A Multicultural Perspective on Marriage and Family Therapy

A Multicultural Perspective on Marriage and Family Therapy

By

Augustine Nwoye

Cambridge
Scholars
Publishing

A Multicultural Perspective on Marriage and Family Therapy

By Augustine Nwoye

This book first published 2025

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

ISBN: 978-1-0364-5520-0
ISBN (Ebook): 978-1-0364-5521-7

TABLE OF CONTENTS

Section Two: Issues and Problems

PREFACE

Several textbooks in the field of marriage and family therapy (Ackerman 1958; Bowen,1978; Lebow & Snyder, 2022; Nichols & Davis, 2021; Napier & Whitaker, 1987; Dallos and Draper, 2010; Carr, 2012; Barker & Chang, 2013; Minuchin, 1974; Nichols & Schwartz, 1995; Boscolo & Betrando, 1996; Chechin, Lane & Ray, 1992; Cavanagh, 1963; Daley, 1983; Freedman & Combs,1996; Goode 1956; Gottman,1979; Jacobson & Gurman, 1986; L'Abate, 1976; Olson, Russell, & Sprenkle, 1989; Paolino, Jr & McCrady, 1978; Payne, 2000; Perez, 1979; Richter, 1974; Skynner, 1976; Street, 1994; McNamee & Gergen, 1999, 1992) have been authored by scholars that exclusively honour and recognize the Eurowestern cultural traditions on marriage and family practice. Unfortunately, the problem with such texts is that when recommended to students and clinicians from Africa and other non-Western cultures, the irritant exclusion and foreignness reflected in their contents and case examples are not only bemoaned but also strongly resisted. In responding to such shortcomings many universities in the south and other regions of Africa have consistently and repeatedly called for home-grown texts by African scholars on marriage and family therapy; the type that could foster a multicultural revolution and the spirit of inclusivity and open inquiry in such texts. This book has been written to respond to this need.

The book has two principal objectives in mind. The first is to serve as a general reference and a standard textbook in the special field of marriage and family therapy, tailored to meet the interest and needs of psychology and mental health students and their trainers in universities in Africa and the global world. The second objective is to serve as a basic sourcebook for guiding the efforts of people in the so-called 'alternative' fields of human helping and healing; who, although may not have received formal training in the art and science of professional psychological practice, are in one way or the other connected with assisting others to achieve satisfactory relationships in their marriage and family lives. The professionals that come to mind in this case include the clergy, the licenced legal professionals (or the attorneys), the social workers, the medical practitioners, the psychiatrists, and the educationists. The thrust of the book has therefore been executed to reflect this objective and to see

that both the theoretical and the practical issues examined in the book are channelled in such a way that the variety of readership for which it is intended will find the book a real handy companion for gaining appropriate orientation for their helping service with families.

The expected impact of the book is to insert a multicultural perspective within the language and contents of such a text that will allow the book to argue against and partner with related texts from Eurowestern colleagues imported to Africa. The result is expected to enrich both Eurowestern and African marriage and family therapy knowledge with new perspectives.

The book is made up of two sections and nineteen chapters in all, with topics that were painstakingly selected to run into two broad areas of coverage. *Section One* of the book with the title, *Conceptual and Theoretical Foundations*, was designed to do two kinds of work: First, to specify the historical cross-currents that had led to the new shift of emphasis from the individual or single case approach focusing on what has gone wrong within the intrapsychic life of the client to the systems perspective where the complaints raised by the clients are seen as mere symptoms of some (human) relationships dysfunction. This systemic orientation or paradigm (Priest, 2024, 2021) focuses on human contexts such as found in natural or artificial families (e.g., schools, classrooms, peer groups, and the neighbourhood) as the primary target of intervention when people bring up complaints of discomfort in their day-to-day social psychological experience. The second aim of this section is to clear a number of definitional obstacles which when accomplished would enable the author and the reader to achieve a uniform view of the major concepts and principles that influence action in the general practice of marriage and family therapy in any setting. It is also in this section that an attempt was made to present comprehensive summaries of the major theoretical frameworks that have been developed in the field to promote great insight and precision in professional work with families. In deciding on which of these theories or schools of thought to include in this regard, attention was given to two important considerations: *popularity* and *applicability* of the theory in question. In this regard, by *popularity* of a theory, I mean that theory that is so well known in the field and the one that contains insights and constructs that appear *trans-cultural* and original enough for directing the efforts of the practitioner in handling the needs and problems of people in actual marriage and family life. And by *applicability* consideration is meant the one that contains concepts and strategies that appear useful and informative for understanding and addressing marriage and family therapy problems of African clients and those from other cultures. Following these

two criteria, five major theories or schools of marriage and family therapy were delineated and highlighted: the psychodynamic, the structural, the conjoint, the behavioural, and the narrative approaches to marriage and family therapy. These theories and the therapy models that go with them are meant to be approached, not as competitors to each other, but as viable resources which therapists can draw upon and apply in their dealings with their clients from the point of view of therapy and the social constructionist perspective in their therapeutic practice (McNamee and Gergen, 1999; McNamee and Gergen, 1992). In this regard, each of them, behavioural, cognitive, psychoanalytic, narrative, structural, and all other marriage and family therapy models highlighted in this book is offered as potentially viable and generative ways of becoming relationally engaged with clients (McNamee, 2004), and not as better or much better in comparison with one another.

