

QUALITATIVE STUDIES IN FAMILY PSYCHOTHERAPY

Process Research of Reflecting Conversations

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A Social Constructionist Approach to Counseling the Single Parent Family

Joan D. Atwood

ABSTRACT. Traditional models of therapy, based on modernist assumptions, embrace a position of certainty in that there is a model of normalcy, to which the therapist then compares the person/family in therapy. In so doing, s/he focuses on how different the family is from the norm, i.e., deficit focus, and decides which interventions are needed to bring the family closer to the norm. Solution focused therapy, arising in opposition to the deficit approaches, focuses on the competencies, resources, and strengths of the family. As such, both models represent a one sided view of the phenomena they study. Although there is much overlap, it is the contention of this paper to state that these models—the traditional psychotherapies and the solution focused therapies—operate from a position of certainty and thus are representative of an *either/or* perspective in that they tend to leave out the other half of the picture. This paper presents a four stage social constructionist therapeutic model which takes into account *both* the trauma/problem and its effects *and* the competencies and the strengths of the clients, assisting the client to *expand* their reality rather than assisting them to *replace* their problem reality with the flip side—the competencies and strengths. The model is then explored and applied to the single parent household. [Article copies available from The Haworth Document Delivery Service: 1-800-342-9678.]

Traditional psychological approaches adhere to modernist assumptions such that objectivity is assumed; there is a singular truth

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and if we dig deeply enough we can discover it; there is a search for "scientific" predictable essences and structures; the therapist is a rational, objective expert who discovers "facts" and prescribes corrective measures and if the client does not agree with the therapist's view, s/he is in denial or being resistant; if this occurs, the therapist is then justified in confronting the client or in imposing ideas or assignments on the client. In this view, in order that the therapist can best know how to deal with the problem or the problematic person, he or she gathers assessment information, assuming that detailed information about the problem, its cause, its history, its frequency, will lead to ideas about solutions. It further assumes that psychological qualities or emotional qualities exist as measurable entities and that there is a standard or normative criteria for determining mental health. Therapists operating from modernist assumptions take a position of certainty, gathering information as a basis for planning interventions, for identifying deficits, weaknesses or wounds. Therapy in this view then attempts to change, remediate or heal, all the while holding firm a template for normal family functioning used as a basis of comparison. For the modernist, truth is knowable, normality is identifiable and both are able to be discovered (Gergen, 1985; 1988; 1992).

In response to the deficit approach to problems based on modernist assumptions, the solution focused therapies (deShazer, 1991; Dolan, 1991; Lipchik & deShazer, 1986; O'Hanlon & Weiner-Davis, 1989; and Walter & Peller, 1992) then developed. Post modern assumptions are based on the idea that there are no facts, only "interpretations," that each perspective originates from a "lust to rule," and that claims to "truth" mask the workings of the "will to power." They assume that our relations with the world do not always correspond with the world; the way we explain the world arises from active cooperation of persons in relationships; whether or not knowledge is maintained depends on social exchanges; and constructed meanings are social activities and are not separate from the rest of our social life (Gergen, 1988). Solution focused therapists address and focus on the competencies and strengths of the clients, thereby *replacing* the deficit story with one of success. The goals of this brief therapy

include helping clients change some of the interactions or interpretations to new resolutions that can be found to problems with the family's complaint. Characterized by finding "exceptions," and asking "miracle questions," small steps are often generated to assist the client in achieving their goals, as clients' commitment to therapy is concretized by using "deals" for periods of time and noting tasks on calendars. The premise is that change in the way the client defines the problem will likely encourage a change in the way the client attempts to solve the problem. Hence a fertile ground is established for solutions to grow (Furman Ahola 1992). Solution focused therapies rely on a norm that says families without problems have solutions. It is in this sense that they, like the more traditional models, operate from a position of certainty, except now the focus is on strengths. In this model, active participation in the solution by the client is required as the more positive aspects of the client's life become foreground—via finding exceptions—and the trauma or the problem fades into the background.

Applied to single parent households, these models either focus on the deficits, often presenting pathological pictures supported by prominent studies where divorce is considered deviant and its effects deleterious, or by emphasizing the healthiness, resources, competencies, and strengths of single parent households in an attempt to replace the problem definition with one of competency. The problem here is that clinicians, theorists, and researchers compare these families to theoretical models of "normative" family functioning in an attempt to understand all families. Inherent in this type of approach is the assumption that there is such a thing as the "normal family" and that anything outside this range is less than or negative. This creates the construction for clinicians to perceive families within a problem oriented or competency based framework, both within a deficit model by either focusing on and documenting the difficulties of the families or the opposite, focusing on the resources and competencies of these families, i.e., leaving out half of the picture. Specifically, if single parent families are compared to intact nuclear families or a "normative family structure" in an attempt to understand these newly formed relationships, the assumption inherent in this type of approach is that anything

outside the range of the "intact" family is less than or negative. Therapy then involves bringing the family closer to the normative, with the therapist, entrenched in his or her theoretical groundings, the one defining the situation, i.e., discovering the truth. These models, however, are based in certainty.

In general questions that flow from certainty assumptions have "right or wrong" answers related to socially accepted norms and are designed more to validate the therapist's thoughts and premises instead of uncovering the family's definition of the situation. The following sections present some of the assumptions about single parent families held by these therapies, along with a presentation of the types of questions which would flow from this view (Atwood, 1993; Atwood, Shuster & Tempestini, 1993).

COMMON GENERAL ASSUMPTIONS ABOUT DIVORCE AND SINGLE PARENT HOUSEHOLDS FROM POSITIONS OF CERTAINTY

On Single Parent Households

- The high divorce rate in U.S. society represents a breakdown of the institutions of marriage and the family unit and is the reason for most social problems.
- Whether due to death or divorce, single parent families are born of loss. Those born out of a death are more stable, in more need of support than those of divorce and are usually less damaged.
- Single parent families are characterized by overburdened adults who balance care for children and careers outside the home and cannot possibly provide the amount of supervision, nurturance, time, discipline and love that their children need.
- Single parent homes are predictably unstable, overemotional, under emotional, unreliable, and parents are usually too busy to partake in community activities.
- Single parents are usually guilty for leaving the family or angry and resentful for having the burden of caring for the children alone.

