

Psychotherapy Guidebook

COMPREHENSIVE FAMILY THERAPY

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Table of Contents

[DEFINITION](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

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DEFINITION

Comprehensive Family Therapy (CFT) aims at optimizing family function by remediating immaturity, correcting psychosocial pathology, and developing latent behavioral potential through integrated educational, reparational, and psychoanalytic procedures.

CFT grew in stages. First concerns were with symptoms in child patients. Initially, family contact focused on correcting the parents' rearing of the child. But parental ineptness with one child often meant difficulties with other offspring. Consequently, professional aims were to potentiate the rearing transaction — the entire network of relations among parents and children — plus the children's independent transactions. However, marital disharmony seriously impaired parental effectiveness and therapeutic contact was necessarily extended to engage rearing and marital transactions concomitantly. Furthermore, the couple's extrafamilial functioning was found related to both parental and marital process, requiring inclusion of the spouses' independent transactions in the professional work. Thus, CFT contacted all family members and the empirical breadth of family process,

realizing the necessity of dealing with the entire membership and all difficulties within terms of one professional relationship.

CFT was introduced in 1964 and taught at the Bleuler Psychotherapy Center of New York City, and since under various sponsorship.

TECHNIQUE

CFT is not distinguished by specific techniques but rather by its emphasis on understanding the family dynamics, the need to establish family goals and to concentrate on approaching “target” behavior by means of an integrated therapeutic interplay. Defining ideal family process is critical for professional purpose, direction, and efficiency. The ideal model for CFT is derived from empirical observation and clinical experience and it purports to reflect the common structures of well-functioning families.

The marriage is at the hub of the family dynamism. The positive involvement of the spouses helps maintain proper emotional balance with children and promotes growth in the couple. In the “progressive marital trend,” the mates assist each other through supportive teamwork and intramarital parenting to learn and improve ego functioning within terms of their complementary parental and coping roles. This enhances family organization, adjustment to reality, and security. A counterpart “regressive marital trend” emanates out of the mutual elicitation and outplay of impulses

and desires that occur when a couple maintains investment and psychological contact with one another. The provocation of repressed material (“repetition compulsion”), notably love and hate, within an affirmative interpersonal context of disclosure and understanding allows for the integration of the underlying contents into the ego. Gradually, successively deeper psychological expression, self-contact, and intimacy ensue. Continuing over a lifetime, the progressive and regressive marital trends incur ego growth or “progressive abreactive regression” (PAR).

The practitioner may begin CFT with the entire family or any part, devolving or escalating contact with members. The frequency, length, attendance, and overall pattern of meetings are therapeutically determined and variable. Initial procedures are affected by membership attitudes toward professional intervention, family power relations, nature of surface psychopathology, and requirements of starting and developing the treatment program. The family’s subsystems (all combinations of members) and extensive behavior are influenced through the couple.

The practitioner potentiates the family’s rearing transaction by dealing with the spouses as parents, with the pair as husband and wife, and with the couple’s independent transactions by his involvement with their extrafamilial selfhoods and careers. Generally, offspring are professionally affected through the parents and not directly. However, the practitioner sees children

adjunctly, alone or otherwise, for evaluation, building parental capacity or the child's positive response, and also for assisting with psychopathology beyond parental reach. Older offspring may be approached individually to increase healthy privacy and independence.

Contact is maintained with total family process, which is worked with coherently to avoid imbalance or disorganization and to maximize progress. Family events denote the spousal leadership and members' functioning and guide the practitioner's effort. Therapeutic leverage is significantly amplified by using family repercussion tactically. There are many ways of doing this, such as by swaying family plans, assigning tasks, encouraging closeness or distance, or settling or stirring conflict. Also, family members in therapeutic alliance with the practitioner are employed to interpret, confront, assist, reward, or punish another's behavior. Selfhood in one party may be particularly developed, not only for that person's benefit, but for growth influence on someone else.

The roots of family malfunction are traceable to parents' immaturity and/or neurotic process, which are tackled respectively by the "progressive" and "regressive therapeutic impingement." In the progressive impingement, the practitioner educates and parents (feeds, inspires, goal sets, models, rewards, disciplines, role plays, etc.) to compensate for the deficient parenting that the couple received as children. In this mode he is aggressively

forward looking, utilizing available potentials to overcome ineptness and fill in ego gaps. He develops esteem, goals, functional knowledge, ability, and teamwork for mastery of interdependent parental, marital, and extrafamilial roles.

In the regressive, or analytic, therapeutic impingement, the practitioner is backward looking, encouraging expression and ventilating suppressed feelings. Under assistance of introspection and insight, latent psychological contents abreact; that is, the individual relives early experiences, with the practitioner being given emotional meaning as an image of childhood figures. Properly instigated and managed, regressive abreaction makes repressed mental contents accessible, with freeing and widespread benefit.

By establishing fresh standards and mobilizing new action, the practitioner's progressive impingement suppresses preexisting nonproductive behavior and causes the damming of impulses and psychophysical tension. On the other hand, regressive relations free structures and build potential for the progressive development of ego and transactive functioning. Thus, the regressive impingement supports the progressive and vice versa, and the practitioner shifts between those two modalities.

In consequence of professional intervention, the couple is

simultaneously developing in competence and positive ambition. At the same time, the pair's deepening commitment and better communication make them willing and able to intramaritally parent and help the partner overcome personal immaturities that undercut teamwork and stifle self-assertion and achievement. Consequently, we find improving marriage to be associated with heightened reciprocal growth pressure and ego building, which adds significantly to the professional's progressive impingement.

As the CFT building of relating and coping proceeds, the mates become able lovers. Increasingly, they take over the professional function. The couple understands the forceful determinancy of unconscious process and they value and give each other experiential room, mutually supporting and assisting regression. But at the same time, growing in consensual direction and respect, they set new standards and goals for themselves and their children. Consequently, they have less need for the professional relationship; the practitioner becomes a consultant to the couple, then terminates his relationship.

Ideally, the PAR dynamics will continue over the lifetime of the couple. Succinctly, the pair's behavior simplifies and focuses as the "repetition compulsion" plays itself out and conscious process pervades. Movement is toward androgenous development of "masculine" and "feminine" power, of work and love. Regressive dissolution of repressed process energizes

behavior and frees structures for creative work and coping economy. It activates symbiotic potentials that increasingly bond the couple for the care of each other through advancing age, meanwhile causing positive emotional detachment and encouragement of offspring's independent growth.

APPLICATIONS

CFT does not distinguish family, marital, and individual psychotherapy, since rearing, marital, and independent transactions are engaged and all combinations of members affected. Categorization of families by clinical symptoms (for example, culturally deprived, drug abuse, psychosomatic, schizophrenic, neurotic) gives some indication of system properties and level of organization, but is not useful for deciding applicability. Professional intervention is adapted to the organizational character and failure of the particular family. Ability to maintain professional contact, to cooperate, and a capacity for psychosocial growth are required. The goal is uniform — optimal family process.

Dealings with unmarried pairs, unwed parents and children, childless couples, families split by divorce or death, recombined families and older spouses with grown offspring are variations or aspects of model CFT procedures. Likewise, individual work with adolescents and adult singles utilizes part of the more extensive process.

