

# The Individual and the Family

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**T**o avoid fusion and the loss of oneself emotionally, each person must be aware of his "insides" and the insides of others. He must be able to define boundaries, where he ends and the other begins. He must be tuned into the emotional climate between himself and others and the sensitivities that lie within the person and in the emotional field between people. Because of this, an emotional theory that tries to prevent fusion — distance phenomena between members of a family must deal with both the insides of a person (the inner system) and the relationships between people (the external system.)

Early in the evolution of family systems theory, it was logical to use the insights of psychoanalysis to define the inner system. That was the background that everybody came from. Indeed, many of the concepts were ultimately adopted into everyday language, e.g. projection and defense. Other words such as "resistance" did not fit into family theory since they served to place problems in one member of the family. Eventually, this individual model failed and many family therapists grew to believe that the inner process in a person was either unknowable, useless even if it could be known, or irrelevant. The analytic-dynamic model failed because it focused on insight and explanation. That was all it could do because movement does not occur within the person. This was appropriate for a therapist who wore an individual set of lenses but not for a systems therapist who wore a different set of lenses. The accuracy of the individual set of

lenses depended on the ability of the therapist to separate his bias from a projection, and himself from the patient. This was at best a hit-and-miss proposition and, at worst, a disaster. To stay objective, the individual therapist worked on a linear, developmental model, linked through cause and effect and aiming at identifying the "real self" of a patient. Emotionality was kept in the therapy system by an involved system of transference-countertransference processes. Movement was to occur through working out the transference.

Interpretations were made to provide intellectual insight and the goal of therapy was to free the patient so he could become an individual, apart from his family and network. When things did not work, it was the fault of the countertransference of the therapist, the resistance of the patient or the infrequency of the meetings. The process could not enlarge and get away from the therapy system. It was closed.

When a system becomes closed there is nowhere for it to go. Analytic dynamic therapy could only go deeper and deeper into the question, "Why?". The motivational "why" assumed great importance and led to greater focus on cause-and-effect thinking. If one only knew why, all would be better. Around this pursuit, a complicated language was developed, a language loaded with implicit and explicit meaning and peculiar to the study of the individual. Motivation and the study of humanity boiled down to the "inside" study of the person.

For all of its value, such a study has its limitations. Since it is a study of the individual, it accounts for everything in terms of the individ-

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ual and the inner system. It cannot account for the shift of symptoms from one person to another within the family, within the same day. Why does a husband get depressed when his wife feels better? Why is improvement in the child followed by distress or breakup in the marriage (e.g. "Little Hans" where son lost phobias and parents separated). If one wears an individual set of glasses, which individual will he work on? Invariably, he ends up with the symptom carrier in the family, the weakest link in the chain. If that person refuses to be in therapy, to cooperate, treatment does not exist. When one can interest the "patient" in the therapy process, he often ends up in reinforcing the forces of individuality, reinforcing the self-centeredness of the narcissistic personality. This has been a chronic difficulty in the field of analysis. Yet, its very appeal is to the self-centered person.

Individual therapy often requires picking out the most "pathological" person in the family or, when confusion sets in, offering therapists for each member of the family. This is not economical in terms of time or money. Even under the most ideal circumstances, there is often no one orchestrating the entire picture, fitting the parts into the whole. Emotionality, leading to many therapists, or to different therapists at different times, tends to lead to the breakup of the family unit. Feelings that belong in the family get spread out into the therapeutic network. Every individual feels better and the family is broken up. The goal of getting deep inside a person is reasonable but the result is often a residue of chronic depression, self blame or putting the problem in the other person. At best it is an adaptation and a highly impersonal one at that.

Any therapy, like the life of an individual or a system, is terribly incomplete. Within that incompleteness, one can get a sense of living, a depth of feeling, a sense of connectedness. The criticism of individual therapy, aiming at getting to the insides of a person is that it fails. It is superficial. It misses the very target it aims at. It misses the individual. Individual approaches to problems often lead to judgments. For example, the withdrawal of a distancer complementing the approach of a pursuer, may lead a therapist to see distancing as pathology rather than just a part of a system. With a distancing patient the therapist tends to become over-active. With a pursuing patient, the therapist tends to decrease his activity and may become paralyzed. Patience

beyond a certain point is paralysis. If one deals with the standard analytic inner dynamics, he tends to become pessimistic since they are the product of psychic determinism. There is no magic except insight, cause leads to effect, and everything is old, tired and closed. Interpretations, based on pathology, tend to become derogatory and sometimes disrespectful. If you come early for an appointment, you are anxious; come late and you are resistant; come on time and you are compulsive. Finally, individual approaches place a burden on the therapist that few can live up to. Who knows himself so well, who is so objective that he can consistently separate his own self and projections?

