

A CASE STUDY APPROACH TO SOME FEATURES OF CROSS-CULTURAL SOCIAL WORK
PRACTICE WITH INDIAN FAMILIES

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ABSTRACT

This study incorporates the presentation of two case-studies of Indian families who utilized the services offered by the University of Durban-Westville Child Guidance and Research Centre. The writer, together with a male psychologist as co-therapist, entered into cross-cultural family treatment contracts with two families who were seen on a regular basis for a minimum of ten sessions.

The case studies include a detailed diagnostic profile of the functioning of both the family and the child. The sequence, dynamics and techniques employed during each session is described.

The study encompasses a review of recent theoretical trends in social work and in other related social sciences as these relate to the family. The literature offered a conceptual approach to the mental health functioning of family units, but little was available to illustrate the applicability of these concepts in the cross cultural context. This study extends the scope of some of these concepts and demonstrates their applicability to Indian families.

The informality of the clinical venture; the slowness of the therapeutic process; the importance in therapy of the unilineal line of descent in Indian family life; the value of role play and sculpting technique with Indian families and the importance of the co-therapeutic team are issues highlighted in the research findings.

This study used the exploratory or formulative research design which allowed the writer to report both subjective as well as objective

experience that resulted in the formulation of ideas for empirical investigation in cross-cultural social work practice.

The text has been divided into six chapters of which the family and Family Therapy together with an explanation of the nature and method of the research is covered in the first quarter of the dissertation (pp. 1-51). Detailed recording of family therapy practice and the interpretation of the cross-cultural features appear in Chapters four, five and six (pp. 52-199).

DECLARATION

I, MYRNA ZOE GOWER declare that the text of the dissertation entitled 'A Case Study Approach to Some Features of Cross-cultural Social Work Practice with Indian Families' is my own unaided work. A co-therapist participated in the family therapy sessions, but, otherwise all the field work was undertaken by myself. All interpretations and calculations have been performed and checked by me and the conclusions which I have reached have resulted from my own project. No part of the substance of this dissertation has been submitted in the past, or is being submitted, or is to be submitted for a degree in any university, other than that for which I am now a candidate. The data used in this dissertation was obtained by me while on the staff of the Child Guidance and Research Centre of the University of Durban-Westville in the course of close post-graduate association with the School of Social Work of the University of the Witwatersrand, Johannesburg.



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The families who participated in this study taught me about life and families and enriched my human understanding. Hopefully the knowledge recorded in this study will do the same for others who will read and use the material and thereby enhance the viability of cross-cultural practice.

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INTRODUCTION

Within the Republic of South Africa, the Indian population has exceeded the half million mark. Of these, 82 per cent¹ live in the province of Natal. Of relevance to the present study is the number of Indians who are members of the human science professions determining the nature of formal social support systems. Since the users outstrip the available Indian manpower and community resources, cultural interdependence in the helping professions will continue to be a feature*.

In social work practice, cross-cultural work has hitherto not been widely researched. Examination of research emanating from allied disciplines has not been helpful, since the findings are largely inconclusive with regard to the professional role of therapists engaged in cross-cultural practice. One of the more obvious deterrents to cross-cultural research and practice is the communication difficulties between therapist and client. Arising from his contact with Indian families in Natal, VAN ZIJL², for example, believes that in transference, the Mixed Marriages Act looms ominously in the background, and in certain cases this could possibly hamper freedom of expression and spontaneity in the counselling relationship. In the counter-transference the therapist is alerted to the pitfalls of being patronising while believing the response to be that of sympathy and indulgence. Statements such as 'he is pretty good for a Zulu or Indian' directed at clients from the 'other cultures' illustrate

* For the edification of the reader the writer is a member of the white population group.

this practice. Further deterrents to cross-cultural confrontation listed by Van Zijl are resistances, value orientation, non-verbal communications and cultural stereotyping.

Cultural diversity, however, is not without positive effect. The social worker can prove a resource person for learning, having overcome barriers of communication. What presides overall is the uniqueness of man. The social worker and client can never have the same cultural experiences, yet their interaction still appears to have therapeutic consequence. It is this generality that validates the efforts to qualify relationships of people (even if the individuals have distinctly varied backgrounds) to establish the viability of such therapeutic encounter.

A search for published research undertaken in the field of cross-cultural practice led to the discovery of a study by ROSS³ on the Indian family in its urban setting. She provides a perspective of urban Indian family life concurring with the writer's experience in her cross-cultural contacts, and Ross's framework has been used to exemplify the writer's own insights into Indian family life that act as a basis for the research approach. (See pp.19-27).

A further contributing factor to the dearth of specificity of cross-cultural working technique is the reluctance of researchers to present their methods. Some experienced practitioners have argued the advisability of offering written accounts of interaction between social worker and client, legitimately arguing that the correct interpretations can never be accurately conveyed. The personality and style of the worker, are considered impossible to interpret with absolute clarity. FRAMO⁴ points out however, that although criticisms of 'technique exposition' are continuing and sound, it is nonetheless the practitioner's work to convey how he conducts treatment sessions, otherwise no systematic body of knowledge could evolve since practice and theory would steer

separate courses.

Learning skills is achieved only during live confrontation with clients. As an artist, these skills must be rehearsed and tried and practised by the social worker before any measure of competency can be acclaimed. Mastery of the task and skills of being truly able to be of assistance to a client of another culture in the full context of his interactional environment is perhaps one of the most difficult encounters for the social work practitioner.

The aim of this dissertation is not to provide the answers. Rather it is presented to share some aspects of cross-cultural social work practice with Indian families, in the hope that it will increase mutual awareness of pertinent issues.

REFERENCES

1. SOUTH AFRICA. DEPARTMENT OF INFORMATION. The Indian South African. Pretoria, The Government Printer, February, 1975.
2. VAN ZIJL, J. 'Multi-Cultural Counselling: Mission Impossible'. Department of Psychology, University of Durban-Westville, 1977.
3. ROSS, A.D. The Hindu Family in its Urban Setting. Canada, University of Toronto Press, 1967.
4. FRANCO, J.L. 'Systematic Research on Family Dynamics'. In: INTENSIVE FAMILY THERAPY; ed. by J.L. Franco, I. Boszormenyi-Nagy, U.S.A., Harper and Row, 1968.

CHAPTER I

NATURE AND METHOD OF THE RESEARCH

CHAPTER INATURE AND METHOD OF THE RESEARCH

This study incorporates the presentation of two case studies of Indian families, who utilized the services offered by the University of Durban-Westville Child Guidance and Research Centre. The writer was the social work member of a multidisciplinary team and from this base her goal was to promote treatment facilities for Indian families with emotional and educational difficulties.

The study encompasses a review of recent theoretical trends in social work and in other related social sciences as these relate to the family. The pertinent literature stresses family interrelationships and the relevance of family pathology in offering social work intervention. Current literature has begun to offer tentative models and techniques of intervention with the family as the client.

This study reflects this trend by extending the scope of such suggested family intervention to Indian families. It is the aim of the study to produce data which could be used both for teaching purposes and for social work practice in South Africa, where there is a dearth of research in cross-cultural work. BRENNER¹ states that understanding and evaluating the meaning of cultural factors is essential to successful treatment.

The case illustrations and interpretations which feature in the text of the present study stress the systems approach in social work. Intimate detail is provided of how such intervention has been practicable using both multidisciplinary and conjoint approaches. It

is hoped that the findings will serve as a guide in determining a standard for the co-ordination of services. Such a standard constitutes a basic requirement for sophisticated social work practice.

HOLLIS² stresses that there are certain similarities among human beings and in searching for these constants we are not limited to our own individual experiences. Instead, it is through formal and informal study that we seek to understand and record these constants of human behaviour, thereby contributing to knowledge building.

This study examines some of these constants with the object of formulating a model for social work practice. Aspects emerge from this research and are in themselves valid as a basis for additional formalized scientific exploration.

SETTING OF THE STUDY

The bulk of the field research was conducted at the University of Durban-Westville Child Guidance and Research Centre which was established in 1968 as an institute of the University under the Directorship of the Dean of the Faculty of Education. The objectives of the Centre coincided with that of a modern university, namely, education/training, research and service to the community. In order to implement the objectives, the staff were drawn from several disciplines and at the time the research was in progress the situation was as follows: Social workers (2); psychologists (6); speech therapists (2); remedial educators (2); art education therapist (1); communication therapists (2); music therapist (1). The staff

worked on a sessional basis and a panel of medical specialists acted as consultants.

Although part of the University, the Centre was also a registered welfare organization and the grant received from the Durban and District Community Chest met the salary of a full time social worker. Schools, welfare organizations, medical practitioners, hospitals, the City Health Department and parents were the main sources of case referral. Between January and October 1975, a total of 184 children had had contact with the centre.

Patterns of therapeutic intervention at the Centre conformed to that of traditional Child Guidance practice, namely, that the child was referred to the Centre and dependent on his apparent difficulty, he was examined by one or more members of the team. The mother or other family members were seen intermittently. A team diagnostic assessment followed with offers of treatment to the child and/or mother and father, or the family was referred elsewhere.

BACKGROUND TO THE STUDY

When considering cases where treatment was seemingly unsuccessful, the following features were clear:

- (a) and child were interviewed separately resulting in integration of the treatment. At times, children were accompanied by a relative or friend as parents absented themselves on the grounds of their employment obligations.
- (b) The primary interdependence of maternal and paternal functioning for treatment purposes was inadequately defined and understood. Fathers were seldom involved at either diagnostic or treatment levels.

- (c) The problems of mother and child were poorly related to the functioning of the family as a unit.

Arising from the visibility of these features, the following questions were posed: To what extent is mother role affected by father or other members of the family? What purposes do the presenting problems serve for that family?

The prevailing approach seemed to be characterized by the bypassing of the interpersonal integration of the child. In ACKERMAN'S³ terminology the family was treated as an extension of the child rather than the child as an extension of the family. The practice of separate treatment of child and parent seemed to be having the effect of pulling them apart rather than drawing them closer together.

Ackerman points out weaknesses of traditional child therapy to be reflected, amongst others, by the following phenomena:

- (i) The emergence of a psychiatric disorder in a child is regularly preceded by family conflicts.
- (ii) The disorders of children represent, in part, response to the disordered identity representations of the marital and parental pair.
- (iii) If a child is treated and the disorder of the family is ignored, the child again falls ill.
- (iv) When a child gets better other family members may get either better or worse.
- (v) Disorders of other family members may block or retard the therapy of the child.

SATIR⁴ observes similar characteristic patterns to those suggested by Ackerman. She emphasizes that often other family members interfere with or sabotage the individual treatment of the 'sick'

member, as though the family had a stake in his sickness.

FRIEDLANDER⁵ points out that social services have to support traditional family patterns. Though in the city of Durban, Indians are wholly integrated into the highly cosmopolitan urban economy, many of their attitudes and patterns of social life continue to be characteristically rural and to that extent, traditional⁶. Roles of men and women are distinctive. Within this context the Centre appeared to offer the child different ways of operating and the Indian family system was clearly confused about the new modus operandi of the child, e.g. his greater self assertion. Traditional family patterns remained strong and changes in the child had no significance for the family, other than being viewed as an even further deterioration in the child's functioning.

A search for criteria for accurate assessment of the mental health functioning of family units was made. Literature offered a conceptual approach but little was available to illustrate the applicability of these concepts to Indian families.

RESEARCH DESIGN

Emphasis on empirical research stresses the necessity for rigid experimental designs, the latter having been closely identified with quantifiable results. Whilst it is now obvious, says MAAS⁷, that quantitative and computerized analysis will continue, he says that 'we social work researchers may have become preoccupied with methods and techniques rather than with the purpose or substance of our enquiries'. He views the purpose of research in social work to be a discovery and understanding of what we need to know to make the profession more effective. In these terms, qualitative methods should allow us to

study subjective experience as well as objective events and to examine issues in their environments making personal involvement an underlying assumption. In line with this thinking, the writer has selected the formulative or exploratory design for this study. The major stress is placed on the emergence of new thoughts and insights,⁸ the general purpose being to prepare for more systematic research in an undeveloped field.⁹

RATIONALE FOR SELECTION OF THE EXPLORATORY OR FORMULATIVE DESIGN

1. This research design offered the writer the freedom to consider numerous aspects of family intervention and interaction. It enabled her to become familiar with the phenomenon she wished to investigate (i.e. family interrelationships and concepts regarding family systems), and allowed for adequate exploration of the dimensions of the therapeutic techniques involved.
2. It provided the opportunity for the presentation of an analysis of 'insight stimulating'¹⁰ examples with a view to establishing the experience that will be helpful in formulating relevant hypotheses for empirical investigation.
3. In an open study of this kind the writer, a newcomer to the social custom and practices of the Indian community, was especially sensitive to features of community life that might otherwise have been overlooked by a worker reared within the culture.
4. Such a formulative study in the Indian community served to illustrate this group in transition and broadly aided an understanding of their processes of social change.
5. A formulative design has permitted the writer to carefully examine her own experience. This has resulted in a period of professional

growth as well as a valuable opportunity for sharing with colleagues in the field.

METHOD

It was the task of the writer to initiate the diagnostic procedure with families referred to the Centre, while retaining contact with the family while they were seen by other members of the diagnostic team. The family situation was then presented at a meeting of the team with a view to appropriate treatment.

The writer, together with a male psychologist as co-therapist, entered into treatment contracts with the two families. Each family was seen on a regular basis for a minimum of ten sessions lasting ± 1 hour per session. Interviews were conducted both at the offices of the Centre and in clients' homes.

CRITERIA FOR SELECTION OF FAMILIES

Two major criteria provided the basis for selection of cases for intensive study:

1. The presenting problem of the child had to be assessed as an integral part of family dysfunction. In each case the decision to embark on family-type intervention was the recommendation of the team.
2. The family's willingness to contract into ongoing treatment. Of the families who met the criteria over a period of a year two were included in the research.

ANALYSIS AND ASSESSMENT OF DATA

The research design selected offered the writer the opportunity to

accumulate a reservoir of data. The analysis and assessment of this data is carried out as follows:

1. The two case-studies are dealt with in Chapters (IV) - (V) (see pp 52-181) each chapter comprising a complete case study.
2. The case studies have been analyzed using the Systematic Method of Evaluating Case History Data as formulated by STRICKLIN¹¹. This provides a detailed diagnostic profile of the functioning of both the family and the child.
3. The treatment process has been compartmentalized into the number of sessions undertaken with the family and the sequence of each session described. Goals and movement of the family have been illustrated by using MINUCHIN's¹² process of mapping.
4. The commentary of what transpired at each session incorporates a description of the dynamics and techniques employed during that session.
5. Where applicable, additional interpretations have been made using other treatment models recorded in the literature.

ASSUMPTIONS

1. On account of limited research in this field, the formulation of any precise hypothesis for investigation is considered inappropriate. The study demanded flexibility, in order that adequate exploration of the dimensions of the problem could be tackled.

2. Formulative study relies heavily on the research worker's subjective experiences. This can be criticized on the basis that the study is then a reflection of the writer's preconceived insights into the field she is studying. It is assumed for these purposes however, that the objective is to stimulate thoughts for practice rather than to test hypotheses.
3. 'Pure' cases are often productive. POLANSKY¹³ predicts that the present enchantment with statistics will decline and insightful analyses of the single case - whether it be a person, a group or a community, will regain respectability as an occasional venture for the research worker. The writer considers that the intensity with which these families had been studied and formulated for presentation validate their selection and potential for teaching material and for sharing with colleagues. As these cases are not considered typical, the writer does not assume that the processes described do in fact occur in cases other than those studied.
4. This study demonstrates one approach to work with two families. It does not purport to convince the reader that this is the only way of working but rather an effective method that can be applied and tested with other families.

DEFINITION OF TERMS

1. FAMILY THERAPY

ACKERMAN¹⁴ defines family therapy as a 'special method of treatment of emotional disorder. It is a procedure that makes use of a true group, a primary group; the sphere of intervention is not the isolated individual patient, but, rather the family

viewed as an organisational whole. It deals with the relations between psycho-social functions of the family unit and the emotional destiny of its members. The goal of family therapy is not merely to remove symptoms or to adjust personality to environment, but more than that - to create a new way of living'.

The above definition clarifies the meaning of this term as it is applied in this dissertation.

2. SOCIAL WORKER/FAMILY THERAPIST

In a Didactic course for Family Therapy Trainees, formulated by SANDER and BEELS¹⁵, a course was opened to anyone in the Albert Einstein Medical School complex who had had experience in family therapy or research. They reported that this included a vertical range from professor of psychiatry to students in training. This study reflects the general trend where social work knowledge is considered a natural training base for the practice of family therapy. On this basis, the terms social worker, worker, family therapist and therapist will be used interchangeably in the text.

3. CLIENT/IDENTIFIED PATIENT

Client and Identified Patient will be used interchangeably as the individual child presenting difficulties.

4. CHILD GUIDANCE AND RESEARCH CENTRE

In the text, the Child Guidance and Research Centre will generally be referred to as 'the Centre'.

SUMMARY

This research presents some aspects of cross cultural social work practice.

At the end of each chapter the references which feature are listed. The complete bibliography appears at the end of the text.

Design: How to use bibliography of the study.

The writer selected two Indian families and together with a co-therapist embarked on a treatment programme with each family.

The research design selected for this study is termed the formulative or exploratory study. This provided the opportunity to consider different aspects of family systems and appropriate social work intervention.

The case studies are illustrated using Stricklin's Systematic Method of Evaluating Case History Data. The sequence of sessions is described and goals and movement of the family are illustrated using Minuchin's process of mapping. Use of existing treatment models was made to further interpret data.

The writer does not consider the approaches used to be the only ways of working with families, but one effective way that has resulted in the formulation of new thoughts and insights ready for rigid testing by future researchers.

REFERENCES

1. BRENNER, P.F. 'Cultural Implications for Child Guidance Clinics in a Court Setting'. Social Work. 2(3): 26-31: July, 1957.
2. HOLLIS, H. 'The Relationship Between Psychological Diagnosis and Treatment'. Social Casework. 32(2): 67: February 1951.
3. ACKERMAN, M.W., BEATMAN, P.L., SHERMAN, S.N. Expanding Theory and Practice in Family Therapy. New York, Family Service Association of America, 1971, p.13.
4. SATIR, V. Conjoint Family Therapy. Palo Alto, California, Science and Behaviour Books, 1967, p2.

5. FRISDLANDER, W.M. International Social Welfare. Englewood Cliffs, New Jersey, Prentice-Hall, 1975, p90.
6. MEER, F. Portrait of Indian South Africans. Durban, Premier Press, 1969, p64.
7. MAAS, H.S. 'Research in Social Work - The Future Methods'. Encyclopaedia of Social Work. Washington, National Association of Social Workers, 1977, pp1192-1193.
8. SELTZ, C. et al. Research Methods in Social Relations. London, Methuen, 1962, p64.
9. POLANSKY, N.A. Social Work Research. Chicago and London, University of Chicago Press, 1975, pp47-49.
10. SELTZ, C. et al. op. cit. pp59-65.
11. STRICKLIN, J.L. The Psycho-Social Index. Cape Town, University of Cape Town Printing Department, 1974.
12. MINUCHIN, S. Families and Family Therapy. London, Tavistock Publications, 1974.
13. POLANSKY, N.A. 'Social Work Research'. The Encyclopaedia of Social Work. Washington, National Association of Social Workers, 1974, p1098.
14. ACKERMAN, N.W. 'The Future of Family Psychology'. In: EXPANDING THEORY AND PRACTICE IN FAMILY THERAPY; ed. by N.W. Ackerman, F.L. Beaman, S.H. Sherman, New York, Family Service Association of America, 1971, p4.
15. SANDER, F.M., BEELS, C.C. 'A Didactic Course for Family Therapy Trainees'. Family Process. 9: 411-423: 1970.

CHAPTER II

THE FAMILY - A PERSPECTIVE

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In seeking the rationale for the selection of the family as the unit of treatment (for what apparently looks like individually presenting pathologies) this chapter explores some interactional family phenomena with particular reference to the Indian familial circumstance.

That the family is universal to mankind is a frequently made presumption. STEPHENS¹ in researching the family in cross-cultural perspective, challenges this view but concludes that there is almost universal belief in the existence of 'the family as a social arrangement based on marriage and the marriage contract, including recognition of the rights and duties of parenthood, common residence for husband, wife and children and reciprocal obligations between husband and wife'.

REISS² in her cross-cultural perspective on the family, challenges the family institution, and presents in summation a universal definition. The family institution she says, is a 'small kinship structured group with the key function of nurturant socialization of the newborn'. The value of such a definition is exemplified by its simplicity, and she stresses the potential it offers to deal with the family in cross-cultural perspective. Fundamental characteristics of each culture are able to be freely explored and identified. The validity of this approach endorses assumptions that formal organization of people is basic to human nurturance. This organization has been termed 'the family'. It is considered the fold for human unfolding, and viewed

by the writer as the microcosm implicated for study in understanding relationships and their aberrations. The outcome is the development of family theories.

A brief explanation of an interaction centred developmental family theory presented by JACKSON³ has been selected as the orientation for a view of some aspects of Indian family life. The central focus of the theory is the transactions between the individuals. According to Jackson, unless this focus is maintained there can be no change in conceptual development from separateness and individualism to a theory based on the family as a 'rule-governed homeostatic system..... that its members behave among themselves in an organized repetitive manner and that this patterning of behaviours can be abstracted as a governing principle of family life'. The therapist is confronted with a myriad of behaviour from which rules are inferred to explain some of that family's interaction patterns. The rules of play are not known in toto even to the family themselves. He emphasizes that the rule is an inference - a formula for a relationship. He then simplifies the data obtained from observing the family and afterwards relates these rules to the larger familial network.

The prominent feature of Jackson's theory is the distinction he makes between rules and the generally accepted notion of family roles. Roles he postulates, are essentially individual in origin and orientation. A role stipulates the individual as the unit of study and the relationship between individuals becomes a secondary phenomenon. Further he states that the concept of role cannot be separated from a culture-limited view of family structure, i.e. people are classified by conformity or non-conformity to predetermined

categories. The implication is that a healthy family is considered to be one that has Father in father role, Mother in mother role and so on. This approach however neglects the aspects of interactional processes which according to the author may in fact, be the more general phenomena of which roles are a by-product.

Ideally the joint Indian family constituted a concretely organized group and lived together in a common household. With the integration of the community into Western practices the joint family households appear to have been divided. Successes in the Western culture; poverty; pattern of Western housing designed for the Western nuclear family inappropriate for the traditional joint family, are but few of the contributing factors towards this break-up. Some approximation of this joint family arrangement is however still viewed as the cultural ideal.

In viewing family organization, DOTSON⁴ suggests that family organization is a range of variation from units approximating fairly closely traditional joint family principles to aggressively individualistic families living as best they can in independent isolation. These opposite poles he says, constitute extremes. The majority of families fall somewhere in between.

The most fundamental principle of family structure, says Dotson is that of unilineal descent in the male line. DUBE⁵ states that viewed empirically, two themes appear, namely that a male is more desirable than a female and that a male is qualitatively superior to a female. Implicit in this conception of the superiority of the male is the assumption that the male is capable of looking after himself, but dependence is the best security for a woman. Decision making is traditionally the man's function and the

desirability of the life-long protection to a woman - in childhood by father, in marriage by husband and in old age by son - is still seriously believed.

Religious and ritualistic practice makes the male additionally desirable as he is accorded specific religious privileges. He is expected to live with the family, his achievements have the potential to reap social prestige for the family, and he supports in old age. The unilineal descent principle, whilst still predominant, in the writer's experience has weakened. It is common for young Indians to-day to be as intimate with their maternal relatives as they are with those of their father. This introduces an enlarged interactional sphere with concomitant benefits and discrepancies.

ROSS⁶ analysed family structure. The analysis is based on the theory that each family position is composed of a variety of elements such as duties, rights and affection. These elements form separate substructures through the related family positions. In her substructure of SENTIMENTS she identifies the cultural pattern of relationships within the family system and their affectional intensity accord'ng to grandparents, parents/children, father/son, father/daughter, mother/son, mother/daughter, husband/wife, brother/brother, brother/sister, sister/sister, uncle/aunt and cousins, husband/in-laws, mother-in-law/daughter-in-law and the closeness and affection of the family circle.

GRANDPARENTS

In traditional family units, the age and experience of the elders earned them the regard and respect of the family. Close bonds between grandparents and grandchildren were frequently established

in families interviewed by the writer although together with such attachment Ross found expressed feelings of fear by the grandchildren, particularly towards the grandfather if he were head of the family. Grandparents frequently accompanied children to the Child Guidance Centre as substitute parents and a frequent colloquialism used by Grandfathers was, to describe their relationship with their grandchild was "he frights for me".

With the splitting of the joint family the writer was aware that the grandparents were featuring with lesser consequence particularly in being able to transmit traditional ways of behaving which Ross suggests to be in the child's favour, as this she says allows children to learn more up-to-date behaviour and be better equipped for modern life.

PARENTS/CHILDREN

Ross identifies parents/children as a separate overall relationship to emphasize the commitment of the Indian family to procreation. A childless couple is pitied. The basic qualities expected of the familial relationship made clear by all families seen at the Centre were the children's 'reverence' for their mother and respectfulness towards their father.

FATHER/SON

The main attitude of the son to his father in addition to respect was awe and fear of the family law maker. Ross described the greatest incidence of dislike and hatred in family relationship between Father and Son. She suggests and the writer concurs from her experience with the small Indian family, that the change towards making this a more

egalitarian relationship in the nuclear family could be responsible for a great deal of strain, because the basic tenets of the relational expectation between Father and Son are challenged in the nuclear family.

FATHER/DAUGHTER

Some students says Ross, believe that a strong relationship between father and daughter was not crucial in the traditional joint family system as the daughter was only a temporary family member. Her position was one of complete subordination to her father, but his jurisdiction ceased when she married and left the family home. The writer's experience during this research showed that when the family grew smaller the relationship seemed to grow closer for all family members and dependence on each other for companionship and affection increased. On the whole the affectional nature of the father/daughter relationship appeared to strengthen as the family structure changed and daughters began to occupy strategic positions of greater permanence.

MOTHER/SON

One of the main reasons cited for the close mother/son relationship, (that relationship ranked by Ross to be first in order of preferential attachment in the traditional joint Hindu family) is that the bearing of a son improved a woman's position in her husband's family more than any other aspect of her life. The writer found that this pattern of intense devotion between mother and son existed in urbanized Hindu families. It was evident however, that although this close relationship between mother and son prevailed in most families

seen at the Centre, that at the same time, sons were prepared to protect their wives because the marital bonds were stronger on account of the changed nature of family structure. Peer relationships proved usually to be an important facet in the lives of the husbands and no doubt, further distantiated the mother son relationship as he experienced new outlets.

MOTHER/DAUGHTER

In the traditional family, the mother's intimate contact with her daughter was characterized says Ross, by a warm relationship. Mothers were committed to train their daughters to be adept at appropriate household tasks. This has altered says Ross, with the nuclear urbanized unit. Her comment that the lack of clarity of the expectations of this relationship has resulted in considerable stress between mothers of tradition and daughters of modern time exemplifies the writer's experience of the mother daughter tie in Indian families to-day.

HUSBAND/WIFE

In the joint family, the nature of the husband/wife relationship was prescribed. The relationship changed as they grew into more responsible positions in the household. The husband's emotional dependence on his wife was anticipated to grow stronger subsequent to the death of/or separation from his sisters. But no matter how little romantic love or companionship was entailed, the bond between the partners, continues Ross, was strong.

The binding elements in their relationship were : 'the acceptance of marriage as a 'natural' and inevitable part of life; common interests and goals developed in working together for their family and children; a strong sexual relationship..... a clear-cut division of labour between them, each having an essential role to play in the household; and the expected subordinate position of the wife which eliminated much conflict and tension'. The writer believes that this still by and large depicts the nature of the husband wife relationship to-day.

BROTHER/BROTHER

Traditionally the relationship between brothers was close. Upon the death of the Father the eldest brother was automatically assigned paternal authority which extended over all his siblings and their families, granting him control over many aspects of their lives.

In a less traditional environment of to-day's urban family, the writer's experience often revealed a more duty bound relationship between brothers, than a truly affectionate tie. Ross confirms that in spite of the fact that the intensity of the brother brother relationship diminished in nuclear families, feelings of responsibility have remained.

BROTHER/SISTER

The brother sister bond is less close in the families interviewed by the writer than traditionally characterized by Ross, as sisters have moved towards greater independence. Their affections have been displaced away from brothers towards friends and ultimately husbands. Ross suggested that this change of alignment of expected family

affections was a likely cause of a good deal of tension and jealousy between sisters and sisters-in-law experienced as a general phenomena with families seen at the Centre.

SISTER/SISTER

Traditionally this relationship was viewed as a transitory one warm, yet lacking in commitment. This relationship was experienced in the present study as the least prominent in the urban presenting family, although the new way of life that makes more opportunity for intimacy in other relationships in the family, affected the sister sister tie in a similar way.

UNCLE AUNT AND COUSINS

The writer found in this category that the uncle appears to carry out his obligations to maintain the family identity, but, his relationship with his nieces and nephews seemed somewhat distant. Aunts, nieces and nephews however, demonstrated a mutually affectionate tie depending on the extent of the aunt's identity with the nuclear unit. Cousins were of lesser consequence and often regarded each other as competitors.

HUSBAND/IN-LAWS

In early times Ross explains that the husbands relationship with his in-laws, was very distant as they seldom came together. He was expected to respect them and his wife's elder brothers and sisters, and be specially entertained by them on an occasion of meeting. On no account, however, would in-laws accept hospitality from their daughter's husband.

This relationship was shown in the course of the writer's study to have taken on vitally new significance. The wife's family have become more predominant in the life of the urban nuclear Indian marriage. The husband's traditional authority is challenged. Her accessibility to relationships outside of her marriage points to the initiation of a new freedom for the Indian woman.

MOTHER-IN-LAW/DAUGHTER-IN-LAW

The daughter-in-law's position is well depicted by Ross. Within her husband's family consternation she is traditionally a subordinate member. She is expected, in the joint family, to live under the superior hand of her mother-in-law. Whilst she is offered the responsibility of domesticity, because of her place in the scale of kinship and age, the mother-in-law occupies the place of prestige and respect. The feelings of tension between the two are increased by the fact that daughters-in-law are to-day often better informed and more confident adult women who bend less easily to their mother-in-law's will. The growing desire of women to live apart from immediate family, places the man in a conflict between his own wishes for a happy marriage and by his feelings of duty and attachment to his mother.

THE CLOSENESS AND AFFECTION OF THE FAMILY CIRCLE

In summing up, Ross states that relatives seem to have much less influence on the younger generation although often one extended family member retains particular significance e.g. grandmother or aunt. The

peer group has taken on a gradual importance in the life of the younger generation. A gradual movement away from kinship and neighbourhood ties and local interests, towards looser family ties, increasing outside friendships and wider interests was accompanying the change in family form.

Discussion has been focussed largely on the level of observation rather than as a result of empirical testing. In the development of actual relationships the traditions of a particular family and the personality of its members are strategic determinants of that family's behaviour. Also wide variation within the framework of traditional practice occurs. Despite changes from traditional practice the relationship between the sexes among the Indians still appear noticeably different from other cultures. Whilst marital choice is now a great deal more free, relationships between unmarried men and women are still characteristically reserved. Caste endogamy is still predominant although there are lesser prejudices in this regard.

It is critical however to recognize that together with increasing association with the values of Western cultures and the modern world, changes have occurred. Prejudice against women entering the professions for example still persists but their entry is becoming inevitable. This trend towards economic independence of woman is viewed with a degree of ambivalence by men including those with a Western education. The women themselves often find it difficult to carry out their dual roles. (See Chapter v pp123-124).

CONCLUSION

This chapter in accepting the universality of the family as a system has examined some general 'rules' of Indian family practice

with particular reference to the Hindu family. The rules, depicting attachments ('rules' - defined in these terms by Jackson's interactional family theory) were examined on the basis of Ross's substructure of sentiments in the family. This focussed on the aspects of affection and love and provided a format for an insight into the inevitable conflict, between traditional and present day Indian family practices.

In seeking the implications for treatment, some knowledge of traditional family practice is necessary to understand the rules of that family. Ross sums up the current transition in the following statement:

'Complimentary types of relationships are increasingly being replaced by symmetrical and reciprocal relationships and even where the break-up is not complete, the expectation system in intra-kin relationships tends to be defined in more specific terms, gradually overshadowing the diffused expectation system latent in the traditional norms' ⁷.

Aspects of treating the interactional complexity of the family follow in the next chapter.

REFERENCES

1. STUBBINS, W.N. The Family in Cross-cultural Perspective. U.S.A., Holt, Rinehart and Winston, 1963, p8.
2. REISS, I.L. Readings on the Family System. U.S.A., Holt, Rinehart and Winston, 1972, p24.

3. JACKSON, D.D. 'The Study of the Family'. Family Process. 4(1); 1-20: March 1965.
4. DOTSON, F., DOTSON, L.O. The Indian Minority of Zambia, Rhodesia and Malawi. New Haven, Yale University Press, 1968.
5. DUBE, S.C. 'Mens and Womens roles in India: a sociological review'. In: WOMEN IN THE NEW ASIA; ed. by B.E. Ward, U.S.A., Unesco, 1963.
6. ROSS, A.D. The Hindu Family in its Urban Setting. Canada, University of Toronto Press, 1967, ppl36-177.
7. Ibid, pl163.

CHAPTER III

FAMILY THERAPY - A CONCEPTUAL OVERVIEW

CHAPTER IIIFAMILY THERAPY - A CONCEPTUAL OVERVIEW

In the space of a relatively short period, there has been a wealth of energy invested by innovative theorists and practitioners in working with the family as the unit of treatment rather than with individual pathology. SHERMAN¹ says the broad receptivity of the social work profession to these contributions, suggests that social workers are in a restive period and are ripe for shifting gears in their professional practice.

In reviewing the changes in philosophy of therapy of family relationships ACKERMAN² reported the trends that he observed. Twenty years ago, he says, the effort to correct disturbances in family relationships took mainly the form of social therapy with social devices aimed at reorientation of attitudes and activities. Then came a new wave of emphasis on individual personality. Psychiatric casework came into being as a speciality with superior prestige, and value of professional status and recognition came only to the social worker who achieved repute as a skilled casework therapist. The realistic situation of the family was minimized. Concern with the issues of interpersonal relations was subordinated to the primary concern with the individual psyche. Families as families, he said, became virtually lost as objects of study. Ackerman was of the opinion, however, that the law of diminishing returns was beginning to make itself felt. A broader conceptual frame to examine the behaviour of the individual not in isolation, but rather in the context of

comprehensive evaluation of the group structure of the family was once more asserting itself.

