feeling. My anxiety level is high. I feel a considerable amount of pressure to get the work done, but in the back of my mind I know that, if we have set the goals reasonably, most of the work that needs doing will get done. And, I can look forward to a high rate of success.

Ellyn: I like being involved in a project that allows me to be innovative and creative. I like pushing my own boundaries and my skills in new directions. I have believed in the effectiveness of intensive family therapy for a long time. I am glad to be doing a program that will allow this type of treatment to become available to more people, without disrupting their daily lives.

Ruth: what we do is creative and moving and that's what I like. The multiple family group format is natural rather than "in-office" treatment. We build a community which is supportive and healing. People are continually generating new ways of being with each other and I feel good being a part of that environment.



Sharon Roper, MSW, is a clinical instructor in the Department of Psychiatry and the Behavioral Sciences, Stanford University School of Medicine, and an instructor with the Family Practice Residency Program, San Jose Hospital. She also has an active clinical practice.

Research Notes

Generating Egograms

By Virgil Beasley, PhD

For my doctoral dissertation, I undertook a study to further establish the reliability of a process for deriving TA egograms from the Adjective Check List (ACL).

The Check List was used by Katherine Williams (1978) to develop an objective procedure to generate egograms. Her analysis was limited to college students and it compared their mean egogram profiles to that of an idealized "mentally healthy person." The "healthy person" profile was arrived at through expert judge opinion. Significantly, these same judges offered their TA interpretations of the Adjective Check List, which served as the initial reliability base of Dr. Williams' scoring criteria for generation of egograms.

The major purpose of my study was to use Williams' scoring criteria with a different set of populations and to do further reliability analysis with another mathematical formula. The intent was to show stronger reliability so that the scoring system could be used with broader populations and serve as a foundation for future research into ego state theory and applications.

The subjects were chosen from two diverse populations: the middle-level managers from an aerospace company and practicing counseling professionals enrolled in an advanced training program. The research design was descriptive; hence no hypotheses were necessary. Various statistical analysis methods were considered and Kuder-Richardson's simplified formula, KR 20, was chosen for testing out the method of rational equivalence. Results affirmed that Williams' technique for deriving egograms from the ACL is reliable.

Cohesion in Groups

By Donald A. Shaskan, MD

We-ness, the acceptance of members by other members, is a necessary condition for effective group therapy. Unless cohesiveness is achieved, the group cannot concentrate its full energy on a common task.

The literature shows the importance of group cohesiveness. Grotjahn (1981) believes that group cohesion is the clinical expression of the group mind. Yalom (1970), who views cohesion as the cornerstone of the interpersonal approach, holds group cohesion as one of the basic conditions for cure. Kaplan and Sadock (1971) define group cohesion as the effect of mutual bonds between members of a group as a result of their concerted efforts for a common interest and purpose. Budge (1981) agrees that cohesiveness is typically seen as a positive state necessary for effective therapy, although, when viewed dynamically, it becomes a complex process that is initially necessary and subsequently defensive in groups.

Kirshner, Dies and Brown (1978) indicate that higher levels of disclosure produce greater group cohesiveness. Recent contributions of Kohut to individual psychoanalysis refer to lack of stability in the cohesion of the self and Roth (1982) writes of the degree to which the self system is cohesive. Finally, Stone and Gustafson (1982) consider the group cohesive if individuals consider one another as separate. Then the therapeutic process can be geared to allow idealization to develop within the group.

Our 30-year follow-up study (Shaskan, Moran, Moran, 1981) indicates that not interfering with the cohesiveness of a group proved of utmost importance. The study began in 1975 when we sent questionnaires to 23 members of a therapy group which has met from 1945-1951 in two widely separated cities. Not only did 17 of the 23 members reply to our inquiries, but judging from their responses after nearly a quarter of a century had gone by, the therapy group experience was as alive for them as if it had happened last year.

The lively response we got made us realize that we were being presented with information which might throw light on the issues of group cohesiveness, although no formal measures of group cohesiveness were made. Their responses included comments such as "good feelings for the group," "very turned on by the whole experience," "friendly, quite close," "close personal relationship with other group members," "I was fond of several individuals that I remember, some of whom were my friends when the group began," and "like a second family." One of the three therapists said, "good group."

