

Crisis Theory and Family Growth

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This paper first describes Crisis Theory, which views certain life events as creating hazards for individual and family growth. Resolutions of life crises may lead to a deterioration in functioning, status quo, or enhanced functioning. There is little in the literature to indicate enhanced functioning as a result of productive crisis resolution.

A case study of one family is presented. Progress in family therapy was slow until the family experienced a crisis. This crisis and its satisfactory resolution was a major breakthrough for the family and led to more satisfaction among individual family members and increased communication and support between them.

Family therapists should seize every opportunity to intervene during crisis periods and view these periods as transitional states, with opportunities for enhanced growth and functioning.

The field of family therapy offers many challenges and opportunities. Although it is a relative newcomer on the scene of psychotherapeutic techniques, there are nevertheless several basic approaches outlining theoretical frameworks, practice principles and rationales for use (Ackerman, 1958; Bowen, 1967; Satir, 1964; Weakland, Fisch, Watzlawick & Bodin, 1974). There is a need for controlled studies which look at questions regarding the effectiveness of family therapy compared to other more traditional strategies of change. Nevertheless, it seems that mental health professionals' knowledge and skills are expanded and stimulated by case studies. In fact, it is often the brief report of how a particular therapist and family share their moments together that stimulates and presents ideas to others relating to theory and practice.

In the following paragraphs, Crisis Theory will be used to explain a breakthrough with one family, which led to a higher level of functioning than was evident prior to the crisis.

Crisis Theory

Crisis Theory postulates that certain life events, such as role transitions and deaths or separations of significant others, create hazards for meeting basic needs and, therefore, increase the probability of either interpersonal disturbances, or new adaptations and increased functional capacity (Caplan, 1964; Dabrowski, 1964; Darbonne, 1968; Hirschowitz, 1973; Lindemann, 1944). Crisis events in a family render it "at risk;" that is, in a susceptible state that has potential for post crisis resolutions of deteriorated, status quo, or enhanced functioning.

There have been reports about how crisis intervention has helped families deal with their problems and accomplish goals such as avoiding hospitalization of one member; results achieved have been at least comparable to inpatient care at equal if not lower cost (Langsley, 1968). Although there are a few positive reports in the literature, the theoretical postulate that crisis events can also lead to a higher level of functioning than that preceding the crisis event remains questionable (Hofling, 1974; Minuchin & Barcai, 1969).

One of the more interesting facets of the family treatment described below is that it seems to substantiate Crisis Theory's

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concept that one outcome of crisis can be growth. This report is about a family whose interaction and communication was improved after a crisis was experienced and this then resulted in self-reported increases in positive feelings about themselves and other family members and more satisfaction with less anxiety when interacting with one another.

Family Background

The R family is made up of four people: mother—aged 48, father—50, son—19, and daughter—16. The identified client was mother, who was hospitalized briefly with symptoms of depression, anxiety, and drinking. While mother was hospitalized, family therapy was started and two sessions were held. After mother's discharge, I, with a co-therapist, met weekly with the family for 12 sessions prior to the crisis. All family members attended each session, which were held in the family's living room.

Until the crisis, mother was the primary spokesman for the family. By all outward indications, she bore most of the pain in the family and complained about not being understood by her husband or children. She and her daughter frequently argued with one another and these arguments rarely reached satisfactory conclusions. Mother would remain angry and frustrated, as would daughter. Father is a very hard worker and holds a high executive position in a television broadcasting firm. He worked late hours and thus came home late at night. Father is a rather quiet man who seems to evaluate every word and sentence before he utters them. Prior to the crisis, the only feeling that father expressed was anger at me when he thought that I implied that anything in the family was abnormal or even that there might be problems that needed solutions. In essence, he went along with the family meetings but until the crisis, never really seemed to be involved or feel their usefulness. Son, like father, was rather quiet and withdrawn. He is a college student and very much involved with computer technology. He too worked long hours, arriving home late in

the evenings, and often worked on Saturdays and Sundays as well.

The family did very little together socially. They did not eat their meals together and all agreed that they were happiest when each person was involved in his own, separate activity, apart from other family members. Solomon (1974) has described what he calls "homeostatic states" in families. One of his constructs, the maximal-distant family, fits well with the R family. Maximal-distant families are characterized by the isolation of family members from one another, few shared situations such as meals and a general attitude that other family members cannot be depended upon for support. This type of family probably represents the opposite end of a continuum, from Bowen's construct of the "undifferentiated family ego mass." The latter are characterized by intense emotional closeness, and although they may exist in phases of relative calm or hostile rejection, there is obvious evidence of strong emotional bonds (Bowen, 1967).

Family Process

Sitting with this family during the first 12 sessions was extremely difficult. It was primarily mother who wished to bring about changes within the family, and it was extremely difficult to focus on anybody else. Although other family members were reticent to involve themselves by talking about what they thought or felt, they did come to the meetings regularly and there was the sense that they hoped something good would happen. There were long silences and, with the exception of mother and daughter, words were carefully chosen and softly spoken. It felt like a family where everybody treaded softly on thin eggshells.

After ten sessions we were considering termination with the R family. We did not seem able to change the process that we saw and thought we would tell them to contact us if they desired to work with us in the future. It seemed clear that either different therapists were needed who might be able to break through the isolated individual positions and the

family barrier, or something needed to happen that would begin the process.