- When adults in single parent homes socialize, it is at the expense of the children. Further, they are indiscriminate in their intimate life, negatively affecting impressionable children.
- Single parent families rely on the older children to carry the extra burden in the family, fail to adequately teach children role modeling of both sexes, and have adversarial relationships with their ex-partners.

On Single Mothers and Fathers

- Mothers are more competent than fathers as custodial parents and therefore should receive custody in the great majority of cases.
- It is worse for children if the missing non-custodial parent is the mother.
- Mothers, because of their socialization, should always be custodial parents of infants and toddlers.
- Mothers in single parent households are generally enmeshed with their children and lack adult companionship.
- Men usually do not take custody of their children following divorce because children prefer to stay with their mothers.
- Fathers are better able to raise teenage boys.
- Men do not bond as much with their children as women do and are therefore likely to not pay child support, not visit their children as often as they should, break promises with their children, etc., and therefore are not fit to be custodial parents.

On the Children of Divorce

- Children from single parent homes are deficiently prepared in school, are over stressed and are poorer students than children from two parent households.
- Children miss out on the role modeling of the non-custodial parent and this has long term damaging effects.
- Divorce and its transitional aftermath always damage the children involved.
- Financial losses that occur during a divorce are massive and have detrimental effects on children and their development.

- The change from a two parent family to a one parent household causes irreparable damage for children since change produces anxiety.
- Girls growing up in homes with a custodial father will be more masculine than if they had grown up in a home with a custodial mother. There is a higher chance of a boy becoming homosexual if he grows up in a home with a custodial mother.

Therapists also make assumptions:

- Divorce is the result of some personal deficiency or personality flaw, is someone's fault, caused by one of the partners.
- Problems which manifest themselves in divorcing situations are likely to manifest themselves in future relationships.
- The deficiency in the person who is divorced needs to be understood and worked through in order for the person to avoid further emotional problems or further difficulties in future relationships.
- Once the person understands the cause for the personality problem which led to the divorce in the first place, he or she will know how to fix it.
- Both the adult and the children experience loss of attachment which manifests itself in problematic behaviors that are subtle or overt.
- The earlier the divorce, the more the child will be deprived and the greater the likelihood that psychopathology will develop.
- All divorcing families need counseling to prevent and repair the psychological damages of the children and to facilitate normal growth.
- One of the parents is missing and therefore it is likely that one of the children will take over the missing parental role.
- If a single parent mother returns to the home of her parents because of financial difficulties, there is a high likelihood that cross-generational coalitions will develop.
- If a mother is in charge, there will be less disciplining of the children. There will be more disciplining in a home with a custodial father.

- Single parent families tend to be more chaotic than two parent families because of less role definitions, less discipline, and less hierarchy.
- Single parent households are more flexible, collaborative rather than hierarchical, and therefore are more successful in today's changing world.
- It is most helpful to look at developing a solution to a problem rather than understanding the "cause."
- Seeing single parent households as healthy and viable encourages and empowers families.
- Getting a divorce is better than living in a conflictual two parent household.

As seen above, therapeutic theories have also incorporated the general societal definitions and as such contain explicit assumptions which determine the therapeutic process. In these models, this process is one in which the client learns to *replace* his or her story with that of the therapist. Because traditional psychotherapy assumes a position of certainty, the questions and/or statements flowing from this view generate specific sorts of answers. For example, there is a tendency to focus on one side of the picture and an adherence to models of normalcy which the therapist uses to compare and toward which the he or she "moves" the client.

General Questions

- Could you describe the difficulties you're having as a result of the divorce? In what ways have you had difficulty accepting the divorce?
- What are some of the difficulties you're having living in a single parent home?
- What sorts of problems are the children having?
- Are the children having school problems? Emotional or behavioral problems?
- It must be difficult for you to handle everything by yourself.
- Who makes decisions in your family, enforces the rules, break the rules, or who do people go to when under stress?

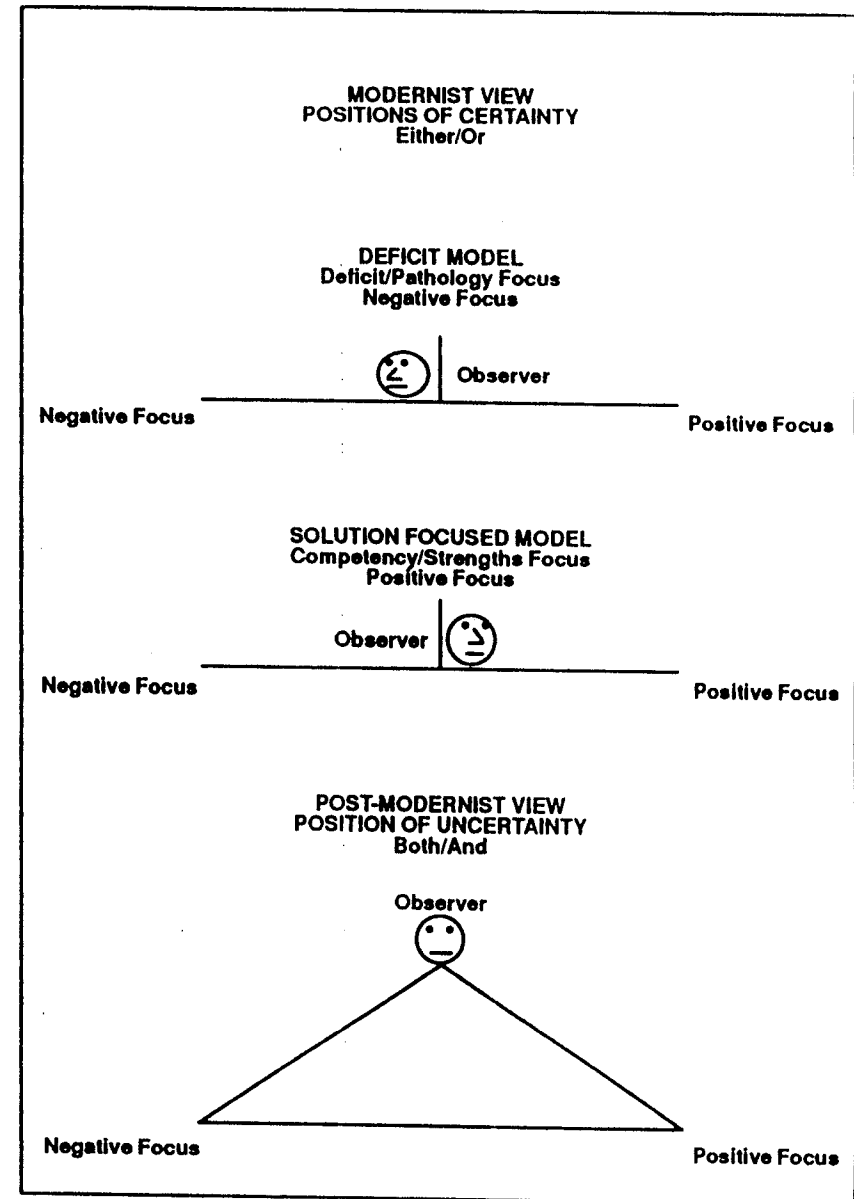
- In what ways do you invite your son to become your husband?
When did you start treating your child as a substitute spouse?
When did you start treating your child as your best friend?
- Do you often go to your parents for help or are you ready to handle things on your own? When do you think you will be competent enough to do that?
- Will you please ask the children to leave the room so you can discuss what does not concern them?
- Mom, do you ever sit on the chair alone without one of the children? What are some of the things you do alone without the children? Do you ever go out with your girlfriends?