In summary, attractiveness for one another and intimacy were achieved in the group while isolation was overcome. The members of the group were better able to reduce the stress of isolation and distance during war and in a troubled post-war society. They achieved the cohesion necessary to make their group experience a lively one. It gave "new purpose and direction to most, which continues to affect not only their lives, but those of their progeny." (Shaskan, Moran & Moran, 1981).

Up-date on Board of Certification

Two years ago, the ITAA Board of Trustees created the concept of a separate, administratively independent committee of the ITAA to develop and administer competency-based certification exams. The trustees believed that this body would facilitate a better, more equitable exam and would also enhance the public image of a "certificate of competency in TA."

Last year, the trustees appointed the committee and the membership passed the necessary by-laws and guidelines so that the Board of Certification (BOC) could begin operating. The BOC has been meeting since January, 1982, and this report is intended to keep the ITAA membership, particularly candidates and trainers, informed about the process and decisions of the BOC.

The BOC has twelve members (listed below), six of whom are appointed by the Board of Trustees and six of whom are appointed by the BOC itself. The term of office is three years and the members of the BOC must represent a cross section of the organization.

The BOC will be responsible for conducting exams beginning in January, 1983. In other words, after that date, the ITAA will recognize only those credentials issued by the BOC. This change will have important short and long-term consequences for the ITAA.

The essential purpose of the BOC is to conduct a competency-based certification exam. In spite of the years of experience ITAA and the Training Standards Committee have had in this area, we, like many other organizations, have only a rudimentary idea of what competency-based certification actually means. For instance, how can we demonstrate that what we test for has meaning in the world of practice? How can we know that what we test for is relevant to the job and to the culture?

The BOC's task is to define the practice of TA in operational terms, to devise an exam that is reliable and which has both construct and content validity, and to demonstrate that the exam really provides the information we want. This is obviously a large task and one which we want to do well.

We see our job as designing and evaluating procedures first and implementing changes after we are reasonably certain that what we are doing is right. We will direct our efforts toward finding out what parts of our current procedures are both valid and reliable indicies of job performance. We will initiate new processes only after we are sure that what we develop works better than the current process.

We have already started developing instruments to train and evaluate examiners. Our goal is to make sure that a candidate has an equal chance of succeeding in the exam, independent of the examining board or the country in which the exam is held. Some of these changes will be field tested in Snowmass.

The only area where early changes may be made is in the maintenance of contracts. These documents describe the relationship between the trainer and the trainee. Since the BOC is a certification body that is concerned with eligibility, we will probably develop eligibility criteria for admission to the exam. It will then be the responsibility of the candidate to demonstrate that the criteria have been met. In the beginning, these criteria will be quite flexible so that no one currently under contract will have difficulty meeting them. Any changes will be preceded by ample warning and will be implemented only after considerable consultation.

The impact of the new exam process on the ITAA itself is complex. It will put us in different company. We will share similar credentialling structures with major health care professional organizations throughout the US and will be part of a movement that is already beginning to cross national boundaries. The possibility that the ITAA will be recognized in the world community and that its credential will have relevance to the marketplace is a long-held dream. The fulfillment of that dream is now closer to reality.

Your input is essential. Please call, write and/or meet with us. We will hold an open, informal question and answer session on Saturday, August 7, 1982, in the Campground Room at Snowmass from 12:30-2:00pm. Please come by and give us your ideas.

Les Kadis, Chairperson
Emily Ruppert
Valerie Chang
Vince Gilpin
Harry Corsover
James Allen
William Falzett, Jr.
Shea Schiff
Margaret White
Michael Ward
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Vann Joines

USA-TAA Founders — this is your last chance to become a founding member of the USA TA Association. If you are interested in becoming a founding member, send a $25 check, made out to USATAA, to Felipe Garcia, Rt. 15, Box 234C, San Antonio, TX 78228. Check must be received by July 29, 1982, *or* be prepared to pay at the USATAA meeting in Snowmass, Colorado on Wednesday, August 4, 1982 from 4-6pm. As of this writing, 45 persons have joined. Founding members will be voting members at the Snowmass meeting for election of officers, committee appointees and other business decisions. You must be a member of ITAA to join USATAA.