The Crisis

We arrived at the R home for the 11th session and were invited into the living room. Mother informed us that father's uncle had died that afternoon. Neither father nor children had been told about the death. We entered the living room, sat down, and daughter and son came in. As usual, a few pleasantries were exchanged and father's car appeared in the driveway. There was silence and this continued until father came in and sat down. Mother began by telling him of his uncle's death. There was silence. There was some talk between mother and father about who else knew of his death, and then more silence. I asked several questions about who the man was, what his relationship was to the family and what kind of contact they had with him. Father responded to my questions and indicated that this had been an uncle of whom he was very fond and with whom he was very close. The uncle had lived with him during part of his youth and although recently they had not seen each other more than about once a month, he was a very important person to father. The co-therapist inquired as to how father felt about hearing of his uncle's death. Father said he was upset as anybody would be and that "that probably was obvious." The co-therapist asked if he could say more and father rather angrily said he did not want to. Mother, son and daughter still had not said anything and were primarily watching father. The meeting continued much like those that preceded it, with a lot of silence, deliberate slow talking and a void of verbal feeling being expressed. The session ended and I said I hoped the family would feel more comfortable talking about this incident, the death, in the future.

The next meeting I had with the family seems to have been the turning point.* It

*From this point on, the co-therapist was not part of the process. Due to a death in her immediate family, she took a leave of absence from work. Her departure is not considered to be of major

started with a retrospective discussion about the uncle, his life, and then how the family was dealing with his loss. It began by my stating that I had felt extremely uncomfortable during the past meeting, being present and sharing that moment with them and not being able to talk about it together. I elaborated on this and said that it would have helped me and perhaps other family members, although I was not sure, had I known what other people were thinking and feeling at the time. This began the most animated discussion the family had ever had in my presence. Others shared their sense of helplessness and nervousness over not being able to say anything to father or even to express their feelings verbally on their uncle's death. This discussion led into further discussion about family process. It turned out that mother, son and daughter all wanted to express their warmth and caring for father; however, they did not know how to do it. They all said they not only felt depressed and sad themselves, but wanted to be helpful to father. Father was surprised at their interest in him and his expressing the surprise was followed by more expressions of positive feelings among each other. I asked if the family had ever talked this openly with each other before, and they all said that they had not.

At the following meeting I was informed that the family had met together and spent time discussing the family for the first time. They had all arranged a mutually convenient time where they sat down to talk about how they could relate to each other better, understand each other better, talk and listen more effectively. This meeting was followed by several more of a similar nature and it was then decided by the family and myself that it would no longer be necessary to meet weekly. Each family member stated that he felt more comfortable individually and in the family, that he was much more able to share his thoughts and feelings and have the satisfaction that others heard them,

significance, since she had contributed verbally on the average only 2 or 3 times per session.

respected them and responded to them. Also, each individual thought that all other individuals in the family were more compromising and willing to bend in order to accommodate. In essence, sitting with the family during these latter sessions felt like a completely different experience than originally. Not only was communication among them much more frequent, but each family member expressed what he was thinking much more openly, directly and honestly. The feeling that each person was in his own space doing his own thing isolated from everybody else was remarkably changed.

Several more sessions were held and the family members continued to report more satisfaction with themselves, their lives and each other. Although they readily stated there were still problems and conflicts to be dealt with, they felt much more comfortable because they had some mechanism with which they could now discuss the problems and conflicts. Father stated he needed to learn a whole new way of relating to people and that his "old idea about keeping everything to yourself just wouldn't work anymore." The family was even planning several dinnertimes so that they could be there together.

Discussion

Sitting with this family prior to their loss was both frustrating and unproductive. Primarily, the mother felt the need for changes, and although the other family members seemed to sense that something could be better, they were not really identified with or desirous of change, but more likely were at a loss as to how to improve themselves and subsequently their family. Father's role was passive and his participation was primarily to make lengthy intellectual descriptions of events or, on several occasions, to get angry at me. It is possible, although doubtful, that I could have attempted to start the process of change in the family at an earlier time by openly dealing with father's anger. At the time I felt that this would probably raise anxiety to such a high level, that without adequate preparation and an adequate relationship established, it

would have led to father wanting to terminate and the others, to avoid conflict, would have agreed. Instead, a natural event occurred which helped establish the relationships between the family and ourselves, as well as among family members.

It was the crisis of the death of the close uncle and the feelings it aroused that seemed to begin the process of change and re-examination. Each family member individually, and the family as a group, experienced some positive feelings by openly discussing their reactions to this death. Once this was done, examining previous family meetings and then comparing their experiences with these most recent family meetings, provided incentives to continue communicating more openly together. Opening up communication is not the only strategy nor is it always useful in every family situation. However, with this particular family it seems that the key to helping them discover new ways of relating and new problem solving techniques was for them to have an experience in expressing their feelings and communicating their thoughts to one another, being understood and listened to by others, and developing a sense of willingness to compromise.

Crisis Theory postulates that growth can be one outcome of a crisis, although very little attention has been given to this, compared to using Crisis Theory and intervention to prevent breakdown or maintain status quo. This case study shows how a crisis can be a growth producing experience, for the family as a whole and the individuals in it.

Afterwards

It has now been 16 months since the critical incident. I have been meeting with the family twice a month and they report continued progress and satisfaction as individuals and in their dealings with one another. Sharing that particular moment with them seems to have helped create a breakthrough which to date has led to a higher level of individual and family satisfaction.

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