“This book takes a fresh look at problematic family processes familiar to marital and family therapists including defence mechanisms, conflict avoidance and sibling rivalry. Daniela Kramer-Moore and Michael Moore, a husband and wife team, provide creative and practical guidance on how to facilitate constructive family communication to address these processes. A treasure trove of novel therapeutic interventions for age-old family problems, their book should be on every therapist’s bookshelf.”

Alan Carr, Director of Clinical Psychology, University College Dublin

Each family has unique communication habits, yet beneath surface differences common communication patterns arise. Many patterns are healthy, promoting communication that is honest, authentic and tactful. Sometimes, however, habitual responses can develop: “myths” that become entrenched in the language of an individual family. These Family Defence Mechanisms (FDMs) block healthy communication, instead raising barriers and creating distance. With time pressures at an all-time high and family members spending less time interacting with each other than ever, snippets of homespun wisdom – “it’s better not to talk about it”; “better the devil you know” – become dangerously easy to present as fact.

Combining humanist and existentialist perspectives in a new understanding of family dynamics, Destructive Myths in Family Therapy exposes a range of common FDMs, exploring how they can become ingrained negative part of family culture and suggesting strategies for overcoming them. The healthy strategies and group activities in Destructive Myths in Family Therapy engage families in better interaction, helping therapists be better equipped to help clients “see” the barriers they unconsciously place in the way of change, “say” things that facilitate resolution rather than resistance, and establish authentic, direct communication within their family unit.

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Destructive Myths in Family Therapy
Destructive Myths in Family Therapy

How to Overcome Barriers to Communication by Seeing and Saying – A Humanistic Perspective

Daniela Kramer-Moore and Michael Moore
With love to our children: Gilad, Karen, Ofer, Rafi, Yotam, and Yuval
# Contents

Preface xiii  
Acknowledgments xvii  

## Part I Seeing – The Choices we Make  

1. **Blindness, or With Eyes Wide Shut**  
   Dangers, Taboos, and Punishments 8  
   Identified Patients 9  
   A Continuum of Blindness  
   Total blindness 11  
   Tunnel vision 11  
   Partial vision 12  
   Broad vistas 12  
   Clear vision 12  
   Surprise, Surprise! 13  
   The Irreversibility of Seeing 14  
   Activities 15  
   1 Pin the tail 15  
   2 Blind walk 15  
   3 Blind spots 16  
   4 Train ride 16  
   5 Picture gallery 17  
   6 To see ourselves as others see us 17  

2. **Distortions, or It’s All for the Best!**  
   A Few Ego Defense Mechanisms 20  
   Family Defense Mechanisms 21
Contents

Activities 30
1 Family map 1 30
2 Family map 2 31
3 Family gossip 31
4 What do the neighbors think about us? 32
5 Masquerade 32

3. Insight through Therapy, or To See or Not To See 33
   The Goals of Therapy 35
   Stages of Therapy 37
   Stage 1: Insightful recognition of PFPs 37
   Stage 2: The implementation of change 40
   Stage 3: Evaluation and conclusion 47
Activities 49
1 Family pain mapping 49
2 Genogram 49
3 Roles 50
4 A sack of stones 50
5 Conflict or What is this quarrel about? 51
6 Windows 51

4. Making Therapy Work, or Practice What You Preach 52
   The Therapist as Client 53
   Neutrality, Empathy, Authenticity, and Creativity 54
   The Therapeutic Agreement 58
   Types of Clients 61
   Stopping and Reflecting 62
   Implementing Change 63
   Individual vs. Family Therapy 64
   A Few Words on Group Psychotherapy 65
   About the Activities 66
   Multicultural Perspective 67
Activities 70
1 Agreement 70
2 Listen! 70
3 Good cop, bad cop 71
4 The four Fs 71
5 Empathy training 71
## Contents