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Calendar

August 4-8, 1982 ITAA Summer Conference, Snowmass, Colorado
January 19-21, 1982 ITAA Winter Congress, Oaxtepec, Mexico

	Exam Date	Location	Application Deadline
CM/SFM	July 4, 1982	Wellingen, West Germany	April 5, 1982
	August 4, 1982	Snowmass, Colorado	May 4, 1982
Oral Exams	September, 1982	Perth, West Australia	June 1, 1982
	October, 1982	Adelaide, South Australia	July 1, 1982
	October 20, 1982	Maryville, Indiana	August 20, 1982
	November 7, 1982	Brussels, Belgium	August 9, 1982
	January, 1983	Oaxtepec, Mexico	October, 1982
	July, 1983	Italy	April, 1983
TM Exams	July 4, 1982	Wellingen, West Germany	April 5, 1982
	August 4, 1982	Snowmass, Colorado	May 4, 1982
	January, 1983	Oaxtepec, Mexico	October, 1982
Written Exam	September 24/25, 1982	To Be Announced	July 15, 1982
PTM Contract Workshop	August 8-10, 1982	Snowmass, Colorado	June 8, 1982 ($100 deposit)

All fees are due on or before the deadline for applying for an exam. All exam fees are non-refundable but will be kept as credit in your account if at least 30 days notice is given for cancellations. Otherwise fee is forfeited. Fees: $75 written exam. $100 oral exam, $30 contract filing fees.

Working with Normal Families

By Barbara Mueller, PhD

"I learned that my brother is just a human being," wrote a fifteen-year old on her workshop evaluation.

"It's a relief to know my family is just like other families and, at the same time, unique," wrote a single parent.

"We're ready to do seminars on how families can get the housework done," announced a high school senior.

Comments like these from the participants suggest the value of workshops for asymptomatic families who are struggling with problems that are typical of any family moving through the family life cycle. As more families live at a distance from relatives, they lack the opportunity to experience, close at hand, the internal workings of other families. Consequently, working with normal families in groups provides them with the rare opportunity to get some perspective on their own situations.

Working with normal families from a growth perspective helps reduce their anxiety about the normal bumps and curves of family life.

Introductory exercises range from choosing the animal that represents their family to sharing a favorite funny piece of family history. Thus, individuals are introduced to one another within the context of the family. TA's traditional use of contract setting follows. Generally, the areas of concern include communication, closeness and feelings, problem-solving and having fun as a family. The four-week series is roughly divided into stroking patterns, games, negotiations and problem solving, and intimacy.

Following a brief description of stroking (filled with stories for all ages), families are asked to do a stroke round. Each member takes a turn being "it" and receiving positive strokes from other family members. No discounting is allowed. After her or his turn, the person who has just been it also asks for two additional strokes that nobody happened to think of, and the family responds. Afterwards, in the large group, families share what was easy or difficult for them about positive stroking and they make contracts for change to be worked on in the coming week.

Each of the succeeding sessions begins with questions, comments and discoveries from the previous week before moving into another structured exercise. The exercises serve both to increase awareness and to provide the opportunity for learning new skills. The discussions offer a forum in which to process the thoughts and feelings stimulated by the exercises.

A skilled facilitator is invaluable in both areas, but in large groups, families that are similar in age and constellation may be paired together so they can act as facilitators for each other. In fact, many adolescents and parents have been able to get new handles on their own conflicts by advising someone in another family. In addition, this arrangement leaves the facilitator free to concentrate on the occasional family that may get stuck.

The second session's exercise uses John James' Game Plan to help participants identify the predictable, repetitious behavior patterns that always lead them to the same end. Giving each family member the responsibility of thinking up new options for his or her behavior at each step of the game empowers everyone with the ability to impact what happens and reinforces systems thinking as one useful approach to family problems (which also happens to be one of the attributes of healthy families).

One of my favorite examples is a family who decided to interrupt their game by hugging any time anyone recognized the pattern, although none of them had the cognitive information that games are a substitute for intimacy. After a few weeks, they giggled as they shared with the group their discovery that they could just hug more without even starting the game.