Because the author strongly believes in the fact that *marriage* is different from even though very much related to *family life* as such, separate treatments have been given to theories that tried to explain why marriages breakdown and what can be done to remediate them, from chapters that examined the issue of the basis for family pathology and therapy.

To achieve accuracy and originality in the discussion of the position of each of these theories in marriage and family therapy, commensurate effort was made to see that the original works of the author (in the form of articles and books) of each of the frameworks examined and highlighted were availed of and made to serve as the primary guide to the discussion of these theories. In calling the attention of the reader to more than one theoretical perspective in this regard the aim is to show that in marriage and family therapy with a focus on how to assist clients from communities such as we have in Africa and the global world, the eclectic approach is the framework to be recommended. Hence in discussing these theories, special care was taken to see that the various schools or perspectives are not discussed with a view to championing one and discrediting the other, but rather with a view to showing the reader the strengths and attractions of each of the approaches. Indeed, to further stress that none of the theories available have been presented in this book as *the* theory of marriage and family therapy, a kind of unity chapter (titled, *Some Common Elements in Family Therapy Theories*) was written to precede and introduce these theories and to serve as an advance note of caution to the reader not to see any of the theories examined as having said the last word on why families breakdown or what can be done to heal them. This means that in introducing these theories to the reader the major principle

of guide is the principle of impartiality, in which the aim is to ensure that each theory is presented to the reader without bias.

Section Two of the book which is composed of nine chapters has been given the title, *Issues and Problems,* to remind the reader that most of the chapters that compose it have been specifically tailored to highlight a number of issues and circumstances which often form the bedrock of crises that are addressed in most marriage and family therapy sessions. In this regard such critical questions and problems like: How marriage and family conflicts arise and the wrong ways to resolve them when they do were closely examined. In the same way, the concept of marital separation was examined in order to emphasize the fact that in most cases it is not really divorce but rather the experience of marital separation which can become - for the couples in conflict in any setting - the greatest trying period in their life. Other issues that were examined in this section include models of family money management, the practice of therapeutic polygamy, sexual problems in marriage, and the canon and civil laws concerning marriage; the latter topic being added to show the reader the type of *diriment impediments* that can stand against the validity and acceptability of a given marriage; not just from the point of view of ecclesiastical dispensation, but also from the point of view of civil regulations and norms.

In general, there are a number of new additions in the topics discussed in this 2nd Edition of the book that were not in the 1st Edition: These include. Chapter 10, History of Family Therapy in Africa; Chapter 16, The Practice of Therapeutic Polygamy in two regions of Africa: Background, Theory and Techniques; and Chapter 19, Family Stress and Coping in Contemporary Africa: A Multicultural Perspective. And there are updated references in the presentation of the chapters throughout the entire book.

The updated comprehensive bibliography that has been provided at the end of the book is specially designed to add an extra didactic quality to the book and to stimulate effort towards further readings along the lines.

References

Ackerman, N.W. (1958). The Psychodynamics of Family Life. Basic Books.

Barker, P., & Chang, J. (2013). Basic Family Therapy (6th Ed.) Wiley-Blackwell.

Boscolo, L. & Betrando, P. (1996). Systemic Therapy with Individuals. Karnac.

Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan systemic family therapy: Conversations in theory and practice.* Basic Books.

Bowen, M. (1978). Family Therapy in Clinical Practice. Jason Aronson

Carr, A. (2012). *Family Therapy: Concepts, Process and Practice* (Third Edition). Wiley.

Cavanagh, J. R. (1963). *Fundamentals of Marriage Counselling: A Catholic Viewpoint*. The Merrier Press.

Cecchin, G., Lane, G. & Ray, W. (1992*). Irreverence: A strategy for therapist survival*. Karnac.

Daley, C, (1983). Marriage Handbook for Catholic Parish Minister. Dominican.

Dallos, R. and Draper, R. (2010*). An Introduction to Family Therapy: Systemic theory and practice.* Third Edition. Open University Press.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. Norton.

Haley, J. (Ed.) (1971). *Changing Families*. Gruine

Hanhweg, K. & Jacobson, N. S. (Ed.) (1984). *Martial Intervention: Analysis and Modification.* Guilford Press.

Jacobson, N. S. & Gurman, A. S. (Eds.) (1986). *Clinical Handbook of Couple Th*erapy, Second Edition. Guilford Publications.

Lebow, J. L. & Snyder, D. K. (Eds) (2022). *Clinical Handbook of Couple Therapy.* 6th Edition. Guilford Press.

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

McNamee, S. and Gergen, K.J. (1999). *Relational responsibility: Resources for sustainable dialogue.* Sage Publications.

McNamee, S. and Gergen, K.J. (Eds.) (1992). Therapy as social construction. Sage Publications.

Napier, A. Y. and Whitaker, C. (1987). *The Family Crucible*. Harper and Row.

Nardone, G. & Watzlawick, P. (2005). *Brief strategic therapy: Philosophy, techniques, and research*. Aronson.

Nichols, M. P. (1987). *The Self in the System: Expanding the limits of Family Therapy*. Brunner/Mazel, Inc

Nichols, M. P. and Davis, S. D. (2021). *Family Therapy: Concepts, and Methods* (12th Edition). Pearson.