### Part II  Saying – The Power of Words  

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Homeostatic Messages, or Don’t Rock the Boat!</td>
<td>77</td>
</tr>
<tr>
<td>Let’s not talk about it</td>
<td>82</td>
</tr>
<tr>
<td>Everyone has problems!</td>
<td>85</td>
</tr>
<tr>
<td>Count your blessings</td>
<td>86</td>
</tr>
<tr>
<td>Better the devil you know</td>
<td>88</td>
</tr>
<tr>
<td>Activities</td>
<td>90</td>
</tr>
<tr>
<td>1 A word to the wise</td>
<td>90</td>
</tr>
<tr>
<td>2 Action blockers</td>
<td>91</td>
</tr>
<tr>
<td>3 Time travel</td>
<td>91</td>
</tr>
<tr>
<td>4 A note to myself</td>
<td>92</td>
</tr>
<tr>
<td>5 Script writing</td>
<td>92</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Lack of Authenticity, or Keep a Stiff Upper Lip</td>
<td>94</td>
</tr>
<tr>
<td>Four Conceptions of Authenticity</td>
<td>95</td>
</tr>
<tr>
<td>Authenticity as a Trait</td>
<td>100</td>
</tr>
<tr>
<td>Pseudo Living</td>
<td>101</td>
</tr>
<tr>
<td>And They Lived Happily Ever After</td>
<td>102</td>
</tr>
<tr>
<td>C’mon, Give Daddy a Smile!</td>
<td>103</td>
</tr>
<tr>
<td>Play Hard to Get</td>
<td>105</td>
</tr>
<tr>
<td>What Will the Neighbors Say?</td>
<td>106</td>
</tr>
<tr>
<td>Forgive and Forget!</td>
<td>107</td>
</tr>
<tr>
<td>Activities</td>
<td>108</td>
</tr>
<tr>
<td>1 A word to the wise</td>
<td>108</td>
</tr>
<tr>
<td>2 Hidden Agenda 1</td>
<td>108</td>
</tr>
<tr>
<td>3 Hidden Agenda 2</td>
<td>109</td>
</tr>
<tr>
<td>4 Objects</td>
<td>109</td>
</tr>
<tr>
<td>5 Dinner time</td>
<td>110</td>
</tr>
<tr>
<td>6 Packages</td>
<td>110</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Inequality, or What Can You Expect From a Man?</td>
<td>111</td>
</tr>
<tr>
<td>The Status of Children</td>
<td>113</td>
</tr>
<tr>
<td>Spousal Equality</td>
<td>115</td>
</tr>
<tr>
<td>It’s for your own good!</td>
<td>116</td>
</tr>
<tr>
<td>Honor your father</td>
<td>119</td>
</tr>
<tr>
<td>I’m glad we had this little talk</td>
<td>120</td>
</tr>
</tbody>
</table>
Contents

It’s not the same thing 121
I told you so 122

Activities 123
1 A word to the wise 123
2 Line up 123
3 A piece of cake 123
4 Favoritism 124
5 Respect me! 124
6 Same or different? 125

8. Belittling, or Who Do You Think You Are? 126
Types of Belittling 128
Targets and Consequences 129
You are too young to understand 135
You’re just like your father/mother! 136
But at least you’ve got nice eyes 137
It’s all your fault 138
You’re oversensitive 138

Activities 140
1 A word to the wise 140
2 Little people 140
3 Pick a card 140
4 Family sculpture 141
5 Ruler 141

9. Bookkeeping, or Just You Wait 142
Individualism vs. Collectivism 144
Bookkeeping in the Family 145
You owe me! 146
I’ll never forgive you 147
But you yourself have said so! 149
It serves you right! 150
This is the last time I’m taking you on an outing! 151

Activities 153
1 A word to the wise 153
2 The black book 153
3 Rooms 153
4 Family secrets 154
5 Shopping list 154
Contents

10. Family Rivalry, or Divide and Conquer 155
   Sibling Rivalry 159
   Parental Rivalry 159
      Let him have it! 160
      OK – Who started it? 161
      Why can’t you be more like your sister? 162
      Who loves Mommy best? 164
    Activities 166
       1 A word to the wise 166
       2 Once upon a time 166
       3 Family scripts 166
       4 It figures 167
       5 Family garden 167