Systems theory started by observing members of a family moving around in an outer and inner field. At the onset, it concentrated on movement between people because such moves were readily observable and verifiable. It held the promise of different observations, of a different focus, of organizing information and forming the basis of a science rooted in watching what people really did. This could avoid the inbuilt bias of every previous form of therapy. The fog could be removed from the lens of the individual therapist. To accomplish this goal, the systems analyst would focus on the system, the relationships, first and not the individual. The system came first and would act as an external discipline. What he learned about the individual would have to fit and be congruent with the system. If this did not happen, something was out of place. There was no fit. Unfortunately, many family therapists have interpreted this to mean that the inner system should be excluded from consideration. This would exclude everything you know, think and feel from consideration. It is one thing to say that the external system is a discipline and another to disallow what happens inside a person. Systems thinking simply tries to foster the observation of movement and avoids simple solutions, the search for happiness, and interpretations. Interpretations often mean "You should be like me." The shift of symptoms from one person to another put a limit on our individuality, put each of us in place, and taught us about humility. Everybody knew that long before there were any theoretical notions to explain it.

When you place a person in relationship to others, some clear but peculiar observations ensue. No matter how extensive your experience is,

there are always moments of surprise that reveal a different person than you anticipated. The angry husband is concerned, the uncooperative child is charming, the nagging wife is simply upset. What is the format for these observations, how can one put them together? First, one must develop a language for such an approach. People have used the language of psychoanalysis, some took the language of social work and called it ecology; others have used communication theory based on clarification and free expression, and Murray Bowen strives to base his ideas in biology and the medical sciences. Analysis, social work and communications theory have been absorbed and yet, their contributions form no basis for a theory. They provide technique rather than concept. Biology holds promise but we know so little about it.

To fill this vacuum, I have tried to use the language of time and space. The hope is that by talking in terms of movement, direction, life and death, etc., one can encapsulate all human phenomena. The fear is that it leaves clinical observation ungrounded. So the language of systems thinkers lacks universality and has peculiarities. As one surveys the literature, there is more talk about death, about life, and especially about time, the most neglected part of the study of the person and the system. The analytic-dynamic model seems to be dying except for the legacy that it has left. But, its day is growing short and a new set of glasses are required.

Family systems theory has its own peculiarities. It emphasizes connectedness between members of a family as the only need in life, as more important than survival. The process of connectedness is used as the field wherein one can search for his identity and differentiate himself from others. Working through and insight occur at the same time as one moves through his nuclear and extended family. The experience of moving oneself through this field is seen as being more accurate than professional interpretation, more productive than the analysis of transference, and a deeper emotional experience than any therapy can produce. One can prove this by simply asking people to say directly to others what they say to their psychiatrist in the privacy of his office. To keep people moving through their own family field, emotionality is kept within the family system and minimized between the family and the therapist. As the process unfolds, the focus is on function and the evaluation is, "Does it work?" There is a realization that per-

sonal, individual freedom must be compromised to some extent to be a member of a family system.

Personal freedom and commitment to a system are not seen as mutually exclusive. Concern is directed toward increasing emotional function in the family and toward teaching people how to get the rewards of being connected with others. Self and the system are seen as equally important. To accomplish this, for example, systems theory denies any intrinsic emotional difference between adults and children, or between men and women. Such differences lead to false role models, faulty theories that divide members of the family, and non-systematic, individualistic therapy. Because family therapy deals with the self and the system, motivation is seen as coming from inside each person and from outside that person in other members of the family. If a therapist sees all motivation coming from inside the person, he misses the family system. If he sees motivation as coming totally from outside the person, he misses the individual. To see the inner system as irrelevant is to focus on the system at the expense of the person.