Often, there is also a kind of pleasurable awe as the family experiences how deep its bonds are.

The problem solving negotiation in the third session teaches people to begin by stating what they want in terms of benefits instead of solutions. After doing that, they then learn to brainstorm, identifying the advantages and disadvantages of each solution and deciding which one results in each family member getting most of what they want while, at the same time, maximizing advantages and minimizing problems. Finally, the families learn how to implement their chosen solutions. Each member is encouraged to check and see whether the negotiation really produced what she or he wanted.



In one family, the father began by saying he wanted his kids to watch less TV. The kids wanted more family time and proposed they spend the evenings playing Monopoly and other games. Father was appalled, because his real agenda had been for them to spend more time reading, playing instruments and drawing. Once his wants were made explicit, the youngsters developed a plan in which they would spend some time pursuing the activities he valued, followed by a family show-and-tell performance, which got them the additional time they wanted.

The last workshop session looks at intimacy. Each family member is asked to share with the others the words, gestures or actions that make him or her feel most loved and cared about. It is often a time when families are moved to tears. They are amazed to realize that some of the most important aspects of their relationships have escaped their Adult awareness. Often, there is also a kind of pleasurable awe as the family experiences how deep its bonds are.

Working with normal families from a growth perspective helps reduce their anxiety about the normal bumps and curves of family life. It also increases their awareness about the ways they interact with each other and helps facilitate changes in the family system. And last, but not least, it is very gratifying for the therapist to work with families that are already functioning adequately and who want to incorporate new ideas and behaviors that will enhance their own development. As one ten-year old said, "It's nice that we all know how to be nicer and still fight."

Barbara Mueller, PhD, TM, works at St. Mark's Counseling Service in Seattle, WA as a Marriage and Family Counselor. She has taught at the Northwest Family Training Institute and has worked as a consultant for the Child and Family Resource Program which is part of the US Department of Health and Welfare. She was formerly co-chair of the US Training Standards Committee and is currently a member of the ITAA Board of Trustees.

Intergenerational Analysis (continued)

families.[2] In addition, there are implications for examining where a family is developmentally by applying second order structural analysis of ego states to such events as the birth of a child or the death of an elder. In any event, Intergenerational Analysis invites interest and creativity from both the therapist and the client family.

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Charles R. Mueller, MSW, LICSW, is affiliated with the American Association of Marriage and Family Therapy as an approved Supervisor. He is a CPTM and has practiced as a family and group therapist in New England for the past 21 years. He has trained and supervised people from a variety of helping professions and is the Director of the Department of Family Services of the Lutheran Service Association.

Intergenerational Analysis

By Charles Mueller, MSW



I am John. I am 15 years old. I like sports, writing and traveling. In fact, it's because of my traveling that I'm writing this. A few weeks ago I ran away from home and thumbed my way across country to sunny California. I finally came home, but the whole episode made my family very nervous and so they got into family therapy. I didn't want to go with them to the sessions, but I'm ending up finding out a lot of things, especially about me.

Last Tuesday we were all in family session except me. What I mean is that I was there, in body, as they say, but I had decided not to get involved in what was going on. My sisters, two older and one younger, got into some heavy stuff with Mom. It had to do with my oldest sister, Barb, and what she felt after breaking up with her steady boyfriend. You see, my Mom doesn't like anyone to be upset and she's scared of anyone leaving the family. Barb's relationship with this guy was kind of like her moving away from the rest of us, at least emotionally. So, my sisters were talking real direct to my Mom about all of this and she was listening.

Everybody has been feeling a lot of pain around here, and now, finally, we are able to talk about it a little. Even Carol, and she's only ten. Dad and I both wanted to keep out of all of this, and it wasn't easy. But, with my very dark sunglasses and by using only two sets of responses (I-don't-know and it-doesn't-bother-me, which I used alternately) I drove them mildly wild.

I guess my tactics didn't work just the way I expected, though, because arrangements were made for Dad to take me in for an individual session. Yesterday, Mom drove me to the first one. It was at 8am, which suits me just fine because I got out of classes. The first thing Chuck (that's our therapist) said was, "Your Dad was going to bring you. Where is he?" That's where the I-don't-know and it-doesn't-really-bother-me came in handy. Dad is so busy, I don't know where he is, even when he's here. But I admit it is beginning to bother me.

