

# Time, Change and Myth

**Thomas F. Fogarty, M.D.**

"Time flies, suns rise and shadows fall. Let time go by, love is forever over all." Source unknown

**A**nanything carried to an extreme kills itself by being polar, closed and promising magic. In man's effort to understand man, it is foolhardy to look for the complete answer. It does not exist. A new religion comes over the horizon every year and promises salvation to those who would believe. Still in it's adolescence, systems thinking and family therapy is already showing signs of aging. The bloom is off the rose. The mystification of the word "systems" promised a technological breakthrough that would finally give all the answers to human problems. It has failed to deliver. The inhumanity of the word scared those who felt it would depersonalize the individual. It has done that to some extent. Systems thinking is not a form of magic or the promise of "cure." It is different. It still demands the interest and cooperation of one or more people to make things go. It is different in that it says the individual can define himself in terms of his family and not in terms of his therapist. It offers that option.

## **Short Term Therapy**

Brief therapy has been popular in the field of psychiatry for many years. Over the past several years, short term therapy has been used in

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dealing with families. These strategies involve an intervention in the relationships between people. They focus on one symptom, define a triangle around that symptom and then try to directly modify the structure of the triangular relationships. Their work is commonly demonstrated in the child-centered family where the symptom is seen in the child. In the standard approach, the marital relationship is ignored for the time being. The distant parent (usually father) is identified and responsibility for the child is turned over to him. The child is asked who he takes his problems to, who he feels closer to and this identifies the over-close parent (usually mother). Mother is retired from any responsibility for the child. This structural approach will often relieve the symptom in the child and it could be considered a cure or a change. Short term therapists have developed remarkably astute moves to facilitate this process. Up to this point, there is no difference between short and long term systems therapy. An attempt at symptom removal is made to get some form of change or adaptation, to be relevant to the family who are focused on the symptom, or to get rid of the symptom so that other work can be accomplished. When mother pulls back from her fused position with the child she will feel confused, angry, worthless, lost or a sense of failure inside herself. Short term therapists will refuse to deal with the inner system. They believe that it is either unknowable, or irrelevant,

or that it is not necessary to explore it because a change in behavior will necessarily bring about a change inside a person. Longer term therapists will seek calm in the external system to provide the emotional context to work on the insides of the person and the personal relationships of members of the family. Since symptoms represent breakdowns in the family emotional system, they strive to modify the process that led to the breakdown. They encourage exploration of the insides of each significant person in the nuclear and extended family to get at the interlocking triangles that lead to generational overload of emotionality and the transmission of symptoms from one generation to the next.

## Change

Short term therapy uses systems ideas as a technique to change a symptom. But, what is change? Different people will define it differently. Since I see problems as infinite in number, I see change as a point that one strives toward but never gets to. Anything short of continuous effort over one's lifetime remains an adaptation that is vulnerable to stress. A lifetime struggle has some chance of dealing with the omnipresent changes that we all face in the world. To reach a point of cure or solution is to stagnate in a world of constant change. The evolutionary process of identification and differentiation proceeds over the infinity of time and space. You never get there.

Behaviorists, short term therapists and pure structural therapists believe that a change in the external (relationship) system will produce a change in the inner system. A change in movement will produce a change in self. This is true with the following qualifications: (1) it is variable. People can make a change in movement without a change inside of them by "will power" but that is an awful way to live. (2) Some can fight their insides and make a change but others get stuck. (3) A substantial change in the moves one makes in relationship systems will always cause a reciprocal or opposite change inside the person. There is no comfortable way to give up cigarettes, go on a diet, or confide in a spouse that you mistrust without feeling worse inside yourself for a period of time. Emotionally speaking, things get worse before they get better. Change without inner suffering leaves grave

doubts about its substance. Clinically I regard change without pain as an adaptation. The adaptive elements may not show since symptoms may transfer from one person to another in the system, an unacceptable symptom may be replaced with an acceptable one (the substitution of AA for alcoholism), distance in relationships may replace a symptom, or an affair may calm down a conflictual marriage. When an over-close mother pulls back from her child, she may substitute for this by getting a job or shifting her focus to another child. None of these compensatory moves may be overtly symptomatic.