General systems theory seemed to provide such a conceptual framework for the understanding of individuals within the context of their families. In these terms, the family is seen as an open system made up not only of individuals and sub-systems, but, also itself a sub-system of a larger system³. The idiosyncratic structure of the family is determined by the arrangement of interrelationships between family members. These relationships are governed by rules and so says RUBENSTEIN⁴ the family is seen, as not just a collection of individuals, but 'that the whole is more than the sum of its parts'.

For the purpose of this study, the writer has elected to enter directly into an introductory conceptual explanation of family therapy and some approaches to treatment. At all times it is kept in mind that family therapy has as an innate quality, a system theory root.

The intention of this chapter, is to provide a conceptual orientation to some family therapy theory and then to offer an overview of some practical approaches to treatment by eminent practitioners in the field.

In the view of ZUK and RUBENSTEIN⁵ a core concept of family treatment is that the mental illness of a member is a symptom or aspect of a greater interlocking family pathology. Frequently one family member - referred to as the index patient, the identified patient or the scapegoat - is presented or implicated for treatment. The term scapegoat has been suggested for that person thought to be containing the family anxiety and becomes locked into that position by

the family members. Mutual need gratification results with the family members able to cope as long as that member holds the stresses. 'Scapegoating is an age-old practice, designed for the magical riddance of evil. It requires the existence of a group the members of which feel threatened by some implication of evil (plague, sin, etc.) and who agree to use an Other (goat, slave, prisoner, etc.) to impersonate evil, which is ultimately to be gotten rid of through destruction of the scapegoat⁶. Using the traditional analytical model the symptomatology and its origin would be extricated and examined with that client in the treatment process. Family therapy suggests a different working model. The symptomatology is seen in the context of that client and his interaction with his family. The aetiology and treatment of the identified patient's behaviour is sought through the examination of aspects such as role ascription of good and bad in that family; poor self delineation of family members entering into collusive action confirming the scapegoat; and the vicarious need satisfaction gained by the family members and the scapegoat, the latter who becomes inappropriately dependent, ineffectual and unable to retort to establish his identity. Research emphasis has shifted from the concept of the pathogenic child or parent to the pathogenic family relationship extending to a three-generation concept where existing pathology is traced through not only an unsatisfactory present marriage, but to a poor marriage of the parental family of origin as well. The scapegoat does not necessarily become the centre of investigation nor treatment, particularly at the outset. Initially he is relieved with the help of the therapist of being the container of family stress and later in the process his vulnerability is dealt with more appropriately in the configuration of the family.

The family strives to attain a balance, which once established, alters with each new circumstance confronting the family but, in essence, remains fairly stable. Termed the homeostatic theory⁷, it suggests that efforts to change are not without counterefforts designed to reinstate that balance. BUCKLEY and SPEERS⁸ enlarged this concept offering the idea that when treating a family, interaction should be directed not simply towards shifting the homeostatic balance, but towards helping the family develop its own unique and ongoing self correcting and self directing process. How is this attained?

Primarily concentration on the internal organization of the relationship of the family system is needed. Interaction and transaction are critical concepts basic to such applications. DENNEY and BENTLEY⁹ define these terms concisely. 'Interaction occurs when an organism's behaviour is seen as a reaction to the other Transaction incorporates the interaction framework but extends the perspective to include the ongoing process of all interactions. Transaction is a higher level of abstraction which views the total interaction process as a system so that it is no longer possible to isolate the initial causal relationships ... reducing the family system into dyadic relations misses the total Gestalt of family relationships'.

This is the core to an approach to family treatment. It is transactional conceptualization of behaviour. The action of one member affects another who in turn affects a third member until the family action is greatly altered.

What kinds of behaviour and reactions occur in the family that typify the transactional approach? Several transactional processes have been selected for elucidation. The basis of their selection has been the extent of their generality in most families, particularly those calling for treatment.

I. CIRCULAR SITUATION - RIGID TRIAD

BRODEY¹⁰ contends that the potentially schizophrenic child, is the battleground on which parents attempt to work out serious conflicts. Instead of focusing on their tumultous marriage the parents concentrate on the child. The child makes it difficult for his parents to resolve their differences because he demands their concentration. So, says Brodey, the parents seek a resolution through the child and the family becomes bound in a circular situation in which there is a high narcissistic investment by all parties.

MINUCHIN¹¹ labels this type of interaction, the rigid triad. He states that one subsystem always uses the same non-member to diffuse subsystem conflicts. Most commonly seen is when parents use a child to detour or deflect spouse conflicts. Minuchin elaborates three forms of this deflection.

1. In triangulation the child is demanded to side with either parent. When he takes his stand, he is immediately defined as attacking the other. The child becomes paralyzed as every movement he makes is seen by either parent as an attack.
2. Dealing with problems of the child, allows the spouse subsystem to submerge their own problems. Spouses often unite to protect a sick child.
3. One of the parents can join a child in a rigidly bounded cross-generation coalition against the other parent.

II. DOUBLE-BIND

VIRGINIA SATIR¹² asks "How do mates unconsciously induce a child to behave in such a way that he eventually gets identified as 'a patient'". "If a person's words and expression are disparate, if

he says one thing and seems to mean another by his voice and gestures, he is presenting an 'incongruent manifestation' in her answer to the question. This double-level communication need not necessarily lead to pathology, but, especially where children are involved, the double-bind effect can be consequential. BATSON, *et.al.*¹³ elaborated this concept in a paper offering a comprehensive theory of schizophrenia. In their view the requirements of the double-bind situation are as follows: at least two persons are needed, including one who may be designated the 'victim'. "There must be a repetition of a theme or experience made to the victim, there must be negative injunctions, conflicting levels of injunctions with threat of punishment for disobedience, and there must be further injunctions which prevent the victim from escaping the field of communication".

In case-study one (see Chapter IV pp52-119) Pravin is viewed as the 'victim'. Mother was overprotective towards the boy in an effort to cope with her marriage and her guilt about not wanting the boy. Pravin became overweight, chronically agitated and failed at school. Mother was verbalizing her desire for the boy to assert himself and gain some autonomy, yet any genuine effort he made meant that he was subject to a wave of her hostility. To retain his mother's devotion and to save the marriage, Pravin was not permitted to move. He was the victim of the double-bind; he became helpless and fearful.

III. PATHOLOGIC NEED COMPLEMENTARITY

This concept developed by BOSZORMENYI-NAGY¹⁴, suggests that parents and the child mutually feed each others narcissistic demands. The child becomes preoccupied with attaining this reciprocal need gratification

(as in the case with Pravin (see Chapter IV pp82-119) where amongst others, his closeness to mother satisfied her need for the boy's male affection and he in turn was rewarded with his mother's attention and failed to attain an autonomous existence.

IV. PSEUDOMUTUALITY

¹⁵
WYNNE has suggested some conceptualization of family interaction which he says, offers a base for the emergence of pathology from that system. He labels the concept of pseudo mutuality which he considers to be a particularly pathogenic form of relationship. The family members preoccupy themselves with a fitting together into formal roles at the expense of individual identity. The outward appearance of the family is uniform. The uniformity he says is supported by numerous myths and ideologies about the family. Children are rewarded for uniform behaviour and reprimanded for independent overtones. He suggests this is particularly intense in a family with a schizophrenic member. The acute schizophrenic episode represents to him, a breakdown of pseudomutuality. The patient attempts to restore it and attain individuation. Only partial individuation is attained.

V. PSEUDO HOSTILITY

¹⁶
WYNNE describes a behaviour where the family are vociferous and apparently angry, but where the hostility remains limited to a surface level of experience and interaction. He says pseudohostility serves to blur and obscure the impact of anxiety producing intimacy of deepening hostility that unfolds to destruction and lasting separation.

VI. FAMILY TRANSFERENCE

NADELSON *et.al.*¹⁷ redefine transference in interpersonal or interactional terms, in which the therapists and the family are "more than a well polished mirror".

"The transference is the experiencing of the entire pattern of the original frames which included at every moment, the relation of the patient to himself, to the important persons and to others, as he experiences them at that time in the light of his inter-relationship with the important people".

BOSZORMENYI-NAGY¹⁸ coined the phrase 'family transference' to account for the tendency of a hospital setting to evoke a family-like atmosphere for some patients. They discovered it was possible for patients to establish relationships in the hospital which substituted for or diluted pathologic relationships within the family.

VIRGINIA SATIR¹⁹ utilizes numerous "simulated family" techniques where she states "I have never encountered a person who did not, once involved in a game system, develop vivid "gut reactions" to the roles he played, particularly those roles which are contrary to his own self image".

VII. UNDIFFERENTIATED FAMILY EGO MASS

BOWEN²⁰ when, researching family therapy in the hospital and private practice concluded for himself the concept of the family "as the unit of illness". A part of the total problem he said, was in each family member. Research observations suggested to him that the emotional oneness of the family had similar characteristics to the symbiotic mother-child attachment. He introduces terms such as

'emotional fusion', 'emotional connectedness', 'emotional stuck togetherness' and 'ego fusion' to describe the phenomenon.

To communicate the above idea for theoretical understanding and as a perceptible for treatment, he coins the term undifferentiated ego mass. He conceives of a fused cluster of egos of individual family members with a common ego boundary. Some egos are more intensely infused into the mass than others. Fusion he says may include extended family members, and even pets. The family treatment is aimed at the ego mass without particular regard for the individual. 'According to the family theory of emotional illness, children grow up to achieve varying levels of differentiation of 'self' from the undifferentiated family ego mass. Some achieve almost complete differentiation to become clearly defined individuals with well-defined ego boundaries. This is equivalent to our familiar concept of a mature person'.

With a brief conceptual orientation to the family as the unit of pathology and its transactional complexity, some approaches to treatment are now outlined.

BEELS and FERBER²¹ in a paper entitled 'Family Therapy: A View' have in the light of their own experience in this field, evaluated other family therapy practitioners and devised a simple classification system in order to identify and consolidate various methods of intervention. The writer has chosen to present this by the following diagrammatic form.

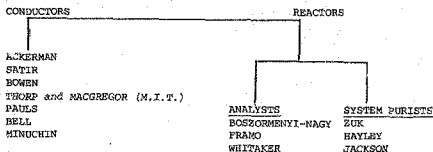


Fig. 1

Family Therapy Practitioners - A DiagramCONDUCTORS

They identify conductors as those therapists who stay on top of the family group and lead it. They are thought to have an explicit sense of their own values and goals and make great effort for the families to adopt these. Many are thought to have vigorous personalities and hold their audiences spellbound. They are heavily criticized however for their use of manipulative skill, their exhibitionism, their apparent sadism and lack of empathy.

Ackerman and Satir in this first category were, says Peels and Ferber distinguishable by the fact that they generally make more statements than any family member during the course of a session. Ackerman mobilizes the family into action. He cuts through denial, hypocrisy and projection, forcing the members to be more open to him than to each other. Nothing is considered unmentionable and he goes after what people are trying to hide - sex, fear, aggression.

With this confidence he offers the family a relationship with him, that allows their defences to be defused.

ACKERMAN²² in elucidating the rationale for his method states that "The history of psychoanalytic ideology reflects intense concentration on the development of a theory of thought and a theory of emotion; little consideration has been given thus far to the need for a theory of action... Since life is movement and there can be no living without action, in effect, the psychoanalyst is in the position of trying to stem the tide of life".

Ackerman coins the phrase "acting in" and suggests that this offers an effective opportunity for working through conflict, reality testing and new learning and growth. In this sense "acting in" can occur in the therapeutic process.

ACKERMAN²³ says of his work, that it does not pit individual against family, or family against individual. It does not heal one part of the family at the expense of another. Rather it supports both. He focuses on the here and now joining past and future in the present. "It is a profoundly honest way of intervening in human relations. It is a true therapy of the emotion that touches the family members and the therapist as well. It stirs a genuine caring for people, not a form of pseudo understanding of ritualized love giving... It lessens the exploitation of the secondary gains of illness and opens the way for new kinds of feeling action and reaction".

Satir presents herself to the family says Beels and Forber, as a teacher and expert in communication. SATIR²⁴ suggests that illness is seen to derive from inadequate methods of communication (by which

she means all interactional behaviour). It follows then that therapy will be seen as an attempt to improve these methods. She emphasizes correcting discrepancies in communication and teaching ways to achieve more fitting joint outcomes. The therapist, she states, must see himself as a model of communication. Satir's work with family dynamics shows that she translates into her own language, the concepts of several traditional theorists, but, essentially, she teaches communication. The intensification of family relationships after treatment is regarded as a by-product.

BOWEN²⁵ is seen in this category of practitioner where his goal of therapy is the differentiation of the individual from the undifferentiated family ego mass. He states the futility of mutual dependence. He aims to get one spouse to take an "I stand" suggesting that shortly thereafter, the other is motivated to move off in his own direction. Bowen breaks pathological bonds in the family.

THORP²⁶ examines operative roles in the family. He diagnoses the division of responsibility, picks the area where most trouble exists, and teaches the family a technique of negotiating on concrete issues which they can generalize. It is a secondary by-product that family members enhance their self esteem in coping with responsibilities and ultimately weaken the dysfunctional structure.

Multiple Impact Therapy (MIT) under the leadership of MACGREGOR²⁷ is based on the experience by the family of two days of intense interaction with a team at their clinic which includes doctors, social workers, psychologists, ministers and others. It is considered a very powerful experience. It is unhistorical, prescriptive and future orientated. During the course of two days, the marital relationship

is examined in individual conjoint interviews. Authority, autonomy, and the child's anxiety about the marriage are all acknowledged aspects. "It is anticipated that by the time of the last session, the family knows that it has a competent father whose wife has a first place in his heart and whose children know their place in their developing separatedness from the family".

PAULS²⁸ aims to disclose a person from the past, usually a parent of one of the parents, whose influence as an unrelinquished object affects the present relations of the family members. It is the finding of the unresolved internal object relations that Pauls holds as the key to pathology.

BELL²⁹ proceeds with his families in an orderly phasic process and knows where the family ought to be going and how to get them there.

MINUCHIN³⁰ approaches families in treatment by evaluating the clarity of the boundaries surrounding the subsystems in the family. He considers this to be a valuable parameter for the evaluation of family functioning.

He says some families are merged in their system in mutual concern. As a result boundaries are blurred. The differentiation of the family system diffuses and the family have difficulty coping with stress. Other families develop overly rigid boundaries. Communication becomes blocked and the family is handicapped. These two extremes of boundary functioning he calls enmeshment and disengagement and reflects this diagrammatically as follows:

DISENGAGED
 (inappropriately
 rigid boundaries)

CLEAR BOUNDARIES
 (normal range)

ENMESHED
 (diffuse boundaries)

Fig. 2

Minuchin's Family Continuum

All families he sees as falling along a continuum whose poles are the two extremes.

Both types of relating causes family stress: the enmeshed family tend to respond to any circumstance with inappropriate speed while the rigid family tends not to respond when a response would be appropriate.

Minuchin functions frequently as a boundary maker. His assessment of subsystems and boundary clarification assists his diagnosis and directs his therapeutic intervention.

Minuchin designed a mapping system in which he succinctly presents the family interaction in diagrammatic perspective. He identifies the subsystems in the family and devised eight symbols to represent the kind of relating between the divisions.