Nielsen, A. C. (2016). *A roadmap for couple therapy: Integrating systemic, psychodynamic, and behavioral approaches*. Routledge.

Olson, D. H., Russell, C. S., and Sprenkle, D. H. (1989). *Circumplex Model: Systemic Assessment and Treatment of Families*. The Haworth.

Paolino, Jr. and B. S. McCrady (Eds.) (1978). *Marriage and Marital Therapy: Psychoanalytic, Behavioral and Systems Theory Perspective*. Brunner/Mazel Publishers

Payne, M. (2000). Narrative therapy: An introduction for counselors. Sage Publications.

Perez, J.F. (1979). *Family counselling: Theory and Practice*. D. Van Nostrand Company.

Richter, H. E. (1974). The family as Patient. Farrar, Straus and Giroux, Inc

Skynner, A.C.R. (1976). System of Family and Marital Psychotherapy. Brunner/Mazel

Sprenkle, D. H., Davis, S. D., & Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. Guilford. Press

Street, E. (1994). *Counseling for family problems*. Sage Publications.

Strong, T., & Paré, D. (Eds.). (2004). Furthering talk: Advances in the discursive therapies. Kluwer Academic/Plenum Publishers. https://doi.org/10.1007/978-1-4419-8975-8

Strong, T. and Pare, D. (Eds). *Furthering Talk: Advances in the discursive therapies*. Kluwer Academic/Plenum Press.

ACKNOWLEDGEMENTS

I owe a lot of gratitude and appreciation to many people who had stood by me with either their moral support or prayers in the course of writing and producing this Second Edition of my book on Marriage and Family Counselling first published in 1991. In this regard, I wish to express my most sincere thanks to all my brilliant graduate students from several universities in Africa (e.g., University of Jos, Nigeria; Kenyatta University in Nairobi, Kenya; The University of Dodoma, Tanzania, the University of KwaZulu-Natal, Pietermaritzburg Campus, and the Sefako Makgatho University of Health Sciences, both in South Africa) who by their commendations and constructive contributions in lectures and seminar discussions while presenting some of the topics incorporated in this book were instrumental in helping to sharpen my thinking on some of the topics highlighted in this Second Edition of the book.

Similarly my most sincere thanks and appreciation is due to my beloved mentor and former teacher and Supervisor, Professor (Mrs) Christie Chinwe Achebe (the surviving spouse of the legendary African novelist, the late Professor Chinua Achebe of Nigeria); herself the former President of the Counselling Association of Nigeria, who not only introduced me during my graduate school days at the University of Nigeria, Nsukka, to the special field of marriage and family therapy but also because the success of this book has been greatly enhanced by the constant encouragements I have received from her, not only while a graduate student under her but also very much long ever since. For instance, the major primary source on Salvador Minuchin's structural family therapy, namely *Families and Family Therapy* (1974), which was invaluable to me when I was trying to work out a chapter on the structural family therapy model, was made available to me through her generosity and kindness. For thus offering so much to my academic and professional growth over the years I call upon God's abundant blessings to her and her family.

My late wife, Dr (Mrs) Miriam Agatha Chinwe Nwoye, now of blessed memory, also deserves some posthumous words of appreciation and gratitude because it was through the little seminars I used to have with her while she was still with us in this world that some areas of possible confusions in the First Edition of the book were corrected and given the

clarity they deserved. Hence for being such a caring and meticulous woman academic and so to say the first active audience of the book when it was first written, I have decided to once again dedicate the whole book to the ever green memory of her wonderful life that has now transitioned onto Glory!

To my awesome and lovely wife and sweetheart, Ifeoma Amalachukwu Nwoye, a happy bundle of talents and creativity in her own right, I offer my special thanks and unalloyed appreciation for always standing solidly behind me as a great tower of strength and anchor, gingering me up to find the motivation and the ebullience to accomplish all it takes for seeing this Second Edition of the book successfully out in print.

Our most brilliant daughter, Ogochukwu Amaka Theresa, a genius of her kind, never ceases to amaze me. If in my wildest dreams I had imagined a daughter to love and be proud of, I wouldn't have come close to a child as fine as Ogoo!

To all the publishers both local and foreign and too many at this time to mention, from whose sources I have had occasion to draw some salient examples or ideas to reinforce my position at certain instances in this book, I am no less indebted.

My sincere gratitude and appreciation are deservedly due to Adam Rummens (Senior Commissioning Editor) and Alison Duffy (Commissioning Editor) both of Cambridge Scholars Publishing for easing my task of successfully embarking on the 2nd Edition of this book.

But to God Almighty must be the greater Glory and Praise for giving me the honour and the privilege of a healthful mind and body not only to prepare this Second Edition of the book but also to be lucky enough to find an admirable and premier publisher, *Cambridge Scholars Publishing,* for undertaking the task of publishing this revised Edition of the book and spreading its message to readers and scholars scattered all over Africa and the global world.

