

## **A Crisis in the Family is a Family in Crisis**

*By Norbert A. Wetzel*

"Doctor, I don't know what to do! Our 16-year-old, Alex, is driving us crazy. He doesn't respect our rules. We can't make him do his homework or come home on time. We're worried about his two younger sisters, because his behavior upsets them. Last Saturday Alex came home drunk. My husband is ready to throw him out. What shall I do?"

Does the hypothetical Alex have a problem and should he be in counseling? Yes, on both counts. But that is not the whole answer. Five people are suffering here and, as a family, they should be in therapy together.

Alex's mother probably imagines herself forcing her reluctant son into therapy. She may expect the psychologist to talk matters through with Alex, find out why he behaves so badly and somehow make him obey his parents. But when family members have problems, it is often because they are particularly sensitive. Like barometers, they are the first indicators of trouble in the family's web of relationships.

An experienced family psychologist will read the symptoms as a form of communication and will recommend that the whole family be in therapy together. Even though the problems show up in Alex, everybody is affected.

As a unit, family members can work through a problem more effectively and thoroughly than any one of them could do alone. In family therapy, we think of problems as located in the relational space between the family members and not primarily inside any one person.

This happens for several reasons. First, one person's difficulties rarely exist in isolation, especially in a family. Second, in family therapy the strength of numbers usually works in favor of a successful outcome within a short time. With all the minds and emotions working together, a family's resources (not only the difficulties) emerge more quickly. The psychologist must be observant and skilled in guiding the conversation. The goal is for the family to leave therapy knowing they can take charge again of their own lives. From a practical standpoint, of course, personal obligations and schedule conflicts can make long-term therapy difficult for families. Finally, although family members may have to face serious conflicts, they bring strength to counseling because they care about one another. This is the foundation on which they will rebuild and transform their relationships.

Throughout the sessions, the therapist keeps everyone participating and guides the dialogue. As facilitator, he or she removes obstacles to the discussion and elicits insights from those who might otherwise remain silent. Most families require an experienced referee. Otherwise, dominant members squelch those who stay safe by staying quiet.

As the conversation moves forward, everyone is likely to speak more freely because trust develops, and no one feels he or she is on the spot. The therapist will highlight details provided by different members, may encourage people to address each other directly or help them to listen and, eventually, reach positive conclusions.

A family may be living with patterns no one recognized, with conflicts or misunderstandings between siblings or with conflicting parenting styles. Facts can also surface that have been routinely swept aside, abuse in a previous generation, the suicide of a family member, or the history of depression of a relative.

A child is likely to feel confused when a parent who drinks too much lays down the law against teenage drinking. A chronically ill child may have been ill so long that the family no longer notices the disproportionate amount of care he or she requires, leaving the others emotionally undernourished.

The therapist may need to assist the family in identifying external events that are disrupting their lives. For instance, parents may not realize that their ethnic and religious customs make their teenager embarrassed or uncomfortable. Or a grandparent may have joined the household, changing its dynamics. Unemployment may abruptly change one parent's schedule, while the other is now gone all day after starting a new job. A parent may be suffering from grief, depression or a life-threatening illness. Medical bills may be overwhelming financially and emotionally.

No two families are the same, of course. This is certainly true of families in therapy. While the traditional family model still exists, family therapy is effective with families of all cultures and socioeconomic classes. It helps all kinds of family groupings: same sex parents; a single mother with custody of the children; a parent with a new partner in a so-called "blended family", or a middle aged "child" now caring for an aging parent.

What happens when a family member refuses to come to family therapy or to continue after the initial session? Participation may seem too painful or confrontational. The reasons are understandable: a grandmother feels counseling threatens her dignity; a father thinks families should be able to solve their own problems; or a child knows she has lost her parents' trust.

When this happens, the therapist might arrange to meet privately with the reluctant family member. One-on-one, they can talk through some "separate" issues. Meanwhile, the therapist will build trust in the process and emphasize the pivotal role each family member can play. The hesitation to participate usually becomes secondary, once the reluctant person feels respected and realizes her or his help is critical to the family's healing.

Reluctance can also provide insights for the therapist. Let us imagine that Alex balked by tacitly or overtly refusing to continue with the sessions. If his parents defend this as "his right" or "just the way he is," their compliance with the son's apparent wish alerts the therapist to another side of the family's functioning. The son's behavior may reflect his parents' difficulties to cooperate with each other and take charge of the family as co-leaders.

New relational patterns should emerge from family therapy, giving each member more support, more room for growth and a greater capacity for trust and intimacy. Individual members should come to recognize that no one is guilty of causing another's problems and that people react idiosyncratically to events and conflicts.

Family therapy is successful when family members understand and resolve problems in their appropriate context and respect the complexity of their relationships. As family members purposefully change their interactions they learn they can pull through together. With this understanding they are ready to face future challenges, empowered by the experience of having overcome the present crisis.

*[Reprinted with permission from the Princeton Packet, Princeton.]*