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The 'healthy' family*

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The importance of concepts and hypotheses about 'healthy' families for family therapists is stressed. A number of different approaches to defining 'health' is described. Concepts and hypotheses of family therapists from different schools are integrated into a more encompassing theory, thereby focusing on statements with respect to personality, cognition, behaviour, communication, relationship, rôle, family system and network. It is noted that family therapy literature lacks information about 'healthy' families. Moreover, nearly all statements are non-scientific and normative as they are not founded on empirical research.

Introduction

Family therapists make use of concepts and hypotheses with respect to 'psychological health' and 'positive' interpersonal relationships. They allow us to differentiate between 'healthy' and 'pathological' structures and processes. They thus fulfil the following functions.

(1) They are the foundation of our theory of pathology because they enable us to diagnose disturbances and diseases.
(2) They provide us with a model according to which we can posit goals of therapy.
(3) They offer us criteria by which we can determine the extent of pathological phenomena during the diagnostic phase.
(4) They provide us with a standard for the evaluation of our work.

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Definitions of psychological and interpersonal 'health'

Family therapists have observed that psychologically 'healthy' persons sometimes engage in 'pathological' relationships while psychologically sick, or disturbed individuals may live in positive relationships. In the first case, a couple may soon be divorced or produce psychologically disturbed children, whereas in the second case they may stay together until their death and produce 'healthy' children. In general, psychological 'health' can only be maintained in a positive context and has to be supported by others:

> To keep one's health, one must continuously share it with other healthy persons. One must find a group climate in which one can continue to grow and actualize one's potentials in healthy human relationships (Ackerman, 1958; p. VIII; Gantman, 1980).

There are different definitions of psychological and interpersonal 'health'.

(1) According to the *statistical approach*, that behaviour is called 'healthy' which is dominant in a certain population. Responses, attitudes, values, etc., which are accepted by most people can be determined by surveys. However the results as produced by statistical methods are quite gross and only valid for the studied population. Even more problematic is the fact that mean scores only depict what is 'normal'—and that does not have to be 'healthy'. In the U.S.A., for example, spending many hours each day in front of the TV set is quite normal for young children but may not be 'healthy' as this behaviour has negative consequences for their development. For family therapists, the statistical approach is of little relevance as they rarely refer to empirical research findings (Ackerman, 1958, 1966; Pongratz, 1975; Bowen, 1978; Gantman, 1980).

(2) According to representatives of the *sociocultural approach*, individuals can be considered psychologically 'healthy' if their behaviour corresponds to the values, standards, laws, rules and traditions which are dominant in a given culture, society, class, institution or group. Thus, these definitions are also only valid for certain populations. While American families of Greek origin, for example, support adolescents' dependence on their family. families of Scandinavian origin expect that adolescents soon become independent and autonomous.

Family therapists use this definition of 'health' more often. Problematic is that on the one hand no unequivocal standards exist

due to the pluralism of values. Thus, therapists have to decide which values are 'right' or 'wrong'. On the other hand, due to the slow change of values they often feel very ambivalent towards new norms. Thus, they may subconsciously hold other (older) attitudes (and represent them non-verbally) while consciously (verbally) advocating different (modern) ones.

It is important to consider that according to this definition, 'health' often stands for conventionality. Moreover, the family's functions for society like reproduction and socialization are sometimes considered to be of greater importance than the family's and its members' well-being (Ackerman, 1958, 1966; Vassiliou, 1967; Rosenbaum, 1974; Watzlawick *et al.*, 1974; Bell, 1975; Pongratz, 1975; Sherman, 1976; Jackson, 1980).

(3) The *subjective approach* refers on the one hand to the idiosyncratic ideal according to which individuals value their own actions which determine their behaviour and experience. On the other hand it refers to notions about the 'right' form of joint living which is shared by a small group (family) and passed down from generation to generation. These ideals may cause problems if they are utopian and out of reach. They can also cause problems in family treatment if they are contrary to the therapist's ideals (Ackerman, 1958; Bell, 1975; Pongratz, 1975; Bandler *et al.*, 1978; Duhl and Duhl, 1981).