----	clear boundary
.....	diffuse boundary
=====	rigid boundary
~~~~~	affiliation
=====	overinvolvement
	conflict
}	coalition
→	detouring

These mapping representations of the family are utilized in the case studies in Chapters IV and V of the present study (see pp 52-181). In viewing stress Minuchin illustrates his use of these mapping procedures.

Parents under stress at work may come home and detour their conflict by attacking the child:

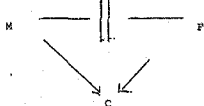


Fig. 3

Father may criticize his wife and seek a coalition with the child against the Mother;

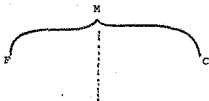


Fig. 4

In Figure 3 the potential threat to the spouse subsystem may well be reduced, but the child then comes under stress.

In Figure 4 a cross generational dysfunctional transactional pattern has developed. The writer considers that Minuchin might in these circumstances aim his intervention towards realigning mother and father in their spouse subsystem, strengthening its boundaries and clearing the boundaries between them and the child. The child would then be freed of stress and capable of attaining autonomy.

Minuchin sees a family map as an organizational scheme and a powerful simplification device which allows the therapist to organize the diverse material that he is getting. It allows for the formation of hypotheses about the family's functioning, the points of intervention and the goals of treatment.

In this category of conductors the writer includes RUBENSTEIN'S³¹ Family Categories Schema. This is a systems approach to working with families, which is an outcome of research with his co-workers at McMaster University.

He labels four levels of hierarchy in basic structure in the family. The basic factor of a functioning family he says, is its competence to accomplish tasks i.e. autonomy being the critical family task. Next is the family's competence with skills specifically pertaining to their communication and role behaviour. Inhibitors and facilitators of the skills that mediate task accomplishment i.e. affective expression in involvement, is the third level labelled to observe in a family and fourthly the therapist needs to observe the family's behavioural controls which provide the

gestalt, value systems and tone within which the first three levels can operate. The family's functioning viewed in this order he says can define the family accordingly and determine the place to begin work.

To summarize, BEELS and FERBER state that the conductors conduct a meeting with a very definite end in view. They arrange experience for the family in new possibilities of relating to one another, and they are quite direct about setting that experience up.

#### REACTOR ANALYSTS

From the group of reactor analysts the writer has elected to present the working methods of the group of family therapists in the Philadelphia Family Institute best known under the editorial leadership of Ivan Boszormenyi-Nagy and James Framo.

Family relations represent to this school a more complex organizational level which requires a broadened theoretical outlook in order to explain the family's emergent interactional and transactional phenomena. If the therapist is not able to conceptualize on a supra-individual transactional level of organization, they warn that he is liable to lose control of what turns out to be "a congeries of parallelly constructed individual therapies"³².

Social relations in the view of Boszormenyi-Nagy, regards action organizations (systems) rather than persons as units. One or several persons may make up a system of actions and any action implies a SUBJECT and an OBJECT. The subject appears as SELF either a singular self (I) or a plural self (WE). Each action creates a delineation of both entities 1. The one(s) who act (subject), 2. The one(s) who are acted upon (object).

The transactional base of the dialectical concept of personality becomes apparent when it is recognized that the experience of the SELF as a symbolic unit depends on the selective availability of a matching NOT-SELF (other). Boszormenyi-Nagy offers as illustration a daughter's vicarious acting out of her mother's repressed impulses. Identification between mother and daughter may make them joint subjects of an impulse which is transacted toward the male as its object. A plural self character emerges based on the covert motivational fusion of mother and daughter.

A dialectical or transactional orientation would tend to focus on the dynamic factors that prevented a self/other distinction between this mother and daughter, rather than on the intrapsychic motivational roots of the particular impulse responsible for the daughter's acting out. The family therapist functions on the assumption that it is futile to consider intrapsychic mastery in the context of interpersonal autonomy.

According to WHITAKER³³, the use of a co-therapist is considered essential, to the emotional equilibrium of the therapists. Whitaker describes as the heart of the therapeutic process, the periodic almost acting out by one therapist of the projected wishes of the family such as their wish for a parent figure. He either stops himself, or is rescued from it by his co-therapist. The dynamics of the group which would have induced him to play this role are then illuminated and then frustrated.

SYSTEM PURISTS

Zuk, Hayley and Jackson are the exponents offered in this category by Beels and Ferber. The general basis for their theories is the communication concept and behaviour. They offer a contrast to the insight-centred psychoanalytic model. Initial concentration is on input and output within the family structure and how the family is seen to respond to given specific stimulation. Control appears the essence of their approach. Help for the family is offered by a manipulation of power, so that the therapist lets the family seem to define the situation, but in the end it follows his covert lead. These therapists consider themselves as changemakers. ZUK³⁴ talks about 'the go-between' who mediates between two people in conflict, trying to change the relationship by selecting issues for the two to struggle or negotiate about. He sides judiciously with first one and then the other and finally insists that the conflict have new rules, with himself as referee.

BEHAVIOUR THERAPY APPROACH

Although not part of Beels and Ferber's classification scheme the use of behaviour therapy as a specific orientation to working with a family also merits attention.

The primary base of such an approach is observable and objectively defined behaviour in relation to the world around the client. LE BOW³⁵ in a comprehensive paper on Behaviour Modification for the Family, issues as a goal to his presentation the idea that the more adequate the training in using behaviour modification principle, the more durable the resultant behaviour changes and the

greater likelihood that mutually effective and satisfying interactions in the family will persist. It is suggested by EPSTEIN and BISHOP³⁶ that in fact more therapists have used and integrated learning theory, and quotes Lieberman's thinking that further clinical and research progress made by behaviourally oriented therapists will challenge family therapists of all orientations to be more explicit in their undertakings and results. "Family therapy on this basis, would in all probability then gain greater stature as a scientifically ground modality".

#### CONCLUSION

Whilst family therapy is an approach to treatment of recent innovation a wealth of material has emerged offering a theoretical base with its own set of general concepts. There are many approaches to treating a family as there are therapists working with these techniques. On this account, an appraisal of the field could constitute an immense project on its own.

This chapter has set out to provide an introduction to the philosophy of this approach by presenting some conceptual definitions critical to a family treatment orientation. Further, on the basis of a classification system devised by Beels and Ferber, some leading practitioners in the field have been catalogued in an effort to systematize approaches, and their treatment rationale has been described. As an introduction to the case studies that follow, it is necessary to appreciate an eclectic style and to envisage numerous aspects from various exponents and how they are or could be applied in the case profile and treatment process. It is recognized that at all times treatment is an ongoing evaluative process and in these terms

warrants the continual use of different interventive skills. No two families are alike nor respond alike and different styles may well work better with one family than with another.

The final evaluative ideas set out in Chapter VII aim to consolidate the eclectic approach used in the research, specifying the orientation of the studies which follow.

#### REFERENCES

1. SHERMAN, S.W. 'Family Therapy as a Unifying Force in Social Work'. In: EXPANDING THEORY AND PRACTICE IN FAMILY THERAPY; ed. by N.W. Ackerman, F.L. Beaman, S.N. Sherman. U.S.A., Family Service Association of America, 1971.
2. ACKERMAN, N. 'Interpersonal Disturbances in the Family: Some unsolved Problems in Psychotherapy'. In: FAMILY THERAPY AN INTRODUCTION TO THEORY AND TECHNIQUE; ed. by G.D. Eriksen, T.P. Hogan, California, Wadsworth Publishing Company, 1972.
3. BISHOP, D.S. 'Transactional Conceptualization of Behaviour'. Unpublished paper, Hamilton, Ontario, Department of Psychiatry, McMaster University, 1973.
4. RUBENSTEIN, J. 'Family Therapy - Concepts and Techniques'. Unpublished paper, Hamilton, Ontario, Department of Psychiatry, McMaster University, 1976.
5. ZUK, G.H., RUBENSTEIN, D. 'A Review of Concepts in the Study and Treatment of Families of Schizophrenics'. In: INTENSIVE FAMILY THERAPY; ed. by I. Boszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row, 1965.
6. BOSZORMENYI-NAGY, I. 'Intensive Family Therapy as Process'. In: INTENSIVE FAMILY THERAPY; ed. by I. Boszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row, 1965, p70.
7. SPEER, D.C. 'Family Systems: Homeostasis and Morphogenesis or Is Homeostasis Enough?'. Family Process. 9(3): 259-277, 1970.

8. EPSTEIN, N.B. 'Family Therapy Today': An overview'. Paper presented at the International Symposium 'Psychiatry over the Last Decades', Montebello, Quebec, November 3,4, 1969.
9. EPSTEIN, M.O., BISHOP, D.S. 'Position Paper - Family Therapy'. Canadian Psychiatric Association Journal. 18(3): 175-183: June 1973.
10. ZUK G.H., RUBENSTEIN, D. op. cit. p11.
11. MINUCHIN, S. Families and Family Therapy. London, Tavistock Publications, 1974, p101.
12. SATIR, V. Conjoint Family Therapy. Palo Alto, California, Science and Behaviour Books, 1967, p35.
13. ZUK, G.H., RUBENSTEIN, D. op. cit. p5.
14. ZUK, G.H., RUBENSTEIN, D. op. cit. p17.
15. ZUK, G.H., RUBENSTEIN, D. op. cit. p13.
16. WYNNE, L.C. 'Some Indications and Contradictions for Exploratory Family Therapy'. In: INTENSIVE FAMILY THERAPY; ed. by I. Boszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row, 1965.
17. NADIELSON, C.C. et al. 'Evaluation Procedure for Conjoint Marital Psychotherapy'. Social Casework 16(2): 91-96: February 1975.
18. ZUK, G.H., RUBENSTEIN, D. op. cit. p18.
19. SATIR, V. op. cit. p184.
20. BOWEN, M. 'Family Psychotherapy with Schizophrenia in the Hospital and in Private Practice'. In: INTENSIVE FAMILY THERAPY; ed. by I. Boszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row, 1965, p218.
21. BEELS, C.C., FERRER, A. 'Family Therapy: A View'. Family Process 8(3): 280-318: 1969.
22. ACKERMAN, N.W. 'The Future of Family Psychotherapy'. In: EXPANDING THEORY AND PRACTICE IN FAMILY THERAPY; ed. by N.W. Ackerman, F.L. Beaman, S.M. Sherman, New York, Family Service Association of America, 1971, p11.

23. Ibid. p15.
24. SATIR, V. op. cit. p96.
25. BOWEN, M. op. cit. p224.
26. BEELS, C.C., FERBER, A. op. cit.
27. MACGREGOR, R. 'Multiple Impact Psychotherapy with Families'.  
In: FAMILY THERAPY AN INTRODUCTION TO THEORY AND TECHNIQUE;  
ed. by G.D. Erikson, T.P. Hogan, California, Wadsworth  
Publishing Company, 1972.
28. PAULS, N.L. 'The role of Mourning and Empathy in Conjoint  
Marital Therapy'. In: FAMILY THERAPY AND DISTURBED FAMILIES;  
ed. by G.H. Zuk, I. Boszormenyi-Nagy, U.S.A., Science and  
Behaviour Books, 1973.
29. FELL, N.W. 'A Theoretical Position for Family Group Therapy'.  
In: FAMILY THERAPY; ed. by G.D. Erikson, T.P. Hogan,  
California, Wadsworth Publishing Company, 1972.
30. MINUCHIN, S. op. cit. pp46-66.
31. RUBENSTEIN, J. '3 Day Workshop on Family Therapy'. Johannesburg,  
University of Witwatersrand, April 12-13, 1976.
32. BOSZORMENYI-NAGY, I. 'A Theory of Relationships: Experience  
and Transaction'. In: INTENSIVE FAMILY THERAPY; ed. by  
I. Boszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row,  
1965, p34.
33. BEELS, C.C., FERBER, A. op. cit.
34. ZUK, G. 'The Go-Between Process'. Family Process 5: 162-178:  
1966.
35. LE BOW, M.D. 'Behaviour Modification for the Family'. In:  
FAMILY THERAPY AN INTRODUCTION TO THEORY AND TECHNIQUE; ed.  
by G.D. Erikson, T.P. Hogan, California, Wadsworth  
Publishing Company, 1972.
36. EPSTEIN, N.B., BISHOP, D.S. op. cit.

CHAPTER IV

PRAVIN AND HIS FAMILY : A CASE STUDY

52  
PSYCHO-SOCIAL HISTORY

Collection Guide

Child

AGENCY CASE NO.:

NAME OF AGENCY:

I. IDENTIFYING INFORMATION

Date of Birth: 1964

Sex: Male

Religion: Hindu

Ethnic Classification: Indian

Name of Client: Pravin

Address: Flat 9, Krishna Court, Durban Identity Document No(s):

Telephone (or nearest telephonic contact): 20391

Referred By: Friend

Reasons for Referral: poor School Progress

Family Composition (including client):

Name	Relation- ship to Client	Date Of Birth (and Age)	School Std. and/or Occupation	Special Details
Devendran	Father	1937 (30 yrs.)	Machine Operator	Earns R26 per week
Neela	Mother	1943 (34 yrs.)	Housewife	Part-time seams/tress
Pravin		1966 (10 yrs.)	Scholar	Child concerned
Suren	Brother	1963 (11 yrs)	Scholar	
Savithiri	Sister	1972 ( 4 yrs.)	child at home	
Helini	Sister	1973 ( 3 yrs.)	child at home	

II. SOURCES OF INFORMATION

List of Sources:

Mother

Father

*Description of Informant(s):*

- MOTHER** was a neatly groomed woman of medium build. Her communications were rational and sincere. She was under considerable stress during the sessions and she frequently became tearful.
- FATHER** was of medium build though somewhat obese. He adopted a friendly manner but tended towards aggressive emotional outbursts when talking about his family. He communicated freely, particularly about himself and impressed as the more outgoing although the less convincing parent.
- SUREN** was a slim plating adolescent who rarely spoke. He interacted non-verbally in the family paying particular attention to Father. He smiled frequently but lowered his head when confronted.
- PRAVIN** had a vivacious smile. He was short and overweight and he was always at his Mother's side. Marked signs of anxiety were reflected in agitated body movements. He did not sit still for long and was shy and hesitant to speak.
- SAVITHIRI and NELINI** were two attractive, talkative children who enjoyed the visits to the clinic. Their involvement as part of the family was illustrated by their confidence within the group. There was minimal interaction between the children although an element of competition emerged between Savithiri and Nelini and their elder brothers.

**III. PROBLEM AS SEEN BY PARENT(S)/INFORMANT(S)***Problem:*

Mother and Father stated that they had come to seek assistance for Pravin on account of the boy's inadequate scholastic performance.

Pravin was in Std. I at Chatsworth State Aided Indian School. Mother and Father reported that he could not multiply, divide or subtract, that his reading was exceptionally poor and that he had great difficulty with recall.

The school complained that Pravin was easily distracted, fidgeted constantly and was generally very difficult to contain in the classroom. Mother endorsed these complaints and described how Pravin's nervous movements irritated the family. Since starting school, Pravin had been wetting his bed.

Pravin was demanding physical contact with Mother. He frequently insisted on sitting next to her, engaging her arm in his or placing her arms around him. This caused the other children to fight for similar attention.

*Parent(s)/Informant(s):*

Mother and Father were eager to talk about their problems hoping this would relieve tension in the family. Mother was often pensively silent during Father's exposition of the problems and challenged his genuineness by the emotional distance she maintained from him.

At times, although Pravin's poor school progress was the presenting difficulty, no particular child was complained about more than another. Neither parent was specifically able to label his or her concerns with accuracy. Although Father commented that he had very much wanted sons, he now wondered if daughters were not better.

#### IV. PERSONAL DEVELOPMENT AND FUNCTIONING

##### *Early Development:*

Mother and Father did not want a baby when Mother fell pregnant with Pravin, as their first born was then only a few months old. Mother said that by the time Pravin was born she had become reconciled to the idea. A comfortable pregnancy assisted her adjustment. Mother suffered a lengthy labour with Pravin and had a vacuum pulled birth. Pravin weight 74 lbs at birth.

##### *Sexual Development:*

In infancy Pravin was plump and constantly eating. Mother said she 'could not fill him up' (could not satisfy his hunger). Mother and Father said that Pravin had asked no questions about sex but that he was masturbating. Pravin remained attached to Mother and this irritated Father because his view was that Pravin should have been more independent and masculine.

##### *Health:*

Pravin is overweight for his age, but, apart from the normal childhood ailments he appeared to be physically healthy. His only serious physical misadventure had occurred when Pravin was three months old. Paternal grandmother was climbing over a wall on her way to take the children to her house. She misjudged the height of the wall and dropped Pravin onto the other side before climbing over herself. Pravin cried incessantly and it was only on the following day that he was X-rayed and a broken leg was diagnosed.

##### *Sensory/Perceptual Functioning:*

A medical examination showed no evidence to suggest impairment of vision, hearing, touch, smell or taste.

##### *Sleep:*

The family's accommodation was limited to one bedroom which was shared by the parents and children. Pravin insisted on sleeping between Mother and Father.

##### *Ability to do for Self:*

No problems were noted in this area and Pravin was able to cope with most self help tasks. Mother however attended to many tasks on his behalf and he waited for her to attend him rather than do things unsupervised.

##### *Interests and Activities:*

Pravin showed no special interest in extramural activities. The school reported a preoccupation with activities of a physical nature. This endorsed Mother's complaint that Pravin constantly ran around their apartment building both to her embarrassment and to the inconvenience of neighbours.

##### *Peer Relationships:*

Pravin was able to associate with other children but was not selective of sex or age. He seemed to use play as a cathartic experience for his aggressive drives. He was unable to satiate these needs particularly as the other children eventually opted for alternative tasks in the classroom, an area in which Pravin was unable to apply himself.

*Sibling Relationships:*

Pravin and Suren were able to play together although tension mounted with Pravin's attachment to Suren's beginning identification with Father. Elements of envy were clear. At times Suren was intolerant of Pravin's behaviour. He showed his displeasure with contemptuous silences, opted out of the game or tried, on occasion, to distract Pravin's attention from his task. Savithiri and Malini related well. Pravin was often intolerant of their claims for Mother and frequently interfered in their play to ensure his prime position next to her. He demonstrated an apparent indifference to and withdrawal from them.

*Other Significant Relationships:*

Pravin had no relationship outside of his immediate family group that the family considered of any particular significance to him and he was unable to report any such relationships himself.

*Discipline:*

Both parents seemed to discount each others attempts at discipline. Father left Mother to discipline the children. She implied she would desperately have liked Father to have taken a more constructive part in structuring the children's lives but when he did attempt to discipline them, Mother considered his actions inappropriate. She placated Father's negative manner with the children by blaming his tiredness and the instability surrounding his work. Mother and Father both set high targets for their children and reprimanded each other for their children's lack of achievement.

*Fears and Unusual Habits:*

No fears or unusual habits were reported.

*Education:*

Main Language :	Very weak	Dress :	Neat
Elementary Maths:	Very weak	Conduct :	Fidgety
Writing :	Weak	Attendance :	Good

Principals Remarks: A very disappointing report. Pravin must work harder if he expects to be promoted.

*Client's Personality as seen by Parent(s)/Informant(s):*

Mother and Father envisaged Pravin's pre-morbid personality as revealing an obedient co-operative and capable child. He was described by the parents as immature and they considered that he lacked an eagerness to please them rather than a genuine inability to achieve. Pravin's incessant physical activities and short attention span irritated the family. Father was angered by Pravin's ability to render him ineffectual whilst Mother was most concerned that he achieve at school.

## V. CLIENT'S FAMILY

Mother and Father were apprehensive regarding confidentiality at the Centre and wondered whether in fact they could be helped. Both were fluent in conversation and had no difficulty relating.

### *Client's Father:*

Father spoke clearly and attempted to impress as the impetus behind his family. Much of his communication revolved around himself and his frustrated efforts to provide an adequate living for his family. Father's early youth represented hard times for him. He recalled with pride having attended the same school as did paternal grandfather and paternal great grandfather. After he had attained his Std. V he was forced to seek employment on account of financial need. He obtained a job in a factory and had been a machine operator ever since. He had been in his present job for 12 years and was earning \$26 per week with prospects of promotion to \$36 per week within two months. Being the eldest of four sons and three daughters, Father was accorded the responsibility of financially providing for his siblings. Paternal grandfather died prior to Mother and Father's marriage and this increased the burden of responsibility on Father. Some members of the paternal family resided in Durban. However, the majority lived in Witburg - miles away. Financially, Father's younger brothers had, in his view, proved successful. Father continued to aspire to assert his position within his family of origin but lack of wealth accorded him lesser value and status.

Father projected his aggressive drive towards his family, particularly towards Frain. He labeled his anger about his stifled employment position; the economic and political climate, he said, offered him little opportunity to improve or change his position. He considered his family inadequately reliant on him, yet recognised that without Mother's financial assistance, they would not be able to manage. He remained emotionally self indulgent and dependent.

### *Client's Mother:*

Mother had a light complexion, was also of medium height and was usually dressed in long pants. She was pensive and withdrawn particularly while Father spoke. Her tension reflected her anxiety about her circumstances and she suffered frequent migraine attacks. Mother was also the eldest of five siblings. After attaining her Std. IV she dropped out of school on account of the financial demands of her younger siblings. She assisted in educating them and, 'at her expense', all were qualified teachers. Mother was extremely tearful when talking of her family of origin. She revealed maternal grandfather's death in 1973 and said she was just too emotional to talk about this. Maternal grandmother resided with the eldest son in the family. Mother retained close attachment with her sisters who lived in Durban. She demonstrated competence in running her home and had trained herself in dressmaking which substantially supplemented Father's income. Mother was conscious of the family's status in the community and had high aspirations for her children. She was anxious that they receive the best she had to offer and felt stifled by the financial limits placed on her. She conveyed a picture of a depressed wife and an anxious mother, who was caught up in her unresolved dependent familial ties.

### *Client's Parents' Marital Relationships:*

Mother and Father courted for several years and were married with the consent of their respective families. Their married life had been fraught with difficulties. Mother accused Father of an adulterous affair during the first years of marriage. Father considered Mother insufficiently encouraging or tolerant of him. Patterns of communication were dysfunctional and their intimate relationship was poor. Father had threatened to leave Mother, but, had never attempted to do so. Mother maintained that her marriage was important for the children. She did not acknowledge a relationship with Father.

*Current Family Functioning:**

There appeared a symbiotic tie between Mother and Pravin. She and Father failed to coordinate their parental roles and family rules were inconsistent. Father considered he had little enough time to himself and enjoyed relaxing after work without the children around him. He insisted that Mother cope with the children and was critical of her failure to contain them when he so desired. Father was seldom supportive of his wife's attempt to mother the children, preferring the attention for himself (even if he gained this via the children i.e. if she removed the children then she would be able to attend him). Pravin remained withdrawn from Father. This family appeared to have no other significant relationships besides those with their extended families. Mother visited her sisters and Father had contact with his family, but little effective autonomous functioning of any family member was evident. The family were under financial stress. Father's chronic low income did little to enhance his own self esteem or his position in the family system. He had high and unrealistic expectations for his children, particularly his sons. The children were unable to attain these heights and consequently withdrew from effort. Mother and Father had a poor marital relationship and the emotional climate in the home was tense. Poor interaction stifled attempts to improve family functioning effectively and the unstable balance heralded emotional problems presented through Pravin.

PSYCHO-SOCIAL INDEX  
SUMMARY WORK SHEETS.

CLIENT'S NAME PRAVIN

M/F MALE - INDIAN

DATE OF BIRTH: 1964

AGE 10 YEARS

## DESCRIPTION OF CLIENT

Pravin was a small boy for his age, dark skinned with ruffled black curly hair and somewhat overweight. He had been referred to the Centre by a friend of the family on account of his poor progress at school. The School had repeatedly complained to the family about Pravin's inattentiveness, his irritability in the classroom, and his difficulty with recall.

The onset of symptoms manifested when Pravin started school. This marked the beginning of bed-wetting and Pravin's persistent demands for Mother's attention and physical closeness. Mother and Father were unable to curb Pravin's excessive fidgeting and his rowdy playfulness in the apartment building extracted numerous complaints from the neighbours. The family were at a loss as to how to change Pravin.

## DESCRIPTION OF CLIENT'S FAMILY

FATHER : Aged 36 years, was employed as a machinist for the past 25 years.

MOTHER : Aged 34 years, was a housewife and did dressmaking at home to supplement the family income.

- SIBLINGS
1. SUREN : Aged 11 years attended the same school as did Pravin. He was in Standard II and achieved according to class average. He appeared considerably older than Pravin and was more readily acceptable to Father as an emerging adolescent.
  2. SAVITHIRI : Aged 4 years was the leader of the two younger children. She did not attend preschool. She enjoyed family attentions particularly on account of her appealing personality.
  3. NELINI : Aged 3 years, attempted to emulate her sister. On account of the small age difference, the two girls emerged as similar personalities. Nelini shared the attentions of the family with Savithiri and showed confidence in her participation with the family.

## CURRENT ADJUSTMENT

Pravin was overweight for his height. His developmental processes indicated immaturity in coping with anxiety. Excessive fidgeting, erratic speech patterns, (i.e. verbosity and hesitancy), enuresis, masturbation, poor attention span and poor scholastic success, were the manifesting symptoms. Pravin's dependence on Mother for his self esteem appeared to retard his individuality and masculinity. He had no particular friends, although he apparently played with other children. He had no difficulty in carrying out self-help tasks, but Mother regularly tended to his needs.

The parents considered Pravin's pre-morbid personality to be essentially healthy and mature. Pravin was unable to tolerate the tensions he experienced through intrafamilial interaction and his immature personality development resulted in the discharge of these tensions in inappropriate ways. Mother and Father's poor marital association was diverted via Pravin, as Mother used him as a buffer against Father. Each family member had vested interests in maintaining this balance. Pravin was threatened by loss of self esteem, should the balance change; Mother by the loss of a male buffer; and Father would have lost a negative identity ascribed to him. Father and Mother would then have been confronted with their marriage.

* James Lane Stricklin

## CONDITION AT BIRTH

Pravin was born with the aid of vacuum pull. He weighed 7 1/2 lbs at birth after a long and difficult labour. No further problems were noted at the time.

Mother did not want a baby when Pravin was due. She and Father were on strained terms. Her pre-natal period was fraught with emotional symptoms in her attempts to overcome these issues. As the baby was dissatisfied she terminated breast feeding after 3 months.

## DEVELOPMENT/FUNCTIONING

### A. Physical

There appeared to be no severe physiological problems evident in Pravin's development. His plumpness remained within normal limits. His enactive pattern showed no evidence of physiological dysfunction. Memory impairment seemed confined to scholastic experience.

### B. Behavioural

Pravin's developmental milestones had been within normal limits. Academic/scholastic learning proved the area of inadequate progress. From the time he started school, he began bedwetting.

### C. Intellectual

Pravin's early intellectual development satisfied parental expectations. Difficulties in learning emerged when he began formal schooling, and was away from home for the first time. Initially his progress was recorded as weak in all subjects with the teacher stating that Pravin needed to work harder in writing, reading and number work to be promoted to the next grade. At the year end, the teacher reported progress in all subjects and Pravin was promoted. He did not progress and had to repeat the year. His promotion to the higher grade thereafter, proved a difficult adjustment and prompted his referral to the Centre. Pravin seemed unable to channel his thoughts into the learning process and his daydreaming in the classroom seemed associated with his poor self control. His repetitive failures increased his poor self esteem. He was ostracised by the children and his teachers and suffered additional disapproval from Father. He persisted with his dependence on Mother thereby reducing the necessity to function autonomously.

### D. Emotional

Pravin's poor ego development was revealed by impulsive behaviour. Mother and Father disagreed as to the method of disciplining the children and parental moral codes were ill-defined for Pravin. He consequently found it difficult to tolerate frustration and to develop controls that might have assisted his general integration with his family and his application at school. Pravin's immature ego functioning failed to dispel his anxiety and his thinking was affected as his energies broke through into action. He then became unable to think rationally as he lost contact with reality. Pravin spent many hours staring out of the window (daydreaming) which suggested a preoccupation with wish-fulfilment - typical of an early infantile stage. Antagonism between Father and Pravin was clear. Mother and Pravin's relationship excluded Father and Pravin made minimal effort at goal orientated identification with Father. He shared Mother's lack of admiration for Father's achievements, and looked to Mother as his model. Father's disapproval of Pravin increased the boy's guilt.

## E. Social

Pravin had difficulty in establishing himself in gang-type association appropriate for his age. His impulsiveness affected his capacity to wait his turn in group activities. He showed no sense of belonging or loyalty to a group, nor did he have any special friends. Pravin's associations remained essentially within the confines of his family of origin and he had no significant relationship with adult figures outside of the family group.

## STRESS

Mother and Father's poor marital alliance proved to be the major factor contributing to stress experiences by Pravin. He was torn between his parents. This enabled Mother and Father to divert their marital strife, and avoid dealing with their difficulties. Pravin became caught in an eddy of conflict that was responsible for a great deal of stress in its non-resolution. Pravin shared the socio-economic stresses of the family. Mother and Father felt stifled by their immobility and both blamed their lack of opportunity on restricted political rights as well as on their cultural upbringing.

## SIGNIFICANT RELATIONSHIPS

## A. Mother/Client

Mother's difficulty with her marriage; her poor self-esteem; her socio-economic struggles; her longing for a more sophisticated education; and the death of maternal grandfather, were the major emotional trauma that limited her ability to establish a sound relationship with Pravin.

Mother suffered from severe headaches and depression. Dominant superego functioning was revealed by her control of presence, her internal punishments (psychosomatic symptoms) and her investment in matters of morality for her family. She was very concerned with the impression of the neighbours and what correct behaviour the children were to follow to enhance this impression. She was concerned about Father's job position and how stable it made the family appear. Mother was not physically demonstrative. She remained constantly on her guard. In spite of her anxiety she had sufficient confidence without depending primarily on her role as Mother to continue her life style. Her strengths enhanced her capacity to Mother her children. This was borne out by stable mothering experiences reflected in the personalities of the children. Mother said she had attempted to compensate for Father's emotional absence in offering Pravin double mothering. While Mother's diffusion with Pravin was momentarily satisfying, in the long run, it produced considerable stress for the family.

## B. Father/Client

Father had great difficulty in divesting his anxieties to satisfy his dependency needs. This failed to enhance his ability to Father.

Father's emotional conditioning from childhood revolved around the predominance of the Father figure in the family. As his own Father had died when he was young, the very unquestioning paternal powers were vested in Father as the eldest brother and surrogate Father.

His own unresolved dependency needs, together with change of traditional family values, found Father stripped of this unquestionable authority. He saw himself as a rejected man in a competitive struggle with Pravin. Father was disappointed that Pravin had failed at school and his association with the boy was characterised by irritability, discomfort, tension and aggression, all of which increased Pravin's suffering. Father was threatened by his poor self-esteem and complained constantly of his failures to compete in the wider community. His persistent strivings impaired his ability to Father. Mother failed to satisfy Father's need to be nurtured and in her disapproval of his narcissism, she further discounted his competence in the family. Father remained essentially absent and aggressive about his world.

### C. Others/Client

Pravin had just started school when Mother was expecting her youngest child. This meant Pravin had to separate from her, knowing his younger siblings usurped his position next to Mother. This for him represented the loss of a love object and a threat to his self-esteem.

His interaction with siblings and peers was characterized by parallel play which demonstrated functioning at a less mature level. This was in contrast with relationship play, where factors such as protection of his rights, age appropriate selection of friends, importance of peer opinions and so on, should have proved significant. Pravin shared no relationship of significance with anyone outside of his family group.

### CURRENT FAMILY FUNCTIONING

Father's distancing from his family revealed a rigid boundary between them and himself. On account of his own unmet needs and recurrent searchings, he was unable to allow this boundary to be permeated, particularly by the children. Mother and Pravin had a diffused association. Mother and Father diverted their marital anxieties via Pravin who became the container and agent for family stress. Suren would have liked to associate with Father and emerge as an autonomous adolescent but these attempts were stifled by Father's non-interaction with the children. Mother continued to manage Savithiri and Nelini who in terms of their stage of development had not yet made demands on Father. Unclear boundaries around the spouse sub-system, parental sub-system and sibling sub-system sabotaged negotiation between these sub-systems to meet family members' mutual needs. A dysfunctional transactional pattern existed, and the family was considered pathological on account of their appeal for assistance with Pravin.

## DEVELOPMENTAL DYNAMIC DIAGNOSTIC STATEMENT

## (i) Organic

Although Pravin presents difficulties, these seemed to neurotic anxiety that had arisen, medical report gave no indication

number of behavioural anomalies and learning verbal apprehension associated with a environmental circumstances. A organic impairment.

## (ii) Intellectual/Cognitive

Test results on the Revised Wechsler Intelligence Scale for Children (1) confirmed Pravin's apparent normal physiological make-up. A significant verbal scatter in the very low Arithmetic and Digit span subtest scores not only suggested a lack of ability to concentrate, but also a memory and reasoning weakness. His vocabulary and range of information were somewhat low, while his comprehension and concept formation were of a slightly higher order. Pravin seemed to have no major discrimination problems when working with three-dimensional objects such as blocks or puzzles. His full-scale I.Q. revealed the achievement of a typical low average (dull) child. Further educational testing revealed Pravin's reading comprehension to be well below standard. All indications during testing showed a general failure in language. Stress from the environment and his internal conflicts could be said to have created an abundance of anxiety that had interfered with Pravin's ego abilities to discharge psychic energies in ways acceptable to reality. This weakness in secondary process functioning had stunted Pravin's growth of perception, memory, thinking and action.

## (iii) Basic Personality

Immature behaviour characterized Pravin's history. Primary process thinking was illustrated by lengthy periods of day-dreaming whilst looking out of the apartment window. Pravin's unresolved oedipal fears perpetuated a symbiotic tie with Mother. Pravin failed to differentiate himself appropriately and whilst some degree of individuality was attained, this remained interspersed with strong affiliatory ties to Mother. He had great difficulty in repressing his hostility to Father. Whilst he was able to achieve positive social reactions, he was not able to adequately exploit these. Pravin's poor ego development was unable to cope with the insatiable energy invested in it. This energy broke through frequently and the rational processes of his ego were undermined. At these times he showed difficulty in dealing with reality.

## (iv) Current Ego Functioning

Pravin attempted to gain libidinal gratification through the relatively primitive form of maintaining the constant touch, presence or attention of his mother. This reflected his efforts to maintain the infantile love object through which he attained self esteem. He could not relinquish this attachment and reintegrate his defences at a higher level. Pravin was using defence mechanisms such as repression of hostile feelings towards family members. Fixation at the more infantile period of development reflected his difficulties in coping with his anxiety. Parental ambivalence about Pravin reinforced his separation anxiety as he interpreted his individuation as a total relinquishment of parental love. Pravin's ego development was hampered by a lack of displacement of energy from id processes to the ego and super ego.

## (iv) Environmental Influences

The family was able to meet the basic material needs of its members. The environment revealed a commitment of family members to their group identity. Political feelings were associated with frustrated attempts towards mobilizing the family's upward movement. As such, racial prejudice appeared to be an important underlying influence which contributed to family stress. Religious influences were highlighted by the standards of morality set by Mother for her family. The essence of the scapegoating process here was Pravin's being assigned an object role by the collusive action of several other family members. As such, he was at a considerable disadvantage. He was at the mercy of other family members' needs which were generally incompatible with his own. A state of fusion of family members evolved which threatened Pravin's individual autonomy. There was little clarity in parental role and so no satisfying child role for him to play.

## DIAGNOSIS

Behaviour immaturity directly related to dysfunctional family pattern. Diffusion with mother prevented his autonomous functioning and aggravated his contact with reality.

## RECOMMENDATIONS

In the light of the diagnostic profile it appeared that intervention at a family interactional level was indicated. Family therapy was recommended as the most appropriate treatment method. The goal of intervening in the family system was to assist with unbalancing the existing dysfunctional structure of the family in order to establish a new balance in which Pravin would not be required to contain the family stresses. Furthermore the family was to be assisted in working out an equilibrium that would not merely shift the anxiety from one member to the other and thereby providing a new container for family stress, but would offer them a more satisfying lifestyle.

1. An attempt would be made to involve Father with his family. The therapists would establish a supportive alliance with Father by encouraging his communication with any family member. It was anticipated that this communication would initially be aggressive and narcissistic in character. It was important at this starting phase to engage Father's involvement and attempt to re-instate him as an effective or potentially effective parent. Father was clearly not in touch with his family and the opportunity to cathart with support was likely to aid his self esteem, particularly when he came to recognise that the family were becoming more compliant as he began to move closer towards them.
2. As a parental subsystem Mother and Father needed boundary clarification and strengthening. Here techniques such as the therapists challenging the effectiveness of Mother and Father as parents or aligning with Mother and Father in challenging the behaviour of the sibling subsystem was likely to bring about new interaction patterns. The children would need to align themselves in order to defend their behaviour and Mother and Father would need to do the same.
3. Establishing a parental subsystem would mean a re-instatement of Pravin in the sibling subsystem and the beginning of distance between Mother and himself.