One of the major contributions of systems thinking is that a change in one member will produce a change in other members of the system. This myth, "if I change, the other must change," tends to lead to manipulation or a deterministic cause and effect picture. People in a family relationship have great influence on each other but that influence is not determinative. If I change, there are alternatives for the other person other than change. The price of change may be too high and others may distance or leave the relationship (divorce). Rather than change, the system may absorb the emotional impact of one individual's change in functional or dysfunctional ways. Other people, including therapists, may be introduced into the family to provide a drain off of the excessive emotionality. Emotional systems are not rigid and fixed. They tend to wander and float freely. As the child improves in the child-centered family, the problem may be absorbed by increasing distance in the husband-wife relationship. This is often done in a socially acceptable "asymptomatic" fashion. It is possible over a relatively long period of time for self to change and the system to remain the same, with adjustments.

The myth of the necessary change in others if I change myself also can be a trap. In all twosomes at some times one is in the pursuer position and the other in the distancing position. Such a myth can foster the continuation of guilt in the pursuer or the continuing of activity in the overactive person who really should learn to "don't just do something, stand there." It can foster the process of endless therapy in which people begin to believe that if they just went to the right therapist, read the right book, made the right move, life would be different. Every family therapist has heard people described as

impossible to get to. We know that in the majority of situations, this is not true. In some situations a person has become so disconnected out of desperation, pride, obstinacy or psychosis that it is impossible to get to them. In other situations the distancer can only be reached by moving away from him. The myth of change in one person necessarily determining change in others in the family system gets in the way of the pursuer learning how to distance. This version of psychic determination denies the element of choice — the necessary condition for the development of personal responsibility. This myth encourages a kind of pseudo change in which manipulation of others replaces change in self. As soon as the other person begins to respond to my different moves, I go back to where I previously stood. This is a subtle form of trying to change the other person, so commonly seen in the families of family therapists.

To deal with this myth, members of a family must always keep their options open. To do this they must follow the flow of emotional movement in the family. If one tries to pursue and gets nowhere, then try distance. Remember, an emotional system is neither right nor wrong. It either works or does not work. The flow of movement can be sensed whenever there is a gross imbalance in any direction, toward one person and away from the other, toward one extended family and away from the other, toward son and away from daughter. System thinking is often experimental. It puts observable phenomena into an overview and ties up the pieces into a whole.

Symptoms occur when homeostasis, facing ever present change in the family and the world around it, breaks down. The usual adaptive methods no longer work. Symptoms in the person or in relationships are attempts to stabilize the emotional system. Removal of symptoms represents a restoration of homeostasis but not a change in the process that led to their development. It is another myth that relief of symptoms is equivalent to change. Since homeostasis is opposed to change, any first step in change will look and feel destructive if seen as an isolated episode. Just as in the individual, there is no change without pain and suffering in the system. There are no easy solutions to difficult problems. Relief of symptoms in the child-centered family is always (though not overtly) ac-

companied by distress in the marriage or the extended family. Far from symptom removal, change in systems terms always elicits more symptoms in the family. My experience with change is that it involves a death of expectations in self, described and experienced as worse than real death. It is a profound inner experience with strong feelings of nothingness after these expectations die. During this period, feelings of despair and emptiness increase and, when one thinks it is over, it returns. Only when a person gets expectations of those who are closest to him reasonably close to zero is he on the path toward changing. None of this can be accomplished by a clever move, a paradoxical statement or a pill.

### **The Inner System**

System thinking grew from the recognition that the self-centeredness of the individual was being fostered by individual therapy. The relationship between people often suffered when the person was focused on in isolation. Systems researchers must avoid the same problem but in reverse. In their zeal to foster relationships, they tend to avoid the individual. Complete systems work will deal with both the outer and the inner system. Work is started with relationships because they are more observable and form a more scientific disciplined base line. Years ago, the inner system was avoided in family therapy because traditional psychodynamics did not fit into the picture of systems. These individual psychodynamics constructed in a therapy setting, were linear, based on cause and effect, and used a different set of lens. Now one can begin to work with the inner system in language and concept perfectly compatible with the external relationship system. For example, individual therapy took the answer to the question "why?" inside the person. Systems theory takes the same answer back into the extended family. If family therapy does not become interested in developing an inner system it will miss the valuable lesson of learning from our insides and will become another form of behavior modification. It will miss the richness of psychoanalysis and the profundity of its message. I want to underline that it is a myth that there is something in systems theory which is fundamentally incompatible with the development of an inner system. There is something fundamentally opposed to the use of the psychoanalytic model for that system (*e.g.*