(4) The *clinical approach* comprises the following three definitions which are shared by family therapists (Haley, 1962, 1964; Ackerman, 1966; Warkentin and Whitaker, 1967; Gantman, 1980).

(a) While psychopathological phenomena have been exactly described and categorized in internationally accepted classifications (e.g. DSM III), almost no research has been done on psychologically 'healthy' individuals and families. Many family therapists, therefore, do not use a definition of 'health'. Instead, they describe 'health' indirectly as being free from symptoms and psychological disturbances. This approach is also employed by therapists who do empirical studies and use 'healthy' families as control groups.

(b) Other family therapists define psychological and interpersonal 'health' according to an ideal which is based on sociocultural norms, personal attitudes, professional experience and training, and which is shared by colleagues to a certain extent (consensus). It may be attainable or out of reach. In this article, the 'idealistic' definition will be illustrated.

(c) According to the third definition, a family is deemed to be 'healthy' if it passes through the family life-cycle without major

problems and fulfils the tasks specific to each stage (Ackerman, 1958; Pollak, 1965; Haley, 1973; Rubinstein, 1973; Ehrenwald, 1974; Textor and Schobert, 1984). This 'functional' definition cannot be dealt with in this article due to space limitations.

Family therapists agree that *the* 'healthy' family (like *the* 'healthy' individual) does not exist. Rather, families with the most different relationship definitions, rules, myths, values and educational practices may further the growth of their members. Thus, there is a multitude of adaptive and positive structures, interactional patterns and ways of functioning. In addition, not one family is completely free of stress, problems of adaptation, frustrations and fears.

> All families have conflicts, their feelings toward each other are mixed, their love is not always constant and so forth. Furthermore, the completely well functioning, growing, long-term marriage is a rarity (Glick and Kessler, 1974; p. 11).

In every family, there are structures and processes with positive or negative consequences: 'There is no ideally healthy family. Families are either predominantly healthy or predominantly sick, psychiatrically speaking' (Ackerman, 1958; p. 99; Ackerman, 1966; Minuchin, 1974*a*; Bell, 1975; Haley, 1977; Jackson, 1980).

Furthermore, it is evident that problems and conflicts cannot be avoided due to the individuality of family members (different needs, attitudes, styles of communication, etc.), the characteristics of the family system, the influence of other social groups and sociocultural change. They can even be considered conditions for the growth and individuation of individuals: 'At some points in time, conflict is inevitable; it is intrinsic to the struggle of life, intrinsic to the process of change and growth' (Ackerman, 1966, p. 72; 1961*c*). Family therapists have to be able to differentiate between 'healthy' conflicts, problems, fears, defence mechanisms, frustrations and difficulties of adaptation and 'pathological' forms which impede positive development and lead to disturbance. This is a very difficult and problematic task (Stachowiak, 1975).

The 'idealistic' approach

When referring to 'healthy' families or 'healthy' individuals, many family therapists present their ideas, concepts, hypotheses and attitudes in an idealistic way. Belonging to different schools, they focus on certain aspects of reality, e.g. on the personality of the parents, communication processes, relationship definitions, rôle performance,

etc. In the belief that human beings, life and treatment situations are more complex than most family therapists would have us believe, I set out to try to explain the reasons for the multitude of approaches. I found that therapists see different parts ('elements') of the human being, the relationship system and the treatment situation (like personality or communication) because of differing perspectives. Moreover, they also focus on certain 'aspects' of these elements (like attitudes, inner experiences or traits with respect to personality; like levels of communication, patterns of interaction or positions with respect to communication).

Out of this incompleteness and one-sidedness, however, it also follows that one can combine different aspects as noticed by different orientations of family therapy to a more complete view of the respective element and that one can integrate different elements to a more encompassing theory which gives a broader view of reality. This is possible because the different aspects and elements are complementary. Thus, I tried to integrate the concepts, hypotheses and techniques of American family therapists in an earlier book (Textor, 1985). I found that I can do it by differentiating ten elements, i.e. personality, cognition, behaviour, experience, communication, relationship, rôle, family system, network and society/culture— and without doing wrong to the ideas of American family therapists. Moreover, I believe that the resulting theory gives a more encompassing view of human nature, the interpersonal, cultural and socio-economic context, the causes of psychopathology and family pathology, the rôles of therapists and the therapeutic arsenal than do most approaches of family therapy. I will now describe how a 'healthy' family is supposed to be according to the 'idealistic' approach by integrating concepts and hypotheses from major theories of family therapy, as referred to in the literature. There are no references however to 'experience' and 'sociocultural values'.

