I would like to congratulate Context on its 100th issue. Such occasions call for reflection both in terms of the past, family therapy’s first 50 years, as well as the future, how do we do a better job?

A landmark in the establishment of family therapy as a formal discipline was the publication of Family Process, the discipline’s first journal. Jay Haley, the editor, began the inaugural edition with an article entitled “Whither Family Therapy” (Haley, 1962). Haley’s description of this revolutionary movement is reminiscent of secret political cells in repressive regimes:

“The treatment of the entire family interviewed regularly as a group is a new procedure in psychiatry. Just where family therapy originated is difficult to establish because the movement is largely a secret one. Until recently, therapists who treat whole families have not published their methods in papers although we expect a deluge… Since the late 1940s one could attend psychiatric meetings and hear nothing about family therapy unless in a quiet hotel room, one had to confess that he treated whole families… the movement is now appearing on the surface.”

Fast-forward 46 years: We have come a very long way, as we all know. But are we still marginalised as a field? While we certainly don’t lower our voices when we mention seeing families, we still must ask “is family therapy the standard of care in many places?”

Clearly there have been some great successes such as family-psycho-educational programs and their effectiveness with schizophrenia and mood disorders; the programs that successfully transform conduct-disordered young people such as multisystemic therapy; the work of the Maudsley group with juvenile anorexia nervosa (Dare, Eisler, Russell, & Szmukler, 2007; McFarland, 2003), to name a few.

In spite of some acknowledged brilliant successes, how are we doing overall as a discipline? Allow me to introduce a personal experience that I believe may be relevant: Salvador Minuchin and Aaron Beck were both in the Department of Psychiatry at the University of Pennsylvania (Penn) in the early 1970s, where I was a fellow in child psychiatry.

At Penn, there was intense competition between structural family therapy (SFT) and cognitive behavioural therapy (CBT) with dramatic confrontations and challenges. Each model had its dynamic theory of change. Beck advocated that there is no need to deal directly with the emotions in order to generate change (personal communication, 1973). He told us eager young doctors that cognition, emotion and behaviour could be conceptualised as three arms of a triangle. The most accessible domain to perform change was cognition (personal communication, 1973).

To my mind, Minuchin’s model was not a mere elaboration of the (already) tired individual model. It was a true paradigmatic change and mind was “in context”. Transform the family system and the problems are ameliorated.

How have these two models fared over the years? It is important here to posit a measure of success. While there are many different terms of reference to define success, for the purpose of this paper, I am only comparing journal articles.

How have CBT and family therapy done in following the 46 years? A web search identified 10,800,000 articles relating to CBT and 3,640,000 relating to family therapy (not just SFT). Admittedly, this may be a crude measure but it is instructive. Numbers like these do not reflect the quality of the contributions. They do, however, serve as a measure of the vitality of a movement in terms of scholarly work.

Sadly, family therapy falls far behind, almost 300% fewer journal articles! Falling short in evidenced-based literature in today’s world leads to marginalisation.

So where have we gone wrong? We have not strategically coordinated our efforts to promote the field per se. Ironically, I think we have failed in the very area that we struggle to get our families to manifest, working as a coherent system. We have failed at what we do best.

In many practical ways, we must find avenues of collaboration. Indeed, it may be said most family therapies are offspring of Gregory Bateson’s conceptualisations. Building on our mutual commonality, we need to generate more evidence-based “bragging rights!” We must document the effectiveness of this elegant, very powerful, indeed, beautiful paradigm. We need an evidence-based environment to compare techniques determining which treatments have the best outcomes for specific problems. We need to develop protocols and compare our work with other models within the context of the scientific tradition. We jointly must provide more training on the web.

Over the decades, there has been, I believe, too much attention on the new and the fashionable and the guru – we old-timers have seen many a fad come and go. The focus has not been on what is demonstrably effective, but on what’s novel.

Back to the word “whither?” Did Haley use the sound of this word as double entendre, as a warning? Indeed, from his vantage point in 1962, the field could flourish, wither or just muddle along.

We must do our homework and prove our cost effectiveness, or be left behind. The goal is not that any single family therapy model prevails but that these ideas, these powerfully effective and still revolutionary ideas will be available to struggling families and suffering individuals in the future. This may be a daunting challenge but I am hopeful that we can and, indeed, must meet it together.

References

H. Charles Fishman is clinical director of Youthslink Family Trust, Auckland, New Zealand and can be contacted by e-mail: charles@fishman.co.nz