Now, in the back of the room by the fireplace is an easel. In the first few minutes, Chuck and I had our whole family inside three big circles. He asked, for example, who did all the thinking in the family. The answer, of course, is obvious "Dad." Dad did all the thinking for me, for all of us, and he still does. So, Chuck wrote "Dad" in the middle circle for the thinking Adult in the family.

Mom and Barb do all the parenting in the family, so they were put in the top circle on the right side. I laughed when Chuck asked who did the nurturing part of the parenting because I never saw it. Maybe it happened when I was little, but I don't remember it. It seems to me that the parenting going on in our family is the critical variety.

We put Diane, who is 16, and Carol in the bottom circle on the left side because they act like free children. Diane, by the way, invites me to join her. She understands me. Finally, it was time to find out where I belong. At first, I thought I didn't belong at all, but then it became clear that I was in the bottom circle too, but on the right side. I am the rebel part of the adapted child. I used to be the adapted one, but now I'm on my way out. Chuck drew an arrow to show me leaving home.

Stepping back and looking at the diagram was incredible. A lot of pieces came together for me. We put a thick skin around the whole thing to show how Mom, with Dad's help, tries to maintain "togetherness." We do everything together. Too much to suit me. Then there's concern. Everyone is so concerned about everything. It makes me feel like I need fresh air, like I need to get out.

When I said that, Chuck looked straight at me and said, "I support you in that." Wow! No one ever said that to me before. He added, "There's just a few details to work out, like when you leave home and how you leave." Finally, he asked me if I knew what was going on in my family. Yes, I know. And it bothers me.

* * * * * * * *

As their therapist, I am impressed with how rapidly this very resistant adolescent and his family became involved in treatment. I believe this could happen because we are headed in a definite direction and we have useful maps of how to get where we want to go. Using genograms (see figure 1) with the concept of egograms helps us to conceptualize very intricate family dynamics between generations and so gives us some direction. Applying the functional model of analyzing ego states to the nuclear family provides the map.

John comes from an old New England family that is geared toward success. The hurt they are experiencing seems to be from growing pains related to family life-cycle issues. For example, Mom's first complaint in the initial session was that the family no longer eats dinner together. Each one is into their own busy schedule. The last family skiing weekend was a disaster. The eldest daughter was "so obnoxious" that everyone was glad when it was over. For years, Dad has wanted to leave the East and fly to California. Barb seemed to make the first real attempt to "leave home," although unsuccessfully, by becoming involved in a serious relationship with a boyfriend. And now it is John.

I see the behavioral roles in this family, as experienced by John at this time, as lop-sided. (See figure 2) The obvious imbalance is the lack of Nurturing Parent (NP). Another imbalance is the Adult (A) role, dominated by Dad. Visually, and functionally, the *Family Applied* to the *Functional* paradigm (FAF) seems to crowd John out. This needs to happen eventually, in effect, but with more finesse and permissions and in stages.

John, himself, realized that, when he left on his five-week run to California, Dad moved to Critical Parent (CP). When John returned, he joined Dad in CP in a rivalous fashion, which they played out by screaming at each other. Mom moved to being sad and hurt in Adapted Child (AC), thus bouncing John up to NP because of his feeling that he had to take care of her.

This represents a lot of changes for the family. I theorize that, when individuals are stuck in family roles, the family is less functional and less able to meet crises, either inside or outside the family. A family that encourages movement among these five roles has a richer repertoire of behaviors at their disposal and is therefore more "functional," now and later in life. I also believe that this capacity, or lack of it, is passed on to succeeding generations.

So far, we have dealt mainly with what happend between the two generations in John's nuclear family. Ahead lies the exciting work of exploring the preceding generation. For instance, I am curious about Dad's relationship with his own father. I suspect that his nuclear family will resemble John's map. My hunch is that, when Dad was 15 and was picking up messages about how to father an adolescent, he perceived his own father as distant and all Adult. My experience with families tells me this is passed on to the third and fourth generation, and so I'll bet Dad was a Rebel Child (RC) too.