11. In Lieu of Conclusion: Myths in the Service 169
    of Psychopathology
    Activities 173
       1 A letter to myself 173
       2 Family sculpture 173
       3 I and We 173
       4 Temperature taking 174
       5 The road taken 174
       6 Closure 175

References 177
Index 191
Preface

In our therapy sessions, we see families in their dramas: between spouses, parents and children, vis-à-vis extended family members, between siblings. Even though most claim that they want to live in harmony with their immediate family, they keep bickering, miscommunicating, hurting one another, and ruining relationships. It is logical to presume that every young couple wants only happiness for themselves and for their future children, without causing or feeling pain and crises. Yet as therapists who meet families in pain we see them systematically destroying family events, living under much stress, ending up in divorce or even worse: chronic aversion, bringing up children with behavioral problems. Erich Fromm, social psychologist, psychoanalyst and humanistic philosopher, (1977, p. 8) suggested that “Man seeks for drama and excitement; when he cannot get satisfaction on a higher level, he creates for himself the drama of destruction.” Even those who do not want dramas, may have no choice if they do not know any better, for they have brought from their families of origin patterns of competition, one-upmanship, lack of trust in others, or a lack of awareness of their inner world. Often when they try to share or understand what is happening to them, they resort to well-practiced patterns of blaming and quarreling, ending up even more distant from each other and less capable of mutual trust. To make things more difficult, in order to progress to a mode of communication that is more nourishing, it is not enough for one person to speak effectively. Both parent figures, who serve as models for their children, need to learn how to give up dysfunctional communication patterns and to adopt a new language of trust, empathy, authenticity, and mutual respect toward each other and toward their children. Thus, we find family and couple therapy as the first step towards improving the quality of family life, with the therapist acting as a communication instructor and mediator.
Preface

In therapy both the therapist and the family are involved in a team of equals, all bringing what they know best to this project. The therapist brings knowledge of functional communication, ability to see interpersonal processes, an empathic personality, patience and tolerance, thus serving as both guide and supporter in an intricate, difficult task. However, this does not make the family change. The adults (or the couple) bring their pain and expose it as sincerely as they can, as well as honest motivation for starting to change not each other but themselves. Both of these ingredients are necessary for therapeutic changes to occur.

With this aim in mind, we offer this book to students and practitioners of family therapy, social work, and educational counseling, as well as to those members of the public who are interested in improving family communication, thereby advancing intimacy within the family unit. The need for such improvement is beyond doubt, when close to one-half of all marriages in the Western world end in divorce.

Screaming infants, totally absorbed by their immediate plight, communicate without considering the emotional needs of their listeners. We expect physical, cognitive, and emotional development to help them turn gradually into more mature individuals who are aware of the norms and expectations that pertain to the use of verbal and non-verbal communication. Increased control of vocal cords and of other organs used for communication comes naturally and needs no parental guidance. Children need to learn, however, how to use those organs, first from parents, then from an ever-widening circle of other socializing agents. All of these teachers can impart only what they know and (especially) what they practice, so that one generation of dysfunctional communicators is likely to breed another. The residues of the poor, sometimes pathogenic, communication skills one picks up during childhood last for a lifetime. Those not taught to surpass the phase of self-centeredness and lack the skill to be empathic will pay a price: they cannot have a relationship characterized by intimacy and open communication, for having hurt their audience a number of times, the latter will keep their safe distance.

Many may have noticed that they are both causing and experiencing pain related to their interpersonal communication, and that while they can have quite satisfactory conversations with strangers, talks with the most significant persons in their social environment are not successful. They feel that their words make them fail, but they lack the skill to change. They may suddenly realize that they sound like their parents, but have no tools for
Preface

applying a different communication style. The intent of this book is to assist their therapists in giving them these tools.