There are disadvantages in family therapy. It requires great activity on the part of the therapist due to the large number of people involved in theoretical formulations and, often, many people sitting in the room. There is a tendency to become over-involved and lost in the family, or so distant from the family that little goes on. Despite this difficulty, I believe that there should be one therapist per family. In co-therapy, consistent intervention is sacrificed and the direction toward change is scattered. The infinite complications of the co-therapy team itself leads to distraction and disruption. Another problem is that the very newness of family therapy can lead to a false sense of enthusiasm . . . the elusive magical cure. Family therapy is basically optimistic about human nature because it is not deterministic about people. But that very optimism can cause problems by appealing to pursuers. These people focus on others and use the behavioral aspects of family therapy to manipulate and change others. If they only knew enough they could change the whole family. This can lead to endless therapy and the avoidance of change in self. On the other hand, family therapy may not appeal to the self-centered person, especially if it avoids the inner system. Family therapy is experimental and creative but it has no magic. It

still depends on the active cooperation and participation of at least one key member of the family.

There are also personality difficulties. Family therapists tend by nature to be impatient and over-responsible. This can lead to infinite difficulties with a family. Others will not see a family unless everybody participates and this eliminates many people from even beginning to work on their problems in a family context. We have to remember that systems theory is as potentially reactive as other theories. We must carefully consider how much of what we say is based on fact and clinical experience, and how much is what we feel is true. All change tends to occur according to the *pendulum effect*, i.e., an over-reaction in the opposite direction. How much of family therapy represents such an overreaction against the focus on the individual in the last 70 years? Family therapy must deal with the system and the self but often does not do that.

Family therapy also offers many advantages. It increases the number of options that one has to approach problems. If one person does not want to do anything to resolve a problem, others in the family can initiate action on their own. It is not necessary to rely on the cooperation of the identified patient or the symptom carrier. The symptom carrier often feels enough blame already and is generally the weak link in the chain. This allows the therapist to work with the strength in the family and select the individual or the happy combination of family members most interested in movement. Because family theory lies in the mind of the therapist, he is always working on the forces of individuality and togetherness no matter who or how many people are in the room. This increases the odds of defining self and maintaining the system. The individual is defined within his own family system and not by his relationship to the therapist. Emotionality is kept within the family and not spread in different directions with different therapists. With the exception of the beginning of therapy, anytime a therapist becomes more important to a patient than the patient's family, he is doing a disservice to that person and his family.

With one therapist per family, family therapy is more economical of both time and money. It is also "deeper." When emotionality, awkwardness, tenderness, apologizing, and feeling foolish get flowing between members of a family, the process and the personal experience are deeper

than the feeling level attained in any relationship with a therapist. If anyone stops excusing self and blaming others, he will begin to realize that there are at least two, and perhaps twenty-two, sides to a story. This sense of shifting symptoms and shifting burdens within members of the family shows that there is no such thing as an emotional problem in one person, *no matter how it looks*. Once one has that sense of conviction, the focus is on self and all the other members of the family, past and present. Somewhere within that spectrum is the potential for greater inner peace and the striving for completion. By enlarging the view of problems to the nuclear and extended family, systems theory increases enthusiasm, creativity and optimism. There is no dead end. Psychic determinism is replaced by re-peopling the lives of the lonely. There is an almost endless line of people, connections and life. From that viewpoint, individual therapy can be seen as superficial . . . sometimes a preparation for the real thing . . . family therapy.

Coming from this background, the definition of self is certainly different from the way we are accustomed to hear it. The person is not linear, dynamic or developmental. The person is not linear because he is not one river. He is made up of an infinite number of streams. Each one of these streams or facets of self is a part of that person and is elicited by the context. One is surely different with different people and different at home than at work. In the same sense he is not dynamic. There is no one flow, one label, one diagnosis. This is especially important in therapy. A person is not schizophrenic: he is a person who, amongst other things, is schizophrenic. Dynamics lead to labels, to diagnosis, to pathology. Nor is the person developmental. Movement in life is largely experimental. Attempts to stratify this movement have led to stages and defined periods of growth, which leads to definitions of the normal and the abnormal based on the average. If one is ahead or behind the average, he is equally abnormal.

Trying to get around ideas that are deeply entrenched in the minds of people poses a large problem. To work with self and the inner system family therapy needs ideas and a language of its own. This language must be consistent with the external relationship system . . . the birthstone of family theory. There have been

many attempts in the past to build a language to describe the various aspects of the person. These would include loss, mourning, the "existential I," power, sexuality and control. The list can be extended indefinitely, limited only by the projections of the theorist. Family theories about the individual include communications theory which does get to the person but puts everything into one basket. Other concepts exist with their own limitations. Each part is somewhat true in itself and each part is terribly incomplete.