Solution Focused Questions

- Do you agree that since the divorce this family has learned to become very resourceful giving even the youngest child an opportunity to help with the chores?
- What have you learned from all the things that you have done to help you solve some of these problems?
- Let's imagine five years has passed. In the future your family no longer has the problems you all have described here. How would you say that your past experiences have helped you overcome the problem?
- What are your best characteristics as a family, as individuals? In what ways have you used them so far in overcoming this problem?

Although there is much overlap, it is the contention of this paper to state that these models—the traditional psychotherapies and the solution focused therapies—operate from a position of certainty and thus are representative of an *either/or* perspective in that they tend to leave out the other half of the picture (see Figure 1). It is the purpose of this paper to present a social constructionist therapeutic model which takes into account *both* the trauma/problem and its effects *and* the competencies and the strengths of the clients, assisting the clients to *expand* their reality rather than assisting them to *replace* their problem reality with the flip side—the competencies and strengths. In other words, the model presented emphasizes “*in addition to*” rather than “*instead of.*” “In addition to” the sadness

FIGURE 1. Comparison of Observer Stance from Positions of Certainty and Positions of Uncertainty



clients typically express in therapy, there is a focus on the mobilization of the client's strengths and resources. The model is then explored and applied to the single parent household. In so doing, the model of normalcy arises out of the dialogue between the family and the therapist.

SOCIAL CONSTRUCTIONIST THEORY AND THERAPY WITH THE SINGLE PARENT HOUSEHOLD

Social Constructionist Theory

Briefly, social constructionist theory flows from the work of Kelly (1969) Berger and Luckman (1966) and Gergen (1985; 1993). Social constructionism places emphasis on social interpretation and the inter subjective influences of language, family, and culture. Social constructionist theory proposes that there is an evolving set of meanings that continually emerge from social interactions. These meanings are part of a general flow of constantly changing narratives.

Socially Constructed Meanings and Scripts

Berger and Luckman (1966) believe that the socially constructed meanings that we have inherited are "opaque" (p. 55). By this they mean that the ways in which our meanings are constructed are invisible to us as are the elements which compose it. The social world we are born into is experienced by the child as the sole reality; the rules of this world are non problematic. They require no explanation, and they are neither challenged nor doubted. Through socialization, the socially constructed meanings are internalized; they are filtered and understood through meaningful symbols. From these socially constructed meanings flow psychological meanings and scripts for behavior. Gergen and Gergen (1983; 1988) used the term self-narratives, the way individuals establish coherent connections among life events, to describe the social psychological processes whereby people tell stories about themselves to themselves and others. If a person holds a particular meaning system, s/he will

then seek out events and persons that are consistent with that meaning system. These meaning systems in turn lead to scripts which give us information about the emotional reaction and the behaviors that are consistent with the meaning system.

Scripts are the organizers for our behaviors, involved in learning the meaning of internal states, in organizing the sequences of specific acts, decoding novel situations, setting the limits on responses and linking meanings from different aspects of life to specific experiences (Gagnon, 1990, p. 6). Although most scripts are relatively defined by society, the overriding, dominant scripts receive most attention because of their primacy and potency among people's options. It is against the dominant social scripts that people attempt to find or reject their own personal social scripts. And, it is in the gaps, the ambiguities, the non-dominant scripts, alternative scripts and in the shadow scripts that re-authoring possibilities lie.

The Shadow Scripts

As stated earlier, the strength of social scripts often disallows other scripts to be perceived. Persons use "selective noticing" of experiences, scanning the environment and taking in only those aspects that are in agreement with their socially constructed realities. But in the background, always present, primed to move forward if triggered, are the Shadow Scripts, the scripts just beyond our view, those scripts within which the seeds of change lie. Shadow scripts are connected to the individuals' dominant scripts because they are composed of the trace of what individuals present to others as their dominant script. They are composed of what is not said, behaviors that are not acted out, gestures that are not made. Using the notion of shadow scripts in therapy then becomes the act of deconstruction, exploring the trace of the script, the part that exists because of the mere mention of the aspects of the person's dominant script. Shadow scripts contain fragments from the past, present, and future, and all exist just outside our awareness at the same time. Similar to "subjugated knowledges" by White and Epston (1990) or "exceptions" by deShazer (1991), shadow scripts are the opaque elements or fragments which are just beyond our awareness.