4. The spouse subsystem would then be open for confrontation. Pravin would require a considerable amount of support in not being allowed to enter the spouse interaction. Mother would need a great deal of help to deal with her own unresolved dependency needs, her fears about her femininity, and her feelings of poor self-esteem related to her past, in order to make Pravin separate from her. As the parents worked together on their marital difficulties and their parental functions were supported, it was anticipated that
  - (1) Pravin would improve in coping with anxiety and in establishing more autonomous behaviour.
  - (2) Susan would be more easily able to identify with Father who was likely to allow the boy some involvement with him.
  - (3) Parental functioning would become more consistent offering a code of rules which the family would be better prepared to follow.
  - (4) Improved spouse communication would release the detouring of the marriage stresses through the children. A more effective functioning balance would be anticipated with Pravin now prepared to displace his energies to new activities with the prospect of improved scholastic performance.
5. That Pravin be placed in a special class to assist his scholastic development through individual attention geared to his own pace of learning, was a recommendation to the school authority concerned.

## GUIDE TO SCORING THE PSYCHO-SOCIAL INDEX

Statements are to be marked TRUE or FALSE

This Case is AGE GROUP IIIAGE GROUPS  
EXCLUDED

## CURRENT ADJUSTMENT

- I, II, III.
- T 1. No indications of physical dysfunctioning are known.  
 T 2. No indications of sleep disturbances are known.  
 F 3. No indications of personality maturational retardation (or deviation) are known.  
 F 4. No difficulty handling anxiety, frustration, guilt or tension (manifesting itself in symptom formation) is known.  
 5. No difficulty in age-appropriate sexual functioning is known.  
 T 6. No fears or phobias are known.  
 T 7. No excessive withdrawal is noted.  
 T 8. No excessive aggression is noted.  
 F 9. No inappropriate personality responses to significant persons is noted.  
 F 10. Mood patterns are predominately appropriate to situation.  
 I. F 11. No significant conflicts in inter-personal relationships are noted.  
 I, II. F 12. No failure in academic/scholastic achievement is noted.  
 T 13. No retardation in motor development is noted.  
 F 14. No immaturity in emotional development is noted.  
 I. F 15. No immaturity in social development is noted.  
 F 16. No immaturity in intellectual development or functioning is noted.  
 T 17. Observed symptoms of mal-adjustment are situational rather than chronic.  
 T 18. The pre-morbid personality was essentially healthy and mature.  
 F 19. Onset of observed symptoms was sudden.  
 F 20. No psycho-somatic symptoms are noted.  
 F 21. No signs of poor self-esteem are noted.  
 I. F 22. No indications of a poor self-concept are noted.  
 F 23. No difficulty in speech and/or communication is noted.  
 F 24. No difficulty in age-appropriate autonomous functioning is noted.  
 T 25. No sign of hallucinating is noted.  
 T 26. No sign of deluding is known.  
 F 27. No difficulty in reality-testing and/or confused thinking is noted.  
 F 28. No sign of other mal-adaptive defense mechanisms or personality coping patterns is noted.  
 F 29. No sign of difficulty in basic trust of others and in the capacity to form lasting, close relationships is noted.  
 I, II. F 30. The client positively participates in his family group.

## CONDITION AT BIRTH

- T 1. The gestation period was within normal limits.  
 F 2. There was nothing significantly unusual about the client's birth.  
 T 3. There were no known birth injuries.  
 T 4. No congenital defects were noted at birth.  
 T 5. At birth no difficulty with breathing was reported.  
 T 6. The mother was free of physical symptoms during the pre-natal period.  
 F 7. The mother was free of emotional symptoms during the pre-natal period.

# AGE GROUPS EXCLUDED

- T 8. No hereditary defects (from either of the parent's families) are suspected.  
T 9. No evidence of congenital defects appear in the post-natal developmental history.

## DEVELOPMENT/FUNCTIONING

### A. Physical (Note: Consider influence of CONDITION AT BIRTH in answering this section)

- T 1. No indication of hormonal malfunctioning is known.  
T 2. Weight-height proportions are within normal limits.  
T 3. No mal-development of sexual organs is known.  
T 4. No evidence of visual dysfunctioning is known.  
T 5. No sign of communication dysfunctioning is known.  
T 6. No sign of hearing dysfunctioning is known.  
T 7. No sign of other sensory dysfunctioning is known.  
T 8. No sign of heart dysfunctioning is known.  
T 9. No sign of digestive-tract dysfunctioning is known.  
T 10. No sign of brain dysfunctioning is known.  
T 11. No sign of other central nervous system dysfunctioning is known.  
T 12. No sign of lung dysfunctioning is known.  
T 13. No sign of muscular dysfunctioning is known.  
T 14. No sign of skeletal malformation is known.  
T 15. No sign of other organ dysfunctioning is known.  
I, II, III. 16. No sign of hypertension is known.  
I, II, III. 17. No sign of hypotension is known.  
T 18. No difficulty in elimination of feces is known.  
F 19. No difficulty in elimination of urine is known.  
T 20. No lack of vitality is indicated.  
I, II, III. 21. No sign of difficulty in sexual functioning is indicated.  
F 22. No indication of impairment of memory is noted.  
T 23. No indication of confused thinking is noted.  
T 24. No difficulty in ambulation is known.

### B. Behavioural

- T 1. No history of developmental retardation in feeding is known.  
T 2. No history of developmental retardation in sitting is known.  
T 3. No history of developmental retardation in crawling is known.  
T 4. No history of developmental retardation in walking is known.  
T 5. No history of developmental retardation in speech/language is known.  
F 6. No history of developmental retardation in toilet training is known.  
I, II. F 7. No history of developmental retardation in academic/scholastic learning is known.  
I, II. T 8. No history of failure in gaining age-appropriate autonomous functioning is known.  
I. T 9. No failure in acquiring appropriate self-help skills is known.  
T 10. No indications of failure in gaining any other age-appropriate motor skill is known.

### C. Intellectual

- I, II. F 1. No sign of inability in academic/scholastic learning is noted.  
I. F 2. No sign of inability to think abstractly is noted.  
F 3. No sign of inability to adjust or adapt to the environment is noted.  
F 4. No sign of inability to form close, lasting relationships is noted.  
I. T 5. No sign of inability to reason is noted.  
T 6. No sign of memory loss of recent experiences is noted.

# AGE GROUPS EXCLUDED

- I, II. T 7. No sign of memory loss of past experience is noted.  
T 8. No sign of difficulty in learning verbal skills is noted.  
I, II. F 9. No sign of difficulty in learning mathematical reading or spelling skills is noted.  
T 10. No sign of retardation in the development stages is noted.  
I. T 11. No sign of difficulty in performing self-help tasks is noted.  
F 12. No sign of difficulty in reality-testing is noted.  
I. T 13. No sign of difficulty in relating parts of a problem or a situation to the whole is noted.  
I. F 14. No sign of difficulty in analysing a problem or a situation and dealing with the parts in a realistic manner is noted.  
I, II. F 15. No sign of difficulty in self-awareness of strengths and weaknesses is noted.  
I. T 16. No sign of lack of capacity to act purposefully is noted.  
T 17. No sign of inability to think rationally is noted.  
I. T 18. No sign of inability to assume responsibility is noted.  
T 19. No sign of difficulty in communication is noted.  
T 20. No other sign of difficulty in intellectual functioning is noted.  
D. Emotional  
F 1. There is age-appropriate capacity to tolerate frustration.  
I. T 2. There is no need to avoid situations which are stimulating.  
I. T 3. There is a capacity to handle stimulation without emotional outbursts.  
F 4. Emotional responses are appropriate to situations.  
F 5. Feelings of anxiety are appropriate to situations.  
F 6. Feelings of guilt are appropriate to situations.  
F 7. Feelings of tension and/or frustration are appropriate to situations.  
I. T 8. There is age-appropriate bowel control.  
F 9. There is age-appropriate bladder control.  
F 10. Types of expression of anger are appropriate to situations.  
F 11. Types of expression of anger are age-appropriate.  
F 12. Degree of expression of anger is age-appropriate.  
I. F 13. Type of sexual expression is appropriate to situations.  
I. F 14. Frequency of sexual expression is appropriate.  
F 15. There is an age-appropriate capacity to postpone gratification and satisfaction.  
I. F 16. There is healthy balance between optimism and pessimism.  
F 17. Over-all emotional maturation and functioning is age-appropriate.  
E. Social  
I. F 1. Capacity for intimate inter-personal relationships is age-appropriate.  
I. F 2. Responses to and expectations of authority figures are age-appropriate.  
F 3. There is a capacity for basic trust in others.  
I, II, III. F 4. Object-choices for expressions of anger are appropriate.  
I. F 5. Object-choices for sexual expression are appropriate.  
I. F 6. Capacity to be a part of a peer group is appropriate.  
I. F 7. Capacity to work co-operatively with others is appropriate.  
I. F 8. Capacity to share is appropriate.  
I. F 9. Capacity to participate in heterosexual social activities is appropriate.  
I. F 10. Competition in inter-personal relationships is appropriate.  
F 11. Dependency in inter-personal relationships is appropriate.

# AGE GROUPS EXCLUDED

I, II, III,

IVa, IVb,

I, II, III,

I, II, III,

IVa, IVb,

I,

12. Capacity to form a lasting one-to-one heterosexual relationship is age-appropriate.
13. Capacity to be a productive member of society is appropriate.
14. Capacity to assume responsibility in civic, social and religious activities is appropriate.
15. Over-all behaviour is generally socially acceptable.

## STRESS

- T 1. No sign of congenital defect is noted.
- F 2. Maternal attitudes towards the client were not stressful.
- F 3. The client's over-all relationship with his mother was not stressful.
- F 4. No evidence that the mother has been too involved with the client during the maturation process (thus too stimulating) is noted.
- F 5. Paternal attitudes towards the client were not stressful.
- F 6. The client's over-all relationship with his father was not stressful.
- T 7. No evidence that the father has been too involved with the client during the maturation process (thus too stimulating) is noted.
- I, T 8. No history of overly-stimulating sexual experiences is known.
- F 9. No evidence that birth of siblings or relationships with siblings have been overly stressful.
- I, F 10. No evidence exists that the move from home to peer relationships was overly-stressful.
- F 11. No evidence exists that relationships with significant persons besides parents or siblings has been overly-stressful.
- T 12. No history of traumatic separations from the mother is known.
- T 13. No evidence of overly-stressful illnesses exists.
- T 14. No evidence of physical trauma exists.
- I, II, T 15. No evidence exists that the developmental move from home to school was overly-stressful.
- I, II, III, 16. No evidence exists that the exacerbation of sexual feelings in adolescence was overly-stressful.
- I, II, III, 17. No evidence exists that the formation of intensive heterosexual relationships in adolescence was overly-stressful.
- I, II, III, 18. No evidence exists that the move from dependency upon the family to increased autonomous functioning was overly-stressful.
- F 19. No evidence exists that experiencing parental marital discord was stressful.
- F 20. No evidence exists that family socio-economic standing has been stressful.
- I, F 21. No evidence exists that family religious influences have been stressful.
- F 22. No evidence exists that other cultural factors have been stressful.

## SIGNIFICANT RELATIONSHIPS

A. Mother/Client (Note: Surrogate mothers should be evaluated in this section).

- T 1. The mother's basic personality is conducive to good mothering.
- T 2. The mother's cultural-socio-economic developmental background enhances her capacity to mother.
- T 3. The mother's attitude towards parenting enhances her functioning as a mother.
- T 4. The mother has adequate self-esteem without depending primarily on the mother role for self-enhancement.

AGE GROUPS  
EXCLUDED

- I. T 5. The mother's attitudes towards the client do not interfere with her capacity to mother.
- I. F 6. The mother has had no major physical or emotional trauma that interfere with her capacity to mother the client.
- I, II. F 7. The mother's emotional giving has been adequate.
- I. T 8. The mother's physical giving has been adequate.
- I. T 9. The mother has made a positive approach to discipline, with consistent and realistic limit-setting.
- I. F 10. Parents agree on discipline and limit-setting.
- I. F 11. The mother received positive emotional support from her husband during the client's first seven years of life.
- I. F 12. No significant separations between mother and client occurred during the developmental years.
- T 13. A good mothering experience is reflected in the client's personality.
- T 14. A positive response to the mother during the developmental years is reflected in the client's history.
- F 15. No major physical or emotional factor has interfered with the client's capacity to relate to his mother and to maintain normal maturation.
- T 16. The client's response to discipline and limit-setting during the maturational years reflects adequate and positive maternal handling.
- T 17. Stage by stage during the maturational years, most of the client's needs to be mothered were met.
- F 18. The timeliness of the client's birth was positive for the mother.
- B. Father/Client (Note: Surrogate fathers should be evaluated in this section).
- F 1. The father's basic personality is conducive to good fathering.
- T 2. The father's cultural-socio-economic development background enhances his capacity to parent the client.
- F 3. The father's attitudes towards parenting enhance his functioning as a father.
- F 4. The father has adequate self-esteem without depending primarily on the father role for self-enhancement.
- F 5. The father's attitudes towards the client do not interfere with his capacity to father.
- I. F 6. The father has had no major physical or emotional trauma that interfere with his capacity to father the client.
- I. F 7. The father's emotional giving has been adequate.
- I, II. F 8. The father's physical giving has been adequate.
- I. F 9. The father has made a positive approach to discipline with consistent and realistic limit-setting.
- I. F 10. Parents agree on discipline and limit-setting.
- I. F 11. The father received positive emotional support from his wife during the client's first seven years of life.
- I. T 12. No significant separations between father and client occurred during the developmental years.
- F 13. A good fathering experience is reflected in the client's personality.
- T 14. A positive response to the father during the developmental years is reflected in the client's history.
- F 15. No major physical or emotional factor interfered with the client's capacity to relate to his father and to maintain normal maturation.
- F 16. The client's response to discipline and limit-setting during the maturational years reflects adequate and positive paternal handling.
- F 17. Stage by stage during the maturational years, most of the client's needs to be fathered were met.

# AGE GROUPS EXCLUDED

- T 5. The mother's attitudes towards the client do not interfere with her capacity to mother.
- I. F 6. The mother has had no major physical or emotional trauma that interfere with her capacity to mother the client.
- I, II. F 7. The mother's emotional giving has been adequate.
- I. T 8. The mother's physical giving has been adequate.
- I. T 9. The mother has made a positive approach to discipline, with consistent and realistic limit-setting.
- I. F 10. Parents agree on discipline and limit-setting.
- I. F 11. The mother received positive emotional support from her husband during the client's first seven years of life.
- I. F 12. No significant separations between mother and client occurred during the developmental years.
- T 13. A good mothering experience is reflected in the client's personality.
- T 14. A positive response to the mother during the developmental years is reflected in the client's history.
- F 15. No major physical or emotional factor has interfered with the client's capacity to relate to his mother and to maintain normal maturation.
- T 16. The client's response to discipline and limit-setting during the maturational years reflects adequate and positive maternal handling.
- T 17. Stage by stage during the maturational years, most of the client's needs to be mothered were met.
- F 18. The timeliness of the client's birth was positive for the mother.
- B. *Father/Client (Note: Surrogate fathers should be evaluated in this section).*
- F 1. The father's basic personality is conducive to good fathering.
- T 2. The father's cultural-socio-economic development background enhances his capacity to parent the client.
- F 3. The father's attitudes towards parenting enhance his functioning as a father.
- F 4. The father has adequate self-esteem without depending primarily on the father role for self-enhancement.
- F 5. The father's attitudes towards the client do not interfere with his capacity to father.
- I. F 6. The father has had no major physical or emotional trauma that interfere with his capacity to father the client.
- I, II. F 7. The father's emotional giving has been adequate.
- I. F 8. The father's physical giving has been adequate.
- I. F 9. The father has made a positive approach to discipline with consistent and realistic limit-setting.
- I. F 10. Parents agree on discipline and limit-setting.
- I. F 11. The father received positive emotional support from his wife during the client's first seven years of life.
- I. T 12. No significant separations between father and client occurred during the developmental years.
- F 13. A good fathering experience is reflected in the client's personality.
- T 14. A positive response to the father during the developmental years is reflected in the client's history.
- F 15. No major physical or emotional factor interfered with the client's capacity to relate to his father and to maintain normal maturation.
- F 16. The client's response to discipline and limit-setting during the maturational years reflects adequate and positive paternal handling.
- F 17. Stage by stage during the maturational years, most of the client's needs to be fathered were met.

F 18. The timeliness of the client's birth was positive for the father.

C. Others/Client

F 1. Birth of sibling(s) did not produce unusual stress in the client.

F 2. Ordinal position among siblings has not been stressful to the client.

T 3. Interaction between client and siblings has been primarily positive.

T 4. Client and siblings have not experienced an unusual degree of rivalry.

F 5. No evidence of "favouritism" of one child in the family is indicated.

I. F 6. The client's capacity to share with peers is age-appropriate.

I. F 7. The client's capacity to be a part of a group is age-appropriate.

I, II. F 8. The client's capacity for close friendship is age-appropriate.

I. F 9. The client's choice of friends according to sex is age-appropriate.

I. F 10. The chronological ages of peers is appropriate for the client's age and educational attainment level.

I. F 11. The client has gained the capacity to stand up for himself and protect his rights among peers.

I. T 12. The client is not unduly concerned about peers' feelings and attitudes towards him, i.e. his self-esteem does not primarily depend upon positive evaluation by others.

I. T 13. The client's relationship with any significant person (other than parents, siblings and peers) shows no negative influence upon the client's personality.

OMIT ALL QUESTIONS FOR

AGE GROUPS IVb AND Vb.

CURRENT FAMILY FUNCTIONING - SECTION "a"

T 1. Family functioning is enhanced by the mother's basic personality.

F 2. Family functioning is enhanced by the father's basic personality.

F 3. Family functioning is enhanced by the parents' marital relationship.

T 4. Family functioning is enhanced by the family's cultural experiences.

F 5. Family functioning is enhanced by the family's religious practices.

F 6. Family functioning is enhanced by the family's socio-economic status.

T 7. Family functioning is enhanced by the intelligence of the parents.

T 8. The mother has sufficient motivation to use assistance outside the family when it is needed.

T 9. The father has sufficient motivation to use assistance outside the family when it is needed.

F 10. Family functioning is enhanced by the presence of extended family members living in the same household.

T 11. Family functioning is enhanced by the mother's vocational experience.

T 12. Family functioning is enhanced by the mother's activities outside the family which increase her self-esteem.

F 13. Family values and standards of the parents are compatible.

F 14. Family functioning is enhanced by the influence of the mother's parents.

F 15. Family functioning is enhanced by the influence of the father's parents.

OMIT ALL QUESTIONS FOR  
AGE GROUPS IVb AND Vb.

- F 16. Family functioning is enhanced by the mother/client relationship.
- F 17. Family functioning is enhanced by the father/client relationship.
- F 18. The family has sufficient strength to deal with stressfull situations which arise in most families.
- F 19. No indication of breakdown in family equilibrium as evidenced by symptoms of mal-adjustment of any family member, is indicated.
- F 20. Parents adequately meet one another's sexual needs.
- F 21. Parents adequately meet one another's dependancy needs.
- F 22. Parents adequately meet one another's needs for closeness.
- F 23. Family functioning is enhanced by the allocating of roles (among family members) in order to meet the economic needs of the family.
- F 24. Family functioning is enhanced by the allocating of roles (among family members) in order to meet the emotional needs of the family.
- F 25. No evidence of neurotic interaction among family members (in order to maintain family equilibrium) is indicated.
- F 26. Individual family member's goals for the family group are compatible.
- F 27. Communication between parents and children in the family has not been adversely affected by a "generation gap".
- F 28. Family equilibrium has not been disrupted by financial trauma.
- T 29. Family equilibrium has not been disrupted by health trauma.
- F 30. Parents are not physically or emotionally separated by current situational trauma.
- T 31. A sense of unity and pride exists in the family.
- F 32. Verbal communication among family members is adequate.
- F 33. Feeling communication among family members is adequate.
- F 34. An appropriate attitude of optimism for the future permeates the family.
- T 35. No evidence exists of the family having been established under traumatic circumstances, or that the marriage was a "forced" one.
- F 36. Family interaction enhances the individual functioning of each family member.

OMIT ALL QUESTIONS FOR  
AGE GROUPS I, II, III, IVa, Va.

CURRENT FAMILY FUNCTIONING - SECTION "b"

- 1. Client's functioning is enhanced by cultural experiences.
- 2. Client's functioning is enhanced by religious practices.
- 3. Client's functioning is enhanced by socio-economic status.
- 4. Client's functioning is enhanced by intelligence.
- 5. Client's functioning is enhanced by his vocational experience.
- 6. Client's functioning is enhanced by interests and activities which increase his self-esteem.
- 7. Client's functioning is enhanced by the influence of his mother.
- 8. Client's functioning is enhanced by the influence of his father.
- 9. Client has strength to deal with stressful situations which arise in the lives of most individuals.

OMIT ALL QUESTIONS FOR  
AGE GROUPS I, II, III, IVa, Va.

10. Client's sexual needs are adequately and appropriately met.
11. Client's dependency needs are adequately and appropriately met.
12. Client's needs for closeness are adequately and appropriately met.
13. Client is free of neurotic interaction with others.
14. Financial stress does not interfere with the client's adjustment.
15. Health problems do not interfere with client's adjustment.
16. Client experiences feelings of self-sufficiency and self-esteem.
17. Client is appropriately optimistic about the future.
18. Client's capacity for verbal communication with others is adequate.
19. Client's capacity for feeling communication with others is adequate.
20. Client is sufficiently motivated to use outside resources when needed.
21. Client's functioning is enhanced by his participation in group activities.

AGE GROUPS  
EXCLUDED

COMMUNITY RESOURCES: (Note: If no resources are needed, the Score automatically becomes "3")

- |                         |                                                                                                                     |
|-------------------------|---------------------------------------------------------------------------------------------------------------------|
|                         | T 1. Immediate availability of services is compatible with the severity of the client's needs.                      |
| IVb, Vb.                | T 2. Family strengths and motivation are sufficient to help client.                                                 |
| IYb, Vb.                | T 3. Family motivation is sufficient to make use of community resources.                                            |
|                         | T 4. Availability of community agency services are compatible with the identified needs of the client.              |
|                         | T 5. No complicating factors prevent the client's receiving help from community resources, i.e. long waiting lists. |
|                         | T 6. Extended family members are available to help the client and/or his family.                                    |
|                         | T 7. A religious institution and clergy are available to help the client and/or his family.                         |
|                         | T 8. Type of help needed and wanted by the client and his family is compatible with available community resources.  |
|                         | T 9. No unchangeable constitutional problem is exhibited by the client.                                             |
|                         | T 10. Community resources are available to improve constellational problems.                                        |
|                         | T 11. Close friend(s) are available to help the client and/or his family.                                           |
| I, II, III,<br>IVa, Va. | 12. Close friend(s) living with the client are willing to help him.                                                 |

PSYCHO-SOCIAL INDEXSCORES

	<u>Raw</u>	<u>Index</u>
<u>ADJUSTMENT</u> .....	<u>11</u>	<u>1.14</u>
<u>CONDITION AT BIRTH</u> .....	<u>7</u>	<u>2.33</u>

DEVELOPMENT / FUNCTIONING

	<u>Sub</u>	<u>Scores</u>
	<u>Raw</u>	<u>Index</u>
Physical	<u>19</u>	<u>2.71</u>
Behavioural	<u>8</u>	<u>2.40</u>
Intellectual	<u>12</u>	<u>1.80</u>
Emotional	<u>3</u>	<u>.53</u>
Social	<u>0</u>	<u>0</u>
Total	<u>42</u>	<u>42</u>
	<u>7</u>	<u>1.60</u>

STRESS ..... 7 1.11

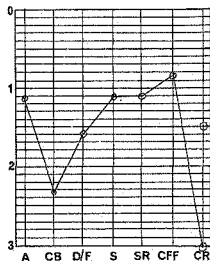
SIGNIFICANT RELATIONSHIPS

	<u>Sub</u>	<u>Scores</u>
	<u>Raw</u>	<u>Index</u>
Mother / Client	<u>11</u>	<u>1.83</u>
Father / Client	<u>3</u>	<u>.50</u>
Others / Client	<u>4</u>	<u>.92</u>
Total	<u>18</u>	<u>1.10</u>

CURRENT FAMILY FUNCTIONING ..... 10 .83

COMMUNITY RESOURCES ..... 11 3.00

Total Index Score 11.11

PSI GRAPHDIAGNOSTIC SCORE

Total Index	<u>8.96</u>
-CR Index	<u>3.00</u>
Total	<u>5.96</u> 34%

RESOURCES SCORE

CFF Index	<u>.83</u>
+CR Index	<u>3.00</u>
Total	<u>3.83</u> 63%

PSI SCORE 53%

CLIENT'S NAME PRAVIN M/F DOB. 1964 AGE 10

Informants: Family

Examiner: Worker

Date: 1975

SESSION NO. IFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Pravin, Suren,  
Nelini, SavithiriPLACE

Office

TIME

Mid-afternoon

LENGTH OF SESSION

45 minutes

TIME INTERVAL BETWEEN SESSIONS

2 weeks

INFORMANTS

The Singh family arrived promptly at the Centre following a telephone arrangement that the family be seen together. All were spruce for the occasion. The little girls were dressed in ankle length dresses and the boys in short pants and colored vests. The atmosphere was congenial and the girls quietly became involved in play with toys made available in the therapy room. The therapists and remaining family members, were seated around a table. Mother and Father were eager to talk. The parents were more relaxed than on any previous occasion when all family members were together and this generated a sense of comfort.

LOGICAL SEQUENCE

1. The psychologist began by interpreting the testing sessions* that had been carried out with Pravin at the Centre. This led towards an explanation of family interaction which was often at the basis of underachieving children.
2. The family, with Father as major spokesman, admitted their willingness to contract into therapy for some three sessions on a

* Psychological tests were carried out by team members of the Centre during the initial diagnostic programme.

weekly basis. A lengthy discussion centred around finalising a regular meeting time which became 7.30 p.m. on Wednesday evenings.

3. After the contract had been clearly outlined, the family members and therapists shook hands. The session terminated here.

#### DYNAMICS

Father was the dominantly verbal member of the family. He seldom addressed his family and persisted in talking directly to the therapists. Mother seemed unhappy in her state of passivity. She appeared, however, to be a strong force in the family, quietly instructing each family member's behaviour e.g. sit here, play there, be quiet.

Father's verbosity seemed well linked to Mother's anxiety. She challenged him frequently with lengthy staring silences.

Father's conversation dwelt on himself and his frustrating working conditions. He feared losing his job if he requested frequent times off for sessions. Employment, in spite of years of service, was at a premium.

There was minimal communication between Mother and Father. Father appeared to operate in a world of his own and he was alienated from the family.

The children featured minimally. Their few contributions were edited by Mother.

Tension was prevalent and the marital relationship was foreseen at this point to be a probable highlight throughout the treatment process.

TECHNIQUES

1. The initial session was aimed at engaging the family into treatment. The discussion was explanatory in nature offering a rationale both for helping Pravin and for seeing the family *in toto* for therapy.
2. Mother was recognized as the major vehicle through whom the family operated. She requested assistance and this was considered sufficiently motivating for initial contact. Father's verbosity was encouraged in order that the family hear him and although attempts were made to allow other members to speak, Father persisted with himself. This was allowed with a view to enlisting his involvement about which he was clearly ambivalent.
3. The family had great difficulty in arranging a suitable time to meet. Father was placed in the position - it appeared - usually held by Mother, where he had to lead his family into a decision. Mother and Father were forced to talk to each other. Mother successfully directed her discussion through Pravin by avoiding Father, e.g.
 

Father/Mother	:	When is it convenient for you?
Mother/Pravin	:	Pravin when do you write your exams?
Pravin/Mother	:	Wednesday
Mother/Therapist	:	What about Wednesday evening?
Therapist/Father	:	What do you think about that?
Father/Mother	:	But we can't meet then because I am on night shift on Wednesdays.
Therapist/Family	:	It seems that this family have difficulty in arranging to get together.
4. The total family were confined to a room for a period of time which encouraged them to interact.

This was a difficult task for the family and the session was limited to 45 minutes.

5. It was preferable to move slowly with this family to enlist their confidence and familiarity with a clinical environment and its potential outcome.
6. The session was terminated at the point where a unanimous decision was taken as to when and where to meet.
7. Physical closeness on departure aided the family's involvement in therapy.
8. Sitting around the table was comfortable, a familiar situation for the family. Everyone faced each other.

#### MOVEMENT

1. Father was supported in his role as a man in the family. With this support he was able to lead his family to a decision.
2. The family were collected as a unit and confronted as such for the first time.
3. Poor satisfaction of need reciprocity was identified. Family members provided little help for each other.
4. Pravin's difficulties were recognised as part of difficult family relationships and acknowledged as such by Mother and Father.
5. Educational enlightenment regarding family interaction occurred.

#### THERAPISTS

1. Co-therapy allowed for a strong support of Father. Mother was still able to stand with tacit reassurance from the male co-therapist. No 'ganging against' was experienced by either parent.

2. The psychologist talked about test results. Worker observed family interchange and commented frequently in this regard.
3. The therapists had little need to talk to each other. It was almost as if they had been sucked into this family's type of operation indicating its strength.

MINUCHIN MAP

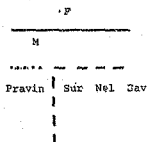


Fig. 1

Father : alienated

Mother : executive head enmeshed with Pravin

Clear boundaries between Mother  
and remaining children

(It was anticipated that an alignment  
of the parents would release Pravin  
and replace him in the sibling  
sub-system).

SESSION NO. IIFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Pravin, Suren,  
Nelini, SavithiriPLACE

Family home

TIME

Evening

LENGTH OF SESSION

1 hour

TIME INTERVAL BETWEEN SESSIONS

2 weeks

INFORMANTS

When worker telephoned to confirm the arrangement for the session Mother explained the family was unable to travel to the Centre on account of a problem with Father's third party insurance.* It was agreed that worker and the psychologist would visit the family at home.

Mother and Father were both casually dressed - Father in sports shirt and pants with Indian sandals, Mother in pants and a loose blouse. The girls were dressed in the party dresses Father had bought for them on his brief visit to Johannesburg. The boys were dressed in T-shirts and shorts. Pravin and Suren greeted worker and the psychologist at the entrance to the apartment building and escorted them up the four flights of stairs. The children were animated.

The one-bedroomed apartment was simple, neat and tidy.

Worker and the psychologist were seated by the family around a coffee table which had a large bowl of flowers placed in the middle. Pravin sat between worker and Mother. Suren gravitated towards Father. The girls hovered around the psychologist. Mother was subdued whilst Father spoke anxiously and frequently.

* As father had purchased a new car he was obliged (by South African law) to be in possession of adequate insurance and licencing before being permitted to use the vehicle.

LOGICAL SEQUENCE

1. The family were encouraged to talk about their general being.
  - (a) Father talked about his visit to Johannesburg and how he had witnessed the Israeli terrorist attack.*
 

Father said he had seen a woman in a Combi trying to break through the Police barriers and that the woman reminded him of worker. He continued that the woman had been handcuffed and taken away.
  - (u) Mother reported the childrens' fearfulness particularly that of Pravin, who did not sleep very well whilst Father was away. Mother said that Father went away very seldom and that this was only the second time in their marriage that they had separated for a few days. Father interjected that he was home every night.
2. Suren and Pravin served coca cola in glasses and offered biscuits.
3. Father moved closer to worker and began to talk about his trip to Johannesburg and his ambition to go and work there for \$60 per week which he had been offered in 'flower business'. He complained that Mother was opposed to a move and this pulled him down. The family talked about this in detail.
4. The session terminated after the therapists interpreted family interaction patterns. The purpose and value of meeting together as a family was reiterated.

DYNAMICS

1. Father resisted attempts to talk about his person within the family system boundaries. He sought strong support from worker and he persevered in his attempts to collude with worker with
 

* Two gun-men who were subsequently captured and imprisoned, held the S.A. Consulate Israeli Embassy staff as hostages for 24 hours, killing one, and injuring passers-by before being overpowered by police.

frequent whispers through the session. When this was discouraged on three occasions, he lashed out at the children, e.g. 'your'e making too much noise; get out of here; mind from the window.....'

2. Father talked in depth on the prospects of being a salesman and described the sales tactics he would use in this eventuality. He made numerous attempts to sell himself to the therapists but his attempts to assert himself in this way proved ineffective. His family failed to be convinced. He became somewhat anxious and continued to reiterate his need for financial success to feel a man to himself and to his family. He whispered about two females who had recently turned him down on account of his poor financial resources.
3. Mother appeared more in touch with reality. Her fear of risk was clear. She considered Father impulsive and predicted his pending failure, should he start a new job. She refused to move from Durban as she felt they could not compete in the big life in Johannesburg.
4. Mother verbalized the fears that the children would have if Father went away. She was able to comment on the parenting issues i.e. 'what sort of Father would he be?.....', but could not comment on what this might mean for her as a wife. When asked how she would find the nights at home, she answered she could not go to bed as early as Father did at night anyway. She preferred to read the newspaper until 11 or 12 o'clock.
5. The family was fragmented.

6. Difficulties in the family were focussed around the marriage with Pravin as Father's rival. Pravin was well winning at this stage.
7. Father was covertly rejecting of Pravin. Mother's ambivalence towards her relationship with the boy was present in her defensiveness about Father leaving her.

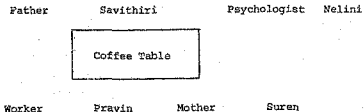
#### TECHNIQUES

1. In order to reinforce Father's leadership of the family the reminder telephone call (see p79) was made to him. This was considered supportive of his discussion that the family attend the session at the Centre. The family honoured their commitment after the call.
2. Mother welcomed the home session saying she thought the therapists could view Father in a less contrived situation. It made the family more comfortable at home.
3. The therapists allowed the family to go along at their own pace introducing material at their discretion. A pattern of family interaction soon emerged.
4. The therapists made repeated attempts to throw communication into the family e.g. does Mother feel the same as you feel? I wonder what Father would say if you asked him?  
  
These attempts were regularly defeated by Mother and Father. Communication proved dyadic i.e. Family member/therapist in nature.
5. The therapists again supported Father, particularly in view of his feeling threatened and angry about the therapy situation. This was revealed in his vision of the therapist when he was in Johannesburg.

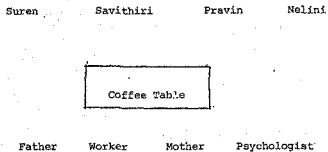
6. Interpretations regarding his anger towards the children made him laugh e.g. "everytime I ask you to talk to Mother you hit the children". "How does that work in this family?"
7. Regular attempts were made to reach the interaction between Mother and Father. Mother avoided this particularly well successfully diverting all aspects of her marriage via the children particularly Pravin. She also complained of psychosomatic illness e.g. headache - migraine. She became tearful and quite negated Father as a source of companionship or comfort. The therapists made comments such as:  
 "Father gives you a headache". "Mother makes decisions about the children in this family". "Mother and Father each stand alone in this family".
8. At the termination of the session it was suggested to the family that they were fragmented and whilst they were each apparently getting along they might find it easier to get along together. There were many secrets in the family, and it was thought that sharing some of these might have helped Pravin feel less nervous. He appeared afraid of secrets.
9. It was suggested that Nelini and Savithiri not join the next session as they appeared to be distracting discussion i.e. the business of Mother and Father.
10. Seating alterations were enforced by therapists a few minutes before the session terminated.

INITIAL SEATING OF FAMILY

Fig. 2



altered to:



A beginning was made by the therapists to reinstate the sibling and spouse boundaries.

MOVEMENT

1. This session began to demonstrate family operation to the therapists and the family. Father's alienation from his family, particularly from his wife, and her "inability to let him in" was exemplified. In her need to be middle class she contributed to his poor image

emasculating him. Mother complained that Father showed too little interest in the children, but when he did attempt to discipline them she said he shouted too loud, negating his efforts. Pravin remained beside Mother throughout the session until seating was altered by the therapists. This latter move together with support from the therapists, assisted Father's assertion. Father became a little more credible in this session as the family became more aware of his potency e.g. attendance at session, his co-operation with the therapists; his position as effective Father and husband were labelled both as positive functions he was able to carry out and as necessary in order to help Pravin. Father was in fact showing more involvement with the children although in a negative sense. Mother was not yet prepared to align as second parent.

#### THERAPISTS

In this session, the therapists role was essentially that of mingling with the family, offering regular observations; simultaneously supporting Father and Mother; finally labelling the family as fragmented and what this might mean for Pravin.

#### MINUCHIN MAP

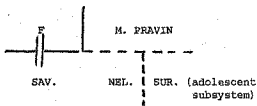


Fig. 3

Father confronting girls and Suren.

Father not relating to Mother and Pravin.

Mother and Pravin enveloped but relating to other children.

SESSION NO. VII

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Pravin, Suren, Nejini, Savithiri
<u>PLACE</u>	Family home
<u>TIME</u>	Evening
<u>LENGTH OF SESSION</u>	2 hours
<u>TIME INTERVAL BETWEEN SESSIONS</u>	1 week

INFORMANTS

The therapists arrived at the flat to discover that they were to be included in the evening meal. Mother was rushing to complete the preparation and was quite giggly with excitement. Father commented that there was always enough food for whatever visitors arrived.

The therapists were seated at the dining table whilst the family were seated in the lounge. Maternal aunt was present together with her two children. She looked somewhat older and more worn than Mother. Mother was neatly dressed as were all the family.

Father was animated. He sat near worker and talked through the meal. The children were continually in and out of the room.

LOGICAL SEQUENCE

1. Supper.
2. After supper had been completed, Mother and Father structured the setting and eliminated all people who were not to be involved. The therapists, Mother, Father, Pravin and Suren remained in the lounge in preparation for the 'session'.

3. Sculpting and role-play.

- (i) The boys were in the bathroom and landed up fighting and pulling each other's hair.
- (ii) Mother was shouting at the children for having made a mess in the bathroom.
- (iii) Father sculpted a situation where he took the two boys to buy petrol for his car. Mother was left out. Father screamed (very loudly) at the children who were irritating him.
- (iv) Father sculpted another situation in the lounge where the children hid behind the curtains, a behaviour he abhorred. The children were shooed out at his aggressive instruction. (The children displayed no fear).

4. Tea and cake were served.