Personality

In 'healthy' families, adults openly show their uniqueness, affection and sexuality. They are compassionate, warm, empathic and responsible, appreciate their own bodies, live in the present and use their common sense. Moreover, they are creative, productive, realistic and feel rewarded by their achievements. These autonomous and mature persons are authentic and true to themselves and others. They work on themselves and feel responsible for their own lives and happiness. Thus, they try to solve their own problems and do not

burden other family members with them. These individuals have developed mature personalities (Sorrells and Ford, 1969; Satir, 1972; Papp *et al.*, 1974; Pattison, 1976; Napier and Whitaker, 1980).

Psychologically 'healthy' family members have developed an autonomous self and are capable of maintaining their ego boundaries even under stress.

> I believe that a person with a differentiated self is capable of being aware of a variety of both ego-alien and ego-syntonic affects and related fantasies; is capable of reality testing; and has a greater capacity for empathy for others, for himself, and for the vicissitudes he has lived through (Paul, 1972; pp. 43-44).

Bowen (1971, 1972) considers those persons as 'healthy' who reach seventy-five out of 100 on his self-differentiation scale. These family members orient their lives to values and goals. Thus, they do not let themselves be influenced by praise or criticism of others. They do not take advantage of their fellow men and do not force them to behave in certain ways. On the contrary, they feel responsible for their well-being and are always willing to assist. According to Bowen, family members with a differentiated self are governed by cognitive processes and not by their emotions. This does not mean, however, that they suppress their feelings—they control them and always strive for self-discipline (L'Abate, 1976).

Self-actualization and individuation certainly do not exclude love, mutuality and interpersonal closeness. Individuals with a differentiated self live in intense emotional relationships but do not turn them into symbiosis or ego-fusion. They feel well in their relationships without experiencing loss of individuality, independence or autonomy. They tolerate and accept their partners' freedom of will, differentness and uniqueness, and support their self-actualization and individuality. Moreover, they always attempt to understand their fellow men and learn as much about them as possible. Thus, they live in relationships in which they explore their partners and use the discovered differences for their own and their common growth. Moreover, these relationships allow for union and intimacy as well as for individuation and self-differentiation. Individuals with a differentiated self always alternate between both forms of relating. (Ackerman, 1958; Wynne *et al.*, 1958; Schreiber, 1966; Satir, 1967; Bowen, 1978; Napier and Whitaker, 1980; Whitaker and Keith, 1981).

According to Satir (1972, 1975*b*), mature family members respect

themselves and have positive self-esteem. They accept their whole body and its functions, their thoughts, emotions, fantasies and actions, their successes and failures. They strive for more self-knowledge, are conscious of their strengths and limits, believe in their own capacities and try to determine their fate themselves. Moreover, they have a positive sexual identity and are convinced that they are unique (L'Abate, 1976).

According to Boszormenyi-Nagy and Spark (1973), 'healthy' adults have balanced their merit accounts. They do not feel that they have invested too much in other family members or received too little in return. Even if they give more than they receive, they do not feel at a disadvantage, do not engender guilt feelings and do not chain others to themselves by requiring repayment. Their children have understood that receiving is intrinsically connected to being indebted. As they have received from their parents most of the time, they are eager to fulfil the latter's wishes and requests, thus repaying at least part of their debts. Only if they do not feel too much indebted can they separate and individuate.

Cognition

'Healthy' family members perceive inner (body, psyche) and outer impressions and sensations clearly and completely. They process this input while considering its context, make adequate decisions and accept responsibility for the output. They can consider events from different points of view and understand empathically someone else's standpoint. They are realistic, flexible, creative and capable of solving problems rationally. Moreover, they process new experiences thoroughly and are always willing to widen their horizons (Ackerman, 1966; Schreiber, 1966; Satir, 1967; Duhl and Duhl, 1981).