Part I deals with the recognition of dysfunctionality and the basic steps of family therapy. Chapters 1 and 2 introduce readers to the importance of seeing the needs and the pains of one's family (no matter how uncomfortable it makes them feel) and to the pathogenic consequences of failing to see them. Chapter 3 outlines the major goals and stages of family therapy, and suggests an analysis of some themes that are likely to appear in most families. In Chapter 4 we stop between seeing and saying in order to help therapists apply their ability to stop and reflect on the family process, to establish more functional communication. Each chapter contains several highly detailed therapy activities for working with couples and families at every stage of therapy.

Part II of this book is organized around six of the most common pathological family processes, each illustrated by analyses of numerous frequently heard myths and sayings. When persistently used within the family setting, the latter undermine closeness, openness and intimacy between spouses or between parents and children. The analysis that follows each saying looks into the different possible motivations that underlie them; the therapy activities accompanying each chapter provide ways to combat them and to replace them with functional alternatives.

The nineteenth century French literary critic Sainte-Beuve has been quoted saying that critics' first duty is to know how to read, and their second duty is to teach others to do the same (Lee, ca. 1910). We shall borrow from him and apply this maxim to (family) therapists: First learn to see and to listen, then teach these skills to others.
Acknowledgments

We would like to thank Darren Reed and Karen Shield at Wiley-Blackwell for their help and encouragement.

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The illustration on p. 52 is by Tamara Aloni.
Part I

Seeing

*The Choices we Make*

*Eyes have they, but they see not.* (Psalms 115:5)

Fay Weldon’s short story (1981), *Man With No Eyes*, is a goldmine of pathological family processes (PFPs): A downtrodden, anxiety-ridden mother, afraid of her domineering husband, is determined to preserve her marriage.
Seeing – The Choices we Make

for the sake of their two young daughters. The story gains special poignancy through repeated references to a scary, mysterious man with no eyes, symbolizing both her father (who had deserted his wife and daughter), her husband, who is totally blind to his family’s needs, and herself, who ignores the harm that will come to her daughters if she stays in her pathogenic marriage.

Unseeing spouses and parents are not a rarity in real life; they are certainly familiar to those engaged in family therapy. Many people do not see. The consequences of such metaphorical blindness can be far reaching: when there is no insight into our own motives (and into those of others), we are on auto-pilot, we repeat our own past behaviors, dysfunctional as they may have been, unquestioningly copy the acts and opinion of others, bring unhealthy patterns of behavior from our family of origin to our nuclear family, all this without examining what builds relationships and what destroys them. Unless we stop and reflect, we cannot learn from past mistakes, and so we find ourselves in the same painful situations again and again.

It is our contention that such blindness (serving as the subject of Chapter 1) is an acquired response. For some individuals it serves as a defense against painful involvement, so common in human relationships. For them not seeing is first a choice, then a habit. Many others use blindness by default, having been surrounded by unseeing adults in their formative years. This type of learning is of special importance in the life of families. To a large extent, man’s being a link in the human chain, “one segment of history,” as Erikson (1963, pp. 268–269) put it, is based on our ability to carry out observational learning or modeling. This highly effective and ubiquitous social mechanism was defined by Hogg and Vaughan (2011, p. 651) as “The tendency for a person to reproduce the actions, attitudes and emotional responses exhibited by a real-life or symbolic model.” Having observed our parent figures during the early stages of our life, each of us mirrors, to some extent, an internalized version of them. In our turn, we use the same mechanism to shape the generation that follows us: what children see and copy from their parents’ conduct, shapes their behavior toward the world in general, and toward their spouse and offspring, in particular. Such shaping is essential for the continuation of culture in all its aspects. It is also the vehicle for the transgenerational transmission of PFPs.

Here is how Erich Fromm described this facet of the principle underlying transgenerationality: “The child is usually defeated by the superior strength of the adult, but the defeat does not remain without consequences; it would seem to activate a tendency to overcome the defeat by doing actively what