- 5. Mother switched on the radio. Father insisted that Maternal Aunt (who had now joined the room with Nelini and Savithiri) do some dancing.
- 6. Maternal Aunt discussed at length her difficulties with her alcoholic husband.
- 7. The session terminated after two hours and a further session was arranged after the family had agreed to continue for a further three sessions.

DYNAMICS

- 1. Dinner time and the preparation of the meal evoked a family activity of good rapport. The family atmosphere was electric with excitement. Mother was affectionate and responded to an attentive male therapist. Father continued to align himself with worker, e.g. he suggested worker should be careful of the

psychologist because all men were wolves. The family were eager to please and make the therapists comfortable.

2. Sculpting and role-play were extremely successful in instigating Father's parental responsibility. It proved a cathartic experience for him.

Father lived each sequence and was physically severe with the children e.g. he pushed them about and shouted very loudly during his enactments, particularly with Pravin.

3. As Father noted Mother's response to the psychologists attention, he became a more assertive husband even if somewhat aggressive at the threat of his position being usurped. Mother felt adequately supported by the therapists not to feel threatened by a forced separation from Pravin (who was placed elsewhere nearer Father) and in fact appeared to enjoy the flirtation with the psychologist and its effect on Father.

4. Worker showed sufficient interest in Father to encourage him to assert himself to:

- (i) project his male image to worker as lover
- (ii) project his male image to Mother as a spouse
- (iii) project his male image to the psychologist as a competitor
- (iv) project his competence as a Father.

These opportunities were made available for him when he was offered leading roles in the drama.

Father's delight was clear. His aggression with the children provided a relief of built up energies and he was the winner in no uncertain terms e.g. 'I am only satisfied when I have hit the children until I am exhausted'.

5. Father excluded Mother from the entire set of dramas he directed. He argued any interpretation that suggested that this was a

pattern in the family. Mother confirmed her loneliness.

6. It was interesting that no family member showed any anguish about Father's aggressive behaviour during the session. The family appeared to enjoy the situation immensely. The children role-played with ease and glee particularly with Father. After each sequence Pravin went to sit next to his Mother and Suren nearer his Father.
7. Mother was offered the opportunity of a sequence. This was non consequential except that she avoided Father's inclusion. She insisted that the next session be held at the flat to avoid Father hiding behind the veil of a clinical environment.

#### TECHNIQUES

1. Sculpting and role-play were the major features of this session. Father was selected as the 'sculptor'. It was considered that he be offered a leading position in the family. This contrived management over his family suggested a credibility and a competence which he seldom possessed. Mother's position was now considerably altered. A vote of confidence in Father was implicit in such a choice and this encouraged his co-operation and helped him to accept an element of parenting and responsibility.
2. Sharing a meal together at the dinner table was indeed a treat in that new vistas were opened for the therapists and the family.
3. The therapists' seductive alliances with parents of opposite sex introduced a real threat for the marriage and parenting functions.

MOVEMENT

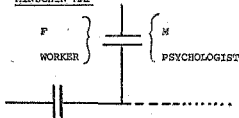
This was an exciting session as both Mother and Father met the challenge offered to them and began taking notice of each other. This posed a threat to both spouses. In this same session Mother complained about her headaches and Father complained about his work.

The children were most free that night and more closely aligned. Pravin was decidedly brighter and the family reported him to have been a little more co-operative.

At times the family reached the point where for the first time something had opened up between Mother and Father even if still essentially conflictual in nature. Pravin was temporarily placed in the adolescent sub-system, where he found it easier to be.

THERAPISTS

-A distinct feeling of desertion was experienced by both therapists and real recognition of the need to fight for reunion was present. The session proved extensively reactive and it was easy to become infused with the intentions of therapy.

MINUCHIN MAP

SUR. SAV. NEL. PRAVIN.

Fig. 4

Father/Worker alliance in  
Conflict with Mother/  
Father/Worker alliance in  
Psychologist alliance.  
Pravin lowered into sibling  
level. Father in conflict  
with all family.

SESSION NO. IVFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENT

Mother, Father, Pravin, Suren

PLACE

Family home

TIME

Evening

LENGTH OF SESSION

1 hour

TIME INTERVAL BETWEEN SESSIONS

2 weeks

INFORMANTS

The family were anxiously waiting for the therapists, fearing that the arrangement might have been forgotten.

There was a warm welcome. The children were giggly and vocal. Mother appeared subdued. Father was on edge.

The furniture in the lounge had been rearranged. Mother said she needed to do this from time to time to give herself new surroundings.

LOGICAL SEQUENCE

1. Role-play was immediately entered into. Initially silence prevailed as the family were unable to initiate discussion about any aspect of themselves.

It was suggested that Father reenact his homecoming that evening.

Father went out of the flat and knocked on the front door. Pravin rushed to answer the knock. Father entered briskly, pushing Pravin aside. He washed his hands in the bathroom, then entered the kitchen where he acknowledged the children. He sent the children to complete their homework and sat down in the lounge to

read the newspaper. This was presented non-verbally. The design of the flat was sufficiently compact to keep the whole family in view during this sequence.

2. The sequence was repeated verbally.
3. The psychologist changed roles with Father and repeated this sequence.
4. Worker changed roles with Mother and repeated the sequence.
5. The therapists then enacted the sequence with the children whilst Mother and Father observed.
6. Suren and Pravin were then asked to choose opposing football teams to captain respectively. This was repeated with session participants as the potential team members. On both occasions Pravin chose Mother and worker and Suren selected the psychologist and Father. Each was given the benefit of making a first choice.
7. Mother and Father served tea and cake during which time Father complained of his tiredness and frustrations at work.
8. Discussion ensued with Father in the presence of the family, on the needs of the growing adolescent.
9. The session ended after one hour.

#### DYNAMICS

1. Father continued to immerse himself into the suggested sequence. He was excitable and aggressive, particularly towards Pravin. He displayed minimal interest in the family on his return home and instead, demanded their attention for himself, i.e. 'I want to be considered. I have had a busy day'.
2. Contact with Mother was functional. His homecoming meant that she was to serve the evening meal.

During the sequence Mother remained frigid. She backed away from an effusive 'hello' from the male therapist. She indicated her loneliness by saying 'he never greets me any differently' when asked how it was that Father did not greet her.

3. The choice of football team members illustrated Pravin's alliance with his Mother. Pravin's opening disposition and Mother's acknowledged isolation and consequent depression might have suggested at this point that Pravin was beginning to feel somewhat freer. He seemed, however, still committed to select Mother as his 'mate' perhaps to alleviate her anxiety and his own guilt about deserting her.
4. Father responded with glee and a kiss to a more affectionate welcome home offered by the worker. Mother showed some alarm, giggling with her head bent forward.
5. Suren and Pravin thrived during the session as Father constantly demanded from and gave attention to the boys.
6. Father showed great interest in the information shared with him on the adolescent. He responded with his own deprivation as a child but was unable to take cognisance of similar needs his own children might have had.

#### TECHNIQUES

1. Role-play and sculpting were directed by the therapists. The sequence of the home-coming was selected as
  - (a) it was circumstantial and related to the immediate present which the family found difficult to talk about, and
  - (b) it was a sequence where Mother was prescribed a place.
2. The therapists interchanged roles. This enabled the therapists to enter the marriage and provoke the respective spouses. The

therapists then realigned in an effort to model behaviour e.g. physical closeness on homecoming, greetings - Father: 'Hi, wow, I have had a busy day! It's good to be home! Please help me to supper'. Mother: warm greeting, smile and talk about her own day.

3. The sequence of the football team offered the family and therapists the opportunity to assess their movement and what was happening to Pravin as a result of the new confrontations within his family.
4. Discussion on adolescent needs in general offered the family precise meaningful information to think about and paved the way for usage and reinforcement of these principles in future sessions.

#### MOVEMENT

The therapists continued to aim at the parenting and marital interactions. Mother and Father were placed in confronting positions although still very gently. This was clearly difficult for them. Mother reacted with a headache and Father became excessively irritable. As the family became more enlightened about their relating, so it seemed did parental anger increase.

Pravin was not considered central to the family's difficulties at this session and he was remarkably more relaxed. The family had received no further complaints about his behaviour from the school or the neighbours.

THERAPISTS

At this session, a concerted effort was made for a realignment of the therapists. This was achieved through role-play. Mother and Father were left to deal with each other - somewhat in limbo, but with the children uninvolved.

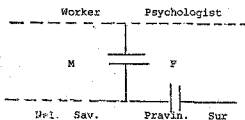
MINUCHIN MAP

Fig. 5

Worker and psychologist established in the therapeutic subsystem. Mother and Father now entering communication although conflictual in nature. Father remains aggressive with the children. Mother retains her contact with the children.

ONE WEEK LATER : SESSION FAILED

ONE FURTHER WEEK LATER : SESSION FAILED

TELEPHONE CALL

Worker telephoned the flat. Mother said that Father had been at home on account of ill health for the past two weeks. It was suspected that he had suffered a coronary thrombosis although hospitalization was not considered. He was put to bed for the two weeks on account of exhaustion and for this reason failed to attend sessions. Father chose to arrange a session for three weeks ahead because he felt a session sooner than that would have proved too much for him.

DYNAMICS

It was interesting to note at what point in the therapy process that Father's illness occurred. A coronary thrombosis was in fact never confirmed and Father returned to work after two weeks with medical consent. Father was experiencing extreme frustration in getting close to Mother who was successfully utilizing the children as her buffer. He was struggling with his dependency needs. As soon as he became ill, he summoned his entire extended family to his bed side. Mother said she was angry that she was often not in the caring role and resented their interference. She worked very hard to assist his recuperation. Father received a great deal of nurturing particularly from Mother and the children were kept out as much as possible as he said they disturbed him.

THERAPISTS

The therapists felt immediate distress at Father's illness. Numerous consultations evolved around matters such as:

1. Therapists inadequate assistance for Father in his efforts to assert himself in the family.
2. Therapists inadequate assistance for Mother in order to allow her to have Father in closer touch with her.
3. Individual sessions with the parents at an early stage might have forced confrontation and the therapists could have assisted this contact more appropriately.
4. Something was happening that anxiety was shifting in the family and that father was now containing family stress. In all discussions, however, it became clear that in fact, any point at which Mother and Father were making contact, was producing an inordinate amount of stress for each spouse. Pravin had been the container of the stress but as the parents were moving closer towards the marriage Pravin became more free. Mother still refused to participate leaving Father with the burden of responsibility for the apparent failure of his children, himself and his marriage.

It seemed imperative that the family be seen again to continue to work at the balance of the parental and spouse subsystem and a general sharing of family responsibility.

SESSION NO.: VFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Pravin, Suren,  
Nellini, SavithiriPLACE

T.V. Studio, of the Centre

TIME

Morning

LENGTH OF SESSION

1 1/2 hours

TIME INTERVAL BETWEEN SESSIONS

5 weeks

INFORMANTS

The family arrived at the Centre and were escorted to the television unit, as had previously been arranged between the therapists and themselves. The children were running back and forth peeping into rooms. Mother and Father were somewhat more subdued but verbally eager to view themselves on television. Father was walking upright and preening himself for the showing.

1. The session was initiated with an assessment of what had occurred in therapy up until this point. Emphasis was placed on the shifting of anxiety in the family from one member to another.
2. Each member of the session, including the therapists, were given the opportunity of reseating the family around a table. The instruction was issued that the person directing the seating was to reveal a picture of the family as he/she wished the family to be. Pravin was given first opportunity to position the family.
3. Thereafter Father was offered a sequence. He chose to enact a discussion with Mother to arrange an outing for the family to a 'movie'. This was enacted verbally and non-verbally.

4. A viewing of the videotape playback with the family followed.

#### DYNAMICS

Mother and Father envisaged that they had experienced a greater number of sessions than in fact had occurred. The session started with some additional tension on account of the T.V. camera, but the family soon lost sight of its presence. Both parents displayed some agitation and related sparingly to their children.

The shifting of anxieties in this family was reviewed and interpreted as a suspicion that it had something to do with Mother and Father's inability to 'get to grips' with each other. Instead there was a great deal of pent up anger and anxiety being deflected onto the children who seemed to have been allocated the anxiety of the marriage.

Father was acknowledged by the family to have accepted greater responsibility for his family, although he still resisted extra tasks that meant spending any specific time with the children e.g. 'I have so little time for myself; I was taken out by my parents' and so on.

Mother remained passive although still maintaining control.

The rearrangement of seating reflected the family interaction patterns, of hostility, anger and anxiety.

#### TECHNIQUES

1. A review of the therapeutic involvement, particularly after a break of several weeks since the last therapy session, reminded the family of their familiarity with and purpose of the clinical process. This assisted distraction and provided immediate relief from tension introduced by the presence of the television camera.

Pravin was given the opportunity to assert himself and to refocus on the presenting problem by being selected as the first to position the members during this session.

2. It was considered important that the marriage be dealt with as soon as possible and that the parents be assisted to recognise that the children were guarding their parents by containing the marital stress. Interpretations were made to this effect at the outset and the session continued with emphasis on blocking the children from being involved in the marital strife or allowing the parents to involve the children in their relating. Mother and Father were unable to comply. Mother selected seating and Father selected a sequence to enact both of which brought the children between them.
3. A review of the videotape playback was a valuable experience for the family in that each commented on the other and confirmation of interpretations were acknowledged by the parents, e.g. Father's distance from Mother in his role-play with her when the two were separated by four chairs.

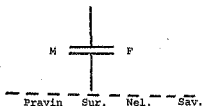
#### MOVEMENT

Mother and Father were uncomfortable as they became closer to dealing with each other.

The children were much improved. Pravin's school report reflected satisfactory progress. Mother did not acknowledge the boy's progress as pleasing for her. His improvement implied that, in her words, 'if Pravin is better, and I am still unhappy - I have to deal with what is really affecting me'.

Q:

t



Mother and Father were beginning to deal with their conflicts with the children in their own system. Boundaries were improved but tentative.

SESSION NO. VIFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Pravin, Suren,  
Nelini, SavithiriPLACE

Family home

TIME

Evening

LENGTH OF SESSION

4 hour

TIME INTERVAL BETWEEN SESSIONS

10 days

INFORMANTS

Father and the boys were waiting downstairs to escort worker and the psychologist up to the flat. Father acknowledged he had put on weight. Mother and the girls were waiting expectantly upstairs.

Mother and the children were seated on the couch. The therapists sat opposite each other. Father sat opposite his family. The coffee table divided the room.

Mother looked less vivacious than usual. Father was angry and the interview was solemn. Father ordered the little girls to be silent and they complied for most of the 45 minutes. Suren seemed more anxious than usual. Pravin was the brightest of the family.

LOGICAL SEQUENCE

1. The boys' achievements at school were talked about in some detail. Mother and Father complained about the children particularly about Suren. Report cards were examined.
2. Interpretations and discussion focused on the understanding and introducing of a better method of coping with the boys' disinterest

in school work. This centred around their need to exercise in a less confined space (e.g. jogging, swimming, etc. - healthier outlets of energy) and particularly their need to be with Father.

#### DYNAMICS

Throughout the session Father was excessively angry. He maintained that the children were getting on his nerves and making him irritable and said he needed to get away from them. Any efforts to enlist his involvement with the children failed as he thought Mother could carry out these tasks effectively without him.

Father kicked the coffee table during the session which caused the family to giggle nervously. He became vicious and struck Malini who was playing with a safety pin on the furniture.

Mother held Pravin tight at this session. She said how proud she was of him and she and Pravin smiled at each other. It was as if Mother had emasculated Father.

Suren's lowered head was supported by the psychologist. Suren seemed the focus of concern for the first time and in this sense it might have been valuable for him.

Father refused to examine any aspects of the children's needs. He said he thought they were close enough to him and that he was too tired to involve himself anymore.

During this session, Father was impotent as a husband, parent and breadwinner. Mother maintained distance between herself and Father disallowing Father's efforts to align with her. Father's depression was likely to have spurred him to seek alternative pleasures and it was unpredictable how he would have found these.

Mother was standing firm and was in need of support to separate from the children.

TECHNIQUES

This session was kept short with the specific purpose of observing and helping Mother's resistance to Father and her marriage. In spite of numerous attempts to block the children, mother successfully manoeuvred their re-entry.

Mother was offered the greater lead in this session to bring her to a more responsive state for the family. Her effectiveness as a Mother was encouraged and attempts to place her parenting in a perspective were made. Role delineation i.e. that of wife and mother were emphasized.

The need to physically separate the parents from their children was seen as the next step.

MOVEMENT

Initially this session revealed for the therapists a feeling of deterioration and impasse. The family were getting nowhere and their anxieties had been intensified.

On further contemplation - the therapists began to see that Father was in fact saying 'I cannot get near to Mother with all these children in the way. It is making me angry and I feel ineffectual because they are stronger competitors than me'. Mother and Father were offered a session without the children present. This was bolstering for Father and increased his credibility.

THERAPISTS

The therapists experienced a decided feeling of anger that the children were constantly distracting. This led to the same interpretation for the family and the children's exclusion followed.

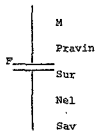
MINUCHIN MAP

Fig. 7

Father was in conflict with the whole family who had established an alliance that was too strong for him to challenge.

TELEPHONE CALL TO ARRANGE SESSION NO. VII

Mother said she had been feeling ill since Sunday. She had visited her doctor who had put her onto a tranquiliser. This had not helped her severe headaches. She could not explain her unhappiness and requested the session at the Centre as soon as possible. Mother might well have been afraid of this inevitable confrontation with Father without the children as a means of protection. She was ambivalent about such an ordeal, and expressly reached for reassurance that she would be cared for and protected i.e. she appealed to therapists with illness for nurturing and support.

SESSION NO. VIIFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Pravin, Suren,  
Nelini, SavithiriPLACE

Office

TIME

Evening

LENGTH OF SESSION

½ hour

TIME INTERVAL BETWEEN SESSIONS

1 week

INFORMANTS

The family arrived promptly. Mother said they had all come along because she had not been able to arrange for someone to look after the children. She was dressed in a light green sari and her hair was well combed in a bun. Her complaints of illhealth were at variance with her attractive well groomed appearance. Father looked better. He seemed less tired and was much less aggressive than he had been in the previous session.

Suren seemed somewhat downtrodden, whilst Pravin was bright and cheerful and unconcerned with the session.

The two girls were their consistent enthusiastic selves, chastized by Father from time to time when they created a din.

LOGICAL SEQUENCE

1. Discussion ensued around a low table whilst the children played with toys at the other end of the room.
2. Mother said her illhealth had been on account of Suren. The school principal had telephoned to complain of his poor achievement and that he had not stayed in at school when ordered to do so.

3. There followed a discussion regarding a disagreement Mother and Father had had regarding the choice of schools for the boys for the following year. Father was concerned that the boys would be spoilt by the city school and preferred them to attend the suburban school which would have proved less sophisticated.

#### DYNAMICS

Mother was unable to allow Father to confront her and she had brought the children along. It appeared she needed some assured support before she was prepared to come as a couple.

Father's more positive disposition could have been related to his feelings of relief following the previous sessions at which he had been bolstered when under severe pressure from the family.

The session seemed to be of little substance, with the core of the difficulties set aside for the moment. On this occasion deflection via the children did not appear to work even for the parents. Mother smiled knowingly when she was challenged for blaming her bad headache on Pravin and Suren. Father did not blame his tiredness on the chaps at work or Suren, or Pravin. The most meaningful discourse in the session was Mother and Father's argument on the children's schooling. This represented the first negotiable confrontation within the spouse subsystem.

#### TECHNIQUES

The therapists made little comment and allowed the family to continue on their own, allowing them to experience the futility of the session in avoiding real issues. The session was kept short and affectionate support for Mother was issued at the termination of the session, thereby enticing her return without the children.

MOVEMENT

For the first time Mother and Father voluntarily presented a disagreement that reflected parenting interaction with which they requested help. Their recognition of the futility of the session - silences, knowing giggles, Mother's acknowledging that Had she realised how important it was, she might have been able to make an arrangement for the children to remain at home - all reflected a new insight.

Pravin seemed to be holding his own. He was bright and vocal at the sessions and enthusiastic about his experiences outside of home.

THERAPISTS

Decided withdrawal left the family with the responsibility of making themselves credible and enlisting their latent potential to do something about themselves.

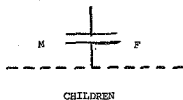
MINUCHIN MAP

Fig. 8

Mother and Father were now opening negotiation relating to the children all of whom were in the sibling subsystem.

SESSION NO. VIII

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father
<u>PLACE</u>	Office
<u>TIME</u>	Evening
<u>LENGTH OF SESSION</u>	1½ hours
<u>TIME INTERVAL BETWEEN SESSIONS</u>	1 week

INFORMANTS

Mother was beautifully clad in a hand embroidered silk sari complemented by jewellery and her hair was combed back. She enjoyed the therapists' comments on her appearance.

Father was also well dressed and appeared to have put on weight. He had grown a moustache. Father said it was a relief to be without the children and he was less distracted.

LOGICAL SEQUENCE

1. The session started with discussion on the problems of the children and a recapitulation of all that had occurred up to this point.
2. Pravin was reintroduced as the presenting problem. Lengthy discussions ensued about Pravin and his relationship with Mother and Father.
3. This led to Pravin's affect on the marriage. Father said Pravin often cuddled Mother in bed and that if he teased him, Pravin became embarrassed and ran away. This was the only way Father could get rid of him.

Mother revealed a quarrel that she and Father had had when Pravin was a baby. She had placed Pravin in front of her head as protection and the child had borne the brunt of Father's physical wrath. She said she felt guilty about this and wondered if it might have contributed to Pravin's difficulties.

4. Father again discussed a strong desire to move to Johannesburg in order to attempt to make a more successful living. This he said had been provoked by the threat of workers being retrenched at the factory where he was employed. This would in effect have meant separation from Mother and the children. Mother admitted she would struggle without him, but would never make the compromise and accompany him to Johannesburg.

#### DYNAMICS

Mother and Father appeared isolated. Both were seductive and approached the marriage rationally for the first time. Apprehension prevailed but they communicated as parents and spouses for the first time in therapy.

#### TECHNIQUES

The essence of this session was to have Mother and Father alone.

#### MOVEMENT

This was a great stride forward. Mother and Father had reached each other for the first time since the inception of therapy. Mother's caring about her appearance i.e. she wore a sari that she knew pleased Father; Father having grown a moustache - perhaps an assertion of masculinity indicated something was happening between them.

THERAPISTS

The therapists experienced Mother and Father as a married couple for the first time.

Their potential for mutuality confirmed the therapists' intention to let Mother and Father get on with their relationship and so remained supportive, but uninvolved.

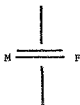
MINUCHIN MAP

Fig. 9

Mother and Father still in  
conflict but with control  
and flirtation

SESSION NO. IXFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Pravin, Suren,  
Nelini, SavithiriPLACE

Family home

TIME

Evening

LENGTH OF SESSION

2 hours

TIME INTERVAL BETWEEN SESSIONS

10 days

INFORMANTS

Mother, retiring and silent, withdrawn.

Father, angry, resentful.

Children were all giggly.

General atmosphere was stiff.

LOGICAL SEQUENCE

1. The Parents reported that Pravin had successfully passed his examinations at school, Suren was going to have to repeat his standard. Both parents were concerned at the boy's deterioration.
2. At this point Father asked that the children leave the room and he then blew up over the marriage.

DYNAMICS

Mother and Father had now really begun to deal with the difficulties underlying the basis of the family's disengagement. Mother and Father talked at length of their total distrust in each other. Mother confronted

Father with her suspicion of him with other women. He defiantly defended himself. Father confronted Mother with her anger over the need to control everyone and that she made him feel an incompetent breadwinner, Father and husband. Father said he thought he should leave for greener pastures. Mother refused to leave and said she would not like Father to go away. Father said he thought he had little to offer her and felt that she refused to be a wife to him.

#### TECHNIQUES

Mother was tearful and Father very aggressive. Mother and Father were left by the therapists to establish a negotiable pattern of confrontation. The therapists assisted Mother and Father to feel the confrontation in a constructive sense. Mother and Father elected to have the children return to the lounge (although in all likelihood they were in hearing distance all the time) after each had 'said his piece'.

Tea was served in a congenial framework established by the therapists, and "sing the value of argument as positive contribution to a successful marriage.

#### MOVEMENT

Mother and Father now delved into the core of their difficulties feeling the reality of the problems they were experiencing.

Mother and Father felt anxious to be seen again soon. The therapists felt it was important to delay this urgency to offer Mother and Father time to negotiate between themselves and strengthen spouse boundaries.

### TERMINATION

A period of time elapsed - three to four weeks before the next session Session X and an ensuing Session XI focused on the marriage and discussions took place in the presence of the children. Boundaries between the family subsystems became firmer and more clearly delineated. Pravin maintained good progress. The therapists hoped Suren's difficulties would improve as Father dealt with his marriage and directed his energies towards the children.

The family indicated a stage of termination at this point. The therapists considered it an excellent point to allow Father to get on with the business of his family.

A follow up session two months later revealed a maintenance at the same stage. Mother and Father reported that Pravin's progress had maintained. He had achieved better than all expectations at school and had in fact received an award for outstanding achievement in speech and drama.

### CONCLUSION

On reflection, initial diagnosis on the Vineland Social Maturity Scale² revealed the following report:

'From the scores obtained on the Social Maturity Scale it becomes evident that Pravin's social maturity is below average for his age. This ties up well with his Mother's description of Pravin's behaviour as well as his poor interaction with his parents and his peers and his almost total passivity in responding on the CAT³. Simple questions such as 'what is on the table?' could get no response.

In transactional terms, Pravin was the captive object in his family. He was assigned an object role for Mother and Father and was unable to act as a subject. This meant he was unable to gain reciprocity for his internal need templates by assigning object roles to others.

Mother reported her loss of maternal grandfather as 'some of me died with him'. Mother experienced partial disintegration at this time and simultaneously, Pravin's behaviour was reported to have deteriorated. It could be suggested that Pravin had been assigned the role of Mother's protector to satisfy her need templates in an attempt to restore herself. A transpersonal merger was clear.

Pravin's fusion with Mother reduced the extent of his individuation, the latter characterised by his passivity and total reliance on Mother's influence. Unconditional forgiving and protection of Pravin as a 'good object' was complimented by a 'bad object' assignment to Father. Having been assigned the good object role, Pravin tended to repress and unconsciously direct against the self, some of his aggressive tendencies. This seriously curtailed his autonomy and threatened his personality.

Apparent detachment or withdrawal of cathexis between husband and wife could be said to have been caused by Mother's investment of self delineating intrapsychic object representations. This represented a greater security for her than having relationships outside of herself. She often substituted intrapsychic organ representations for intrapsychic object representations and suffered from numerous ailments - headaches, high blood sugar, etc.

It has to be said that whilst realistically it was recognised that the balance of this family had altered, it is predictable that it will

Frequently lose balance from time to time. In these terms intermittent assistance would be required as Mother and Father continued to deal with the marriage. Alternative coping patterns had however developed that allowed Pravin and his family to function more comfortably - the goal of therapy and a response to the request for help.

#### REFERENCES

1. WECHSLER, D. 'The Measurement and Appraisal of Adult Intelligence'. Baltimore, The Williams and Wilkins Company, 1958.
2. DOLL, E.A. 'The Vineland Social Maturity Scale'. Vineland, New Jersey, The Training School, 1935-1953.
3. BELLAK, L., BELLAK, S.S. 'Children's Apperception Test'. New York, C.P.S. Co. (Box 42, Gracie Station), 1949-1955.

CHAPTER V

USHA AND HER FAMILY : A CASE STUDY

12  
PSYCHO-SOCIAL HISTORY

Collection Guide

Child

AGENCY CASE NO.:

NAME OF AGENCY: Guidance and Research Centre

**I. IDENTIFYING INFORMATION**

Date of Birth: 3.12.1968

Sex: Female

Religion: Hindu

Ethnic Classification: Indian

Identity Document No.(s): 257 321 000

Name of Client: Usha

Address: 140 Park Green Street  
Clarewood, Durban.

Telephone (or nearest telephonic contact): 876542

Referred By: Parents themselves

Reasons for Referral:

Poor school progress and associated behavioural maladjustment.

*Family Composition (including client):*

Name	Relationship to Client	Date Of Birth (and Age)	School Std. and/or Occupation	Special Details
Perumal	Father	1.8.1939	Dentist	Well respected in professional circles
Saras	Mother	19.10.1938	Nursery School Teacher	Senior position
Baskar	Brother	2.2.1964	Scholar Std. VIII	Always top of his class
Usha	Child concerned	2.1.1966	Scholar Std. III	
Maya	Sister	27.10.1968	Scholar Std. II	
Moganthree	Cousin	2.6.1961	Matriculation	Is a cousin who resided with the family.

**II. SOURCES OF INFORMATION**

*List of Sources:*

Family  
School

*Description of Informant(s):*

Father was a tall sophisticated Indian man. His formal stature was softened by a relaxed smile. In spite of the eloquence he displayed when speaking, he appeared loathe to enter into conversation and maintained a reserve.

Mother impressed as a masculine woman. She dressed in pants and wore a short hairstyle. She articulated the problems with insight and acknowledged her anxiety about carrying the parental responsibility alone.

Baskar had a pleasing appearance with a quiet confidence. He was in Std. VIII at Clarewood Indian High School and achieved well above the average.

Usha the child concerned, was a small withdrawn girl. She was in Std. III at Sunshine Primary School and was experiencing great difficulty in scholastic application. She hardly spoke and was suspicious about visiting the Centre.

Maya a vivacious slight girl was in Std. IX at Sunshine Primary School and coping well.

Moqanthree was a tall subdued girl with a matron-like appearance. She was in her final year at Clarewood Indian High School. She spoke only when questioned and "nursed" in keeping with family values. At no time did she challenge any member or their ideas. She occupied a position of subservience.

### III. PROBLEM AS SEEN BY PARENT(S)/INFORMANT(S)

#### *Problem:*

Mother wrote to the Centre saying 'my daughter Usha aged eleven, seems to me to be developing emotional problems and I am very anxious to discuss her problems with one of your therapists. She has for the past year been under the supervision of a remedial teacher who has however now stopped functioning .....'. When interviewed, Mother explained that she was committed to work together with Usha for three hours each day on a remedial programme, and this led to frequent arguments between them. Since the departure of the remedial teacher, Usha had been aggressive and had refused to participate in family activities. Any attempts to include her met with no response and Mother had lost her patience.

Usha suffered from asthma and on this account tended to be pampered. Father showed a particular preference for Usha and said he gave her a lot of attention because he felt sorry for her. Usha lacked confidence and remained isolated at home and outside. Usha collected books and articles associated with school i.e. suitcases, pencils, paperwork and surrounded herself with them at all possible times, particularly before she went to sleep.

#### *Parent(s)/Informant(s):*

Mother felt guilty that she had so little patience teaching Usha and blamed herself that Usha could not cope at school. Father appeared removed from Usha's scholastic achievement and commented mainly on health factors. Mother and Father concerned themselves with different aspects of the problem and remained distant from each other.

### IV. PERSONAL DEVELOPMENT AND FUNCTIONING

#### *Early Development:*

Mother reported an uneventful pregnancy. The birth was normal and Usha weighed 7 lbs. Her milestones were within normal limits although Mother was always concerned that Usha was smaller and less sturdy than other children.

#### *Sexual Development:*

Usha was under-sized and in the latency period of development. She maintained a naivete about sexual matters that Mother ascribed to a lack of interest.

#### *Health:*

At the age of two and a half years, Usha contracted measles and soon after, her asthmatic condition developed. At the age of five, Usha was operated on for a lazy eye muscle. The operation was successful, but she wore thickly lensed spectacles as a result.

### *Sensory/ Perceptual Functioning:*

Usha's eyesight was medically confirmed as adequate. Difficulties associated with learning could not be said to be related to impaired vision. Usha fondled the articles she collected and arranged around herself.

### *Speech:*

Usha's speech was characterized by faulty pronunciation and a slight tendency to ignore the ends of words.

### *Sleep:*

Usha had difficulty falling asleep at night unless she had her books and suitcases collected and arranged around her bed. She was anxious in a darkened room. Usha was left to lie in bed later than the rest of the family and each morning Father was assigned the task of waking her. The family attributed this practice to her poor health.

### *Ability to do for Self:*

No difficulties were reported in this sphere. Usha was excessively slow when dressing and eating and Father and Woganthree generally came to her aid. When Usha was keen to go out, however, she was quite able to manage all self help tasks promptly and without assistance.

### *Interests and Activities:*

Usha chose to occupy herself on most occasions. She collected her books, read, knitted, and listened to the radio and enjoyed colouring in drawings.

### *Peer Relationships:*

More often than not, Usha played alone. She had no special peer relationships and was isolated in the school playgrounds during school breaks. Home offered little opportunity for free play as most of her time was spent in extra tuition.

### *Sensory/ Perceptual Functioning:*

Usha interacted aggressively with her siblings. Woganthree (a relative), ascribed sibling status by the parents, often smothered Usha, who frequently lobbied her off. Usha was competitive with Basker and Maya and their games ended in cheating, arguments and tears. Mother invariably interfered and the children were separated and sent to their bedrooms.

### *Other Significant Relationships:*

No other significant relationships were reported. Maternal grandmother was fond of Usha and Usha was prepared to stay with her for periods during the day.

### *Discipline:*

Discipline proved a very difficult task for Mother and Father. Usha was often aggressive and refused to comply with family rules. On occasions when she was punished she suffered asthma attacks. Mother felt very guilty when this occurred and consequently left Father to punish Usha. Father tended not to support Mother's anger and remained non-assertive. Mother said Usha 'got away with murder'.

### *Fears and Unusual Habits:*

Usha collected all her books, her pencils and her old school suitcases and arranged them about her. She was possessive of these items and went into a rage if any were removed from her or their order was disturbed.

Usha would not use toilets other than the one at home. She used maternal grandmother's toilet but was afraid of the black seat.

### *Education:*

After Usha's first year at school Mother and Father went to live in Ireland where Father studied. Usha was placed in a new school where the system was decidedly different from that which she had previously experienced. Mother said Usha did not cope. When the family returned to South Africa Usha found herself trailing behind again and Mother sought remedial tuition for her. Usha failed Std. I and repeated the year. Her position in class was in the bottom five. Writing was always her weakest subject. The school in Ireland reported that 'at first Usha was quiet and shy and took some time to become adapted to her new surroundings. She has now gained in confidence and is beginning to make the kind of improvement that she is capable of. Her reading is improved, her speech vocabulary is increasing daily and her concepts of numbers are strengthening'. All school reports stated that Usha tried very hard.

### *Client's Personality as seen by Parent(s)/ Informant(s):*

Mother saw Usha as a very difficult personality with whom she was in direct conflict. She, together with Father, considered that Usha had the potential to be more compliant, more social, and scholastically more capable. Mother felt her own anxieties as well as other difficulties in the family contributed to Usha's maladaptive behaviour and that these needed to be dealt with.

### **V. CLIENT'S FAMILY**

Father was the youngest son of a family of five children. Paternal grandparent were successful traders and Father could not recall economic hardship. Father as the youngest sibling was offered educational opportunities. His academic potential gained him scholarships and he left home to pursue his Dental career. He reported maternal grandmother as his dominant parent who encouraged his career but he retained considerable regard for paternal grandfather and his relationship with him was labelled 'businesslike'. Paternal grandparents were Hindu and astute observers of their religion. They resided in Durban.

Father recalled a selfish adolescence protected essentially by maternal grandmother. He knew he could rely on her and allowed her to influence him a great deal. He did not think this had altered much till the present time.

### *Client's Father:*

Father enjoyed travel and reading. He participated little in family activities.