SECTION ONE

CONCEPTUAL AND THEORETICAL FOUNDATIONS

CHAPTER ONE

INTRODUCTION

1. Historical Antecedents

The original emphasis in the field of clinical and psychological counselling, following the psychoanalytic tradition, was to focus like the Freudians do, on the single-case approach involving individual diagnosis and treatment. In line with this approach when a client presents himself or herself for clinical or counselling attention, the clinician or the counsellor will engage him or her in some detailed diagnostic exploration, aimed at helping them (the clinician/counsellor) to determine, in clinical terms, what has gone wrong in the intrapsychic experience of the said client. Operating from this platform, the client and his or her inner conflicts become the focus of major diagnosis and the central object of analysis before adequate intervention could be formulated. While undertaking such a personal diagnosis of the client, the counsellor or the clinician usually makes a hunch that the seat of the problem under attention must be somewhere around the internal situation of the client in question, such as concerns his/her inadequate ego structure, personal values and beliefs, faulty cognitions, perceptions, anxieties, and traumas (past and present). This, a person does in their professional attempt to arrive at the source of the problem presented.

Now, this tendency to narrow the field of clinical/psychological diagnosis and eventual intervention to the inner personal situation of the client takes its origin from the *theory of ultimate causality* propagated by *the reductionist-mechanistic tradition*; a Eurowestern framework/medical model for which every effect must be assumed to have been brought about by one single master cause. The major sentiments of the supporters of this framework can be found summarized in the following observation by Thomas regarding how diseases are caused. According to Thomas (1979):

> For every disease there is a single key mechanism that dominates all others. If one can find it, and then think one's way around it, one can control the disorder.

The conviction that every human disorder has a certain single major cause, which when discovered and controlled can control the disease presented, appears continually supported from experiences in the field of somatic medicine where, for instance, certain diseases such as syphilis or pernicious anaemia, are usually known to each have a single causal origin; which when discovered and uprooted, the disorder presented can be completely controlled.

The belief in the theory of ultimate causation for any single thing that happens in this world, however, begins to meet problems or challenges when one goes beyond the field of somatic medicine to the field of psychological phenomena. This is because with disorders of psychological rather than somatic origin, the belief in the theory of one single cause for any single disorder or event has not been supported by recent researchers in the field. The problem, however, is that those who propagate the theory of ultimate causation will want us to believe that such a theory applies equally to handling psychological phenomena as much as it does to explaining problems in the field of somatic medicine at the same time.

Thomas (1979) for instance appears to believe that the psychological disorder called schizophrenia may turn out following the mechanistic-reductionist approach to be a neurochemical disorder with some single chemical event gone wrong (Nwoye, 1991). Notwithstanding this observation, however, most authorities in the field of psychological medicine have come to reject this equiparation, and have in its place, tried to replace the theory of ultimate causation with a more realistic framework, namely, the interactionalist or contextual framework, to causation.

Following this new framework, instead of seeing pathology arising from mere linear chain of cause–effect relation, it rather sees it (i.e., any psychological disorder) as arising from malfunctional interactions between factors or components operating within the given system. It is the conviction of the proponents of this latter viewpoint that the actual emergence of "pathology" in practice, results from a combination of interacting elements which, when relating in certain ways, degenerate into destabilizing the system originally in good order (cf. Steinglass, 1987).

Some researchers in the field of somatic medicine have even come to believe that with regard to the ultimate origin of certain diseases the contextual viewpoint appears to be the more realistic and comprehensive frame of mind. Engel (1987), for instance, believes that the interactionalist

approach to causation is capable, not only of helping us to understand the determinants of any given disease but also of providing us with a larger image of the direction within which to organize and channel our rational treatments and patterns of psychological therapy or health care. But this is because such approach to causation appears to insist that for us to fully take care of the presenting problems of our psychological clientele, it is necessary at times to take into account not only that client himself but also the social context (such as in the African context, the culture) within which s/he lives, moves, and has his/her being.

This particular orientation is promoted by the understanding that in trying to study or to fully understand the real disposing conditions for any infectious disease the reductionist-mechanistic approach cannot do us a complete job. Since, to gain the full image of the situation that gave rise to any particular disease there is need for a sophisticated understanding of the complex interactions that exist between the infectious agent, the host and the host environment (Cassel, 1987).

The nearest meaning to this assertion appears to be that: no one specific disease condition can, at any time, be said to come about merely by the action of the infectious agent *alone.* Rather the assumption is always to be that the onset of the disease is a function of a highly complex set of factors, many of which can be found to be related not only to the infectious agent itself but more so to the conditions in the host environment. The consequence of all this is the more broadened orientation that effective understanding of any human pathology, be it of psychological or somatic origin, within the real life situation needs some sufficient and sophisticated appreciation of the concept of *host-agent interaction* (Priest, 2024, 2021).

Operating from this platform, an epidemiologist like Cassel (1987) has therefore boldly suggested that, before attempting any medical or psychological treatment of any case the major question to raise and answer must be that of how to identify the whole range of factors which have combined to lead to the breakdown in the usual systemic regulatory processes of the target client. Hence the newest thinking or framework to capture more clearly the positon of the interactionalist perspective is what is now popularly referred to as the general systems theory (Priest, 2024, 2021), which indeed is another framework that has arisen in direct opposition to the reductionist-mechanistic approach to causation.