Behaviour

Family therapists describe the behaviour of mature individuals as flexible and meaningful. It guarantees self-preservation, individuation and well-being as well as a happy family life and the positive development of other family members. Accordingly, it is approved, reinforced and rewarded by others. 'Healthy' individuals also reinforce meaningful and positive responses of other family members. Thus, mostly positive reinforcers are exchanged, and usually each individual receives an equal amount of them (reciprocity) (Ackerman, 1958; Mealiea, 1976; Gurman and Kniskern, 1978).

Communication

'Healthy' family members know how to code messages well, to send them clearly and completely, and to qualify them free of contradictions. Their messages are short and relevant, contain few generalizations and are more oriented toward the content aspect than the command aspect. They consider the context of experiences and processes, pay attention to the spatial sequence of events and are able to clarify and to specify their messages. They address other family members directly, reveal themselves and present their opinion openly. At the same time, they are interested to learn about their partners' thoughts, feelings and experiences. If other individuals respond and start talking, they can listen, determine the meaning of symbols and verify statements.

They validate the content of messages and show understanding. These communication skills enable them to experience unity and individuation, intimacy and differentiation (Satir, 1967; Anderson, 1972; Minuchin, 1974*a*, *b*; Duhl, 1976; Duhl and Duhl, 1981; Epstein and Bishop, 1981).

Family therapists have observed that 'healthy' family members usually assume a relaxed or even graceful posture. They keep eye contact, talk with a firm and clear voice and use adequate gestures. Their behaviour is uninhibited and they express feelings (including love and affection) spontaneously. Mimicry and gestures always vary acording to the contents of the messages (Satir, 1975*a*, 1976, Dulicai, 1977).

Family members with a differentiated self usually react authentically and totally. The messages they send on different levels of communication are congruent and fit the reality of the respective individuals and situations. If they receive incongruent messages, they will realize the contradiction consciously or subconsciously. In the first case, they will try to decode the messages by means of experience and memories, or they will draw the sender's attention to the contradiction and ask him/her for clarification. In the second case, they are aware of their confusion and explore its cause(s). They inform their partners about their discomfort and explore with them its source, thereby discussing observations, old experiences, generalizations and conclusions. In both cases, the sender needs to have so much self-respect as to accept a comment without feeling provoked or hurt. Thus, feedback, criticism and metacommunication are functional, effective and growth-promoting in 'healthy' families. They offer each family member the opportunity to learn more about himself/herself

and others, to develop honest and open relationships and to understand each other better. (L'Abate, 1976; Satir, 1967, 1972; Bandler *et al.*, 1978).

Family therapists describe interactions in 'healthy' families as being spontaneous, emotional and humorous. Its members communicate noisily, with quick replies and frequent interruptions. They are equally accessible to one another. Everybody participates in the decision-making process in which the situation, the needs of all members and the functions of the family system are taken into consideration. They need very little time to solve problems as they keep interactions brief and discourage monologues. In general, patterns of interaction are not rigid but are often adjusted to new situations (Rosenbaum, 1974; Bell, 1975; Stachowiak, 1975; Gantman, 1980; Barton and Alexander, 1981).

Relationships

The 'dialogue' (Buber, 1954) or 'I-you relationship' is described as the ideal form of relationship. In it, one family member and his/her world meets another one and his/her world. He/she accepts the other individual and does not want to change him/her. Both reveal their selves and experiences, their personal feelings, thoughts and points of view. They treat 'I' and 'You' as the principal topics of their dialogue, thereby switching constantly between the subject and the object rôle, between giving and receiving, self-presentation and empathy. In this relationship, they experience mutual love, devotion, intimacy and trust. Satisfaction of the need to unite, however, reactivates the striving for self-differentiation. Thus, the family members develop new attitudes, theories, motives, traits, etc., in these relationships, recognize their limits and the uniqueness of their existence, and experience feelings of self-satisfaction. As differentiation leads to distance, however, the resulting emotions make them strive to intensify their relationship again. Thus, phases of separation and union alternate with each other constantly (Kempler, 1973; Rosenbaum, 1974; Boszormenyi-Nagy, 1975; Satir, 1976).