Some of the assumptions which follow from a social constructionist approach are:

- We co-construct reality through language with another in a continual interaction with the sociocultural environment. Thus, what is "real" is that which is co-constructed through language and interaction by persons in continual interplay with the surrounding sociocultural environment.
- People tend to re-create an image of their world by noticing behavior in others that confirms their self-definitions and definitions of situations and by selectively ignoring disconfirmatory behavior.
- People who come for therapy are experiencing problems in living. They have tried solutions but many of them have been unsuccessful. The problems they report are not seen as being functional in maintaining the system or as a manifestation of underlying pathology. They are seen as problems—problems which have negative effects for the person, couple, or family. The way that people talk about problems is the way they can use language to co-construct a new story.
- Inviting people to explore their view of the problem is accomplished by the therapist first exploring with the family their view of the problem and by then inviting the family to expand their view by focusing on their shadow scripts, on the traces of alternative scripts peripheral to their view.

Using this as a backdrop for therapy, it is helpful to explore what marriage, divorce, and being part of a single parent family means for each family member. This paper sees single parent family problems as sociocultural symbolic constructs. Inquiry into the sources, processes, and consequences of their construction and organization is the therapy that flows from this view.

SOCIAL CONSTRUCTIONIST THERAPY WITH SINGLE PARENT FAMILIES

The social constructionist therapy presented in this paper takes as its focus clients' meaning systems, viewed from the past, present,

and future—both negative and positive. The initial focus of the past is affective and cognitive—understanding how their meanings developed and how they believe these meanings affected them in the past. Once the past is put in perspective, the focus becomes the person's script for behavior in the present, and on the maintenance of the meaning system, helping the person, couple, family to be aware of their processes, and facilitating learning about and amplifying their shadow scripts in order to provide possibilities for new solutions. Future focus enables them to imagine how different meanings and the resultant scripts could affect their lives. Re-visioning their lives, or their relationship, or their family is the last stage of this therapy and emphasizes future visions of their life. Thus throughout the therapy there is a focus on *both* the positive and negative aspects of the presented problem *and* the potential solutions (see also Atwood, 1992; Atwood & Ruiz, 1993; Atwood & Genovese, 1993a).

The social constructionist therapy presented in this paper explores the family meanings that incidents, behaviors, and encounters with single parent households have for individuals and how these are determined by the socio-cultural environment. The socio-cultural environment equips persons with methods and ways of understanding and making judgments about aspects of the single parent households, ranging from how they feel about their divorce to religious values. These ways of making sense of experiences are embedded in a meaning system which is accepted as reality by the social group and in the scripts (ways of behaving) that are a part of the individual's meaning system. The dialectical relationship between individual realities and the socially constructed meanings about the single parent household is one focus of this paper.

Based on a post modernist assumption that divorce comes from myriad social, cultural and psychological reasons, rather than something inherently defective in the individual or family structure, social constructionist therapy expands the vision for the therapist and the family. Instead of confirming diagnoses of depression following loss through a *DSM IV* classification, escalating cycles which serve to reinforce a problem focused view of the family's dilemma, or focusing on positiveness, tentative talk is used. The therapist avoids characterizing family configuration, predicting future concerns and

constraining options; instead, the tentative talk opens ground for the family and the therapist to see the context of the family, not only the structure. Here the therapist gains information by learning about the gender, roles, finances, and emotional network that supports the family, thereby increasing the potential for the family to liberate themselves through dialogue. The client defines the situation through interacting with the therapist. The conversations which ensue with client and therapist are vehicles for helping the client develop an increased sense of meaning attached to the conversation/dialoguing around the problems.

The underlying premise in social constructionist theory is that social problems and problem resolution occur in language. Therapy is the "management of the conversation" (Epstein and Loos, 1989). The co-creation of new meanings occurs in the dialogue while the therapist works with the family. Together a reality for the family is constructed and then reconstructed through the questions and responses and so on.

Assumptions About Divorce from a Position of Uncertainty

- Divorce occurs because of myriad social, cultural, and psychological reasons. It is impossible to categorize these reasons into deficit or solution focused categories.
- Divorce or relationship problems in general are best viewed in terms of interactional patterns which are inadvertently maintained in the hope of resolving the original difficulty.
- Problems persist because individuals, couples, and families do not know how to respond to them in a way that would eliminate them.
- Divorce does not necessarily reflect any type of individual or family deficiency nor does it necessarily reflect strength in a person or a solution to a problem.
- Single parent households are too diverse a group to categorize them in certainty terms. Contradictions between and within families abound.
- A single parent family is descriptive rather than prescriptive.
- Any predictions about family configurations are shaky at best. Single parent families do not reflect any kind of deficiency nor

necessarily reflect strength, competency, growth, or an improved family form.

- Context gives us more information about a family than does family structure or configuration. To understand or predict behavior, other qualities of a family are more informative than the number of parents in the home. For example, it is just as useful to look at gender, roles, support networks, finances, problem solving skills, etc.
- Family configuration is characteristic of all families whether they be one or two parent households.
- As therapists, our choice of language, the questions we ask, however benign they may seem, have the potential to limit and/or liberate our conversations about and with single parent households. Tentative talk with single parent families makes room for unique information.

Therapy Flowing from a Position of Uncertainty

In social construction therapy, the therapist's stance is one of uncertainty. Therapy from a position of uncertainty assumes that the meaning of behavior and emotion is relative and proposes that psychological and emotional characteristics are as much a product of the observer's interpretation or assessment as they are of the characteristics of the person. Therapy in this view seeks to include the responses of the clients in the analysis, thereby establishing levels of normalcy that are client generated. Questions are used as interventions (Tomm, 1987). Questioning families from a position of uncertainty allows for the possibility of alternative non problem definitions.

For example:

- Can you tell me what it's like living in your family?
- In what ways do you arrange or organize your family? Your household?
- I am curious about what that means for you?
- What words do you use to describe your family?
- Do you think your experience of your family is typical, atypical, or both? In what ways? Why?

- What is your assessment of how things are going in your family?
- Do you see any similarities/differences between living in your household and living in a two parent household? What is your experience of these similarities/differences?
- Is there anything else that I should have asked that would be relevant to your family situation but didn't?
- What would you hope to accomplish here with me?
- At any point in our conversation do you feel we neglected anything important in our conversation?

Following is a four stage social constructionist therapeutic model.