the shift in symptoms from one person to another). The most pressing lack in family theory today is the neglect of this issue. It limits the richness of the theory, limits the situations we can deal with and misses the uniqueness of each person — a key part of the process of identification and differentiation.

### **The Purpose of Systems**

The infinity of problems means that each person and family must learn a method for dealing with difficulties in the present, past and future. Problems are omnipresent because of human limitations, death and birth (which subtract or add people to the system) the natural incompleteness of the person and the system, and the different facets of self that are brought out by every change in the emotional climate and context. It is part of the human condition to be in an evolutionary growing or disintegrating process through life. The emotional aspects of some problems are so large that they develop progressive symptoms or solutions over generations. Schizophrenia and the fragmented family are examples of this process. There are limits to how far one can move within a lifetime. Often, while taking a genogram, the repetition of themes and patterns and the gradual evolution or disintegration of people over generations show how large the scope of an emotional problem can be. This is so even if the difficulty appears to be in one person. One of the purposes of systems thinking is to spread emotional problems over time. For example, one can always find himself by going far enough into the past into his extended family. A lesson in humility. Systems thinking tries to make changes in the present so that emotional overloads will not penalize the future. It does this by identifying and minimizing emotional cutoffs between members of the family. Overloads cannot occur without some kind of emotional short circuit. Inter and intra-generational cutoffs require long periods of time to repair and reconnect. This becomes clear whenever there is intense emotional heat between any two members of a family. In such a situation, one can assume that generational overloading is operating, even if the family does not acknowledge it. There are always more than two people in a room. From this heritage comes our roots, identity, sense of belonging and religion of belief. This heritage may include dark clouds that cannot be faced in one generation. An example

of such a cloud are many of those people who survived concentration camps in WWII.

Looking at the extended family puts self into perspective by bringing real people to life and not talking about "roles" — the language of the sociologist who "studies" people. Information or personal contact humanizes and brings to life people from our past. Father becomes a man who had a childhood, was not born at the age of thirty-five, had a father and mother himself and was, amongst many other things, a father. From this historical perspective we can begin to humanize people in our nuclear family by understanding that they also have a history. This historical perspective tells us that we are probably no better or worse than our ancestors or the people we live with today. In such a context, very hot twosomes have some chance of becoming desensitized. History allows one to get outside of this own head and away from pre-conceived notions. By putting fragments, episodes, and pieces into an overview, one can connect with others who are involved in that overview. Feedback from the family is enlarged and the emotional situation spirals upwards. Different thoughts and feelings occur. This results in increased feedback from the enlarged family circle and so on and on.

Clinically, when a family is not moving, the therapist has, as one of his options, the direction of looking into unresolved sores, sensitivities, divorces and deaths in the past. It is as if someone is not present in the room and everybody is trying to figure things out without a key part of the puzzle. Everybody is focused on the present and reluctant to go into the past. It may be issues of fear, mental imbalance, social class or productivity. The themes over generations are much more important and influential on the present than any of us would like to admit. If the family is stuck in the present, one of the alternatives is to go into the past. If you can't move forward, consider moving backward. (Also consider: if stuck in the past, consider moving into the present.) In this sense, systematic views of the family go far beyond symptom relief, beyond diagnosis, feeling better and cure. This viewpoint deals with prevention, constant change in life, being active, rather than reactive to change, the future, present and past, the functional as opposed to the "non-symptomatic," the hurt of potential as opposed to the comfort of

survival. Systems is generational, timeless, optimistic and positive.