My own attempts at trying to define an inner system started out by using the language of the external system, the language of time and space. This language includes time, space, movement, direction, distance, closeness, rhythm, amplitude and velocity. The hope is that this language could include and define all the facets of the individual and the system. Such a language must avoid linear thinking and developmental stages of growth so dear to the hearts of psychologists. It must take into account multiple, shifting, changing pictures of self with the camera never stopping. I think I have ended up with a popular position somewhere in between leprosy and the bubonic plague!

The first step was to define a four-dimensional concept of self that was based on the work of Einstein. It included movement toward people, movement toward objects, time and the depth dimension. The depth dimension included all the elements of self but had no movement. This definition of self made movement a part of self and made self what one is *and* what one does. Therefore, the process of individuation and differentiation had to proceed simultaneously. No longer could I separate my insides from what I did; no longer could I put one before the other. Movement could no longer be something that I do. It had to be a part of me, of my "I." This left the depth dimension to be more clearly defined without being limited to a few facets of self.

How to do this? One clue was the realization that everybody has a theory or philosophy of life whether he knows it or not. Another clue was that the theory said more about the person who held it than what it was supposed to explain. There were many alternatives. It seemed to me that what I experienced and what I heard from many people could be put into a continuum. The continuum is clearly personal, selective and arbitrary. It could be defined in many different ways and many different categories. With those

reservations here it is. (1) The spiritual: all the mystical elements of life; the "should and ought to's" of life, and the search for completeness. (2) Abstract thinking: serves to try to define truth, wrong and right, which do exist. (3) Concrete thinking: moves theory into reality, pragmatism and the possible. (4) Feelings which include experiences that one is aware of such as anxiety, depression or anger. (5) Emotions which are deeper experiences often out of awareness and made up of a package of feelings called emptiness. (6) Physical theories of life including psychosomatic symptoms, sexual problems, drugs, alcohol and other physical activities. (7) Imaginative theories which are creative and sometimes veer into (8) craziness, when reality and unreality are confused. Within this selection of life theories, people will tend to stress one more than the other. They will believe some parts of that theory they know, some parts they are unsure of, some parts they could get to know better if they wanted to, and some parts are unknowable. From each individual theory of life grows an intellectual knowledge, an emotional experience and a set of delusions.

These lead to operating principles or rules of thumb that people use to decide their movement. The presence of operating principles, in both the therapist and the patient and often out of awareness, makes analysis of the "transference" often become strikingly similar to a professional delusion. Systems theory says that it is more productive to have functional operating principles tested out in one's own family, in his own life, than in his therapy. By using this schemata, the therapist can follow the flow of movement from inside the person to the relationship and into others. This can be done without shifting the frame of reference, without confusion, and with a consistency based on the language of time and space.

To function as a systems therapist, one must have a strong basis in theory and the discipline to hold himself to the observed movement in the external system in the family. When suitably seasoned by experience, he can move off of that structure and begin to explore the insides of people, always making the definition of the person to fit the scientific observations about the system. He can then avoid the either/or bind of the "I" and the "We," of individuality and togetherness.

When one defines his self in terms of his

nuclear and extended family, no striking transformation occurs in himself. Parts of self are not replaced by others parts. This observation makes one doubt if change ever occurs or even if it is the proper goal of therapy. Actually, there is no beginning and no end point. One is always changing over time, but never really changed in the sense of a transformation. Also, there can be no growth since that is a linear, developmental concept. If growth means an expansion of self toward full development, then there is no growth. What does happen? There is an appreciation of how our habits, from the extended family and often out of awareness, make us perform the same act which was acquired by frequent repetition. One finds that he is not so free as he would like to think he is, that we are full of established trends and customary manners. There is an appreciation of the patterns from the past and the present that form a diagram for us to follow, a design of both natural and accidental origin. These imprints from the past represent traits, forms of living and styles that become an important part of our life. The closest that one

comes to change is in terms of *attitude*. Yet there is some kind of a change in the state of one's mind, his orientation and the reference points he uses for that orientation. Clinically, this is experienced by feeling empty inside but not depressed, by knowing less but being more convinced of that which one does know, by a realization that connectedness is the only need in life, by a determination to define personal responsibility and struggle to live up to that definition. There is less tendency to be responsible for others. Fewer things in life seem to matter, but what matters takes on greater significance. Inside oneself there is the growing edge of a sense of peace and the purpose of one's life becomes more confused and, to some extent irrelevant. One can begin to laugh at himself. The expectations one has of himself do not generally change but are rearranged in a different hierarchy of values. One thinks in terms of pictures and process and not blame or causality.