1. *Joining the Family Meaning Systems*

Underlying the beginning of any therapy is the importance of joining (Minuchin & Fishman, 1974) the family meaning system or constructing a workable reality (Cimmarusti & Lappin, 1985). The construction of a workable reality can be defined as the process in which the view of the problem is transformed from a paradigm of individual causality to a paradigm of interaction. It is a process analogous to socializing by which an empathic rapport is developed with the clients. The therapist's reflections serve to create an environment conducive to change. In this environment, the therapist listens to the family's language, learns it, and uses it to create a comfortable, "safe" environment. The basic assumption is that clients are the experts in knowing what is best for them. The role of the therapist is that of curious observer interested in learning about the family's story.

Exploring the Past

In Western society, ideas about the nature of reality stem mainly from nineteenth century modernist Cartesian-Newtonian mechanistic and reductionistic beliefs—the modernist perspective. These ideas are pervasive in our language—in that it is generally believed that there is one truth and that if one "digs deeply" enough, one will discover it. These notions form the bases for traditional ideas

about therapy and are well known in western cultures. As a result, people often come to therapy with the belief that in order to solve their present problem, it is necessary to explore and examine parental hurts from the past. "If clients don't have a sense that you have heard, acknowledged, and valued them, they will either spend time trying to convince you of the legitimacy of their pain and suffering or they will leave therapy with you" (O'Hanlon, 1993, p. 7). So, with clients who believe that there are past events which are affecting their present behavior, during the initial phases of therapy, an exploration of these childhood events is often helpful. This exploration is based *not* on the notion that clients need to have a cathartic experience in order to move forward; but rather, that if clients believe that the past is affecting their present behavior, discussing it in therapy can often rather quickly facilitate the letting go of the past or at least putting the past in perspective. In some cases, exploring the client's past is a useful first step in the restorying of the present and the opening up of new possibilities for the future. In many cases, it brings forth the client's new awareness of courage and strengths.

When clients feel this exploration would be helpful, therapists can use the rubber band method to help the client move back in time. "If I were to take a rubber band and stretch it back to when you were a little girl/boy, when you also felt how you're feeling now, could you tell me what that was like?" "Could you tell me how you feel it affected you then?" Therapists can elicit a deepening of the client's experience through the use of questioning. "Tell me more about how that was for you. What were the effects of these events for you?" What meanings did you give these experiences? This phase of therapy is not to "blame the child or the parent" and is used only if the family feels there are old unresolved issues that they would like to settle. Further, the focus of this phase of therapy is not to ascertain the truthfulness of the memories but rather to put the perceptions in perspective, along with recognizing that multiple perceptions of the same event exist. Please keep in mind that these questions are only possible ones and the therapist needs to be sensitive to the ebb and flow of the dialogue.

After family members have re-created their perceptions of their childhood, they are then requested to balance their definitions of the

past. "If you were to consider the learnings, the strengths and competencies that you received from these experiences, what would they be? What else would they be?" This step facilitates the balancing of the past—clients now understand that they received both sadness and strengths in their early relationships. Clients are also asked to recognize the gifts (e.g., sense of humor, kindness) they received from their significant caretakers. This experience is also amplified through the use of questioning. "What other positive gifts did they give you? What effects have these gifts had on you? On your relationships?" This then helps clients to expand their realities.

Putting the Past in Perspective

After clients have explored the story of the past, the past can be put in perspective. This can be facilitated by a ritual. The family members can write down all the important childhood events that relate to the explored issues, both negative and positive, and place the paper in a shoe box and bury it (i.e., symbolically burying the past). Family members may wish to write letters to each other, forgiving them for their mistakes and thanking them for the gifts they gave them. These letters could either be mailed or buried. The family members could have a ritualistic ceremony, whereby they symbolically let go of their pain, and the effects of the pain, by setting a balloon or kite free at the beach. They can symbolically show appreciation for early gifts from parents by doing something special for them.

2. Inviting the Family to Explore Their Present Meaning Systems

Using the above as a background for proposing a social constructionist therapy model with single parent families, therapy regarding these issues can be divided into three different stories: the family's stories about their families of origin, their stories about their present relationships (how what they are experiencing is maintained), and their stories about what they see for their future (how their family meanings and resultant scripts can change). Knowledge of each of these three stories helps the therapist and the family to understand the meanings they hold. Thus, family members are asked about

what being a single parent family member means to them in their given sociocultural contexts. The notion of "single parent family" is treated as a symbol invested with meaning by society. The approach to the family problem is thus a matter of symbolic analysis and interpretation. At this point in therapy, the family members tell their present stories. Here the therapist attempts to obtain as complete an understanding as possible of the family's stories about the problem. The therapist learns about the family stories by paying careful attention to linguistic symbolizations such as family myths, legends, rites, and metaphors. Then the therapist begins to uncover the family meaning systems.

An individual's reality is maintained by developing a personal sense of self that emerges from the larger sociocultural stories. As stated earlier, based on early interactions and ongoing socialization, individuals construct a reality around meanings which includes a preferred way of relating to others. This then becomes the basis for how they view others and how they expect others to view them. In many ways, these perceptual sets determine predictable ways of interacting with others. Here relevant questions might be, "How do you think of the problem? Do you see any other options? What solutions have you attempted? Have you solved similar problems in the past? How have you solved similar problems in the past? How did the family mobilize then?"

When uncovering the family's stories about the present, both the therapist and the family members learn what information the family selects out of their environment and how they each fit that information into an already existing meaning system so as to reinforce that system. In so doing, they also learn the other side of the picture, what they are not selecting out of the environment, the shadow script. For example, in a family with an adolescent with a problem, differentiating the fine line between being an adolescent with a problem and being an "emotionally disturbed adolescent" becomes particularly important. It will make a great difference for the family's general expectations and perceptions of the capabilities of the teenager if they understand that if they have notions of a problem teenager, they also have notions of a teenager who solves problems. Here, the therapist and the family learn how the family's patterned conversations and attempted solutions reflect this meaning system.