By looking into previous patterns in a different, more understanding and sympathetic way, system thinking tries to decrease vulnerability to stress in the person and the relationship. It strives to decrease anxiety about life's circumstances and control. It aims at appreciation of differences even "when I know that I am right." It is not an answer but it aims toward the answer. It includes some ideas about the emptiness that is in each one of us and indicates that we only make it worse by trying to fill it from others. By placing our own person in history, it emphasizes that we are only a part of history and that a keen sense of time is important. This has to do with life and death. We all have values and viewpoints that we would defend. But how many of these would we die for? Watch how the field of opinion contracts. You will find that much of what you advocate with such enthusiasm will lose its fervor. Systems thinking tinkers with the severe problems of psychosis, death, distance, closeness and unimaginable hurt. Like other approaches, it has no solution but it is another view of these problems. Above all, relationship systems show that closeness and a sense of belonging are a natural craving but not a natural occurrence. They demand extreme effort. One of the most significant effects of placing the person in a family system has been the resulting body of knowledge about functional operating principles. Things in life happen in terms of the unexpected — fast, furious and with confusion. One cannot analyze each and every episode without getting paralyzed. These operating principles represent general truths about what each self must do to function in a relationship. If one can begin to learn some of them, one thing will begin to be clear. Survival is not the first law of nature. Connectedness is the only need in life and there is a magic to it.

## Time

To make use of operating principles in life and deal with the never ending series of problems one must be able to perceive and sense the position each person is in, the emotional flow going toward one and away from the other, distance and closeness, and more. Even with experienced professionals, it takes about three to four years to convey this feeling of movement

with families that they see. How much more difficult and time consuming it is to do this in one's own life with one's own family. How can someone evaluate this flow toward function or dysfunction in his own life? Unfortunately, in the present (or permanent) state of our ignorance, this evaluation takes time. I have always felt that I can evaluate my own function only after I have been able to have the time perspective of seeing my children grow up with their children. One must be able to follow the flow of emotional movement not only with particular episodes but over the generations. One can feel better in the present, get along better with another particular person or get "more in touch" but none of this represents change in its deepest sense. Such adaptations can often be accomplished in 10 visits. But what of the family that does not change in 10 visits? What of the family that keeps coming back over years after repeated cures? Magical cures are tenuous, full of game playing and vulnerable to emotional stress. It is quite true that, at different times in life, people are open to different objectives and appeals. Our efforts to meet them where they are are appropriate but should never be confused with what they might become or will become over generations. Instant change, no matter how good it looks or feels, is never real. This is more of representation of the importance of time than of intensity. People in the system can't even go by the feedback they are getting since this may be fallible. Only time can give objective feedback. Time refers to the brevity or duration of a person's movement. Caught in our own emotional intensity and expectation, we tend to forget time. Despite intensity, time goes on at its own beat. Attempts to convert a person or a people system cannot defy the laws of the past, the present or the future and the impact of generational emotional forces. Under intense emotional stress, the process of birth, life and death marches on. It is positively amazing how many people go through life half dead or muddle around in their emptiness and associate themselves with people who will try to keep them alive. One can die one way or the other and not even know it. The constant reminder of death as a physical or emotional phenomena keeps the importance of time before our eyes.

The concept of time has implications for the therapist. The real work of therapy is in the middle stages when he must go over and over

the same material with members of the family. To do this he must adopt some posture that has little or nothing to do with "changing the family or one of its members." Murray Bowen has spoken of the research posture in which the therapist maintains his objectivity and interest by being concerned with increasing his understanding of families. This protects the therapist from trying to change people. Short term therapists of whatever ilk betray their frustration and impatience by spending more time with each other and in conference than with the family. Or the paradoxical statement is instituted as a magical cure. Saying the opposite of what the therapist really means can be useful if one has first tried to directly relate to the family and suggested moves and solutions are rejected. Such a family is really helpless and wants you to do all the work or the family is negatively reactive and will say "down" if you say "up." In such circumstances, it can be appropriate for the therapist to say the opposite of what he really believes. This is a systems notion striving toward function. This is running the family theory into the ground. If the family believes that everything is impossible, then agree with them. These are ordinary systems notions and not the least paradoxical. Many people, however, can be approached directly and the real work of therapy is the daily grinding out of functional positions and beliefs. Using the size lens that focuses on fragments of a problem (*e.g.* symptoms in a child) one can get an adaptation but not a change. Other ways to avoid change include (1) avoiding the inner self (2) disregarding content of communications (3) concentration on the process only.