These relationships are also characterized as 'expressive' because they involve passion, warmth, affection and the striving to intensify interpersonal involvement. Each family member takes care of the other's well-being and is interested in their experiences. They spend a lot of time together since they have many common or complementary goals, interests and aspirations. This leads to a strong sense of family

loyalty and an intensive feeling of belonging (Sorrells and Ford, 1969; Bell, 1975; Taschman, 1975; Epstein and Bishop, 1981).

Members of 'healthy' families determine the nature of their relationships together, taking each individual's needs, desires, skills and strengths into consideration. On the one hand, they determine who controls a relationship or parts of it. Thereby, they base their decisions on the demands of reality and not on power constellations. Therefore, a rigid hierarchy or great differences in rank cannot be found. For example, the parents may often switch the leadership rôle in order to make best use of their individual abilities. On the other hand, family members determine which relationships are symmetrical and which are complementary. Thereby, they distribute rights, duties and resources in a way which is accepted by all family members. In 'healthy' families, relationship definitions are handled in a flexible manner and can always be changed. They permit solving of problems, strengthen family ties and further the growth of individual family members (Ackerman, 1958; Satir, 1967, Jackson, 1968; Bell, 1970; Anderson, 1972; Stachowiak, 1975; Wild and Shapiro, 1977).

In 'healthy' families, relationship definitions manifest themselves in clear, permanent and reasonable rules which are agreed upon by all (adult) family members and which are consequently adhered to. However, exceptions are possible and the rules are always being adjusted to new situations. If family members deviate from the spectrum of permitted responses, they are given the chance to defend themselves and to refer to situational pressures. If they are punished, it is only because of their behaviour. The punishment is not directed against them as individuals.

In 'healthy' families, rules guarantee open and sincere communication about all topics. According to Satir (1976), they should ensure the following five freedoms: (1) to hear and see what is here, (2) to say what one feels and thinks, (3) to feel what one feels, (4) to ask, what one wants, and (5) to take risks.

Thus, these rules ensure a large spectrum of responses as well as rôle flexibility and freedom of individuation and self-actualization. Moreover, they also permit intimacy, regression and mutual satisfaction of needs and ensure open communication, patient listening and mutual consideration. Due to these rules, family members can negotiate rationally in case of problems and conflicts, choose realistic alternatives and find solutions which suit all sides. Individual family members are willing to use their skills and to sacrifice the fulfilment of certain needs and desires for the benefit of other family members or the

whole family. Rules also ensure a just distribution of chores and a distinct hierarchy in which the parents have most of the power and in which intergenerational boundaries are maintained (Satir, 1967, 1972; Mitchell, 1970; Jungreis, 1971*a*, *b*; Boszormenyi-Nagy and Spark, 1973; Whitaker, 1976; Coché, 1977; Gantman, 1980; Epstein and Bishop, 1981; Whitaker and Keith, 1981).

Rôles

In 'healthy' families all rôles are distinctly and clearly defined. Individuals know their rights and duties as well as those of other family members. They accept their rôles because their interests and needs have been taken into account before chores and functions were distributed. The individual family members are not fixed to certain rôles but can also switch to other rôles for a short while or experiment with new ones. On the one hand, they can very their roles and thus have experiences which will further their growth. On the other hand, they find security and continuity in their habitual rôles. They are also capable of dealing with contradictions or conflicts between rôles, of distancing themselves from rôles and of adjusting rôles to new situations.

In 'healthy' families, rôles correspond to the age and sex of the respective family members as well as to sociocultural norms and expectations—as long as they support their growth. All family members accept their own sex, appreciate their body, are informed about the functions of their genitals and enjoy their sexuality. At the same time, they respect the other sex, consider it to be equal to their own and know that sexual differences are complementary. In these families, sex rôles are different but not connected with particular rights or higher esteem. Males and females are not competing with each other but work together. Such a family situation allows children to identify with the same-sex parent and adopt a satisfying sex rôle without great problems (Ackerman 1958, 1966; Schreiber, 1966; Lidz, 1970; Satir, 1972; Minuchin, 1974*a*, *b*; Whitaker, 1975; L'Abate, 1976; Whitaker and Keith, 1981).