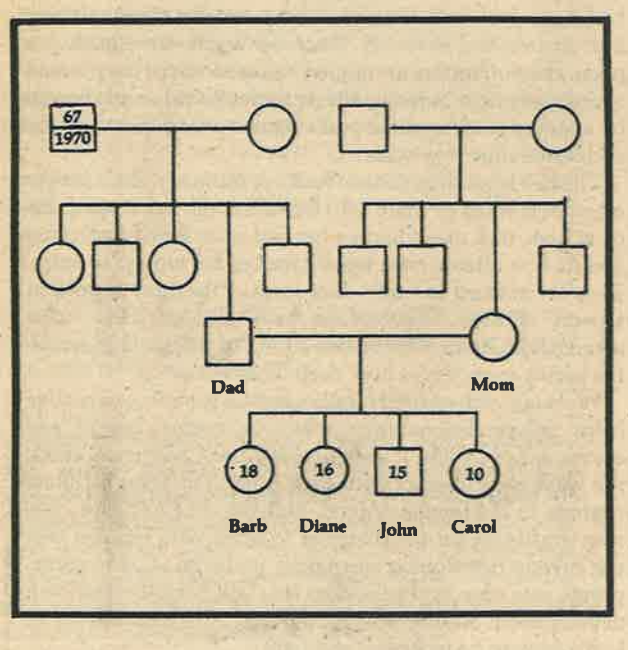

Figure 1: Three Generation Genogram

A genogram is a model which shows the intergenerational structure of a family. In the one above, the squares represent males and the circles represent females. Horizontal lines indicate relationship (such as that betwen husband and wife or between siblings.) Vertical lines indicate transgenerations. In the case of siblings, the eldest is on the left with each one getting younger towards the right of the line. In the case of a death, such as you see here in the upper left corner, a line is drawn through the shape with the year of death and the age of the person when they died. The ages of siblings have also been inserted into the appropriate shapes on this genogram of John's family.

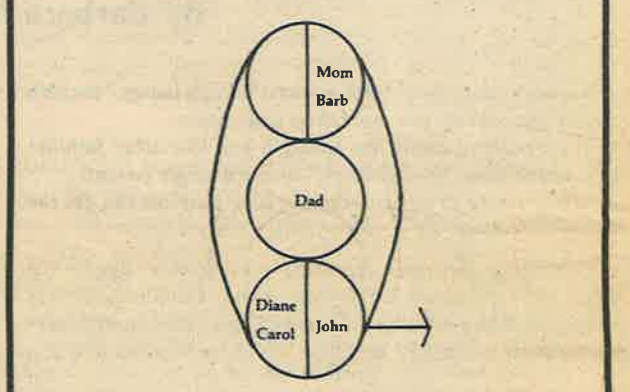

Figure 2: Family Applied to the Functional Paradigm

John needs permission from Dad to join him in A so that they are allies, not rivals, and so that John does not feel like he is getting bounced out of the family. I would like to see father and son share as many roles together as possible, so that John can receive modeling and permission for operating out of many different roles. I also want to investigate Dad's relationship to his older brother in order to sort out any projections Dad might make onto John, because he, like Dad's older brother, is the first male in each generation's sibling sub-system. In addition, I want to explore the developmental roles in Mom's nuclear family to learn more about her fears about people leaving home.

With information like this about three generations, we can analyze family members' roles and functioning and provide a concise instrument for diagnosing a family, moving it toward treatment goals, inviting family contracting, and setting the scene for face-to-face affirmations. The affirmations that a particular family needs will become obvious by looking at the functional diagram and seeing where there are either holes (ego states where no one fills the role) or overcrowding (ego states where too many people fill the role). Either of these reflects an imbalance in the family system. In John's family, one important affirmation might be, "You're growing up well. It's OK to leave the family, gradually."

I believe Eric Berne had a keen interest in the intergenerational aspects of family life. For instance, many of his books are dedicated to members of his family. I think it is in keeping with his tradition to add a fifth analysis to TA, called "Intergenerational Analysis." I see the roots of this in the "Parade of Families" in his last book, *What Do You Say After You Say Hello.*[1]

I have found this to be a very exciting and useful model and have used it with dozens of families like John's. Interesting applications of it have also been made with blended

continued on page 7