He said he was sorry for Usha and knew that he pampered her often to the child's disadvantage. He felt, however, that he was the only person in the family who could help her and rationalised his special attachment to her in this way. He thought Usha's difficulties were essentially medically based and underplayed her scholastic failure. He agreed that there was something about development in the family that was contributing to her unhappiness and was willing to cooperate in any way that might assist her.

As far as Usha's difficulties were concerned, Father remained distant from Mother. He thought she was overanxious about the children and supported her sparsely. He thought Mother might have been better off if she were simply a housewife.

### *Client's Mother:*

Mother recalled a childhood fraught with economic and emotional hardship. Mother was the eldest of three siblings. Maternal grandfather was alcoholic and he and maternal grandmother were separated when Mother was still at school. Maternal grandmother had to rely on maternal great uncle to support her children. Mother achieved well at school and won a scholarship to attend the University of Natal. She graduated with a Bachelor of Arts Degree and went to work as a Nursery School teacher. Maternal grandparents attempted to remake their marriage from time to time. Maternal uncle was born when Mother completed her schooling. He went to work at an early age on account of his limited scholastic achievement. He moved from job to job and was still on the move and drinking heavily. Maternal grandmother was now ageing and Moganthrae, a niece, was placed in Mother's care at maternal grandmother's request. Mother saw herself in a strong organisational role with her family of origin, although she was ambivalent about her responsibility towards them.

Mother related willingly, and easily entered into the sessions. She was intelligent, essentially asocial, but made greater efforts to care for her family. She felt desperate about Usha. She thought at times that Usha was ungrateful and that she purposefully behaved badly to irritate her. Realistically she recognized that Usha had difficulties that were labelled as 'emotional'. Mother blamed herself for these. Mother considered Father uninvolved with her worries although admitted that he and Usha had a close attachment. Generally, Mother seemed somewhat ineffectual.

#### Client's Parents' Marital Relationships:

Mother and Father met while both were attending University. A prolonged courtship ensued. The respective families of origin opposed the marriage on account of religious differences and Mother's 'unsavoury' family background. After Father had qualified, his family relented and Mother and Father were married by Christian rites. Three children were born of the marriage. When Maya, the youngest child was three years of age, the family moved to Ireland for two years. Their return to South Africa marked a most trying stage of the marriage. Mother and Father were without accommodation for some eight months, during which time they lived with paternal grandparents. In spite of their verbal assurances of Mother's acceptance she felt permanently uneasy and rejected. Father opted for his work and left Mother to deal with his family alone. She recalled her feelings of desertion. She and Father hardly communicated at the time and this had set their present patterns of relating. Their roles were well delineated although both contested each others role ascription i.e. Mother enjoying her career, Father considering her more productive at home. Both impressed as a frigid unrelaxed couple.

#### Current Family Functioning:

This family, whilst ostensibly proud of their apparent cohesion were fragmented and rigid. Father operated in a world away from his family. He assisted Usha with her health, but occupied the remainder of his free time reading or viewing television. Family priorities and goals were not mutually satisfying. Educational attainment held the greatest reward for Mother although Father considered other factors in development e.g. personality, sociability and autonomy as primary factors for his children.

The family were hampered by cramped living space. The political restraints on their activities and Mother's lack of confidence in this regard resulted in a poor social repertoire and intensified Mother's protection of her children.

Moganthree was assigned a parental role and her inclusion in the family was insincere and regarded as a temporary arrangement in spite of his long standing. She suffered from alienation imposed by the family.

PSYCHO-SOCIAL INDEX  
SUMMARY WORK SHEETS

CLIENT'S NAME USHA M/F Female  
DATE OF BIRTH: 3-12-1963. AGE 11

## DESCRIPTION OF CLIENT

Usha was a slight Indian girl with a light complexion. Her hair was tightly plaited and she wore thickly laced, spore shoes. She was seen at the Centre after Mother had written to request assistance.

Usha experienced emotional difficulties that became prominent when she started school in South Africa. The family emigrated to Ireland for a two year period where Usha was unable to adapt to a changed educational system. The family returned to South Africa and Usha was given remedial education under Mother's supervision for three hours each afternoon. In spite of extra tuition, Usha failed the year at school and she became excessively withdrawn and aggressive when confronted by the family. She developed night fears and would only use the toilet at home. She interacted minimally with her peers and rivalry between the siblings was intolerable for the family. She suffered from asthma that was aggravated by anxiety. She became ill before her school tests and her compulsion to collect her books and suitcases and arrange them around her had intensified.

## DESCRIPTION OF CLIENT'S FAMILY

FATHER Percival, (38 years) was a Dentist. An astute, principled Indian man, he was highly regarded both by the community and his professional colleagues.

MOTHER Saras, (37 years) had worked as nursery school teacher for several years.

BASAR was an academically competent pupil in Std. VIII at Clarewood Indian High School. He was an athlete, adolescent, although small for his age, and closely attached to Mother.

RAYA was in Std II at Sunshine Primary School. She was an excitable lively child who coped well at school. She had a very social personality and was always in the midst of the arguments between the children, fighting for a place.

MOGANATHREE a relative, was a matriculation pupil at Clarewood Indian High School. She was assigned sibling status on account of her age. Her stout appearance and matron like stature fitted her for the position of 'parent child', which assisted Mother's ability to accept Moganathree as part of the household.

## CURRENT ADJUSTMENT

Usha felt self-conscious about her physical appearance. Her spectacles were an embarrassment to her and she was frequently teased at school. She was withdrawn and refused to participate with the family. Usha became aggressive and portrayed the behaviour of a younger child. She seldom allowed eye contact with the therapists or family members and upward glances were made only when pressurized to do so. Usha was afraid of the dark. Mother described Usha as 'bad tempered'. She fought frequently with her siblings and seldom co-operated with Mother. Her school teacher reported that Usha was struggling to keep up, and failed the year at school. She had no friends and played alone during school breaks. Mother and Father considered Usha's pre-morbid personality to be essentially healthy as prior to school, in spite of poor physique, she met their development demands. Usha developed frequent headaches and stomach pains often without apparent psychological base. She displayed low self confidence and had labelled her poor self concept with the statement to Mother 'What good am I?'. Usha was able to cope with self help tasks when motivated but she had difficulty in discovering reality on account of poor problem solving technique which was overtaken with anxiety. She was passive, forlorn, waiting to be controlled.

## CONDITION AT BIRTH

Usha was born normally and weighed 7 lbs. She was bottle fed. Mother was always afraid that Usha's poor physical development was attributable to a poor start with feeding.

## DEVELOPMENT/FUNCTIONING

### A. Physical

Although Usha was slight in stature her height and weight were within normal limits. Other psychological symptoms were chronic asthma and difficulties with the eye muscles. The eye muscles were surgically corrected.

### B. Behavioural

There appeared to be no problems with Usha's developmental milestones. Her progress had been slower than other children, but not so that it caused concern. Usha's scholastic failure was the area of developmental retardation. She showed difficulty from the outset of her schooling.

### C. Intellectual

Usha's academic inability reflected an area of retarded intellectual development. She achieved poorly at abstract subjects and had experienced the greatest difficulty in trying to attain reading and writing skills. She was withdrawn at school. Usha was unable to analyse a situation and resolve a problem for herself. She tended rather to retreat or become ill. She had great difficulty in communicating her needs. Her speech was poorly enunciated and she seldom initiated interaction.

### D. Emotional

A restrictive superego together with immature ego development manifested strong feelings of guilt and anxiety in Usha's emotional development. She was unable to wait and was through a plan of action. Consequently she was liable either to aggressive outbursts or to lengthy periods of inactivity.

Anxiety pervaded her behaviour, which was frequently inappropriate. Usha was a pessimistic child inviting punishment to endorse her poor self concept and at the same time to relieve some feelings of guilt.

### E. Social

Social attachments threatened Usha's defences and she had no social relationships. She entered into competitive games with her siblings but was frequently the loser. She became aggressive and refused to co-operate. She did not participate in heterosexual activities with her peers. Her over-all behaviour was not generally considered by her family to be socially acceptable.

### STRESS

Her unresolved oedipal conflict was a major contribution to the extent of Usha's stress. Father was protective towards Usha whilst Mother was more aggressive towards her and less effectual. Usha consequently entered the marriage as Mother's competitor. Usha's inability to match up to the academic demands she had internalized made her feel less worthy and represented a constant threat as she continued to make no progress.

### SIGNIFICANT RELATIONSHIPS

#### A. Mother/Client

Mother, in spite of her apparent academic competence emerged for Father as ineffectual and overprotective of the children. Her attitudes towards caring for children were clear cut and these assisted her to find realistic goals for her mothering tasks. Mother had poor self esteem and depended a great deal on her children's competence to confirm her own. Usha and Mother were constantly at loggerheads. Father seldom supported Mother in her parenting role and discipline was consequently inconsistent.

#### B. Father/Client

Father's competence enhanced his ability to Father. His cultural socio-economic developmental background however, provided him with fixed ideas about fathering. He considered his role to be essentially that of provider and he expected Mother to take care of the remainder of the children's growth and development. As a child he had been protected and lavished with attention and continued to seek pleasure for himself, unaware of the effect of his narcissism on his parenting or husband roles.

Father said that he knew that he felt sorry for Usha and that this was often not to her benefit. He devoted the greater part of his attention to her on account of her illness and seldom disciplined her. Father and Mother did not equally parent the children. Usha's attachment to Father was pleasing for him and he maintained that he was the only one who could 'do anything' with her. He criticised Mother for making the problem appear out of proportion and for being so anxious.

#### C. Others/Client

Usha's interaction with her siblings was primarily aggressive and competitive. She was particularly envious of attentions offered to Radhar. Her siblings viewed her as the 'family favourite'. Usha had no friends although she was attached to maternal grandmother with whom she spent time during the week. Usha did not stand up for herself in her peer group and was uninvolved to the extent that outside attitudes and actions made little impact on her behaviour.

### CURRENT FAMILY FUNCTIONING

The current relational fit between Mother and Father, while complementing their academic aspirations and compulsive mutuality, expressed a detrimental emotional feedback for Usha. Mother's own struggle with her dependency needs contributed to her overprotection of the children who were part of Mother's personality rather than autonomous persons of an external social reality. Mother's efforts to fortify her lack of intrapsychic competence was effected at the expense of family members' autonomy. Mother and her children tended towards enmeshment while Father took on a disengaged position. The lack of subsystem differentiation in the family discouraged exploration and mastery of problems and this inhibited Usha's cognitive and affective skills.

A weak parental subsystem with restrictive control emerged as essentially ineffectual for the children. The family had failed to modify its old system to include Woganthees who experienced stress as a result and never quite fitted in nor met up to family expectations. Usha's behaviour reverberated across the family and family members were responding in ways that perpetuated a family disequilibrium.

## DEVELOPMENTAL DYNAMIC DIAGNOSTIC STATEMENT

(i) *Organic*

While Usha's allergic condition was medically confirmed there seemed strong indications that her regular asthma attacks were associated with anxiety and at times psychosomatic in nature. Her eyesight was not impaired on account of successive operations which had been carried out although she was required to wear glasses.

No further organic factors were known that could have contributed to Usha's reported difficulties.

(ii) *Intellectual/Cognitive*

Psychological testing revealed some evidence of perceptual-motor difficulties. Usha's movements were ungainly and her handwriting had always been poor. Performance on the Bender Gestalt test was not as competent as should have been the case for a child of her age. She turned the first card upright and all the drawings appeared to require great effort. There was a general lack of eye movement from cards to drawings. Further psychological testing confirms that Usha was a child of dull average intelligence.

(iii) *Basic Personality*

Usha's history revealed poor development of the ego with an over-developed superego resulting in excessive anxiety. The anti-cathexis of her immature ego was unable to cope with a strong conscience and resulted in an inability to perform tasks required of her. Usha's striving to achieve seemed hardly realistic in terms of her intellectual and cognitive ability and she judged herself according to her frequent failure. Her self image was consequently of a low order.

Rorschach test results revealed the following:

- |              |                                                                                                                                                                                                                                                                                           |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Approach     | Childlike reality reduced to very basic forms. No ability to generalize. Inadequacy in getting to know her environment. Limited information horizon.                                                                                                                                      |
| Perception   | Does not have enough regard for change of stimulus so that it appears that her attention is not focused correctly. Her restricted mental vision causes her to resort to non-essential aspects of her environment.                                                                         |
| Thinking     | Usha's weak synthesizing ability indicates aragetic thinking with lack of spontaneity. Generally a low energy output ...                                                                                                                                                                  |
| Mood         | There exists a readiness for excitement and affective relationships although these relationships are at a primitive level. She has a poor sense of individual identity.                                                                                                                   |
| Fantasy life | The little fantasy life that she possesses is immature. Lack of drive and empathy with people. The strong need to establish human contacts absorbs most of the human energy that should be used for inner ideation.                                                                       |
| Defenses     | Resistance strongly directed against environment. Withdrawal: she tends to ward off stimuli and there is a constraint on her grasp of relations. These together with obsessive tendencies support the many indications of anxiety and sensitivity.                                        |
| General      | Possibility of rejection and resignation to this rejection. Strong indications exist of a lack of values with which to identify. The possibility exists of a lack of relationship with Mother because she never really figured in Usha's life. Usha has never come to grips with reality. |

(iv) *Current Ego Functioning*

Usha's level of anxiety reflected poor ego control of instinctual energies. At times she was unable to postpone behaviour and gave way to bursts of temper. On the other hand her restrictive superego distorted her reality and secondary process thinking was affected. Consequently she was not able to establish a goal and reach it on the basis of a preconceived plan of action. Her anxieties were both free floating and specific. Her retentive behaviour suggested repression as her major ego defence mechanism. Usha's contact with the outside world was sparse. She was tense and lifeless expending most of her energies on maintaining her repressions. She had little time for productive efforts that could have proved pleasurable for her either with other people or with the outside world. It is suggested that this repression contributed to Usha's asthmatic condition where asthma may have been as a result of the spread of repression to the breathing mechanism.

(iv) *Environmental Influences*

Usha belonged to a compulsively controlling family which could be said to have reflected a certain amount of insecurity by all family members. She had great difficulty in responding without anxiety to any environmental influence outside of her family. Allowing outside influence meant a penetration of Usha's protection and would have broken her defence pattern.

In spite of her apparent passivity, Usha demonstrated strong resistance to the control of her Mother. She and Mother shared a mutual antagonism. Usha had in some respects scapegoated herself by the collusion of her critical superego with Mother as the outside object. Her manipulation of Mother's feelings of guilt and responsibility was a very powerful means of influencing the family's interaction without placing herself in the authority role. Passive mastery showed a very active object role assignment.

The capacity for mutual accommodation between Mother and Father would have required a freedom from interference from in-laws and the children. Non-interference from Mother and Father would have been a pre-requisite for the children to learn skills for negotiating with their peers. The amorphous nature of this family disallowed either of the latter.

Political and religious antagonism was rife in this family. Mother would have liked political freedom for herself and the children, and made every effort to achieve this where possible.

**DIAGNOSIS**

Anxiety neurosis with compulsive tendencies.

## RECOMMENDATIONS

Usha's behavioural manifestations were strongly linked to an unresolved electra complex, reflected by her attachment for her Father and an antagonism towards her Mother. Sibling rivalry was rife. In view of Usha's difficulties having been identified as central to a set of family interactions, the recommended therapy of choice was family oriented problem resolution. The psychologist and worker were available to undertake a series of sessions with the family. This was seen as a continuation of assistance, as both therapists had played a central role in the diagnostic process.

MOTHER needed to deal with her intense antagonism towards Usha. Usha's efforts at goal oriented identification, made her want to model her Mother. Mother was ambivalent in regard to Usha being a reflection of herself. Usha resisted Mother's pendency. Mother seemed to fight harder, but was unable in her own insecurity to conquer this. Mother was using Usha in many situations to gain Father's attention. Mother's dependence on Father therefore, determined to a large extent how she treated Usha. Father did not appear to want a dependent woman. Mother was consequently neither reaching him, nor was she effective in her intense control of the children. She thus escaped being a *housewife* and insisted on a career. Mother's dependence on her family of origin, (i.e. the premature responsibilities she was awarded in this sphere) were aspects with which she required assistance, in order to attain some autonomy, as well as greater effectiveness and relief for Usha.

FATHER was distanced from his family and assistance was envisaged to aim at his recognition of the family's need for his greater involvement. His attachment to Usha was uncomfortable for him, and he needed assistance to be relieved of the commitment. This would bring him closer to Mother's need of him particularly in sharing parental functioning.

USHA was carrying the load of family anxiety. Treatment was to be aimed at helping Usha de-energize her superego in order to strengthen the id and ego. At the same time it was necessary to help her become involved in mental operations that attained satisfying fulfilment instead of expending energy in impulsive activity and wish fulfilment. Usha's excessive retentiveness needed to be brought to the family to be examined as a reflection of an anachronous family with little security. Were she not to receive assistance it was likely that her anxiety would soon have developed to the point that it would have become part of her personality structure and she would then have been unlikely to escape feeling guilty.

Testing on reading comprehension and spelling revealed that any written exercises carried out with her Mother were unlikely to help Usha to gain more meaning from her reading. A change in herself and her relationships with others rather than extra tuition was diagnosed as likely to be of greater benefit to Usha.

Sibling rivalry was intense. At times, envy and anger needed to be resolved without parental interference.

## WOGANTHREE

Woganthree's position in the family needed clarification.

## GUIDE TO SCORING THE PSYCHO-SOCIAL INDEX

Statements are to be marked TRUE or FALSE

This Case is AGE GROUP IIIAGE GROUPS  
EXCLUDED

## CURRENT ADJUSTMENT

- I, II, III.
- F 1. No indications of physical dysfunctioning are known.
  - T 2. No indications of sleep disturbances are known.
  - F 3. No indications of personality maturational retardation (or deviation) are known.
  - F 4. No difficulty handling anxiety, frustration, guilt or tension (manifesting itself in symptom formation) is known.
  - 5. No difficulty in age-appropriate sexual functioning is known.
  - F 6. No fears or phobias are known.
  - F 7. No excessive withdrawal is noted.
  - F 8. No excessive aggression is noted.
  - F 9. No inappropriate personality responses to significant persons is noted.
  - F 10. Mood patterns are predominately appropriate to situation.
  - I. F 11. No significant conflicts in inter-personal relationships are noted.
  - I, II. F 12. No failure in academic/scholastic achievement is noted.
  - T 13. No retardation in motor development is noted.
  - F 14. No immaturity in emotional development is noted.
  - I. F 15. No immaturity in social development is noted.
  - F 16. No immaturity in intellectual development or functioning is noted.
  - T 17. Observed symptoms of mal-adjustment are situational rather than chronic.
  - T 18. The pre-morbid personality was essentially healthy and mature.
  - T 19. Onset of observed symptoms was sudden.
  - F 20. No psycho-somatic symptoms are noted.
  - F 21. No signs of poor self-esteem are noted.
  - I. F 22. No indications of a poor self-concept are noted.
  - F 23. No difficulty in speech and/or communication is noted.
  - F 24. No difficulty in age-appropriate autonomous functioning is noted.
  - T 25. No sign of hallucinating is noted.
  - T 26. No sign of deluding is known.
  - F 27. No difficulty in reality-testing and/or confused thinking is noted.
  - F 28. No sign of other mal-adaptive defense mechanisms or personality coping patterns is noted.
  - T 29. No sign of difficulty in basic trust of others and in the capacity to form lasting, close relationships is noted.
  - I, II. F 30. The client positively participates in his family group.

## CONDITION AT BIRTH

- T 1. The gestation period was within normal limits.
- T 2. There was nothing significantly unusual about the client's birth.
- T 3. There were no known birth injuries.
- T 4. No congenital defects were noted at birth.
- T 5. At birth no difficulty with breathing was reported.
- T 6. The mother was free of physical symptoms during the pre-natal period.
- T 7. The mother was free of emotional symptoms during the pre-natal period.

AGE GROUPS  
EXCLUDED

- T 8. No hereditary defects (from either of the parent's families) are suspected.  
 T 9. No evidence of congenital defects appear in the post-natal developmental history.

## DEVELOPMENT/FUNCTIONING

## A. Physical (Note: Consider influence of CONDITION AT BIRTH in answering this section)

- T 1. No indication of hormonal malfunctioning is known.  
 T 2. Weight-height proportions are within normal limits.  
 T 3. No mal-development of sexual organs is known.  
 F 4. No evidence of visual dysfunctioning is known.  
 T 5. No sign of communication dysfunctioning is known.  
 T 6. No sign of hearing dysfunctioning is known.  
 T 7. No sign of other sensory dysfunctioning is known.  
 T 8. No sign of heart dysfunctioning is known.  
 T 9. No sign of digestive-tract dysfunctioning is known.  
 T 10. No sign of brain dysfunctioning is known.  
 T 11. No sign of other central nervous system dysfunctioning is known.  
 T 12. No sign of lung dysfunctioning is known.  
 T 13. No sign of muscular dysfunctioning is known.  
 T 14. No sign of skeletal malformation is known.  
 T 15. No sign of other organ dysfunctioning is known.  
 T 16. No sign of hypertension is known.  
 T 17. No sign of hypotension is known.  
 T 18. No difficulty in elimination of feces is known.  
 T 19. No difficulty in elimination of urine is known.  
 F 20. No lack of vitality is indicated.  
 T 21. No sign of difficulty in sexual functioning is indicated.  
 T 22. No indication of impairment of memory is noted.  
 F 23. No indication of confused thinking is noted.  
 T 24. No difficulty in ambulation is known.

## B. Behavioural

- T 1. No history of developmental retardation in feeding is known.  
 T 2. No history of developmental retardation in sitting is known.  
 T 3. No history of developmental retardation in crawling is known.  
 T 4. No history of developmental retardation in walking is known.  
 T 5. No history of developmental retardation in speech/language is known.  
 T 6. No history of developmental retardation in toilet training is known.  
 F 7. No history of developmental retardation in academic/scholastic learning is known.  
 T 8. No history of failure in gaining age-appropriate autonomous functioning is known.  
 T 9. No failure in acquiring appropriate self-help skills is known.  
 T 10. No indications of failure in gaining any other age-appropriate motor skill is known.

## C. Intellectual

- F 1. No sign of inability in academic/scholastic learning is noted.  
 F 2. No sign of inability to think abstractly is noted.  
 F 3. No sign of inability to adjust or adapt to the environment is noted.  
 T 4. No sign of inability to form close, lasting relationships is noted.  
 T 5. No sign of inability to reason is noted.  
 T 6. No sign of memory loss of recent experiences is noted.

AGE GROUPS  
EXCLUDED

- I, II. T 7. No sign of memory loss of past experience is noted.  
T 8. No sign of difficulty in learning verbal skills is noted.  
I, II. F 9. No sign of difficulty in learning mathematical reading or spelling skills is noted.  
T 10. No sign of retardation in the development stages is noted.  
I. F 11. No sign of difficulty in performing self-help tasks is noted.  
F 12. No sign of difficulty in reality-testing is noted.  
I. F 13. No sign of difficulty in relating parts of a problem or a situation to the whole is noted.  
I. F 14. No sign of difficulty in analysing a problem or a situation and dealing with the parts in a realistic manner is noted.  
I, II. F 15. No sign of difficulty in self-awareness of strengths and weaknesses is noted.  
I. T 16. No sign of lack of capacity to act purposefully is noted.  
T 17. No sign of inability to think rationally is noted.  
I. T 18. No sign of inability to assume responsibility is noted.  
F 19. No sign of difficulty in communication is noted.  
T 20. No other sign of difficulty in intellectual functioning is noted.
- D. Emotional  
I. F 1. There is age-appropriate capacity to tolerate frustration.  
T 2. There is no need to avoid situations which are stimulating.  
I. F 3. There is a capacity to handle stimulation without emotional outbursts.  
F 4. Emotional responses are appropriate to situations.  
F 5. Feelings of anxiety are appropriate to situations.  
F 6. Feelings of guilt are appropriate to situations.  
F 7. Feelings of tension and/or frustration are appropriate to situations.  
I. T 8. There is age-appropriate bowel control.  
T 9. There is age-appropriate bladder-control.  
F 10. Types of expression of anger are appropriate to situations.  
T 11. Types of expression of anger are age-appropriate.  
F 12. Degree of expression of anger is age-appropriate.  
I. T 13. Type of sexual expression is appropriate to situations.  
I. T 14. Frequency of sexual expression is appropriate.  
F 15. There is an age-appropriate capacity to postpone gratification and satisfaction.  
I. F 16. There is healthy balance between optimism and pessimism.  
F 17. Overall emotional maturation and functioning is age-proportionate.
- E. Social  
I. T 1. Capacity for intimate inter-personal relationships is age-appropriate.  
I. F 2. Responses to and expectations of authority figures are age-appropriate.  
T 3. There is a capacity for basic trust in others.  
F 4. Object-choices for expressions of anger are appropriate.  
I, II, III. 5. Object-choices for sexual expression are appropriate.  
I. T 6. Capacity to be a part of a peer group is appropriate.  
I. F 7. Capacity to work co-operatively with others is appropriate.  
I. F 8. Capacity to share is appropriate.  
I. F 9. Capacity to participate in heterosexual social activities is appropriate.  
I. F 10. Competition in inter-personal relationships is appropriate.  
F 11. Dependency in inter-personal relationships is appropriate.

# AGE GROUPS EXCLUDED

I, II, III,  
IVa, IVb,  
I, II, III.

I, II, III,  
IVa, IVb,  
I.

12. Capacity to form a lasting one-to-one heterosexual relationship is age-appropriate.
13. Capacity to be a productive member of society is appropriate.
14. Capacity to assume responsibility in civic, social and religious activities is appropriate.
- F 15. Over-all behaviour is generally socially acceptable.

## STRESS

- T 1. No sign of congenital defect is noted.
- F 2. Maternal attitudes towards the client were not stressful.
- F 3. The client's over-all relationship with his mother was not stressful.
- F 4. No evidence that the mother has been too involved with the client during the maturation process (thus too stimulating) is noted.
- F 5. Paternal attitudes towards the client were not stressful.
- F 6. The client's over-all relationship with his father was not stressful.
- T 7. No evidence that the father has been too involved with the client during the maturation process (thus too stimulating) is noted.
- I. T 8. No history of overly-stimulating sexual experiences is known.
- F 9. No evidence that birth of siblings or relationships with siblings have been overly stressful.
- I. F 10. No evidence exists that the move from home to peer relationships was overly-stressful.
- F 11. No evidence exists that relationships with significant persons besides parents or siblings has been overly-stressful.
- T 12. No history of traumatic separations from the mother is known.
- F 13. No evidence of overly-stressful illnesses exists.
- T 14. No evidence of physical trauma exists.
- I, II. F 15. No evidence exists that the developmental move from home to school was overly-stressful.
- I, II, III. 16. No evidence exists that the exacerbation of sexual feelings in adolescence was overly-stressful.
- I, II, III. 17. No evidence exists that the formation of intensive heterosexual relationships in adolescence was overly-stressful.
- I, II, III. 18. No evidence exists that the move from dependency upon the family to increased autonomous functioning was overly-stressful.
- F 19. No evidence exists that experiencing parental marital discord was stressful.
- T 20. No evidence exists that family socio-economic standing has been stressful.
- I. F 21. No evidence exists that family religious influences has been stressful.
- F 22. No evidence exists that other cultural factors have been stressful.

## SIGNIFICANT RELATIONSHIPS

- A. Mother/Client (Note: Surrogate mothers should be evaluated in this section).
  - F 1. The mother's basic personality is conducive to good mothering.
  - T 2. The mother's cultural-socio-economic developmental background enhances her capacity to mother.
  - T 3. The mother's attitude towards parenting enhances her functioning as a mother.
  - F 4. The mother has adequate self-esteem without depending primarily on the mother role for self-enhancement.

AGE GROUPS  
EXCLUDED

- I. F 5. The mother's attitudes towards the client do not interfere with her capacity to mother.
- I. F 6. The mother has had no major physical or emotional trauma that interfere with her capacity to mother the client.
- I. F 7. The mother's emotional giving has been adequate.
- I, II. T 8. The mother's physical giving has been adequate.
- I. F 9. The mother has made a positive approach to discipline, with consistent and realistic limit-setting.
- I. F 10. Parents agree on discipline and limit-setting.
- I. F 11. The mother received positive emotional support from her husband during the client's first seven years of life.
- I. T 12. No significant separations between mother and client occurred during the developmental years.
- F 13. A good mothering experience is reflected in the client's personality.
- T 14. A positive response to the mother during the developmental years is reflected in the client's history.
- T 15. No major physical or emotional factor has interfered with the client's capacity to relate to his mother and to maintain normal maturation.
- F 16. The client's response to discipline and limit-setting during the maturational years reflects adequate and positive maternal handling.
- T 17. Stage by stage during the maturational years, most of the client's needs to be mothered were met.
- T 18. The timeliness of the client's birth was positive for the mother.
- B. Father/Client (*Note: Surrogate fathers should be evaluated in this section.*)
- T 1. The father's basic personality is conducive to good fathering.
- T 2. The father's cultural-socio-economic development background enhances his capacity to parent the client.
- F 3. The father's attitudes towards parenting enhance his functioning as a father.
- T 4. The father has adequate self-esteem without depending primarily on the father role for self-enhancement.
- F 5. The father's attitudes towards the client do not interfere with his capacity to father.
- I. T 6. The father has had no major physical or emotional trauma that interfere with his capacity to father the client.
- I. F 7. The father's emotional giving has been adequate.
- I, II. T 8. The father's physical giving has been adequate.
- I. F 9. The father has made a positive approach to discipline with consistent and realistic limit-setting.
- I. F 10. Parents agree on discipline and limit-setting.
- I. F 11. The father received positive emotional support from his wife during the client's first seven years of life.
- I. T 12. No significant separations between father and client occurred during the developmental years.
- F 13. A good fathering experience is reflected in the client's personality.
- T 14. A positive response to the father during the developmental years is reflected in the client's history.
- T 15. No major physical or emotional factor interfered with the client's capacity to relate to his father and to maintain normal maturation.
- F 16. The client's response to discipline and limit-setting during the maturational years reflects adequate and positive paternal handling.
- T 17. Stage by stage during the maturational years, most of the client's needs to be fathered were met.

T 18. The timeliness of the client's birth was positive for the father.

C. Others/Client

T 1. Birth of sibling(s) did not produce unusual stress in the client.

T 2. Ordinal position among siblings has not been stressful to the client.

F 3. Interaction between client and siblings has been primarily positive.

F 4. Client and siblings have not experienced an unusual degree of rivalry.

F 5. No evidence of "favouritism" of one child in the family is indicated.

I. T 6. The client's capacity to share with peers is age-appropriate.

I. T 7. The client's capacity to be a part of a group is age-appropriate.

I, II. F 8. The client's capacity for close friendships is age-appropriate.

I. F 9. The client's choice of friends according to sex is age-appropriate.

I. T 10. The chronological ages of peers is appropriate for the client's age and educational attainment level.

I. F 11. The client has gained the capacity to stand up for himself and protect his rights among peers.

I. T 12. The client is not unduly concerned about peers' feelings and attitudes towards him, i.e. his self-esteem does not primarily depend upon positive evaluation by others.

T 13. The client's relationship with any significant person (other than parents, siblings and peers) shows no negative influence upon the client's personality.

OMIT ALL QUESTIONS FOR  
AGE GROUPS IVb AND Vb.

CURRENT FAMILY FUNCTIONING - SECTION "a"

F 1. Family functioning is enhanced by the mother's basic personality.

T 2. Family functioning is enhanced by the father's basic personality.

F 3. Family functioning is enhanced by the parents' marital relationship.

T 4. Family functioning is enhanced by the family's cultural experiences.

F 5. Family functioning is enhanced by the family's religious practices.

T 6. Family functioning is enhanced by the family's socio-economic status.

T 7. Family functioning is enhanced by the intelligence of the parents.

T 8. The mother has sufficient motivation to use assistance outside the family when it is needed.

T 9. The father has sufficient motivation to use assistance outside the family when it is needed.

F 10. Family functioning is enhanced by the presence of extended family members living in the same household.

T 11. Family functioning is enhanced by the father's vocational experience.

T 12. Family functioning is enhanced by the mother's activities outside the family which increase her self-esteem.

F 13. Family values and standards of the parents are compatible.

F 14. Family functioning is enhanced by the influence of the mother's parents.

F 15. Family functioning is enhanced by the influence of the father's parents.

OMIT ALL QUESTIONS FOR  
AGE GROUPS IVb AND Vb.

- F 16. Family functioning is enhanced by the mother/client relationship.
- F 17. Family functioning is enhanced by the father/client relationship.
- T 18. The family has sufficient strength to deal with stressful situations which arise in most families.
- F 19. No indication of breakdown in family equilibrium as evidenced by symptoms of mal-adjustment of any family member, is indicated.
- F 20. Parents adequately meet one another's sexual needs.
- F 21. Parents adequately meet one another's dependency needs.
- F 22. Parents adequately meet one another's needs for closeness.
- F 23. Family functioning is enhanced by the allocating of roles (among family members) in order to meet the economic needs of the family.
- F 24. Family functioning is enhanced by the allocating of roles (among family members) in order to meet the emotional needs of the family.
- F 25. No evidence of neurotic interaction among family members (in order to maintain family equilibrium) is indicated.
- F 26. Individual family member's goals for the family group are compatible.
- T 27. Communication between parents and children in the family has not been adversely affected by a "generation gap".
- T 28. Family equilibrium has not been disrupted by financial trauma.
- T 29. Family equilibrium has not been disrupted by health trauma.
- F 30. Parents are not physically or emotionally separated by current situational trauma.
- T 31. A sense of unity and pride exists in the family.
- F 32. Verbal communication among family members is adequate.
- F 33. Feeling communication among family members is adequate.
- F 34. An appropriate attitude of optimism for the future permeates the family.
- F 35. No evidence exists of the family having been established under traumatic circumstances, or that the marriage was a "forced" one.
- F 36. Family interaction enhances the individual functioning of each family member.

OMIT ALL QUESTIONS FOR  
AGE GROUPS I, II, III, IVa, Va.

CURRENT FAMILY FUNCTIONING - SECTION "b"

- 1. Client's functioning is enhanced by cultural experiences.
- 2. Client's functioning is enhanced by religious practices.
- 3. Client's functioning is enhanced by socio-economic status.
- 4. Client's functioning is enhanced by intelligence.
- 5. Client's functioning is enhanced by his vocational experience.
- 6. Client's functioning is enhanced by interests and activities which increase his self-esteem.
- 7. Client's functioning is enhanced by the influence of his mother.
- 8. Client's functioning is enhanced by the influence of his father.
- 9. Client has strength to deal with stressful situations which arise in the lives of most individuals.

OMIT ALL QUESTIONS FOR  
AGE GROUPS I, II, III, IVa, Va.

10. Client's sexual needs are adequately and appropriately met.
11. Client's dependency needs are adequately and appropriately met.
12. Client's needs for closeness are adequately and appropriately met.
13. Client is free of neurotic interaction with others.
14. Financial stress does not interfere with the client's adjustment.
15. Health problems do not interfere with client's adjustment.
16. Client experiences feelings of self-sufficiency and self-esteem.
17. Client is appropriately optimistic about the future.
18. Client's capacity for verbal communication with others is adequate.
19. Client's capacity for feeling communication with others is adequate.
20. Client is sufficiently motivated to use outside resources when needed.
21. Client's functioning is enhanced by his participation in group activities.

AGE GROUPS  
EXCLUDED

COMMUNITY RESOURCES: (Note: If no resources are needed, the Score automatically becomes "3")

- |                         |                                                                                                                     |
|-------------------------|---------------------------------------------------------------------------------------------------------------------|
| IVb, Vb.                | T 1. Immediate availability of services is compatible with the severity of the client's needs.                      |
| IVb, Vb.                | T 2. Family strengths and motivation are sufficient to help client.                                                 |
|                         | T 3. Family motivation is sufficient to make use of community resources.                                            |
|                         | T 4. Availability of community agency services are compatible with the identified needs of the client.              |
|                         | T 5. No complicating factors prevent the client's receiving help from community resources, i.e. long waiting lists. |
|                         | T 6. Extended family members are available to help the client and/or his family.                                    |