2. The General Systems Theory

Supporters of the general systems theory (e.g., Priest, 2024, 2021) have, in line with the viewpoint of the interactionalist perspective, felt dissatisfied with the consequences of following the framework of monocausal explanation in searching for the aetiology of any given state of psycho-social disorder. A man called Ludwig Bertalanffy (1968) cited in Steinglass (1987) is usually recognized as the "father" of this approach. The systems perspective proposes that no human individual exists in complete isolation from the world. A human individual is rather seen within this perspective as a member of a subsystem within a larger system. The systems perspective therefore assumes that the behaviour or action of an individual may quite often be related to influences not only from factors operating within them as a person, but also, and often more importantly, by factors from around the system within which they live and have their being.

The situation in the classroom can be cited to show how the systems thinking are actually used in the analysis of a situation. The classroom situation is a good example to cite because, seen as a system, the classroom environment can be taken as a situation where the action or movement of one member, or one group or subsystem (i.e., the student and/or the teacher) can crisis-cross, affecting the behaviour, movement or reaction of other members within the situation, to the detriment, at times, of the stability of the total system (classroom) climate in the long run. In which case, the disrupted climate of the classroom generated by the actions and reactions of its members cannot be completely explained by mere reference to the nature or even action of *only one member* in the situation. What this should be taken to mean is that human behaviour and/or its consequences must always be assessed, interpreted or explained in systems' terms before it can be fully understood. But this is because the systems perspective focuses on the action of the client operating within a given context/culture.

It is the major objective of this chapter to show that it is through the influence of this system's and/or the interactionalist perspective to causation that the new speciality called Marriage and Family Therapy has sprung up in the larger field of clinical and psychological counselling.

In making this assertion I do so knowing that the field of marriage and family therapy is one of those new approaches to counselling and psychotherapy which can be said to have arisen out of the practitioners'

rejection of the linear or intrapsychic framework to causation and their consequent radical shift from previous ways of conceptualizing how human problems arise or how they can be alleviated. Following the systems perspective, for instance, clinical/counselling practitioners have discovered that a problem-child in the classroom might better be fully understood and eventually rehabilitated where the intervention proposed goes beyond the study and assessment of the intrapsychic life of the client to understanding how the system/culture within which s/he lives has contributed to causing and maintaining the problem presented. In this case, the assumption is that "intervention at the family level," especially in the case of a dysfunctional family, may be the most effective way to change the child's malfunction exhibited in the classroom.

3. The notion of the Family as the Patient

To achieve this objective, counsellors/clinicians operating as family therapists, try whenever and wherever possible to see the family members (particularly in Europe and North America) together as a group. This, they do, in order to be able to gain a more complete picture of the overall characteristics of the system/culture and the specific aspects of the family life where conflicting and dysfunctional transactions can be noted before successful intervention is to be instituted (Priest, 2024, 2021).

Following this emerging perspective, when the clinician operating as a family therapist visits the family with this objective in mind, s/he will typically focus his/her diagnostic observations (Priest, 2024, 2021) on the below highlighted constellation of variables within the family as system:

- The characteristic style by which members relate with or communicate with one another.
- Family dynamics, tonality and morale.
- Family rules and norms of interaction.
- Permeability of boundaries between members of the same subsystem (e.g., sibling subsystem, parent subsystem, spouse subsystem, etc) or members across subsystems and generations.
- Evidence of malfunctional allies and coalitions within the family group.
- Presence of family scapegoats, or possibilities for scapegoating members.
- Nature of power and leader patterns observed in the family, and

- Degree to which family members are enmeshed in each other's lives.

Given the importance which effective understanding of these concepts can have in the actual usefulness of the clinician in family therapy, an attempt will be made here to say one or two words on the operational meaning of each of them, as given below:

1. *Style of family communication:* This angle of exploration is entered into when the aim is, among other things, to assess the observed ease, clarity or otherwise with which messages are sent out or returned among the various members of the family. In focusing clinical attention in this regard attention is usually focused on who can freely talk to who, and whether there are presence or not, of go-betweens or the phenomenon of triangulations in the effort of members to reach one another. The accompanying non-verbal language or meta-communication modalities used by members to communicate their feelings and wishes are also scrutinized/ evaluated. The adequacy of tone, distance, pitch, posture, pace, and timing involved in members' communications are also taken into account in this assessment. The style of communication across the generations in a family can also be observed in the style of clothing, general grooming and hair-do worn by members (e.g., how neat, dirty, unkempt, or clean they are). The clothing style for instance can show elements of conformity or rebellion to certain private or open culture prescriptions against the rules set by the parents.
2. *The notion of family dynamics:* The concept of family dynamics is judged from the cohesion or lack of cohesion by which members relate with or antagonize one another in the course of interaction or relationship with each other.
3. *The notion of family myths:* This is reflected in the untested assumptions, belief systems, and perceptions through which family members are governed or regulated in their relations with outsiders or in their making of decisions bordering on issues that relate to their personal affairs. Conflicts arising from such family myths and rigidities are detected or discovered in the level of antagonism between the parents and the children (particularly in the African context) regarding who to and who not to marry whom, and what to and what not do in life.
4. *The concept of family boundaries:* This notion is used in family systems theory and adopted in this discussion in two senses. The