Once it is accepted that a family's meaning systems are socially constructed, it then becomes possible to deconstruct them. The following section elaborates on the processes by which the family's meaning systems can be uncovered and then expanded in order to "make room" for new experiences. At this point the family meaning system is uncovered and the possibility of choice arises in terms of whether they want to keep the uncovered meaning system or to change/expand it.

3. *Inviting the Family to Expand Their Meaning Systems*

Once notions of family meaning systems are accepted by the family, and the family meaning systems are uncovered, competing meaning systems become more visible. It is not apparent to most individuals that there are alternative ways of behaving. Our meaning systems tend to make areas outside the dominant ones appear invisible. This invisibility serves to maintain and foster adherence to the dominant definitions. In fact, the function of socialization and of the sanctions against moving outside the dominant scripts is to keep individuals within it. To find, name, focus on, and help the family "see" their shadow scripts is the intention of this section.

The view expressed in this paper is that change is always occurring and we have a choice in change. Our knowledge about how to behave is learned by social definitions of appropriate and inappropriate ways of behaving; however, we can choose to develop our own personal attitudes and concepts which differ from the traditional ones. There are numerous scripts available to us for examination. Here the role of the therapist is to notice shadow scripts in the family's meaning systems. Change requires at least a two sided perspective and a therapist may seek to construct a relational definition by assisting the family in uncovering two (or complementary) descriptions of the problem (White, 1986). Complementary questions are derived and introduced to help deconstruct the dominant explanation and to assist families in achieving a relational or double description of the problem. This double description then provides the source of new responses (Atwood and Levine, 1991; White, 1986).

White's (1989) notion of "unique outcomes" was originally

based in Bateson's idea of restraints—those ideas, events, experiences that are less likely to be noticed by people because they are dissonant with individuals' description of the problem. White (1989) believes that as a family's view of reality is explored through questioning these times, the family members ultimately recognize other aspects of their reality that includes other times in their history when they experienced success with the problem. In so doing they create alternative stories (narrative), second or third stories, about their lives which *include* success with the problem. This is different from deShazer's (1991) notion of exceptions which refers to times in the client's life when the problem was *not* happening. In the present model of social constructionist therapy, the therapist questions alternatives to the dominant description of the problem—helping to make visible areas outside the dominant meaning system. In so doing, what previously had been specifying and justifying the family's reality becomes loosened (Amundson, 1990). Anderson and Goolishian (1988) stated that, "... to deconstruct means to take apart the interpretive assumption of the system of meaning that you are examining, to challenge the interpretive system in such a manner that you reveal the assumptions on which the model is based. At the same time as these are revealed, you open the space for alternative understanding" (p. 11).

This expansion of the meaning system is essential for the triggering of the new construction which includes possibilities of new solutions (Bateson, 1972). These new constructions hold new behaviors for the family. Thus, the therapist facilitates a safe environment that enables the client to explore their meaning system and script about their problem. In so doing, their story unfolds and along the way their shadow scripts become more evident.

4. *Stabilizing the New Meaning Systems*

At this point, alternative meaning systems are available to the family and what once was invisible now holds potentials for new solutions. The original meaning system which held the problem has been deconstructed and expanded to include new descriptions. The family can now begin to focus on the future. Future Focus enables them to visualize their relationships with the skills necessary to solve other problems. Questions like, "If you could stretch the

rubber band three years into the future, what would that look like? How would your family be different? How else would it be different? How would you like it to be?"

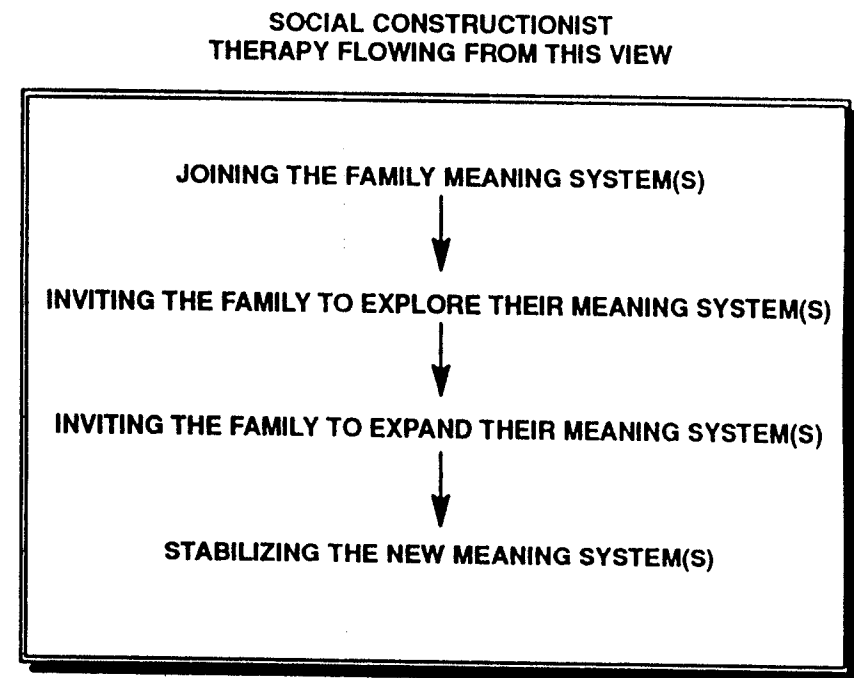
By asking questions around future trends and choices, the therapist is making that future more real and more stable. As Penn (1985) suggests, when faced with questions about the future even if that future really only has the status of the hypothetical "the system is free to create a new map" (p. 300). Epston and White (1990) describe how they discuss how they invite family members to a special meeting where, through questioning, they discuss the person's story of their therapy adventure. The family members are asked to recount how they became aware of their problems and what steps they took to solve them. They can also recount how and which resources they mobilized as they generated solutions to their problems. They can speculate how they will use these resources to solve future problems. Epston and White (1990) believe that here the therapist can ask the family members to recount their transition from a problematic status to a resolved one. In addition, the therapist also can provide his/her story of the person's therapy adventure and they can then discuss their collaborative efforts, thereby helping to reinforce the notion of a "new meaning system."

Figure 2 outlines the social constructionist approach to therapy discussed in this section.