|                         | T 7. A religious institution and clergy are available to help the client and/or his family.                         |
|                         | T 8. Type of help needed and wanted by the client and his family is compatible with available community resources.  |
|                         | T 9. No unchangeable constitutional problem is exhibited by the client.                                             |
|                         | T 10. Community resources are available to improve constellational problems.                                        |
|                         | T 11. Close friend(s) are available to help the client and/or his family.                                           |
| I, II, III,<br>IVa, Va. | T 12. Close friend(s) living with the client are willing to help him.                                               |

PSYCHO-SOCIAL INDEXSCORES

	<u>Raw</u>	<u>Index</u>
<u>ADJUSTMENT</u> .....	8	.83
<u>CONDITION AT BIRTH</u> .....	9	3.00
<u>DEVELOPMENT/ FUNCTIONING</u>		

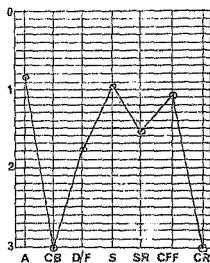
	<u>Sub</u>	<u>Scores</u>	
	<u>Raw</u>	<u>Index</u>	
Physical	18	2.57	
Behavioural	9	2.70	
Intellectual	11	1.65	
Emotional	6	1.06	
Social	3	.82	
Total	47	47	1.79
		6	.95

STRESS .....SIGNIFICANT RELATIONSHIPS

	<u>Sub</u>	<u>Scores</u>	
	<u>Raw</u>	<u>Index</u>	
Mother / Client	8	1.33	
Father / Client	10	1.67	
Others / Client	7	1.61	
Total	25	25	1.53

CURRENT FAMILY FUNCTIONING .....COMMUNITY RESOURCES .....

Total Index Score .....

PSI GRAPHDIAGNOSTIC SCORE

Total Index	12.18
-CR Index	3.00
Total	9.18 52%

RESOURCES SCORE

CFF Index	1.08
+CR Index	3.00
Total	4.08 68%

PSI SCORE .....CLIENT'S NAME Usha M/F DOB 3.12.66. AGE 9Informants: FamilyExaminer: WorkerDate: 1976

SESSION NO. I

<u>FAMILY THERAPISTS</u>	Psychologist, worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	1/2 hour
<u>TIME INTERVAL BETWEEN SESSIONS</u>	2 weeks

INFORMANTS

Mother arrived with Usha. Father travelled on his own from his surgery. All three arrived promptly. Mother and Usha were faultlessly groomed and Father likewise in a white suit. Mother and Usha were apprehensive. Father was reserved but showed interest.

LOGICAL SEQUENCE

1. The results from tests with Usha were outlined for Mother and Father.
2. Correlation between anxiety and poor scholastic performance was emphasized.
3. Diagnosis suggested that Usha was unable to interact comfortably within her family and that this was causing considerable guilt and anxiety for her.
4. Relief from additional lessons for Usha was recommended at this point and the opportunity to help her deal with interpersonal relating was offered.
5. The process and purpose of family therapy was described and four sessions were contracted for.

SESSION NO. I

<u>FAMILY THERAPISTS</u>	Psychologist, worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	½ hour
<u>TIME INTERVAL BETWEEN SESSIONS</u>	2 weeks

INFORMANTS

Mother arrived with Usha. Father travelled on his own from his surgery. All three arrived promptly. Mother and Usha were faultlessly groomed and Father likewise in a white suit. Mother and Usha were apprehensive. Father was reserved but showed interest.

LOGICAL SEQUENCE

1. The results from tests with Usha were outlined for Mother and Father.
2. Correlation between anxiety and poor scholastic performance was emphasized.
3. Diagnosis suggested that Usha was unable to interact comfortably within her family and that this was causing considerable guilt and anxiety for her.
4. Relief from additional lessons for Usha was recommended at this point and the opportunity to help her deal with interpersonal relating was offered.
5. The process and purpose of family therapy was described and four sessions were contracted for.

6. Session terminated.

#### DYNAMICS

Father impressed as a competent man, his presence making the therapeutic offer a credible and worthwhile venture for his family. Mother was far less effectual but relieved at his willingness to participate.

Mother's stress at this point had motivated her to seek assistance.

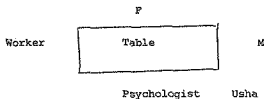
Father's genuineness to enter into family treatment suggested his own discomfort regarding Usha and his involvement with her.

Father had up until this point been relatively uninvolved and had left Mother to carry out the necessary contact with the Centre.

Usha remained silent. She gripped her chair, and kept her head lowered for most of the session. She was seated next to Mother opposite Father.

#### SEATING

Fig 1



TECHNIQUES

This was an initiating session to describe a view of Usha's difficulties and to offer a form of help for her. Father's co-operation was vital and the session focussed on him as the decision maker. This amounted to an appeal from Mother to Father for help supported by the therapists. Father was credited with his strong personality and potential effectiveness to make change in his family.

MOVEMENT

A contract was entered into with the family for a number of therapy sessions. Father showed a willingness to involve himself although he was somewhat tentative and sceptical.

Usha and Mother looked relieved at the end of the session. Usha nodded that she was happy to accompany the family to the Centre.

THERAPISTS

The therapists approached Mother and Father as an effectual parental unit who in fact were the only people able to assist Usha at that point in her life. Mother and Father were offered a challenge and their commitment was not only in the interests of Usha but seen in their own interests as well. The therapists concentrated on identifying each family member separately to emphasize individual autonomy but reinforced the parental unit as well. The therapists engaged in interchange between themselves on different thoughts about the family and Usha's difficulties. This modelled aspects of autonomous behaviour with autonomy remaining as a goal.

Conversation

Worker/psychologist I thought you and Usha got along extremely well.

Psychologist/Worker Yes, we did, didn't we Usha? But then it seemed she didn't find it so easy with the other people who tried to be with her.

Worker Usha might enjoy the art group at the Centre.

Psychologist I would prefer to see her get along with her family first.

Worker/Mother and Father How do you see that?

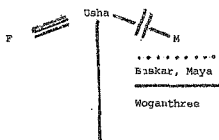
MINUCHIN MAP

Fig. 2

Father had an affiliation with Usha. Usha was in conflict with Mother. Mother was enmeshed with Baskar and Maya. Woganthree remained cut off from relationships in the family. Father remained distant from the family with the exception of Usha with whom he had the affiliatory tie.

SESSION NO. IIFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Usha, Baskar,  
Woganthree, Maya.PLACE

Office

TIME

Afternoon

LENGTH OF SESSION

1 1/2 hours

TIME INTERVAL BETWEEN SESSIONS

2 weeks

INFORMANTS

This was the first time that the whole family had been to the Centre, i.e. the first time Baskar, Maya and Woganthree had accompanied Usha. The children were impeccably dressed in school uniforms. Mother, herself faultlessly clothed, arrived separately with the children. Father arrived on his own some time later. In the waiting room the family were silent while reading magazines.

LOGICAL SEQUENCE

1. General introduction, welcoming the children and the family as a unit, initiated the session.
2. A brief explanation ensued regarding the inclusion of the whole family.
3. The Family Relations Test was administered to Usha in the presence of the family. A paper model of each family member including a representation of Usha was placed on the table with a small posting box attached to each model. One more model representing 'Mr. Nobody' was added to the family of models. Usha was required

to read out a statement on a card then post the card into the box associated with that person whom she thought most represented that statement.

4. The family then discussed the test.
5. Maya volunteered to carry out the test.
6. The family discussed her responses to the test.
7. Further informal familiarity with individual members concluded the session and an arrangement was made for the next session.

#### DYNAMICS

The most interesting aspect that was revealed at this session was Usha's total involvement with Woganthree. Results of the test validated this experience for the family. Members of the family in order of involvement for Usha were

1. Woganthree (cousin)
2. Baskar (brother)
3. Mother
4. Father
5. Maya (youngest sibling)

Woganthree was Usha's constant object of love and Mother, Usha's main source of love. Woganthree acted also as Usha's main object and source of hostility and in these terms one saw Woganthree as the parent child. Usha denied negative feelings about Mother and ascribed many to Woganthree. Mother and Father's aggression towards Woganthree was reflected by their indifferent treatment of her in the family situation and Woganthree was in a bind. She had been ascribed parental responsibilities to assist Mother. Usha used Woganthree in this role as her object of hostility. Mother and Father felt Woganthree disturbed

the family and rejected her. The parenting role was the only basis for Woganthree's acceptance in the family. She consequently remained the immobile sounding board, to secure a place for herself. Family members receiving and from whom Usha received mainly positive feelings were Mother and Father. Family members receiving and from whom Usha received mainly negative feelings were Baskar and Woganthree. Usha viewed Baskar as totally overindulged and over-protected by both parents, indicating strong rivalry. Usha expressed no egocentricity allocating no statements to herself. Her self image was revealed as poor.

Maya on the other hand, whilst strongly defensive (ascribing many cards to 'Mr. Nobody'), showed strong involvement with Mother, but, much more, emphasized her view of maternal and particularly paternal overindulgence of Usha. One suspected that her request to complete the test was to convey her anger towards Usha whom she saw as her rival.

Father seemed distressed that Usha had attached little importance to herself whilst the family were amazed at the extent of Usha's involvement with Woganthree.

#### TECHNIQUES

The administration of the Family Relations Test was an extremely useful tool in getting each family member to validate that each could prove productive in not only assisting Usha, but also in establishing his or her own greater comfort in the family.

Father recognised Usha's idolization of him as she ascribed none of her negative feelings to him. Mother saw Usha strongly positive towards her, recognising the girl's need to placate her. She voiced

her scepticism saying 'well, I'm not sure it's really like that all the time'.

Baskar felt Usha's envy and was significantly distressed.

Maya verbalized her anger towards Usha to make a place for herself.

Woganthree was acknowledged for the first time and felt a glimmer of hope for herself.

The test was sufficiently simple for the family to recognise the patterns validated by test results (see graph p145). It was clear that the session terminated with each member wanting to further pursue the issues identified.

#### MOVEMENT

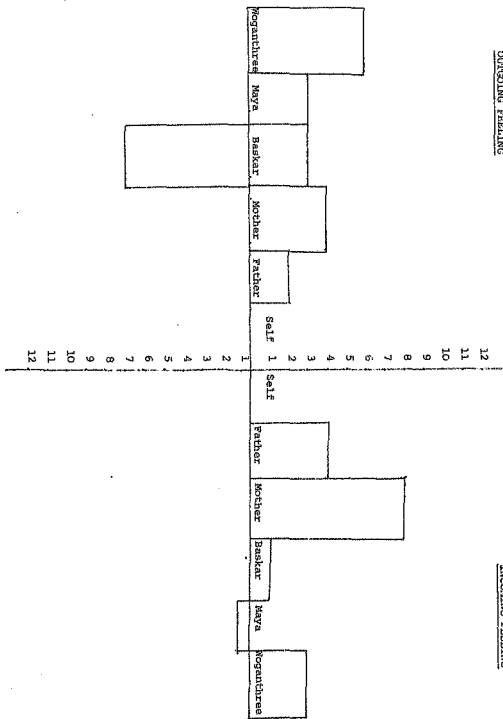
This session meant greater awareness of the family members interaction with each other and how this affected Usha. It proved a valid starting point for movement which could be assessed from forthcoming sessions.

#### THERAPISTS

Co-operation in test administration meant involvement with the family in starting to make their interactive processes known.

The therapists put questions to the family about their interactions and clarified the patterns that emerged.

#### MINUCHIN MAP Unchanged.

NEGATIVE FEELINGPOSITIVE FEELINGOUTGOING FEELINGFig. 3  
USDAINCOMING FEELING

SESSION NO. III

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha, Baskar, Woganthree Maya
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	1½ hours
<u>TIME INTERVAL BETWEEN SESSIONS</u>	1 week

INFORMANTS

The family arrived in the same manner as the previous session, and all were neat and tidy. Mother appeared a little less severe than when she had brought Usha on other occasions. Father peered over the balcony, whilst the remainder of the family sat silently, reading magazines.

LOGICAL SEQUENCE

1. Father sculpted and then role-played the family at 7 o'clock in the evening. He positioned the furniture in the therapy room to resemble the family house as precisely as possible.  
Mother was placed in the kitchen with her back to the family.  
Woganthree was made to sit alone at the kitchen table with her books and was not permitted to look up.  
Baskar was isolated with his books in his bedroom.  
Maya and Usha were placed at the diningroom table with their homework. Maya was not allowed to look up. Father positioned her head down on the table as if she were falling asleep.  
Father positioned himself in the centre of the house with the family scattered around him.

SESSION NO. III

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha, Baskar, Woganthree Maya
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	1½ hours
<u>TIME INTERVAL BETWEEN SESSIONS</u>	1 week

INFORMANTS

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Father positioned himself in the centre of the house with the family scattered around him.

2. The family took their positions and remained silent for a while.
3. The scene flowed into non-verbal and then verbal role-play.
4. Derolling took place and the scenes were discussed and interpreted.
5. The session terminated here.

#### DYNAMICS

Mother enjoyed Father's organization of the family, but said she would have felt more comfortable had Father put her into bed rather than in the kitchen. She said she worked with her books in bed and that housework was tedious for her. She and Father clashed on this issue and the marriage became suspect. Mother was very anxious that Usha would not understand and respond in the role-play. During the non-verbal sequence Mother talked aloud to Usha although managed with ease to communicate gesture to the rest of the family.

Mother's demands on the children were high and all centred around their books, e.g. she shouted at Maya for not bringing home books even although the girl did not have any homework.

Woganchree was very uncomfortable, rejected and lonely. She was allocated a two hour period to work alone in the kitchen without moving. When asked how she liked her position, she smiled and lowered her head.

Baskar was placed alone in his bedroom. Father constantly ordered him to fall asleep at his work while he and Mother woke him from time to time. Baskar liked his position and the attention it commanded from Mother and Father i.e. they had to keep coming to look at him.

Maya was excited and giggled. She continually popped up her head and this meant Father had to push it down. The family all laughed at

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Maya was excited and giggled. She continually popped up her head and this meant Father had to push it down. The family all laughed at

Maya and she took advantage of the hilarity and exaggerated her behaviour.

Usha had to be coaxed by Father before she was prepared to begin the activity assigned to her. She was unsure. She was last of the family chosen for positioning. She seemed slightly embarrassed when Father collected a large pile of books from the Clinic waiting room and positioned them neatly around her to resemble her compulsion. Usha fiddled with the books and smiled with her head down. Maya laughed at Usha. The whole family were anxious lest Usha might not co-operate. They all stared at her when she showed a reluctance to follow instruction. Father protected Usha's position and the remaining family members ensured that Usha retained her scapegoat status by her behaviour. The atmosphere suggested each had vested interests in maintaining the balance of the family as it was.

Father enjoyed leading his family unquestionably. He communicated clearly. He was protective about Usha, selecting her last to position and spending the most time with her while he instructed her into her role.

While Father was anxious that the children might have been unhappy about their positions, Mother's declared dissatisfaction elicited no response from him.

Father positioned himself in the centre of the family but was uninvolved with any member. He sat alone in the lounge and read.

#### TECHNIQUES

Father was elected to lead his family as it was unlikely that he would be prepared to continue therapy, unless his leadership was enhanced. He selected the content of the sequence. This was reenacted in several ways: firstly to help the family experience their discoveries of the

previous session and secondly to emphasize their relatedness. Father's distastefulness, Mother's fusion and overprotection, and the compulsive patterns in the family were well illustrated in the sequence.

Reenactment gave each member an opportunity to be an effectual part of the family and begin to deal experientially with their interactions.

#### MOVEMENT

Whilst apparently cohesive the family challenged Father's aloofness, for example, the children commented that he was not always at home in the middle of the family as he had placed himself. Mother was restricted from managing the children and was forced to leave this to Father. She was tense, but quiet. The children were responsive to Father. Father showed some anger at being given the total responsibility for the family, but made no attempt to enlist Mother's help. He managed well and enjoyed doing so. He concentrated on Usha who was pleased with herself after the session and walked out of the room with Father.

#### THERAPISTS

The efforts of the therapists in this session were focussed on involving the family experientially in their methods of relating. This required clear role definition i.e. worker acted as the 'director' of the sequence, whilst the psychologist was an 'observer'. Confrontation with the family after the derolling was characterised by discussion between the therapists about the family.

#### MINUCHIN MAP

Unchanged.

SESSION NO. IV

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha, Baskar, Woganthree, Maya
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	1 hour
<u>TIME INTERVAL BETWEEN SESSIONS</u>	1 week

INFORMANTS

Again the family were impeccably dressed. They looked very orderly and somewhat puppet-like. Their arrival at the Centre was exactly the same as on former occasions -- Mother and the children together, with Father arriving alone wearing his white suit. The children predictably greeted the therapists in order of family positions, Usha being the last to say hello.

LOGICAL SEQUENCE

1. This session Mother was selected to sculpt the family and present a role-play. She modelled the family first thing in the morning, the breakfast meal and getting the children off to school.
2. Discussion ensued after derolling.
3. The session terminated after the family had unanimously decided to continue for a further number of sessions.

DYNAMICS

In spite of Mother's apparent leadership in the family, she proved ineffectual in commanding their attention and compliance.

Mother positioned each family member alone. Baskar and Maya were placed alternatively at the piano and forced against their will to practice their music before breakfast.

Woganthree cleaned the bathroom - a parenting responsibility. Father read the newspaper in the lounge whilst Usha was left to lie in bed. Mother placed herself in the kitchen.

This scene was not dissimilar to Father's representation of the family. When, however, Mother attempted to follow the scene into family role-play, she could only deal with one family member at a time. She gave Father breakfast and sent him off. She attended to each of the children separately, enlisting Woganthree's help. Finally Usha was awakened by Father and attended by Mother and Woganthree. Mother was left standing alone in the house.

The scene was discussed. Mother was seen to be lonely. She agreed and said she had knowingly chosen the scene that she did in order to illustrate her family as they actually behaved. Given a choice, however, she might have preferred the family to sit around the diningroom table together. Mother was supported in seating the family in the way she envisaged. She just could not pursue this and immediately broke up the scene by removing herself. Her compulsive efforts to organize the family were met with resistance from each member as he/she was dealt with. Baskar sulked about piano practice, Maya fought over her hair being brushed, Usha would not get out of bed, and Mother chastised Father who said he was not ready to wake Usha. The scene left Mother exhausted and distraught.

Father became the ideal effectual man in this session, particularly in the light of Mother's struggle. At no time in her efforts to manage the family did he assist her and instead allowed her to struggle.

The family were later asked to comment on the family being assigned

the label of a 'kissing family'. Maya was declared affectionate. Usha always kissed Mother and Father goodnight, but Mother and Father seldom kissed.

Father was asked how he fitted into the role of Usha's 'alarm clock'. He said it had been his idea to allow Usha to 'lie in' longer so that her body would acclimatise to a working temperature and so try to avoid asthmatic attacks. He was somewhat embarrassed and said he was going to arrange for her to have injections to desensitize her allergic condition. She would then be able to rise at the same time as the rest of the family.

Mother remained sad. She ended by saying 'I would like them to do their own thing' and 'I prefer to be alone'.

#### TECHNIQUES

This session continued with efforts to help the family experience their relating processes. In spite of attempts on the part of both therapists to support Mother, the family proved too strong to allow a therapeutic alliance with Mother.

The family's unanimous agreement to continue sessions was a relief for Mother who felt that whilst she was prepared to commit herself painfully, at least the remainder of the family were keen to do the same. This meant a prospect of her restitution and validity.

#### MOVEMENT

In spite of Mother's inability to control her family effectively, she left the session with some relief at having revealed to the therapists as well as to her family, aspects of herself that had not previously been labelled - for example loneliness, anxiety feelings that the family did not adequately co-operate with her in spite of her

efforts.

Father took advantage of Mother's incompetence to increase his effectiveness. At the termination of the session however, Father showed concern, even if it was to absolve himself e.g.

Therapist/Mother 'Look after yourself'.

Father/Therapist 'I'm sure she'll be alright' (looking at Mother and moving towards her).

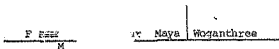
Usha was reported to be brighter at home, but was still nervous about coming to the Centre.

#### THERAPISTS

The therapeutic intention to support Mother, successfully helped her clarify her loneliness and her defence against Father's rejection. Her depression and despair was uppermost rather than anger with or blame of any family member.

#### MINUCHIN MAP

Fig. 4



Father was aligned to Usha, Baskar and Maya in this session. Mother was placed low down in the family and was isolated from family relationships.

SESSION NO. V

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha, Baskar, Woganthres, Maya
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	1 1/2 hours
<u>TIME INTERVAL BETWEEN SESSIONS</u>	10 days

INFORMANTS

Mother and Father arrived at the Centre together for the first time. The family looked immaculate. The children were excited. When greeted Mother and Father laughed and an air of enthusiasm prevailed.

LOGICAL SEQUENCE

1. Maya placed Mother in the kitchen; Father reading in the lounge; and all the children with Usha in her bedroom playing Monopoly. The children were arguing over who was cheating at the game. Mother appealed to Father to control the arguments. He did not respond. Maya was ousted from the game and went crying to Mother for protection.
2. Baskar placed the family in front of the T.V. set. Mother insisted that the children go to their bedrooms and work and that Father go to the study. Father was left viewing the T.V. with the children peeping through the door giggling.

3. Woganthree placed the family in the motor car on the way to Maternal Grandmother. Baskar talked a lot; Usha demanded that the tapedeck be played; Maya sat still; she (Woganthree) had to sing. Usha was placed between Mother and Father with her books.
4. Usha placed Mother and Father at the diningroom table. The children were all positioned in her bedroom. Baskar was placed on her bed, Maya was put to sleep and Woganthree was permitted to participate in a card game. The children argued. Mother entered and returned the children to their books.

#### DYNAMICS

Mother was again placed in the kitchen. She was uncomfortable and kept turning towards the activity in the family although this was not requested of her. Father was detached and did not respond to Mother's appeal for help with the children. Maya's rivalry with Usha was strongly demonstrated with Maya's request for aid.

Baskar highlighted Mother and Father's conflictual management of the home and at the same time sought an identification with Father. He presented Mother as ineffectual allowing the children and Father to take advantage of her.

Woganthree was fearful and embarrassed. She placed herself at the back of the car. Her sequence lacked any form of relating with the family

Usha's need for affiliation was illustrated by her gathering everyone around her on her bed. Mother destroyed this effort giving each of the children a book to read. Usha acted out her rivalry with her siblings.

TECHNIQUES

A continuation of sequence constructing by each of the children was the follow on from the previous two sessions. Each family member had now experienced firstly, the opportunity of illustrating the family in relation to him/her, and secondly, feeling how each family member viewed his/her participation in the family interaction.

Brief discussion ensued with the intention of a carry-over to the next session where the sequences were to be talked over in detail.

It was considered important that each of the children be able to present a sequence in the same session so that the subsystem could be identified. The session was consequently longer but more constructive. The children enjoyed playing out their family and did so with precision, moving the office furniture from corner to corner to resemble the household as best they could.

MOVEMENT

The sculpting and role-play were sufficiently realistic and intense to reflect the family's genuineness to share their individual sequences with each other. The family was working hard and their enthusiasm suggested that the therapy sessions were beneficially affecting them.

Father, whilst keenly interested to see how the children viewed him, remained above the emotionality of the children. Mother giggled with the children and entered into the sequences with greater flexibility than did Father. He was still reserved and did not respond to Mother's appeals.

Usha placed herself in the sibling subsystem in this session, although reverted to parental control. This was viewed as a step forward for her. Father was puzzled at his lack of involvement in Usha's sequence.

Usha was reported to be considerably less antagonistic at home and somewhat more co-operative with Mother.

#### THERAPISTS

During this session the therapists were decidedly inactive, assessing the sculpting, but allowing each of the children the greatest possible freedom of control. Mother's instructions to the children were blocked and Mother was seated next to the therapists when not included in a sequence.

#### MINUCHIN MAP

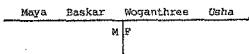


Fig. 5

The children headed the family. Mother and Father were isolated from them and remained separate themselves.

SESSION NO. VI

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha, Baskar, Woganthree, Maya
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	$\frac{1}{2}$ hour
<u>TIME INTERVAL BETWEEN SESSIONS</u>	2 weeks

INFORMANTS

The family arrived early. The children read books in the waiting room while Mother and Father stood together outside looking at the view. The family were enthusiastic. Usha smiled and was prepared to look up.

LOGICAL SEQUENCE

1. The session consisted of an evaluation of the previous session and its meaning for the family. All family members talked.
2. A story was told to the family and enacted with dolls. Three women Carol, Margaret and Henrietta lived in a large castle and served a Prince. The essence of the story focussed on the rivalry between the girls and their inability to divide the work effectively. Each wanted to marry the prince. The family were asked to independently write down how each thought the situation could be resolved. This was to be presented at Session VII.

DYNAMICS

1. Father's experience of the sculpting of the children revealed to him, he said, his limited involvement with the children. He thought perhaps this might be in the scholastic area only. Baskar challenged Father at this point and said he would have preferred Father to be involved with him in other things. Baskar was often called upon by Mother to assist the other children with school work, suggesting rivalrous interaction between Father and Baskar. Father said that Mother was always alone and 'out in the cold' and that he thought he contributed to her isolation.
2. Mother agreed that she was ignored but most enlightening for her, was the major task the family assigned her - 'the board of censors' who destroyed most family activities. She was labelled the strict one and said that without Father's support she found it difficult to deal with the arguments.
3. Baskar appealed to Father to intervene. He felt that Maya was the sibling who was always on the receiving end of Mother's anger. Baskar disliked the parenting responsibilities assigned him by Mother.
4. Maya said the fighting upset her. She felt she got nowhere in trying to forestall or prevent conflict.
5. Usha said she liked everyone in her bedroom suggesting her appeal for affiliation.
6. Woganthree said she just liked being with the family.

TECHNIQUES

The family wrestled with their interactions and shared their impressions. The parents challenged each other with the therapists as catalysts. The family patterns were laid bare for perusal.

THERAPISTS

Again the therapeutic alliance was reactive in nature. Mother's appeal for Father and his recognition of her position of being alone were specifically dealt with, thereby relieving the children of the responsibility of parenting, and reinstating Mother's and Father's parental effectiveness.

MOVEMENT

The family were opening and, as Mother and Father were handling a new interaction between themselves, so the children were feeling less stifled.

Usha was reported to have been decidedly better after the previous session. She was participating in early morning affairs in the home and was preparing for school i.e. dressing herself and leaving of her own accord.

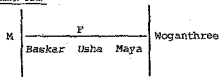
MINUCHIN MAP

Fig. 6 )

Mother remained separated.

Father was established as an executive head.

Usha was placed firmly in the sibling subsystem. This might have accounted for her improvement. She had maintained this position for three weeks and was showing improvement in her ability to negotiate with her siblings.

Woganthree remained unchanged.

She stayed outside.

SESSION NO. VIIFAMILY THERAPISTS

Worker, Psychologist

FAMILY MEMBERS PRESENTMother, Father, Usha, Baskar,  
Woganthree, MayaPLACE

Office

TIME

Afternoon

LENGTH OF SESSION

1/2 hour

TIME INTERVAL BETWEEN SESSIONS

1 week

INFORMANTS

The family arrived together nervous and excited. The children felt particularly familiar with the office and were quite relaxed.

LOGICAL SEQUENCE

1. Each family member submitted his/her letter for reading.
2. Solutions were discussed.
3. Termination was discussed as the year end was near. The family opted to continue for a further three sessions.

DYNAMICS

Father: *The three maids must try to share the work equally; help one another, and work together as often as possible.*

*The prince should like and perhaps reward Margaret when she does help and therefore give her more incentive to work. He should try also to spend more time at home and less time in the fields.*

FATHER

Father recognized the implications of the story (for his family) and went along with it. He saw himself as being uninvolved and felt that Mother should be relieved of some of the family responsibility. He saw himself as being away from his family a great deal.

Mother: *Each of the three ladies could be put in charge of a separate section of the castle. They could also have a rota system so that the ladies will all have a turn to wait on the prince. He could perhaps choose one of them as a wife then the other two would want to leave!*

MOTHER

Mother presented a social solution where she could get along with her own world. She still needed to control the work distribution rigidly, i.e. rota system. Her appeal was for Father but fearful that this might mean rejection by her rivals.

Woganthree: *As we know, most girls are vain and in the case of Princess Marga I think that they should allow her some time to beautify herself and comb her hair. She must however do her share of the housework. It seems as if Henrietta, whose job it is to open the palace windows and curtains every morning and close them each night does not do her job very efficiently. They all seem to leave all the work to Carol. This is the reason why*

*they quarrel so often. They should all be helpful, cheerful and give the princess some time to comb their hair. They would live happier if the prince smiled at them more often.*

WOGANTHREE

Woganthree entered into romantic fantasy. She considered that she worked too hard. She was still sad about being on the periphery appealing for greater absorption into the family - particularly from Father.

Baskar: *Carol, Henrietta and Margaret should first finish the work in the castle and then, if they wanted to, they could make themselves beautiful for the prince. If Margaret did not want to work, the others should leave her. When the prince sees that Margaret has not done her work, he will be cross with her.*

BASKAR

Baskar concentrated on his need for Father to be more assertive and effectual in the family rather than on the conflict between the women.

Maya: *If Margaret worked instead of staying in her room, then the others would not fight with her for being too lazy and not working.*

MAYA

Maya appeared to demonstrate her aggression but finds the solution. This suggested she was able to fight her own battles.

Usha: *Carol, Henrietta and Margaret left the house.*

Usha

Usha eliminated all the women. She indicated her anger at not being able to possess Father. When this idea was put to her, she said that the girls did in fact, all return.

#### TECHNIQUE

The story provided a tangible circumstance for each family member to contemplate. It was sufficiently simple for each of the members to become involved and was aimed at opening parental and sibling problem solving processes.

#### THERAPISTS

The therapists experienced greater interchange in the family and were left to be less directive as the family worked together.

#### MOVEMENT

The family were aware of their level of functioning. Mother and Usha were still considerably anxious. Basker seemed to indicate some ambivalence about attending sessions. Father was in fact slow in responding to him. Father was enjoying his empire. Usha was becoming a more effectual family member and had slowly started entering into family activities in the session with some validity.

Usha: Carol, Henrietta and Margaret left the house.

USHA

Usha eliminated all the women. She indicated her anger at not being able to possess Father. When this idea was put to her, she said that the girls did in fact, all return.

#### TECHNIQUE

The story provided a tangible circumstance for each family member to contemplate. It was sufficiently simple for each of the members to become involved and was aimed at opening parental and sibling problem solving processes.

#### THERAPISTS

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MINUCHIN MAP

M F Usha Baskar Maya Woganthree  
No boundaries were identified.

Fig. 7

This session knocked at rigid boundaries and allowed the family to experience amorphous relating at a single level. Authority and control were eliminated.

SESSION NO. VIII

<u>FAMILY THERAPISTS</u>	Psychologist, Worker
<u>FAMILY MEMBERS PRESENT</u>	Mother, Father, Usha, Baskar, Woganthree, Maya
<u>PLACE</u>	Office
<u>TIME</u>	Afternoon
<u>LENGTH OF SESSION</u>	$\frac{1}{2}$ hour
<u>TIME INTERVAL BETWEEN SESSIONS</u>	1 week

INFORMANTS

Mother and the children arrived subdued. Father came late. The family read books in the waiting room.

LOGICAL SEQUENCE

1. The therapists allowed the family to be seated after greetings and maintained a silence.
2. After ten minutes, Father challenged the silence.
3. Each family member was given the opportunity to describe how the silence had been experienced.

DYNAMICS

It proved extremely difficult for this family to endure the silence, yet some ten minutes passed before something was done to produce relief. The silence placed Usha in an omnipotent position and her strength was validated by the extent of the family's discomfort. Father broke the silence by saying he felt uncomfortable. He said he felt obligated to intervene and in doing so made himself an effective leader as he shared the responsibility of interaction which he had not

done before. Mother said she was quite relieved by the silence. She felt nothing was expected of her - in fact the silence presented her challenge for Father to 'do something'. He met the challenge.

Baskar shared Father's discomfort. He was fearful Father would not have intervened. Woganthree was confused but remained outside and unaffected. Maya was worried Usha might have won, but was relieved at the ultimate parental assertion.

#### TECHNIQUES

The session concentrated on efforts to strengthen the parental and executive responsibility that emerged as an insight in the previous sessions. Father responded and was supported. Mother was goaded into validating the relief she had experienced in Father sharing responsibility. This way, she said, she could go along with Father in managing the family and coping with Usha's problems.

The silence offered a challenge that was aptly met and established an authority structure.

#### MOVEMENT

Father moved closer towards Mother and the children. Usha was assured that whilst she had been playing a powerful part in order to make the family work, as she behaved differently, Father and Mother realigned and were more effectively controlling. She was faced with the reality of Father's 'affair' with Mother and was rewarded by her feelings of relief as she remained more involved with her siblings. She felt less guilty. Her behaviour at home was reported by the family to be very much better. She was coping at school although the family were nervous at how she would cope with impending examinations. This was usually the point at which she broke down. The parents reassured

her that they would accept whatever efforts she made at school and whilst these seemed to be placatory statements, the family were apparently more in touch with reality.

## THERAPISTS

After this session there was a feeling of relief that the family were responding to treatment and the therapists' efforts now remained to focus on strengthening boundaries.

MINUCHIN MAP

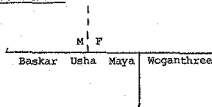


Fig. 8

Mother and Father attained a mutually satisfying communication for the first time.

The children were aligned in the sibling subsystem, cut off from their parents. Wogantthree remained alienated.

SESSION NO. IXFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Usha, Baskar,  
Woganthree, MayaPLACE

Office

TIME

Afternoon

LENGTH OF SESSION

50 minutes

TIME INTERVAL BETWEEN SESSIONS

4 weeks

INFORMANTS

A four-week break occurred at this point of therapy. The children were writing examinations for two weeks and the family went on holiday for another two weeks. The Worker telephoned the family to arrange the next session. Father answered the telephone and offered to call Mother to arrange the meeting. Worker assured Father it was comfortable to make the arrangements with him.

The family arrived at the Centre. Mother and the children sat in the waiting room. Father was alone outside on the balcony. The children impressed as more confident.

LOGICAL SEQUENCE

1. Discussion ensued about the family holiday and how the family was feeling.
2. Baskar had been selected to play tennis for his school. Mother was anxious because Baskar had to go away and she felt he had not found out sufficient information to make her feel that he would be safe.

3. The examinations that Mother had written were discussed.
4. Mother's feelings about the pressures of living and the struggles to do things for the children were looked at.
5. Usha's great improvement and subsequent regression was a major focus.
6. Usha had had an asthmatic attack - the first for a long time, prior to the session. She was reluctant to come to the Centre.

#### DYNAMICS

At this session Father was more involved in therapy than he had ever been before - perhaps even more so than any other family member. He challenged comments from Mother and lashed out at Mother when she described her anxiety about Baskar going on the tennis tour to people she did not know. He thought she was overprotective and dominating just as 'noseatingly dominating as my own Mother was to me'.

Father and Baskar seemed well aligned. Father said he was proud of the boy (which Mother said she shared). He felt Baskar was asserting himself and wished Mother would let him go.

Mother was retiring and very accepting of Father's challenges. She laughed frequently and agreed she found it difficult to let go of the children and that she often worried unnecessarily. She stood firm however and said she would be happy if she only knew a little about the people with whom Baskar was to stay. Baskar agreed to find out more details himself and Father and Mother accepted the compromise. Mother said doing things for the children was time consuming and she wanted them to do more for themselves - an effort to let go.

Woganthree seemed more grown up but essentially unchanged. She remained on the periphery but was less threatened in her position.

She sounded safer, perhaps on account of her inclusion in the entire therapeutic process which validated her position in the family.

Maya was giggling as usual, still fighting with Baskar and seeking Father's attention.

Usha was angry at the session. She spoke to the psychologist only. The rest of her efforts to communicate were characterised by taut resentful face pulling. Her head was lowered for most of the session.

#### TECHNIQUES

Open communication with the family continued, pushing them towards negotiable patterns of problem solving. The executive subsystem was reinforced with Mother and Father clearly taking the lead each time it was offered them.

Focus remained on Mother's and Father's interaction regarding the children, in order to reach accommodation and fluency between them.

#### MOVEMENT

The family reported their utter delight at Usha's progress and then their despair at her deterioration soon after the last session terminated. The deterioration appeared to coincide with her examinations but, the family felt this was not clear cut. In spite of her difficult behaviour, she passed at school and the teacher reported her to be a quiet but pleasing pupil. Mother and Father had been affected by Usha's regression. Father asked how they could handle this kind of regressive behaviour and requested further sessions. The family agreed therapy had helped them to share their tensions.

Mother remained anxious about her mothering, but her struggle for autonomy was beginning to emerge with her verbalized resentments.

Father felt that therapy was putting him in a corner and Mother endorsed the phrase by suggesting that the family 'lived too closely for comfort'.

## THERAPISTS

This session saw the parents respond to therapeutic intervention. Both Mother and Father were indicating their strength and their desire to manage the family alone. Still a little uncertain however, they requested one more session to ensure their competence.

MINUCHIN MAP

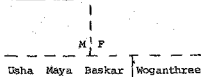


Fig. 9

Mother and Father were well established as executive heads in the spouse subsystem.

The children remained in the sibling subsystem with boundaries closing.

Woganthree remained on the periphery.

SESSION NO: XFAMILY THERAPISTS

Psychologist, Worker