first likens it to the actual physical boundaries that families set up in their homes (Steinglass, 1987). In which case, the "family that lives with constantly locked doors, electronic alarm systems, and high bushes" will be expected to be quite different in character from one in which the door is always wide open and the movement of neighbourhood children in and out of the family's home occurs without a second thought." In this connection it is the view of most scholars that a family system's functionality can be assessed or rated from the extent of permeability of its boundaries. And such scholars typically suggest that semi-permeable boundaries are the most functional boundaries in this regard. Some observers also believe that it is important to the health of the family system that the family have easy access to its external environment except that movement in and out of the family should not be so fluid as to cause a blurring of the family's organizational characteristics. The second sense in which to view the concept of the existence of boundaries in families is to see it in relation to the level of easiness with which members of the various subsystems can freely relate with one another. In this regard, the clinician operating as a family therapist can focus his/her diagnostic assessment on how free the members of the subsystems are, in interaction with members from different subsystems (Priest, 2024, 2021). Operating from this platform, questions may be asked regarding how far members of the parent subsystem easily relate with the children subsystem or how members of the older sibling subsystem relate with or maintain rigid boundary distance from members of the junior sibling subsystem.

The concept of semi-permeability of boundary is again used to describe a situation where the differentiation between the subsystems and the freedom of interaction between them is said to be smooth and functional.

5. *Family scapegoats:* In family systems perspective, these refer to those members of the family who are routinely blamed for any kind of trouble or misfortune that befalls the family. And it has been discovered that many a time the exercise of scapegoating members is an issue arising from the projection defence mechanism wherein blames are shifted from the real culprit to someone else innocent of the case. The scapegoated individual usually dies in silence, burdened by the stress that is imposed on him or her, as it were, from nowhere.

6. *Family leadership:* This can be characterised from the point of view of how conservative, permissive or democratic the family set up is especially as seen from its way of handling its decision-making processes.
7. *Family coalitions:* This refers to the existence of cliques or allies within the family unit. The coalitions are formed by members who share a common interest, or who have some interest in banding themselves together to achieve a common goal or to defend a common cause (e.g.. challenging the autocratic nature of the family leadership style where it is considered retrogressive to the interest of members in the coalition.
8. *The notion of membership enmeshment.* This refers to a situation where certain members of the family are, as it were, enveloped into one another. The enveloped individual loses much of his/her individuality, personal consciousness, and autonomy, leading to a situation where s/he will lose self-will or an identity of his or her own. Thus to convince or reach the individual so enmeshed in the personality of the other, one has to first of all convince or reach out to that other family member/s in whom s/he is enmeshed. Children can in this regard be enmeshed in their parents and vice versa; sons in their mothers, and vice versa, daughters in their fathers and vice versa; and so on and so forth. But whoever is enmeshed in whom the problem is usually the same: that is, lack of autonomy, thought or cognitive independence, individuality and capacity for personal decision-making on the part of the enmeshed or enveloped members of the family.

The above brief conceptual excursion draws attention to major aspects of the family structure that the clinician playing the role of a family therapist can focus on when attending to the notion of *the family as the patient*. This explains why according to Baker & Chang (2013) a general definition of family therapy is one that sees it as referring to that special approach to counselling or psychotherapy where the effort is not merely to find out what has gone wrong within the psychic structure of the identified client, but rather an intervention that focuses on studying the nature of the family situation within which the individual exists in order to see how the problem s/he has presented can be resolved. This is done both by focusing on the person directly and/or by changing their family situation so that the required change for improving the emotional health of the client can be achieved. Of course, the practising therapist can discover after visiting the family of the identified client, say, on one or two occasions, that it is not really the entire family unit which harbours the problem under attention,

but rather the toxic relationship existing between the man and his wife. Where this is the case, the marriage rather than the family becomes the identified patient. In that case, the exercise of marriage rather than family therapy becomes the intervention to be instituted.

4. The concept of marriage therapy

In situations where marriage rather than family therapy is indicated, the dysfunctional marital relationship becomes the major focus of intervention. This means that in marriage therapy the focus of diagnosis and treatment is on the relationship existing between the members of the marital dyad. Hence marriage problems for which psychological intervention is indicated are basically of interpersonal nature and can only be assumed to arise from what goes on *between* persons rather than what goes on exclusively within their separate skins (Magnus, 1957). Hence marriage counselling can broadly be defined as *that aspect of counselling practice* which is directed at helping a couple to recover or to salvage their failing marriage by helping them discover the toxins in their union and to learn those missing interpersonal skills they need to acquire to enrich and improve the emotional situation in their marriage.

In diagnosing the marital relationship for possible need of intervention in this way, the counsellor/clinician must pay particular attention, among other things, to the issue of compatibility or otherwise, of the marriage role expectations held by the couples as well as to each partner's expectations of what the other should contribute to the marriage. The said counsellor/clinician may also try to consider the healthiness or otherwise of the communication network existing between the two parties in question (Satir, 1978).

In focusing his or her diagnostic observations on each of these troublesome areas in the human marriages the interest of the practising therapist should always be that of trying to estimate in clinical terms, the extent of the signs of emotional immaturity in the said marriage. This is because when there is strong emotional immaturity in a marriage, selfishness takes the centre stage of the relationship, with each marriage partner, considering of no value the interpersonal needs of the other.