In 'healthy' families, all functions related to rôles are fulfilled. The spouses feel secure, protected, supported and accepted as unique persons. They satisfy each other's needs, have a positive sexual relationship and love each other. They have agreed upon their rights and duties, discuss problems openly, co-operate in solving them and make decisions together. With respect to child-rearing, discipline and

authority, they maintain a consistent approach. As parents, they transmit sociocultural values, norms, rôle expectations, contents (scientific knowledge, culture, art, religion) and techniques (language, alphabet). They satisfy their children's needs and further their motor and cognitive skills as well as their emotional, moral and social development. Moreover, they help them develop a differentiated personality, a positive self-image and self-esteem. All family members can relax together and regenerate (Ackerman, 1958, 1961*a*, 1966; Lidz, 1970, 1972; Glick and Kessler, 1974; Gantman, 1980; Epstein and Bishop, 1981; Textor and Schobert, 1984).

Family system

A 'healthy' family is an open social system which is constantly changing due to inner or outer circumstances. It is separated from its context by distinct but permeable boundaries. It adapts itself to changes in a way that furthers effective functioning and the growth of all family members. All subsystems are integrated and subordinated to the total system.

> The whole functions as the leader and the control system, both in supporting the family's security and in inducing change. The healthy family will utilize constructive input and handle negative feedback with power and comfort. (Whitaker and Keith, 1981; p. 190).

The marital, parental and sibling subsystems are clearly delineated and do not interfere with each other—intergenerational coalitions and other groupings are permitted for a short while only. The spouses share similar goals and attitudes (e.g. with respect to child-rearing, achievement, sexuality), support each other and lead the family, thereby taking their children's well-being, the condition of the whole family system and the circumstances into account. Each family member uses experiences made in subsystems or larger systems for mutual growth and is always striving for new experiences. This makes family life eventful and full of excitement (Satir, 1972; Whitaker, 1976; Minuchin, 1974*a*, *b*; Coché, 1977; Haley, 1977; Whitaker and Keith, 1981).

Network

In 'healthy' families, the spouses have separated themselves from their parents. The relationship with their partner and children is much more important to them than that with grandparents or other

relatives. Nevertheless, the latter are respected, supported and frequently visited. They do not intervene in the family of procreation and respect its boundaries, maintain a neutral stance in conflicts and do not force their advice or help upon its members (Bell, 1970; Whitaker and Keith, 1981).

In an empirical study by Pattison *et al.* (1975) it was discovered that the network of 'healthy' individuals consists of twenty to thirty persons. It is usually divided into four to six subgroups. Relationships are stable, significant and half open to the outside world. They are characterized by frequent interactions, positive interpersonal feelings, emotional intensity and mutual help. Mutual obligations are balanced and laid down in a *quid pro quo* (Pattison, 1976).

Conclusions

At the end of this short literature review, it is evident that publications of family therapists lack statements about 'healthy' families. Some information is given with respect to personality, communication processes, relationship definitions and rôle performance. Nearly nothing is said about introjects, attitudes, motives, myths, values, contracts, peer groups, institutions, etc., with respect to 'healthy' forms or influences. Nor in the literature reviewed could I find any references to 'healthy' forms of 'experience' and 'sociocultural issues'—two further 'elements' (besides the eight presented) which I found to be of importance with respect to integrating different approaches of family therapy. When using the idealistic approach, family therapists draw a picture of the 'healthy' family which only contains positive characteristics. They do not indicate which ratio between strengths and weaknesses still permit us to call a family 'healthy'. In addition to that, they neither study the interdependence between positive characteristics nor distinguish between different types of 'healthy' families. Their writings also lack a critical discussion of sociocultural norms and values which determine whether responses are called 'normal' or not.

It is also evident that statements about 'healthy' families are, generally speaking, hypothetical, pre-scientific and normative. Moreover, our knowledge about this subject is very limited. One reason is that family therapists hardly ever work with 'healthy' families and usually concentrate on pathological phenomena when developing their theories. In addition, empirical studies by psychologists, sociologists, educationalists, social workers, etc., about 'healthy'

families are lacking. Therefore, family therapists can rarely refer to scientific research findings or use them in order to substantiate their hypotheses. Gantman (1980) complains, moreover, that the few empirical results are pretty obvious or are founded on methodologically questionable or unrepresentative research.

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