Case Material

Carol S. is a 37 year old single mother. She is divorced from her husband, Edward S., for four years. She is the custodial parent of their two children, Danielle, age 14, and Michael, age 15. In the first stage of therapy, the therapist joined with the family's meaning systems. As a curious observer, the therapist listened and learned the family's language and stories about the problem and then used this language to join and create a comfortable environment. The family came for therapy because Michael was called down to the school principal's office when he cursed at his soccer coach. Carol reported to the therapist that Michael had failed three subjects the past quarter and, although he never was a straight A student, he usually managed to receive C's or better. Also, fighting with his sister had increased over the past few months.

FIGURE 2. Summary of One Type of Social Constructionist Therapy



Because Carol was having a difficult time living on the money Edward gave her for child support, she took a job as a bank teller at a local bank. The job helped, but the family still had to tighten their belts. They said this was difficult because before the divorce, they had a very comfortable life style. Now, Michael was no longer able to go skiing with his friends over the winter break and he had to wait until Carol saved the money before he could get new soccer equipment. Danielle had to stop her dance lessons and was only able to buy one new outfit in September when school started. This was very different from what it used to be like before the divorce, and the children were often resentful. They complained bitterly about their financial straights and blamed Carol for the divorce. The culmination of their bitterness occurred when they had to sell their house, the house where they lived all their lives. They had to move

into an apartment and although Carol tried to make it into a nice home; she felt that no matter what she did, they would never be happy. The children hated the fact that their dog, Snuffy, had to be given away because there was a "no pet" rule in the new apartment. They hated that they had to go to a new school where they had no friends. They hated that all their friends lived on the other side of town. They hated that they only saw their Dad every other weekend. They hated that they had to help their Mom with the household chores. They hated each other and they hated their Mom. They hated the idea that their parents were divorced and were ashamed to tell anyone about their family situation. So, they didn't invite any of their friends over after school for fear that someone would learn of their single parent status. They felt like the only sane person was their Dad who, when he picked them up for the weekend, bought them presents and let them stay up late watching TV.

After the divorce, but before Carol began working, the family was very bad off financially and at one point Carol had to apply for food stamps, much to the embarrassment of her children. They felt like they were now poor and it was all Carol's fault. Carol was exhausted. She was tired from trying to keep the family together only to listen to the children argue incessantly during dinner. When she began working, she was tired of working all day and then having to cook dinner. She caught a glimpse of herself in the mirror one day and saw an old woman. At first she almost didn't recognize herself. Her sister encouraged her to date, or to at least occasionally go to the movies, but Carol was simply too tired. She could not see any solution to these problems and was very resentful of Edward. Edward was an attorney who could well afford to give the family extra money; instead, he paid only what the court stated, which was not enough money for even one person to live on, let alone three. At times, she almost felt like she made a wrong decision to divorce Edward, but then she would remember the humiliation of his countless affairs and knew better. Carol felt like she had no life. She didn't see any hope for the future. As far as dating or going out with her friends, she had no energy left at the end of a long day, felt that even if she did, no one would be interested in a "tired old hag," and felt she would be taking time away from the children. When Carol came in for therapy, she expressed great concern over "the tension

and hostility that existed within the home." She also reported that she was experiencing depression because of having "no life."

The second stage of therapy involved inviting the family to consider the notion of family meaning systems. To do this the therapist needed to understand the family's frames of the situation. Each member was asked to tell their story about their perception of the situation, their story about their present family relationships, and their story about what they see for their future. It is here that individual family members learn of the multiple perspectives existing in the family. It was learned through Carol's story that she was a housewife for her entire life, just like her own mother. Carol's story contained the belief that, "children need their mother at home." Her story about her present life was entrenched with feelings of guilt, incompetence, and anger at Edward because she believed he caused this situation. She felt the need to defend herself and her role in the family to Michael and Danielle. A belief present in Carol's story was "a good mother stays at home and is judged by the amount of time she spends with her children." When Carol told her story about her family of origin, she shared with her children the controversy that existed between Carol and her mother. Her mother always wanted to have fun, leaving Carol alone and lonely. She swore she would be different with her own children. Michael's story reinforced this theme, "My mother is never around any more and even when she is, she's so miserable, no one wants to be around her. We never have fun any more." He too, like Danielle, wishes that Carol would stay home with them, even though rationally they both know that financially she can't afford to.

Next the therapist learned about the family's stories in the present. The goal was to identify what information the family was selecting from the environment to fit into each of their meaning systems and how it was reinforcing the present system. It was at this time that the family learned about how each one of them inadvertently participated in the perpetuation of the family's problems. When Michael was asked, "How do you think of the problem?" his story was that his mother was going through a hard time without Dad and that she should reconsider her position about divorce. "If she would go back to Dad for a little while, things would be better for her and us. Mom has always been involved with her family and

in doing for others, and this is what makes her happy. Michael said that when she and Dad were together, Mom was happy and they all used to have fun. It's no wonder she gets tired from working and depressed with all the fighting and tension in the house. Everyone is always fighting. It never used to be this way when we lived with Dad." Danielle was asked to answer the same question. She said, "The problem is not that I don't appreciate Mom's help, it's just that she isn't here enough and when she is here, she's so miserable. We're always alone!!" Danielle believes the fighting starts when Carol comes home from work and starts asking the children to either help with dinner, to see their homework, or to clean up their mess. Danielle wishes that Carol could just "be a mother." When asked to define, "just a mother," Danielle said, "someone to spend time with us, not yell, not work and be there after school." Carol told stories about her own role as a caretaker. She was very proud of the job she did caring for her family. Now, though, Carol does not think of herself as being a "good mother" and caretaker. When asked to define a "good mother," Carol said, "A good mother is there for her kids emotionally and physically until they are older and more independent and even then she is still there if they need her." Carol believes that if she were a better mother and not working so much, then she would be able to spend more time "mothering the children." The family agreed that the construct "mothering" had similar meanings for each of them.