5. Points to Bear in mind in Marriage Therapy

In fact one major point that the counsellor/clinician may like to settle beforehand while handling a marital relationship is the issue of the extent to which the relationship in question can be said to be a product of neurotic interaction. When there are neurotic underpinnings in a given marital conflict the unconscious components are said to have influenced who has chosen whom in the first place. The problem, however, is that even when a neurotic underpinning is suspected in a given marital conflict, it may not be easy to state categorically the extent to which the marriage in question is disturbed by neurotic interaction between the couples. In reaction to this confusion Mittelmann as far back as 1946 concluded that the following groups of partners are those that typify instances of neurotic interaction in marriages. These are:

- A situation where an aggressive, sadistic partner marries a dependent, submissive masochistic person.
- A situation where an emotionally detached person marries a partner who has an intense need for affection.
- A situation where two persons who desire to dominate each other may marry and find themselves in an endless battle, attacking the other or defending oneself; and,
- A situation where a dominant partner marries someone who needs to be dominated.
- Fox (1946) in support of Mittlelmann (1946) had added the fifth type of marriage indicative of a neurotic partnership. This is the Alcoholic-Alcoholic spouse relationship.

Now a major lesson to be drawn after going through the above observations is that whereas in each pair of the spouse relationship each partner fulfils a complementary pattern and obtains a measure of satisfaction and safety through meeting neurotic needs or having them met, each, by nature expects too much of the other and resentments are usually aroused when, for instance, the bottomless pit of dependency needs, is not filled (Stewart, 1961).

It is to be noted too that when a particular marital failure is adjudged to be a function of a neurotic partnership, then the marriage cannot be salvaged without one or both partners obtaining that deeper level of psychological healing called psychotherapy. Often this service is beyond the scope of the marriage counsellor; who, in that case, is expected to make an effective referral to a qualified psychiatrist if the couples so desire. Where this

becomes the case the marriage counsellor's task in initial work with the neurotic partners may therefore often end with that of being able to "spot" or detect elements of neuroticism in the relationship which might be blamed for the sickness of the marriage.

Usually, where neurotic complications are not involved but rather mere misunderstandings by the couple regarding what each should receive from and offer to the marriage, effective methods of conciliation counselling may be all that the marriage needs. In which case, the marital role perceptions; the partners' image of themselves and those of each other, should be studied and, where necessary, be duly reshuffled. At the same time, the couple may be taught more effective methods of understanding and reaching each other; especially with regard to their manner of communicating their wishes, feelings, aspirations, needs, plans, annoyances and joys to each other within the marriage. These clarifications mean that conducting either marriage or family therapy is never a simple task at all. For, in either marriage or family therapy, the practitioner's training, experience, personality, intelligence, tact and adequacy of language must be tasked to the full.

The following observation by Richter (1974) for instance shows that in the case of family therapy a number of intelligent procedures need to be adopted. The family therapist, he proposes, must begin the family interview with clarifying to himself all that is involved in the family's breakdown, in order to determine how best to connect into the disturbed inner communication of the entire family group, and above all to provide help so that it will not turn out to be one-sided but will benefit the whole family.

Richter's (1974) argument for holding the above view appears to be that it is through this kind of socio-psychological appraisal of the diagnosis, the pathogenesis, the probable prognosis, and then the relevance or not of the practitioner's own therapeutic function that the criterion for deciding whether to propose family therapy or not, could emerge.

6. Who can practice marriage and family Therapy?

The question about who can be deemed qualified to engage in marriage and family therapy has always been raised. And the common response in the professional literature is that marriage and family therapy is a field where specialists from many of the professions such as divinity, medicine, law, education, sociology, social work, and psychology have a certain

stake in. The reason for this is that members of each of these professions are in one way or the other connected with what goes on in marriage and family life and in how best to help people to realize some rewarding fruits in their marriage and family life. Despite this common understanding, the following observation by Cavanagh (1958) should always be borne in mind. According to Cavanagh (1958):

> Training and education for the marriage counsellor are of prime importance. Interest in the subject and a desire to help are not enough; knowledge of law, of medicine, of theology, does not guarantee an individual as a marriage counsellor. Members of these professions have special interests in marriage problems but each only in a limited area. The marriage counsellor must have legal, medical, and theological information but he (sic) needs more.

In commenting specifically on the question of who is best equipped to be a marriage therapist and what should his or her education be? Stafford (1961) draws our attention to the stipulations documented in the Report of the Joint Subcommittee on Standards for marriage counsellors of the National Council on Family Relations (in the United States) which takes the view that no one of the existing professions should have exclusive right to practice marriage counselling. According to Stafford (1961), the aforementioned report appears to support this broadened orientation when it states that the appropriate graduate or professional degree for a marriage counsellor shall be in one of the following fields: education, home economics, law, medicine, nursing, psychology, religion, social anthropology, social work and sociology.

In making his submission regarding how best to be equipped to function as a marriage therapist the same Stafford argues that membership in none of the traditional professions is to be set up as an essential condition for doing marriage counselling. His argument in this is that anyone can do it that is appropriately equipped. From these indications, the reader should have become clear in his or her mind regarding the type of professions from which the marriage therapist can come.

So we raise the next question about the issue of how best to become equipped for the tasks involved in marriage therapy. In reacting in this regard the subcommittee on standards for marriage counsellors once again states that: Every marriage counsellor should have either a graduate or professional degree from any one of the approved training institutions, as a minimum qualification. This degree, according to that subcommittee on standards should be in one of the following fields: education, home

economics, law, medicine, nursing, psychology, religion, social anthropology, social work and sociology. Supporting the position of the subcommittee in this regard, Stafford (1961) argues that "some kind of advanced training with a degree other than the bachelor's degree is essential for professional work as a marriage counsellor." In his (Stafford's) view, however, it appears unwise to suggest that it be required that such a degree be acquired in any one specific field other than those above enumerated. His major argument in saying this is that "what is important is the actual equipment of the counsellor, not the field of his graduate specialty."