FAMILY MEMBERS PRESENTMother, Father, Usha, Baskar,  
Woganthree, MayaPLACE

T.V. Studio

TIME

Afternoon

LENGTH OF SESSION

1 hour

TIME INTERVAL BETWEEN SESSIONS

1 week

INFORMANTS

Mother was nervous about a videotaped session. Father said he felt unconcerned, as he was accustomed to bright lights. The children were enthusiastic about seeing themselves on television. Woganthree was silent and drifted behind the family as they entered the therapy room.

LOGICAL SEQUENCE

1. The session began with discussion of the videotape equipment and how the family felt about being filmed. Mother said she seldom, if ever allowed photographs of her to be taken. These feelings were explored at length with the family.
2. The issue of Baskar had been resolved. He had discovered sufficient information to satisfy his parents regarding his impending tennis tour.
3. An amazing improvement in Usha was reported. She had made her own bed and tried to make Baskar's for him. She cleaned her glasses of her own accord and was generally more positively productive.

4. The family positioned the therapists between them. The family were offered the opportunity of rearranging the seating. Father repositioned himself in the middle of the family and placed the therapists on the periphery.
5. The videotape was replayed to the family.
6. An arrangement was made to meet again in six weeks time.

#### DYNAMICS

A considerably more comfortable family participated in this session.

Mother's self concept was opened up in the family. She was always the photographer because she disliked photographs of herself. The family laughed at Mother's positioning of herself. Father said she did not think she was sufficiently physically attractive. The family agreed that they were confirming of Mother's poor self image by assigning her the role of photographer in spite of their thoughts to the contrary i.e. that she had no reason to view herself negatively. This offered the family an insight into Mother's potential competence and assisted Mother's fantasies of how the family viewed her.

The issue with Baskar had been resolved and confirmed that the family were able to negotiate more constructively.

Father's positioning of himself was seen quite clearly to communicate his assertion and direction towards termination. He took control of the family.

#### TECHNIQUES

Use of videotape offered the family the chance to be participant observers of their own relationships. They were given the opportunity

to evaluate their own actions and to reinforce a different family organisation that had developed. The family reiterated Usha's improvement and .is offered a double reinforcing experience for her social behaviour i.e. experience and observing the experience.

#### MOVEMENT

Usha, whilst anxious to begin sessions again, was relieved after the previous session and resumed her efforts at greater self assertion. She raised her head for most of the session and remained settled in a sibling interaction.

Father took charge of his family and Mother's appeals for value for herself were being heard.

#### THERAPISTS

The therapists moved out slowly at this session, allowing strong parental leadership although adequate boundaries between parents and children were ensured.

#### MINUCEIN MAP

Fig. 10 }

— — — — — M F — — — — —  
Baskar Usha Maya (Woganthree)

The family boundaries were clarified although Woganthree remained distant.

SESSIONS XI AND XII

Two further sessions took place each six weeks apart. Usha had maintained her progress and was coping at school. Her compulsive behaviour had considerably relaxed. She was prepared to be included in family ventures and the family were more positively disposed towards her socializing efforts.

In transactional terminology it was the give and take, the alteration of subject and object roles that was considered the major relational aspect that required attention in this family in order to allow a truly dynamic self-other dialogue for Usha.

The family had been assisted in sharing the 'otherness' of Usha as they made an effort to listen and respond to her efforts. They allowed themselves to be an object of Usha's needs. Mother had previously accepted the object position alone and had received no reciprocal satisfaction from Usha. 'Permitting the Other to make his own object without a chance for reciprocity in the dialogue' can result in what SATRE³ calls an 'internal haemorrhage'. This comment accurately described Mother's condition on entry into therapy. Therapy assisted Mother to be relieved of some object role assignment as Father became more involved. She became increasingly free to seek a more effective Self/Other demarcation in assigning objects for herself, thereby increasing her own autonomy and relieving the children of her protection.

The family vested a greater sense of trust in Usha. This trust meant that Mother was able to anticipate reciprocation from Usha i.e. that Usha could also accept some object role assignments. This in turn helped relieve many of Mother's feelings that she was being taken advantage of by the family.

'Mastery of the dialogue thus is a requisite of ego strength and autonomy'⁴. It was recognised that no gross personality changes had occurred over the period of treatment. What had happened was a change in family balance, such that Usha was now given the opportunity for dialogue which would bring her into reality and allow her social assertion.

#### REFERENCES

1. BENDER, L. 'A visual Motor Gestalt Test and its Clinical Use'. New York. American Orthopsychiatric Association, 1938.
2. ALTUS, W.D., THOMPSON, G.M. 'The Rorschach as a Measure of Intelligence'. Journal of Consulting Psychology. 13 : 341-347, 1949.
3. NOSZORMENYI-NAGY, I. 'A Theory of Relationships Experience and Transaction'. In: INTENSIVE FAMILY THERAPY, ed. by I. Noszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row, 1965, p50.
4. Ibid. p57.

CHAPTER VISOME CROSS-CULTURAL FEATURES - AN OUTCOME OF SOCIAL WORK PRACTICE

The notions to be presented as an outcome of this research have emanated from the writer's overall experiences with the Indian Community. The two case studies presented have been selected, because in the most part, they illustrate pertinent facets that occurred and recurred in the therapeutic encounter between the writer and Indian families.

Transcultural communication in the context of this therapeutic encounter was based wholly on a warm and clinically viable spectrum of human interaction. To begin cross-cultural treatment, it is the writer's belief that the philosophy of human identity must inherently preside overall. It is indeed still astounding that the term "cultured" connotes a mastery of sophistication with the Western model of acculturation. Both therapist and the family must feel that this course of identity oriented development, means that each group is faced not only with the challenge of mobilizing the heritage and potential intrinsic to its own identity, but that both now have the additional challenge of exercising the privilege of greatly expanded options by virtue of being mutually able to glean from each other's heritage and experience.

I. THE INFORMALITY OF THE CLINICAL EXPERIENCE

Preconceptions of the authoritarian image of the "consultation" meant that families were bringing their children to be cured by ready

advice of tasks to be carried out, by medication, or by some other immediate treatment. Family relationships were often considered by parents to be alien to the child's problems, a perspective of life quite separate from the purpose of the visit to the centre. Frequently, children were brought for help by a convenient relative or friend (often a student at the University) simply because they knew where to bring the child. This basic premise had to be altered for any substantial changes to occur.

Indian households are apt to give the Western observer an impression of serious crowding, regardless of the degree to which the family is actually joint or not or whether it is rich or poor. One of the reasons offered by ROSS¹ for this occurrence is that the Indian household is constantly being swelled in number by visitors of one kind or another, some of whom stay for considerable periods of time.

Hospitality is a central feature of Indian life style. It is this concept of hospitality that was used to engage families into therapy, and to integrate the problem into the family perspective. The ongoing process of togetherness was somewhat confusing for parents, but familiarity and informality made the meetings less formidable. The ultimate goal of "curing" the pathology was inherently clear. What the therapists made clear was that the goal could not be achieved instantly. The lure of hospitality to the family, however, was attractive and sufficiently culturally appropriate, so that if the helping process were to take longer, it became less threatening and more acceptable. The implications of the "outings" for the family were, initially, not viewed as related to the child's altered behaviour.

The atmosphere of informality was considered crucial for the rapport to set up a treatment process. Experience with families where a more formalized structure was created resulted in fewer families continuing treatment. Frequently, the first family session was spent simply familiarizing with names; family order in terms of age, kinship, interests, humorous interpreting, physical contact e.g. handshaking, a brief explanation of the purpose of the family visit and a contract for just three more visits. The tentativeness of such contracting was intentional to allow the family to feel the exchange before offering a bigger commitment that could not be met. Invariably the family invited the therapists "home" at this first engagement and one of the three sessions involved a home visit. Establishing mutuality, moving away from the preconception of having something "done to the child", was a central feature of initial encounter.

The office furniture comprised of a large dining room type table and chairs in the one half of the room and arm chairs around a low coffee table in the other half. Invariably, families chose to be seated around the dining-room table - a familiar practice in the home where offering visitors meals means that entertaining and conversing is often centred around a table. Parents automatically seated the children in terms of age and prime position at the table. The therapists were generally left a central position with the children in the least prominent places.

The first session was limited to forty five minutes. Brief insights into the style of their interaction were suggested to the family and they were left with a dual challenge. Firstly, it was hoped that an air of curiosity had been aroused about how the family operated as a group and how this could affect the problem presented.

Secondly, the invitation to a new association (often the first cross-cultural confrontation for the family) to demonstrate their own efficacy and social standing by inviting the therapists into their homes to share and teach new insights into Indian life, was an offer of assertion that the families invariably found attractive. The therapists were engaging with the families in ways that allowed reciprocal involvement. For the therapists, this way of exchange became the only way to become genuinely engaged. The enchantment of the hospitable interchange paved the way for both therapists and family to move emotively ahead towards negotiating the treatment process. The shidduch² (or marriage) between therapist and family entered more reservedly as is typically so in the authentic Indian marriage, as opposed to the more assertive and less restricting Western pattern of courtship, marriage and therapeutic encounter.

## II. THE SLOWNESS OF THE THERAPEUTIC INTERCHANGE

The hospitable environment allowed for an atmosphere that while emotive, was characterized by minimal "rush" to get it over with. Lines of family communication were most often predetermined e.g. one parent presented the issues of the family, the remaining parent stayed passive and the children spoke only when prompted to do so by any of the adults.

Although a constant temptation to the therapists, great care was taken to avoid imposing value controls on the families interaction patterns that might have redirected the family organization towards a new arrangement in keeping with Western family ideals. On occasions when for example, immediate confrontation between pa. its

and children was instigated by the therapists, those families frequently opted out of treatment or made it clear that this was not the kind of assertions either they or their community could tolerate at that point in time. Instead, an insight into the family relationships had to be set up within the confines of the cultural norm and that autonomy of each family member was aimed for within those acceptable confines e.g. it was encouraged that Father guide the communication of the children in the sessions until such time as he considered their impromptu responses non-threatening. Father was assisted to assert his leadership to 'free' the children. Allowing the children 'a word in' was regarded as Father's prerogative until such time as he could allow them a 'freer say'.

Although skill may enhance the therapeutic process, it is the contention of this research, that the family sets the pace for change. Those families where movement seemed interminably slow, were those that were able to maintain changes. In case study I (see Chapter IV, page 52-119) it took almost the entire therapeutic process to arrive at the marriage. It is suggested that had the therapists headed straight for the marriage at the outset, it was unlikely that the family would have continued in therapy and Pravin would have remained bound.

### III. THE UNILINEAL LINE OF DESCENT

The unilineal line of descent acted as a central feature to the therapeutic process. In the workers' experiences it was necessary to appeal to the family hierarchy of responsibility to assist the child. In many cases, if Father (who had abdicated himself from responsibility) were supported as the pivot of his family, he remained willing to

contract into therapy and hold his family there. This is illustrated in both case studies presented in the text (see pp 52-181). Challenging Father's authority had always to be done in such a way as to ensure that he always retained areas of autocratic government that guaranteed feelings of competence in his family.

Frequently the clients came from families caught up in transitional states from joint to nuclear family structures where family rules and duties were confused. Fathers had often lost their potency as leaders within their families. Clarifying patterns of family negotiation, helping to reconstruct the boundaries and executive system in the family, was often sufficient to assist the freedom of the child. Both case studies presented illustrate Fathers' executive status as a cultural expectation that had to be reinstated in reality in the treatment process. (See pp. 52-181).

#### IV. THE REAL LIVE INTERCHANGE WITH THE FAMILY

DREYER and DREYER³ suggest that psychologists and personality theorists have often considered situational determinants of behaviour or the context in which behaviour occurs to be important and that we are now becoming sufficiently sensitized to look at this important area. This is not a new idea to social work knowledge but has now been formalized as a technique of working with a family.

It is the contention of this research that, entering the real live context of the family is not only useful, but essential for a cross-cultural therapeutic endeavour. With hospitality as a basic tenet, the Indian families welcomed and invited such a participation. The therapists were offered the privilege of voluntary inclusion of a real occasion of family happening. This paved the way towards the

family transference in their words - 'you have seen, you know and can conceive our problem; we have experienced involvement with you!' In family therapy, the primary objects - mother, father, siblings are used to represent themselves. In the cross-cultural process, the basic training ground or environmental context of the socialization of the family can be included in the therapeutic programme as well. The physical household represents the moving psychosocial drama of the family and is joined by the therapists in such a way as to completely reveal the forces operating in that family system.

BLOCH⁴ emphasizes the reduction of formality in this situation. He says the therapists take on the role of an old family friend with some degree of distance in regard to more intense emotional interactions. Experiences with families at home often revealed information about the roots of the psychopathology weighting certain factors in the familial interrelations.

Those families where home visits were not invited seemed related to those families who were most familiar with traditional Western clinical practice (as in Chapter V pp120-181) where the consultation remained 'in the rooms'. A home session would have entered at a later stage had the family continued in therapy for a longer period and in all probability would have helped the family to deal with aspects not dealt with up until that point. Based on task oriented value (see p189), the emphasis was placed on helping the client obtain what he asked for, (help for Usha), even though as therapists other goals may have seemed more important; the latter warranting the home session.

With few exceptions a home visit was part of a treatment programme.

Warm invitations were extended suggesting for some that it was less inhibiting at home. Others wanted to entertain the therapists as a reciprocal exchange for the efforts in respect of their family.

Generally, the invitation included a meal. If no meal was served, food was central at some point in the session e.g. tea with hot milk and sugar, specially prepared delicacies together with a Western food alternative (cake).

The offering of hospitality to visitors and cooking for her family features as a central issue for the Indian mother as she derives pleasure and status by demonstrating her competence in this regard. Within the home, one of the stable family rituals in which all the family participate is usually the evening meal. Inclusion in this family ritual offered a wealth of interactional material to the therapists e.g. family hierarchy - who is served first; who talks and to whom; seating; family rigidity and flexibility and so on. The family was brought alive for the therapists and the members readily gained insight into their relationships.

#### V. COMMUNICATION - A CONGLOMERATION OF GAMES

Lines of communication particularly in this venture of cross-cultural practice revealed (as in all families) a predetermined set of rules for that family. In these Indian families however, it is suggested that the communication patterns were characteristically restrictive in comparison with participation in the Western family. Emotional ventilation was the obverse to emotional control (the latter holding the 'pot of gold') and communications seemed fiercely guarded. Family loyalty was strong and sessions, many times, consisted of silences, children sitting stiffly on their chairs and a

general aura of restricted association. The family awaited questioning and answered readily only when questions pertained to facts such as occupation, family constellation and so on.

The home visit is not always a best alternative and even if sessions took place in the home this did not preclude the office sessions. How then did the therapy in the cross-cultural clinical environment break through the communication in the family?

It is here that the strength of the use of 'family systems games' enter.

#### 1. ROLE-PLAY, 'SCULPTING'

Role play and psychodrama are concepts wellknown in the literature where in the therapeutic context, the patient or patients simulate a real or fantasied situation and their feelings about their interaction are explored. In addition they gain value from being exposed to a cathartic experience.

Therapy is a learning situation. A type of action learning, particular to family therapy technique - sculpting was devised by KANTOR⁵, to help people know the systems of which they are part. He focuses on the common aspect of systems - space, time and energy.

Sculpture he says is a 'dynamic active non linear process that portrays relationships in space and time so that events or attitudes may be perceived and experienced simultaneously'. Information is not talked about, but experienced through action and observation.

The therapist began by standing together with that family member and established with him a particular situation to explore. The writer often selected Father as a first effort to allow his assertion about his family. Father was then asked to describe his

image, pace out the family area and describe the atmosphere. He was then instructed to call each family member singly and position them in his space. He was told to instruct their gestures and when all were positioned the sequence was repeated as often as necessary for that family.

This classical outline offered by Kantor was elaborated by the writer with Indian families. The non-verbal sequences were frequently instructed to be acted out verbally and then acted through into a drama as is illustrated in Chapters Four and Five. (see pp52-181 ). The personality and particular orientation of different therapists determine the specific style, the structure and use of action techniques.

Experience and information emerged in this way that permitted not only a clearer image for the therapists, but helped the families gain insights into themselves; knowledge that had hitherto not been explored.

Many families, although reluctant to commit themselves in conventional style of communication were able to 'let go' in role play and played through sequences with verve and emotion. At no time was resistance to action styles issued by the families. Carrying out a task was often a relief from an unstructured circle which tended to inhibit the family for a substantial period. Structuring was experienced as part of Indian living and role play brought the families nearer to familiar feelings of limitation and security. The task was specific and seldom defended. Aspects of communication became concretized and interpretations very specific.

As therapy progressed, families became more comfortable. To foster communication, role-play and sculpting became less essential but

more intense - a style of communication for the family that fostered the treatment process.

Whilst sculpting and role play are techniques that function in similar vain in all cultures, it is suggested as an outcome of this research that, taking into account features particular to Indian family life, this technique be regarded as having special significance in this cross-cultural therapeutic exchange.

## 2. HOMEWORK FOR THE FAMILY

Here the family was offered a task to accomplish as a carry over from the clinical setting into the home - an important aspect to assist the generalization of experiences from the sessions e.g. in Chapter Five the family were asked to write out their solutions to a story offered in the session and return with them the next week. (See pp.120-181). In other cases families were asked to think out a sculpting sequence from their experience in the week before the next session.

## 3. FAMILY DRAWING

Although not illustrated here the use of Kinatic Family Drawing⁶ with many families was responsible for enlightening engagements in a session. Here each family member and the therapists were instructed to draw each member of their family doing something. The mutual sharing of the drawings thereafter brought rewarding communications.

## 4. FAMILY RELATIONS TEST⁷

The administration of this test in the presence of the family as in Chapter Five, (See pp.120-180), elicited an abundance of family interaction.

5. ONE WAY MIRROR

The uses of the one way mirror are numerous and the ingenuity of the therapist is depended upon e.g. Therapist and parents sit behind the mirror and observe the children in discussion about their parents.

6. TAPE RECORDER AND VIDEO TAPE

The use of the video tape was an exciting tool with a family. The media was new. Some families had never been exposed to a TV set. The impact of mirroring was indeed awe consuming for both families and the therapists. As families became more familiar with the media, the 'feedback loops'⁸ became the central feature of the use of this tool in the treatment process.

The above 'communication ventilators' can be grouped together and viewed in the light of REIDS⁹ 'task oriented endeavour'. He spells out his objective for 'task work' amongst others, as the need to contribute to the systematics of brief time limited casework and it concerns the provision of a more powerful means of improving practice. In Reid's framework the target problem is located, limited to specific behaviours or circumstances and the one the family express willingness to work on. The tasks to accomplish mastery over the 'targets' must be so structured, that chances of their being accomplished in whole or in part must be high. The value orientation in task centred work is placed on helping the client obtain what he asks for even though we may

have reservations about the worth of his requests, may regard other goals as more important or may even suspect that at some level, he 'really' wants something else. Deciding goals for the family can pose a threat of projecting cultural standards and ultimately losing the family altogether. Task centred treatment promoted true family interaction in the sessions and allowed the family to set their own organization.

#### VI. SPECIFICITY OF ASSCRIPTIVE STATEMENTS

A further aspect of working with a culture dissimilar to that of the therapists was the necessity of absolute specificity of what BROWN¹⁰ calls 'ascriptive statements' made to the family in the treatment process. When a social worker uses a declarative statement to communicate information concerning the client with whom he is interacting, the author says he must attain absolute clarity of meaning. With Indian families it was necessary to emphasize that the ascriptive statements were clearly the therapists' perception of the family and not objective facts. Brown states further, that ascriptions represent feedback that is external to the system and if they are understood and accepted, ascriptions become part of the family's self consciousness e.g. observing an adolescent's agitation at his Father's description of the boys behaviour, a statement to the Father that the boy is anxious when Father is talking might not be as appropriate as saying "it seems the boy frights for you".

#### VII. INCLUSION OF THE CHILDREN IN THE THERAPEUTIC ENGAGEMENT

The Indian families met the inclusion of the children in the therapeutic process with minimal reserve. Generally, family living

conditions meant that family living space was limited and children lived within close confines of their parents often sharing the parental bedroom or the marital bed. Children were and are accustomed to accompanying their parents in most ventures and are usually well aware of family problems. Many times the children had to be extricated from the problems. The therapists had to set about establishing family boundaries to relieve responsibilities of the children and help clarify family rules. Children felt part of the encounter and immersed themselves into the process with enthusiasm. The presence of children during the discussion of important family matters, proved a familiar cultural practice.

#### VII. CO-THERAPY AND CROSS-CULTURE

The initial confrontation with a family is well acknowledged to present to a therapist an overwhelming experience of behaviours, verbal and non-verbal, that are frequently so strong as to draw the therapist into the dysfunctional but apparently rational family method. To be able to work as a single therapist it is suggested that a prerequisite for that therapist would need to be a sound command of skill and confidence and 'know how'.

The beginning family therapist as in this research, experienced the co-therapeutic team as particularly beneficial. The therapists checked perceptions and countertransferences of each other and a complex process of 'mutual consultative and quasi-supervisory relationships'¹¹ developed.

FRANK¹² is frank when he admits that the team approach was probably originally created more for the security of the therapists than for the family, for if therapists cannot be secure, they will

diminish their usefulness to patients. He takes it further and says they discovered in continually working in this vain, another dimension was introduced - giving a family a set of parents. It is at this point that the co-therapeutic alliance seemed most relevant in the cross cultural context. The therapists became the immediate repository of combined transferences both positive and negative, because of the cultural acceptability of the mutual concern of a 'man - woman' team. The families looked to the therapists as models for relating.

Working transculturally has been a viable and worthwhile experience annotated in this dissertation. Some aspects pertinent to working with another culture have been identified and labelled, and there are many more still to be explored. This study aimed to produce data which could be used both for teaching purposes and for social work practice where there is a dearth of research in cross-cultural work. The applicability of conceptual approaches to the family have been practically demonstrated and the co-ordinated service of a professional team illustrated.

This study has been formulative and exploratory in design and demonstrates one approach to work with two families. It does not purport to convince the reader that this is the only way of working, but rather an effective method that can be applied and tested with other families.

In summary and conclusion, the following statements or 'constants' emanate from the writer's social work research with Indian families and are presented for trial and testing by workers in training and in practice.

1. Identity oriented development presided as the philosophy of working with a family where both therapist and family were faced with the challenge of mutually gleaning from each other's heritage and experience.
2. The informality of the clinical venture, based on the cultural concept of Indian hospitality provided a structure and mood for meaningful therapeutic interchange.
3. The slowness of the therapeutic process was a feature of working with a family of another culture where it was considered essential that the family determine its own pace within the confines of that family's cultural norms.
4. The unilineal line of descent in Indian family life acted as a central feature to the therapeutic course. Father or the administrative head of the family needed to hold considerable authority to be prepared to allow the family therapy contract.
5. Entering the live context with the family of another culture e.g. a home visit at a meal time, was a way of positively engaging with that family as a means towards the treatment goal.
6. The use of role-play and sculpting techniques enabled the family of another culture to more easily share their true family interaction than in conventional conversation. Other task oriented endeavours further aided the families to reduce defences and engage emotively in therapy.
7. The co-therapeutic team offered the Indian families an acceptable set of hosts with whom they were prepared to engage, be hosted, be host in return and from whom modelling was acceptable.

8. Ascriptive statements made to the families were specific and simple. Familiarity with some cultural norms of that family was therefore a requirement for the therapists.
9. The Indian families met the inclusion of the children in the therapeutic endeavour with minimal reserve.
10. Family therapy as a method of social work practice was used profitably in a cross-cultural context with Indian families.

#### REFERENCES

1. ROSS, A.D. The Hindu Family in its Urban Setting. Canada, University of Toronto Press, 1967.
2. FRANKLIN, P., PROSKY, P. 'A Standard Initial Interview'. In: TECHNIQUES OF FAMILY PSYCHOTHERAPY A PRIMER, ed. by D.A. Bloch, New York and London, Greene and Stratton, 1973, p30.
3. DREYER, C.A., DREYER, A.S. 'Family Dinner Time as a Unique Behaviour Habitat'. Family Process 12(3): 291-301: September 1973.
4. BLOCH, D.A. 'The Clinical Home Visit'. In: TECHNIQUES OF FAMILY PSYCHOTHERAPY A PRIMER, ed. by D.A. Bloch, New York and London, Greene and Stratton, 1973.
5. KANTOR, D., DUHL, F.J., DUHL, B.S. 'Learning, Space, and Action in Family Therapy: A Primer of Sculpture'. In: TECHNIQUES OF FAMILY PSYCHOTHERAPY A PRIMER, ed. by D.A. Bloch, New York and London, Greene and Stratton, 1973.
6. BURNS, R.C., KAUFMAN, S.H. Actions, Styles and Symbols in Kinetic Family Drawings (K-F-D). New York, Brunner/Mazel, 1972.
7. BENN, E., ANTHONY, J. The Family Relations Test. London, Department of Psychiatry, Institute of Psychiatry, 1970.

8. ALGER, I. 'Audio Visual Techniques in Family Therapy'.  
In: TECHNIQUES OF FAMILY PSYCHOTHERAPY A PRIMER, ed. by  
D.A. Bloch, New York and London, Greene and Stratton,  
1973, pp65-73.
9. REID, W.J., EPSTEIN, L. Task Centred Casework. New York and  
London, Columbia University Press, 1972.
10. BROWN, R.A. 'Feedback in Family Interviewing'. Social Work  
(N.Y.). 18(5) : 102-107, September, 1973.
11. BOSZORMENYI-NAGY, I. 'Intensive Family as Process'. In:  
INTENSIVE FAMILY THERAPY, ed. by I. Boszormenyi-Nagy,  
J.L. Framo, U.S.A., Harper and Row, 1965, p91.
12. FRAMO, J.L. 'Rationale and Techniques of Intensive Family  
Therapy'. In: INTENSIVE FAMILY THERAPY, ed. by I.  
Boszormenyi-Nagy, J.L. Framo, U.S.A., Harper and Row, 1965.

BIBLIOGRAPHY

- ACKERMAN, N.W. Psychodynamics of Family Life. New York, Basic Books, 1958.
- ACKERMAN, N.W., BEATMAN, F.L., SHERMAN, S.N. Expanding Theory and Practice in Family Therapy. New York, Family Service Association of America, 1971.
- ALLPORT, G.W. The Nature of Prejudice. New York, Doubleday & Company, 1958.
- BARNA, L. 'Stumbling Blocks in Interpersonal Intercultural Communications'. In: READINGS OF INTERCULTURAL COMMUNICATIONS, ed. by D. Hoopes, U.S.A., University of Pittsburgh, 1972, Volume 2.
- BEATMAN, F.L. 'The Training and Preparation of Workers for Family-Group Treatment'. Social Casework. 45 : 202-208, 1964.
- BEATMAN, F.L., SHERMAN, S., LEADER, A. 'Current Issues in Family Treatment'. Social Casework. 47 : 75-81, 1966.
- BEELS, C.C., FERBER, A. 'Family Therapy : A View'. Family Process. 8(3) : 280-318, 1969.
- BENE, E., ANTHONY, J. The Family Relations Test. Department of Psychiatry, Institute of Psychiatry, London, 1970.
- BISHOP, D.S. 'Transactional Conceptualization of Behaviour'. Unpublished paper, Hamilton Ontario, Department of Psychiatry, McMaster University, 1973.
- BLOCH, D.A. Techniques of Family Psychotherapy a Primer. New York and London, Greene and Stratton, 1973.
- BODENSTEIN, J.W. 'Cultural Influences on the Individual and the Group'. Unpublished paper. Pretoria, Department of Health. 1974.
- BOGDAN, R., TAYLOR, S. Introduction to Qualitative Research Methods. A phenomenological approach to the Social Sciences. U.S.A., John Wiley & Sons, 1975.
- BOSZORMENYI-NAGY, I., FRAMO, J.L. Intensive Family Therapy. New York, Harper & Row, 1965.
- BRANZEL, E. 'Working Through the Oedipal Struggle in Family Unit Sessions'. Social Casework. 46(7) : 414-422, July, 1965.

- BRENNER, R.P. 'Cultural Implications for Child Guidance Clinics in a Court Setting'. Social Work. 2(3) : 26-31, July, 1957.
- BROWN, R.A. 'Feedback in Family Interviewing'. Social Work (N.Y.) 18(5) : 102-107, September, 1973.
- BULSARA, J.A.L.F. 'How far is Classical Welfare Adequate to Deal with Massive Social Malaise?'. The Indian Journal of Social Work. 36(1) : 25-30, April, 1975.
- BURNS, R.C., KAUFMAN, S.H. Actions, Styles and Symbols in Kinetic Family Drawings (K-F-D). New York, Brunner/Mazel, 1972.
- CALPIN, G.H. Indians in South Africa. Pietermaritzburg, Shuter & Shooter, 1949.
- CAMP, H. 'Structural Family Therapy : An Outsider's Perspective'. Family Process. 12(3) : 269-278, 1973.
- DE KOCK, C.P. Research Finding : Die Waarde van Pexmanensia in Die Ewelik By Blanke en Indiervroue. Pretoria, Human Sciences and Research Council, 1977.
- DOTSON, F., DOTSON, L.O. The Indian Minority of Zambia, Rhodesia and Malawi. New Haven London, Yale University Press, 1968.
- DREYER, C.A., DREYER, A.S. 'Family Dinner Time as a Unique Behaviour Habitat'. Family Process. 12(3) : 291-301, September, 1973.
- DWYER, J.H., MENK, M.C., VAN HOUTEN, C. 'The Caseworkers Role in Family Therapy'. Family Process. 4 : 21-31, 1965.
- EPSTEIN, N.B. 'Family Therapy Today : An Overview'. Laval Medical. 41 : 835-844, June, 1970.
- EPSTEIN, N.B. 'Family Therapy Today : An Overview'. Paper presented at the International Symposium 'Psychiatry over the Last Decades'. Montebello, Quebec, November 3,4, 1969.
- EPSTEIN, M.D., BISHOP, D.S. 'Position Paper - Family Therapy'. Canadian Psychiatric Association Journal. 18(3) : 175-183, June, 1973.
- ERICKSON, G.D., HOGAN, T.P. Family Therapy An Introduction to Theory and Technique. California, Brooks/Cole Publishing Company Monterey, 1972.
- FIBUSH, E. 'The White Worker and the Negro Client'. Social Casework. 46 : 271-277, 1965.

- FORREST, T. 'Treatment of the Father in Family Therapy'. Family Process. 8 : 106-118, 1969.
- McNEEMAN, F.S. Theory and Practice of Psychological Testing. U.S.A., Holt, Rinehart and Winston, 1964.
- FRIEDLANDER, W.A. International Social Welfare. Englewood Cliffs, New Jersey, Prentice-Hall, 1975.
- FRIEDMAN, A.S. 'Family Therapy as Conducted in the Home'. Family Process. 1 : 132-40, 1962.
- GLICK, I.D., HAYLEY, J. Family Therapy and Research An Annotated Bibliography. New York and London, Greene & Stratton, 1971.
- HALL, C.S. A Primer of Freudian Psychology. London, The New English Library, 1954.
- HALLOWITZ, D. 'The Problem-Solving Component in Family Therapy'. Social Casework. 51(2) : 6-75, February 1970. 1970.
- HOLLIS, H. 'The Relationship Between Psychological Diagnosis and Treatment'. Social Casework. 32(2) : 67, February 1951.
- HOPKINS, I. 'Family Group Therapy'. Social Work To-day. 1 : 13-15, 1970/71.
- JACKSON, D.D. 'The Study of the Family'. Family Process. 4(1) : 1-20, March 1965.
- KAFFMAN, M. 'Short Term Family Therapy'. Family Process. 2 : 216-234, 1963.
- KING, C. 'Family Therapy with the Deprived Family'. Social Casework. 48 : 203-208, 1967.
- LEADER, A.L. 'Current and Future Issues in Family Therapy'. The Social Service Review. 43(1) : 1-11, March 1969.
- LEVINE, R. 'Treatment in the Home'. Social Work. 9 : 19-28, 1964.
- LEWIS, R.E. 'Pre-School Diagnosis and Therapy for the Hard-of-Hearing Bantu Child'. Newsletter, South Africa, South African Speech and Hearing Association, 1975.
- LONAS, P. The Predicament of the Family. New York, International University Press, 1967.

- MAAS, H.S. 'Research in Social Work - The Future Methods'. Encyclopaedia of Social Work. Washington, National Association of Social Workers, 1977, pp1192-1193.
- MAASDORF, G.G. 1. 'The Attitudes of Indians to Heavy Manual Work : A Job Study. 2. The Educational and Employment Position of Indian Women in a Natal North Coast Area'. Occasional Paper Series. University of Natal, May 1969.
- MACE, D., MACE, V. Toward Better Marriages. South Africa, National Council for Marriage and Family Life, 1975.
- MASON, J.B. 'Social Work in a Deprived Neighbourhood'. M.A. Diss. University of Natal, November, 1974.
- MEAD, M. Culture and Commitment. Great Britain, Granada Publishing Limited, 1972.
- MEER, F. Portrait of Indian South Africans. Durban, Premier Press, 1969.
- MICHENER, J.A. 'Islam : The Misunderstood Religion'. South Africa, Readers Digest, June 1975.
- MINUCHIN, S. Family and Family Therapy. London, Tavistock Publications, 1974.
- MUNROE, R.L. Schools of Psychoanalytic Thought. New York, Holt, Rinehart and Winston, 1955.
- MUSSEN, P.H., CONGER, J.J., KAGAN, J. Child Development and Personality. U.S.A., Harper & Row, 1963.
- NADELSON, C.C. et. al. 'Evaluation procedure for Conjoint marital psychotherapy'. Social Casework. 56(2) : 91-96, February 1975.
- NAIDOO, L.R. 'An Investigation of the Interrelationships Between Personal Adjustment Role Discrepancy and Marital Adjustment in Urban Families'. Paper presented at Research Conference, Department of Psychology, University of Natal, 26-28 October 1977.
- PAFF, P. Family Therapy Full Length Case Studies. New York, Garden Press, 1977.
- PAFF, P., SILVERSTEIN, O., CARTER, E. 'Family Sculpting in Preventive Work with Well families'. Family Process. 12(2) : 197-212, 1973.
- PEDERSON, P., LONNER, W.J., DRAGUNS, J.G. Counselling Across Cultures. Honolulu, University Press of Hawaii, 1976.

- PERLS, F.S. Gestalt Therapy Verbatim. U.S.A., Real Peoples Press, 1974.
- PINCUS, A., MINAHAN, A. Social Work Practice : Model and Method. Illinois, U.S.A., F.E. Peacock Publishers, 1973.
- PITTMAN, F.S., FLOMERHAFT, K. 'Treating the Doll's House Marriage'. Family Process. 9 : 143-155, 1970.
- POLANSKY, N.A. Social Work Research. Chicago and London, University of Chicago Press, 1975.
- POLANSKY, N.A. 'Social Work Research'. The Encyclopaedia of Social Work. Washington, National Association of Social Workers, 1974, p1098.
- POSTNER, R.S. et. al. 'Process and Outcomes in Conjoint Family Therapy'. Family Process. 10 : 451-474, 1971.
- REID, J.W. 'A Test of a Task-centred Approach'. Social Work. 20(1), January 1975.
- REID, W.J., EPSTEIN, L. Task Centred Casework. New York and London, Columbia University Press, 1972.
- REISS, I.L. Readings on the Family System. U.S.A., Holt, Rinehart & Winston, 1972.
- ROBERTS, P. 'Sathya Sai Baba'. Vogue. 132(16) : 37-46, December, 1975.
- ROSS, A.D. The Hindu Family in its Urban Setting. Canada, University of Toronto Press, 1967.
- RUBENSTEIN, J. 'Family Therapy - Concepts and Techniques'. Unpublished paper, Hamilton, Ontario, Department of Psychiatry, McMaster University, 1976.
- RUBENSTEIN, J. '3 Day Workshop on Family Therapy'. Johannesburg, University of Witwatersrand, April 12-13, 1976.
- RUBIN, J.A., MAGNUSSEN, M.G. 'A Family Art Evaluation'. Family Process. 13(2) : 185-200, 1974.
- SALSBERGER-WITTENBERG, I. Psychoanalytic Insight and Relationships : A Kleinian Approach. London, Routledge & Regan Paul, 1973.
- SANDER, F.M., BRELS, C.C. 'A Didactic Course for Family Therapy Trainees'. Family Process. 9 : 411-423, 1970.
- SATIR, V. Conjoint Family Therapy. Palo Alto, California, Science and Behaviour Books, 1967.

- SATIR, V. People Making. California, Science and Behaviour Books, 1972.
- SCHULMAN, G.L., LEICHTER, E. 'The Prevention of Family Break-up'. Social Casework. 49 : 3 : 143-50, March, 1968.
- SELTZ, C. et. al. Research Methods in Social Relations. London, Methuen, 1962.
- SEN, K.M. Hinduism. England, Penguin Books, 1972.
- SETLEIS, L. 'A Philosophy of the family as a Practical Necessity'. Social Casework. 55(9), November 1974.
- SHERR, C., HICKS, H. 'Family Drawings As a Diagnostic and Therapeutic Technique'. Family Process. 12(4) : 439-460, December, 1973.
- SIMPSON, G.E., YINGER, J. Racial and Cultural Minorities. U.S.A., Harper & Row, 1965.
- SOUTH AFRICAN DEPARTMENT OF INFORMATION. The Indian South African. Pretoria, The Government Printer, February 1975.
- SPARK, G.M. 'Grandparents and Intergenerational Family Therapy'. Family Process. 13(2) : 225-238, 1974.
- SPECK, R.V., RUVENI, V. 'Network Therapy - A Developing Concept'. Family Process. 8 : 182-191, 1969.
- SPEER, D.C. 'Family Systems : Morphostasis and Morphogenesis or 'Is Homeostasis Enough?'. Family Process. 9(3) : 259-277, 1970.
- STEPHENS, W.N. The Family in Cross-cultural Perspective. U.S.A., Holt, Rinehart and Winston, 1963.
- STRICKLIN, J.L. 'Three Methods of Using the Psycho-Social Index in Clinical Interviewing'. Dallas, Texas, University of Texas, Medical School, 1974.
- STRICKLIN, J.L. The Psycho-Social Index. Cape Town, University of Cape Town Printing Department, 1974.
- WAIL, S. 'The Effects of Socio-economic class, Race and Level of Experience on Social Workers Judgment of Clients'. Smith College Studies in Social Work. 40 : 222-246, 1970.
- VAN RIJL, J. 'Multi-Cultural Counselling : Mission Impossible'. Unpublished paper, Department of Psychology, University of Durban-Westville, 1977.
- VONTRESS, C.E. 'Racial Differences : impediments to Rapport'. Journal of Counselling Psychology. 18 : 7-13, 1971.

WARD, B.E. Women in the New Asia. U.S.A., Unesco, 1963.

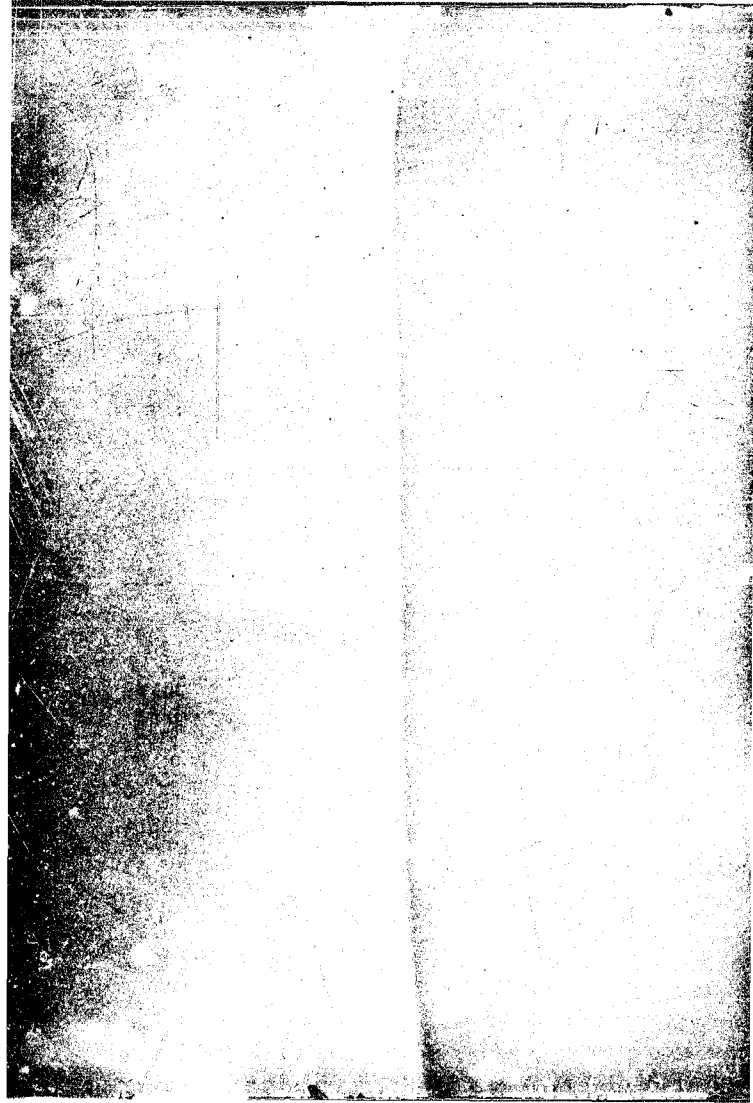
WEAKLAND, J. et. al. 'Brief Therapy : Focussed Problem Resolution'. Family Process. 13(2) : 141-168, 1974.

WEISS, D.P. 'Children's Interpretation of Marital Conflict'. Family Process. 13(3) : 385-394, September 1974.

YOUNGHUSBAND, E. Social Work with Families. London, George Allen & Unwin, 1965.

ZUK, G. 'The Go-Between Process'. Family Process. 5 : 162-178, 1966.

ZUK, G.H., BOSZORMENYI-NAGY, I. Family Therapy and Disturbed Families. U.S.A., Science and Behaviour Books, 1973.



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