### **Myth**

Lack of understanding of the nature of systems has given rise to some mythology. Some of these myths have already been covered in this article. These include the idea that if I change myself, others in the system must change, that change can occur in a brief period of time, that a change in movement is necessarily followed by a congruent change inside the person. Other myths include the following:

A.) Family therapy means seeing all members of the family. This is not as popular an idea today as it was years ago. Originally family therapy was used as a technique and one

saw all the members of the family. Now family therapy is recognized as a theory and it is being used with individuals as well as various groupings of family members. For example, therapists in the past would tell a wife that she could get her husband to come to sessions if she really tried. While there was some truth in that, it is equally true that some people will not go to psychiatrists under any circumstances. They are ashamed, fear attack or want to maintain control. Because of these ideas many people were not offered family therapy since they could not gather the members of their family together. Many individuals were bypassed. New therapists should try to see all the members of a family so that they can see the process of a family system. More experienced therapists often prefer to keep their options open and see the combination of family members that works best at any given moment. With experience and a clear definition of theory, it is perfectly possible to introduce systematic ideas into the family through one person. The particular option selected at any moment will depend on a clear definition of what it takes to have a functional family and being able to follow the flow of emotional movement at any one moment. Therapy is the process of narrowing the gap between the two.

B.) The therapist should jump in and become a member of the family or objectively stay out of the family. This represents an either-or polarity about the proper therapeutic posture. Those who stay outside often mistake distance for objectivity and are so afraid of getting into a triangle that they become paralyzed and irrelevant to the family. To remain objective, they often refuse to answer questions and neutralize the use of their own self as a therapeutic tool. Those who jump in often get lost and muddled inside the family. They never get out. I would like to believe that there is some balanced point in between. The action is fast and furious in every family and one does not have the option of analyzing each and every situation. To operate in a family, one needs operating principles that have been tested over time and proved to be functional. These are generally useful beliefs which move all situations toward function. Many of these are known including "fusion leads to distance, don't mind read, avoid triangles, etc." The therapist should not fear getting overinvolved with the family or one of the individuals in the family. This will happen every so often.

The only real failure is to get overinvolved and to stay there because you do not know it. Any failure can be corrected and used as a learning experience. Such flexibility in the therapeutic posture allows for the full use of self with the family.

C.) One can get connected with everybody in his own family. All family therapists have a natural skepticism about someone who says "Nobody can get to my father. He is impossible." That is as it should be since so many people write off others in their family too soon, with too little effort and ability at interpersonal relationships. After a persistent, direct approach is made toward someone, it is useful to remember that you can't get to some few people and others you get to by moving away from them. Pursuit of a distancer causes problems especially in the extended family and marital discord. At that point it becomes a trap.

D.) The automatic transfer of knowledge from the extended to the nuclear family and v.v. In psychoanalysis it was often assumed that knowledge obtained from the "transference" would be transferred into the life of the patient. This all too often did not occur. In family therapy, it is often assumed that understanding dug out from the extended family will be automatically transferred into the nuclear family and v.v. This is often not the case. In every session, I try to move back and forward between nuclear and extended families to make clear that one must learn to operate in both and use his understanding in both. Remember, one can use work on the extended family to avoid nuclear family problems and the same is true in reverse.

E.) Co-therapy. One of the largest myths about family therapy is the value of using co-therapy. The only exception to this is using it as a teaching device. Other than that, it is

- (1) not economical of time or money
- (2) dishonest in that the therapists often do not function as equals
- (3) troublesome in that more time is spent on the co-therapy relationship than on the family
- (4) sometimes destructive since we know that the family will improve if the co-therapists can get into enough trouble with each other
- (5) unworkable since it often depends on giving the family "role models" of man and woman as if there were a difference
- (6) a cop-out since we ask people in the family to take positions with each other and then say that we have a co-therapist to save us if we get lost or confused
- (7) misses the point. When confused, the therapist should go to the family with his confusion and not to another therapist.

Our families and the families we see are our best therapists. That is the best kind of supervision anyone can get.

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