



The Institute of Family Living

HELPING FAMILIES HEAL

An Interview with Philip Classen, Ph.D., C.Psych, RMFT

Here at IFL, psychotherapy is a family affair. We deal with a great variety of clients: some come as individuals, some as couples, some as families; some are Christian, some Jewish, some Muslim, some of other faiths, and some who are not members of any faith community. At first glance, they seem to have little in common except for a desire to improve their relationships through therapy. But our clients have a lot more in common than that. No matter what their issues, or background, or social class, or culture, they all have families of which they are a part. In this issue of Reflections, Dr. Philip Classen, a clinical psychologist and a registered family therapist, describes the work of doing therapy from a family systems perspective.

*Diane Marshall, M.Ed., RMFT
Clinical Director*

We are all members of families, and we learn to become social beings through our early experiences of family. Even the most isolated individual can still be understood as a family member. Family ties, and the influence of family structures, are powerful, even when remote in time and distance. While we as therapists may see clients as individuals, and while some clients may see themselves as living in splendid (or not so splendid) isolation from community, IFL's "family systems" approach has produced excellent results during our thirty-one years of existence. A lot of healing, a lot of reconciliation, a lot of increased consciousness of the power and the importance of relationships have come out of our working together with our clients to help them gain a deeper understanding and more responsible control of their lives. This work is rewarding and also very difficult for both the client(s) and the therapist.

By recognizing that people act and react within larger structures such as partnerships, marriages, families of origin, families of choice, faith communities, socioeconomic classes, workplaces, and so on, one can acknowledge the broader circles that influence, and are influenced by, each person's very existence. Add to this the potent influences such as genetic, biochemical, and medical factors, and the texture and variety of each person's experience creates a complex human tapestry.

Many of our clients suffer from various forms of depression, anxiety, ongoing conflict in relationships, and stress from either severe trauma or from the small traumas of everyday life. We find that many of these difficulties can be helped by looking at their origins and at how closeness, intimacy, power, control, and respect have been experienced by clients throughout the various stages of their lives. During the years of growing up, what psychological defences did they develop? What strategies did they learn in order to cope with the many joys and terrors of childhood, adolescence, and adulthood? What defences do they still need, and which ones can they discard safely? People come to counselling because they are in pain — and because denial of that pain is no longer an option. We give our clients a lot of credit for survival, for coping, and for the courage to face their own truths despite the difficulty of doing so. We enjoy seeing them gain insight,

recapture joy, decide to make whatever changes they need to, and then make them. We enjoy seeing our clients gain (or *regain*) self-respect, a sense of competence, a sense of adventure in living, and spiritual connection.

One family systems model that I have found useful in my work is the “Beavers Scale of Family Health and Competence,” named for its originator, psychiatrist W. Robert Beavers. His central notion is that different family systems operate at differing, but very clearly recognizable, levels of health and competence. Any given family can be understood in light of core issues of power, control, and intimacy.

Beavers sees *flexibility* and *structure* as being key aspects of family health.

Severely disturbed families are chaotic; they are emotional systems in a state of confusion and turmoil, lacking clear rules or any sense of leadership and without ability to effect change. Beavers describes this as “an amorphous world, a world without any reliable or even discernible governance.” No member of the system is capable of achieving clarity, and feelings of apprehension and danger dominate the family. Unresolved sorrows, unmourned losses seem to overshadow any capacity to live life in the present. Because of the fear that change and loss will prove intolerably painful, the family continues to do things in a rigid way, lacking flexibility or the capacity to adapt creatively to new situations.

In a developmental progression, some families gravitate toward a rigid form of authority.

In ***highly authoritarian families*** the rules are clear, authority is defined, but no one can challenge or change the way things are structured. There is a prevalent dread that once control is lost, “the system itself will go completely haywire (and) the family itself may splinter and fall apart.” In these families there is more coherence, but little room for individuality, openness, sharing, or difference from an imposed “norm”; instead, intimidation and control are central to the family’s emotional functioning.

Moving up the continuum, in ***mid-range families***, the issues of coherence and control have been resolved; they are neither formless nor confused, and they do not exist in a state of martial law. Such families have figured out how to maintain order by allowing control to come from within each member of the family group. They use the power and influence of close relationships as part of the code of family values. This emotional system is rule-bound; people have a strong code of “shoulds” and “oughts”: everyone knows “what one is supposed to do and what is expected of one.” Beavers terms this the “invisible referee” — a faceless judge or an imagined audience who scrutinize every aspect of one’s thoughts, feelings, and behaviour.

In ***adequate and optimal families***, the highest levels of family functioning, members of the family are able to be comfortable with both their loving feelings and their feelings of annoyance and frustration. As members of an intimate group, each one takes personal responsibility for his or her mixed, ambivalent thoughts and feelings. The family thus displays flexible responses to life events and are able to focus on their issues with goal-direction and clarity. A deep sense of emotional security allows these families to resolve conflicts because they have a sense that “we can work it out.” There is a sense of respect that the needs of the self, and the needs of the group, can be resolved in a co-operative way. Instead of using emotionally coercive tactics such as intimidation and guilt,

adequate and optimal families share power and allow for the expression of a wide range of feelings and thoughts. Differences are welcomed as enriching to everyone. Thus intimacy is safe. Members are free to be both separate and connected.

How do we help families move up the scale?

In working with a variety of family forms and emotional systems, we family therapists often find ourselves helping members of the family to learn to accept one another as being different, as having differing needs, as needing to learn to listen to one another. Teaching communication skills is an essential component of doing family therapy. Developing co-operative rules for resolving conflicts and fair fighting rules to manage anger in non-destructive ways, are all part of the tools of the therapeutic trade. Often we are required to help parents understand the developmental stages of their children, to help adolescents understand their biological changes, to help couples understand the socializing into rigid gender roles which inhibit their relationship. Often our task is simply to help family members hear one another in a safe, neutral environment.

When issues of racism, sexism, or some other prejudice wound a family member's self-esteem, our challenge is to help the family to *be a place* of healing and hope. When drugs, alcohol, gambling, pornography, or affairs threaten to tear apart the fabric of family relationships, the family therapist's role is to help the family *find a path* for healing. When depression, mental illness, or physical illness or accidents impede the functioning of the family, our role may be that of *working collaboratively with other professionals* to ensure medical treatment, appropriate medication, and safety of all members of the family.

When individuals, couples, parts of families, or whole families come to IFL — often referred by their doctors, clergy, or friends — they can be aided in their growth and recovery by understanding how their family of origin operated, how their current family relationships are functioning, and how they have come to see themselves as individuals within their family system.



3080 Yonge St. • Suite 5062 • Toronto • ON • M4N 3N1
Ph: 416•487•3613 Fax: 416•487•2096
E-mail: ifl@interlog.com Web Site: <http://www.ifl.on.ca>