Inviting the family to expand their family's meaning systems was the next stage of therapy. At the beginning of therapy, both Carol and her children had very clear cut definitions of mothering. Some of the themes they presented were: Good family life can only be accomplished with Mom and Dad together. This is when they have fun. Good mothering is defined as staying home with the children, not yelling, and having fun. By definition, the therapist learned that their shadow scripts contained images of good mothering. By asking questions about the meaning of "good mothering," this process of investigating the family's shadow scripts had already begun. Michael was grateful for all his mother did when he was little. He also stated that, "Mothers need to be appreciated and respected for all the work they do." Michael was questioned and invited to explore these beliefs because Carol was not feeling appreciated or

respected by him." Michael's reply was "I guess I never thought about it that way because her "mothering" now is different than it used to be." Carol was then asked who was taking that quality time from her. She replied, "No one." The therapist asked, "When the children do not have their homework done before dinner, who helps them?" She replied, "Most of the time it winds up being me after dinner." "So then is that considered quality time?" Carol replied, "Yes." "So, in essence, Carol, the children not doing their homework when they return home from school is actually supplying you with the opportunity for more quality time when you come home so you can be a good mother?" After a long pause Carol answered, "If you look at it that way then, yes." Carol then added, "Most of the fighting happens during the week. We seem to get along better on weekends." Carol was asked, "Is this because you spend more quality time over the weekend?" "Yes." "I'm sorry Carol, I'm confused, which is more important to you the quality of time or the quantity?" Carol said, "The quality of time."

Carol's beliefs about "mothering" and caretaking were also questioned. Carol seemed to be involved in a reciprocal double bind (Elkaim, 1990) where there is an official and unofficial message which is conveyed. The official program involves the explicit demands. The world view, or the unofficial program, is the individual's belief system. Carol's mother's message to her daughter was for her to have fun. Carol's official program tells her that if she has fun, she will be a bad mother, because her children will be lonely. So, if Carol chooses to be a good mother, she will stay home with the children, and not have fun. But in so doing, she is disloyal to her mother. If Carol chooses to have fun, she is then a bad mother and disloyal to herself. Thus, Carol is torn by the contradiction of the two levels of expectations. Carol stated that she has been a mother practically her whole adult life and considered herself an expert at it. She defines an expert mother as someone who can provide for her children's needs—both physically and emotionally. The therapist asked, "What about mother's needs to have fun? Does being a good mother include taking care of mother's needs also—both physically and emotionally?" Carol, although a very good and accomplished mother, i.e., caretaker, had forgotten recently to take care of one person—herself. Carol agreed that she would like to be a little less

responsible and include fun in her life. During therapy, holding the two notions became prevalent. Good mothering can include both taking care of the children and having fun.

The next stage of therapy focused on amplifying and stabilizing the new meaning systems. The therapist amplified the new ideas of "mothering" that arose in the family's original story. The goal here was to deepen the family's experience of their relationships. The family and therapist conversed about times when the family felt "mothered," and having fun and what skills they mobilized to get that way. For example, each member described how it would be for them in the future and how it is for them now that they all felt cared for. By doing this, the family co-created a new, more positive, construction of their family. The last stage of therapy is to assist the family with the stabilization of the new meaning systems. The family now was focusing on the future. When the "rubber band method" was used with the family and they each were asked to stretch it two years into the future, Carol saw herself participating in "single activities" at the church and taking up offers from friends to go out. She also saw herself managing her job and family. She felt she would be secure and confident and maybe have a polite relationship with Edward. Michael saw himself spending more time with his father. He felt that the quality time his mother and he spent together would strengthen their relationship. Michael and Danielle are both happy and proud of Carol that she is now "doing for herself" and they both appreciate what she adds to their life.

By speaking of the future, the family formed a new and more positive family map. Their future was becoming more stable and realistic and was within their control and reach. The family felt confident that they could use their skills to solve future problems. The family has co-created through language a new family meaning system and has come to realize that they are in control of their own future.

Summary

Traditional models of therapy are based on a position of certainty in that there is a model of normality that the therapist adheres to, which s/he then compares the person/family in therapy to. In so doing, s/he focuses on how different the family is from the norm,

i.e., deficit focus, and decides which interventions are needed to bring the family closer to the norm. Solution focused therapy focuses on the competencies, resources, and strengths. As such, both models represent a one sided view of the phenomena they study. In this sense they both represent an either/or therapeutic approach. The four stage Social Constructionist Therapeutic model presented in this paper, based on a post-modernist stance, assists clients in expanding, rather than replacing, their view. This perceptual expansion occurs through a both/and position and through changes in the narratives that families hold about their meaning systems. This model, while incorporating many different aspects of social constructionist theory, integrates and presents one model of social constructionist therapy, focusing on helping clients to reconstruct what is important to them, in order to provide them with more options for action (Atwood, 1992a). A glass cannot be half full unless it is also half empty.

This type of therapy might be contraindicated with families who are concrete, goal directed, and not reflectively oriented. In these cases, a more solution focused therapy might prove more effective. In terms of therapeutic outcome, more research is needed on long term behavior and meaning system change as compared to other therapies before any statements can be made about the effectiveness of the therapeutic model.

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Drawing Upon the Strengths of Couples in the Treatment of Chronic Drug Addiction

Mack E. Winn

ABSTRACT. This paper examines chronic drug addiction from a systemic perspective, using couples as the major unit of attention to be worked with in therapy. This dyadic relationship is highlighted in that (1) many of the addicts studied were involved with a significant other, in addition to the families of origin; and (2) this relationship is viewed as a source of strength which is available to the therapist, in addressing the addiction. The couple is seen as a system which has joined together in an attempt to individuate from the families of origin and master the launching phase of family development. However, the couple's drug consumption and related problems involve their extended families in their plight. This often distracts and consequently protects the larger ecosystem from the stressful demands of a developmental transition. The structural/strategic perspective (Fisch, et al., 1982; Haley, 1973, 1976; Madanes, 1981; Minuchin, 1981; Selvini-Palazzoli et al., 1978; and Stanton, 1981, 1982) is utilized as a means of understanding this contextual dilemma for the couple and their extended families. The model provides a focus for changing dysfunctional sequences between the families of origin and the couple. In addition, it will provide strategies for changing sequences between partners which activate the addict's vulnerability to drug use. [Article copies available from *The Haworth Document Delivery Service*: 1-800-342-9678.]

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