Indeed according to the subcommittee on standards "whatever the field of major emphasis, there shall be included accredited training on psychology of personality and development; elements of psychiatry, human biology, including the fundamentals of sex anatomy; physiology and genetics, sociology of marriage and the family, legal aspects of marriage, and marriage and family counselling techniques." Stafford (1961), in reviewing the above submission by the subcommittee, notes one major omission in the curriculum specification enumerated, and that is the need in such a programme for giving of training to beneficiaries in the purely economic aspects of marriage and family life. His conviction in making this suggestion appears to be that although it is wrong to say that all marriage difficulties are economically caused, it is also wrong to omit from the training of a marriage therapist equipment to handle problems of budgeting and of meeting financial obligations that often are at the root of marriages difficulties.

Indeed the same Stafford (1961) is of the view that emphasis on the psychology of personality and development is not at all enough without a corresponding emphasis on the need which the counsellor/clinician has for effective knowledge of how to make diagnostic judgement in marriage therapy. Based on this understanding, he therefore states that in addition to the issue of requiring knowledge of psychology and development on the part of the therapist, the same therapist should have some knowledge of modern psychological testing techniques. This, it is argued, the clinician needs in order to be able to differentiate in good time, between the superficial and the more deep-rooted aspects of maladjustment, and the ability to recognize when the latter type of trouble requires referral to other specialists.

Another point which the subcommittee for standards under reference has suggested to be included in the training of the marriage therapist is the

development of "a scientific attitude toward the individual variation and deviation, especially in the field of human sexual behaviour and the ability to discuss sexual problems objectively." A careful review of the existing literature on marriage therapy shows why this type of emphasis ought to be pursued. This is because most authorities in marriage therapy would agree that the marriage therapist should be able to discuss all questions objectively, and not become emotionally involved themselves in the problems of those they are trying to help. The counsellor/clinician too should have a scientific attitude toward individual variation and deviation as well as toward everything else. By scientific attitude is meant the idea that the counsellor/clinician will not let their own biases and prejudices determine their handling of a case, but will handle it against the background of all the facts obtainable.

Also there is recognizable in the same subcommittee's report, another recommendation regarding the exposure which the marriage therapist ought to have to be able to practice successful marriage therapy. This is with regard to the personal qualifications that the therapist ought to possess. Such qualities according to this subcommittee include:

- Attribute of personal and professional integrity in accordance with accepted ethical standards.
- An attitude of interest, warmth, and kindness toward people, combined with a high degree of integration and emotional maturity.
- The personal experience of marriage and parenthood as a decided asset.

In support of the importance of the last mentioned of these qualities the National Marriage Guidance Association of Great Britain has equally emphasized that although marriage and parenthood can be said to be assets to marriage therapy, it needs to be noted that it is not the marital status per se that matters but rather the condition that the marriage therapist should himself or herself be happily married. This proviso should imply that divorced persons in particular, would ipso facto be disqualified from practising marriage therapy.

Of course another question that the reader may likely be interested to raise at this juncture concerns the issue of why the subcommittee on standards under reference has continued to use in its mentions the terms marriage therapy to the exclusion of the term, family therapy. The section that follows is devoted to responding to such a question.

7. Why more reference to marriage rather than family therapy

In responding to the above question it needs to be mentioned from the outset that there is indeed a division of opinion in the professional literature regarding the right terminology to apply in making reference to the field of those specialists who engage in helping distressed couples to work through their marital relationship problems and who also go as far as providing professional assistance to a family group in distress. The trend of response in the professional literature in this regard appears to further show that while some authors use the term marriage counselling to cover the two practices of marriage and family counselling, others apply the term family counselling or family therapy as a designation for the two kinds of professional commitments.

As an instance of the first trend, the following reference from Stewart's (1961) definition of the term marriage counselling appears apt and timely. According to Stewart (1961), marriage counselling refers to a process in which a counsellor helps persons, couples, or families to make plans and to solve problems in the area of courtship, marriage and family relations. In his view, marriage counselling can be given in three major categories: (a) premarital counselling; (b) marriage counselling, and (c) family counselling. In premarital counselling one deals with the engagement couple before marriage; in marriage counselling with the married couple; and in family counselling with the father and /or mother and their children. Family counselling in Stewart's (1961) perspective may also deal with in-laws or grandparents' issues, so that several generations of a family may be seen at a time. The reason why he designated the entire three subdivisions of counselling highlighted above with the single term marriage counselling is based on the fact that as he sees it, marriage in each case is the focus of the helping process.

Richter (1974) is one of those other scholars who appear convinced that it is the term family therapy or counselling and not marriage counselling which ought to be used to designate this broad special field of counselling. According to Richter (19974), "that marriage therapy is mentioned in the same breath as family therapy of young schizophrenia *indicates* what a heterogeneous area is covered by the concept of family therapy". Hence in his view, the concept of family counselling embraces treatment of the following distinguishable categories of clients: married couples, parents