

Chapter 1 : Nathan Ackerman - Wikipedia

The SOCIO-CULTURAL revolution that characterizes our time has spurred mistrust and fear among nations, altered the face of family life, and unsettled established patterns of individual, family, and community. No piece of earth, no person, no community is immune. Human beings and human relations have.

Psychodynamic Models – Historical and Theoretical overview Introduction The psychodynamic viewpoint, based initially on the classical psychoanalytic model, originally focused on drive theory and the interplay of opposing forces within an individual. While treatment based on this model appears to be exclusively concerned with the personality of the single individual patient, the role of family context in personality formation is an essential element of the theory. Nathan Ackerman, a family therapy pioneer, attempted to integrate psychoanalytic theory and systems theory. His therapeutic efforts were aimed at disentangling such interlocking pathologies. The psychoanalytic position today is largely based on more relationally oriented perspectives that include object relations theory, self psychology, intersubjectivity, and relational psychoanalysis. Framo and Scharff and Scharff provide two examples of object relations therapeutic approaches. Focal family therapy – Bentovim, Kinston, Slipp This approach is developmentally oriented and looks for family disturbances, especially traumatic events to family members that have led to intrapsychic and interpersonal disturbance within the family. The therapist attends to any significant childhood development of the participants while addressing ongoing family interaction using the framework of object relations theory. Both individual and family diagnoses are part of the treatment plan. Ackerman emphasized the influence of the family as a dynamic psychosocial unit. He worked with the interaction between the biologically driven, inner-conflicted person a psychoanalytic concept, the family, and the social environment a person-systems concept. At the individual level, the process of symptom formation may be understood in terms of intrapsychic conflict, an unconscious defense against anxiety aroused by the conflict, and the resulting development of a neurotic symptom. At the family level, the symptom is viewed as part of a recurring, predictable interactional pattern intended to assure equilibrium for the individual, but actually impairing family homeostasis by producing distortions in family role relationships. Change and growth within the system become constricted. Roles become rigid, narrowly defined, or stereotyped – or shift rapidly, causing confusion. The family in which this occurs must be helped to accommodate to new experiences, to cultivate new levels of complementarity in family role relationships, to find avenues for the solution of conflict, to build a favorable self-image, to buttress critical forms of defense against anxiety, and to provide support for further creative development. Conflict may occur at several levels – within an individual family member, between members of the nuclear family, between generations including the extended family, or between the family and the surrounding community. Conflict at any level reverberates throughout the family system. Conflict often gets underway when one individual – often noticeably different from the others – becomes the family scapegoat. As that individual is singled out and punished for causing family disunity, various realignments of roles follow within the family. Typically, observed Ackerman, such family alliances and interpersonal conflicts begin with a failure of complementarity within the marital dyad; the family is precluded from functioning as a cooperative, supportive, integrated whole. He presented a conceptual model of interlocking pathology in family relationships. Concerned with the impact of the family environment on the development of childhood disorders, Ackerman was one of the first to note the constant interchange of unconscious processes taking place between family members as they are bound together in a particular interpersonal pattern. The pattern of interlocking pathology had long been known to therapists, many of whom made the disquieting observation that sometimes when a patient improved, his or her marriage failed. This seemed to suggest that prior to treatment the patient had felt locked into a neurotic relationship; after treatment, he or she was no longer willing to take part in the dysfunctional interaction and felt free – and able – to leave the marriage. If in the course of psychoanalytic treatment a spouse became upset in response to the changes occurring in the patient, individual therapy with another therapist was the usual recommendation. It was not until the practice of conjoint family therapy began that all of the persons involved

in a family were treated together. When all members delineate their roles clearly, family interactions proceed more smoothly. Members can rework alignments, engage in new family transactions, and cultivate new levels of complementarity in their role relationships. As a catalyst, the therapist must play a wide range of roles—from activator, challenger, and confronter to supporter and interpreter. In due course, he was able to trace significant connections between the family dysfunction and the intrapsychic anxieties of various family members. Finally, when the members were more in touch with what they were feeling, thinking, and doing individually, Ackerman helped them expand their awareness of alternate patterns of family relationships through which they might discover new levels of intimacy, sharing, and identification. Most contemporary psychoanalysts place great emphasis on early attachment experience and its impact on subsequent development. Object relations refers to internal, largely unconscious views a person has of an individual or a part or aspect of an individual from past experiences in childhood that shaped his or her current relationships with others. Thus, an individual interacts not only with the actual other person but also with this subjective, internalized representation of the other, likely a distorted version of some actual person from the past. Note that object relations psychoanalysts are concerned with the internalized representations of distorted external object relationships. This accent is an important difference with a range of family therapy theories and more contemporary psychoanalytic theories. As a result, the person may grow up with distorted expectations of others, unconsciously forcing intimates into fitting the internal role models. The capacity to challenge reality in well-enough versus poor terms distinguishes normative from dysfunctional experience. That is, while two people make conscious marital choices based upon many factors, including emotional compatibility, physical and intellectual attraction, background similarities, and so forth, unconscious motives were also operating; at the unconscious level each one thus hopes for integration of the lost introjects by finding them in the other. In a troubled marriage each partner relates to the other in terms of unconscious needs; each partner perceives the other to a degree as an internalized object, and together they function as a joint personality. In this way each partner attempts to rediscover, through the other, the lost aspects of his or her primary object relations that had split off earlier in life. A Case of Splitting? Let us suppose that Cinderella comes to a therapist because she has problems in her marriage to the prince. A therapist working with an object relations perspective would note that Cinderella suffered early psychological deprivation from the loss of her mother. She idealized the prince, despite knowing him for only a short time. People continue to respond to others based largely on their resemblance to internalized objects from the past, rather than how these others may truly behave. To resolve current problems with others, it becomes necessary to explore, expose, and repair those faulty unconscious object relationships internalized since infancy. Gaining insight is seen as helping overcome the impasse. According to advocates of the object relations view, two individuals joined by marriage each bring to the relationship a separate and unique psychological heritage. Each carries a personal history, a unique personality, and a set of hidden, internalized objects into all subsequent transactions with one another. Inevitably, the dyadic relationship bears resemblances to the parent-child relationships the partners experienced in their families of origin. The relative success that marital partners experience, as well as the manner in which they approach and accomplish developmental tasks throughout the life cycle, is largely determined by the extent to which they are free from excessive negative attachments to the past. Object relations therapists contend that only by gaining insight into, and thus freedom from, such burdensome attachments to the past can individuals—or couples—learn to develop adult-to-adult relationships in the present with members of their families of origin. Object Relations and Family-of-Origin Therapy - Framo James Framo stressed the relationship between the intrapsychic and the interpersonal, and is particularly celebrated for his advocacy of couples groups. His orientation to marital and family theory and therapy emphasized the psychology of intimate relationships, the interlocking of multi-person motivational systems, and the hidden transgenerational and historical forces that exercise their powerful influences on current intimate relationships. Framo viewed family dysfunction as rooted in the extended family system. He developed a set of intervention techniques that helped couples in marital therapy deal with unresolved issues each partner brings to the marriage from his or her family of origin. When individuals choose marriage partners, each is drawn to someone who recreates the childhood dream of unconditional love, but also is

enough like the bad inner object to allow old hatreds to be projected. A partner is chosen who, it is hoped, will cancel out, replicate, control, master, live through, or heal, in a dyadic framework, what could not be settled internally. One major source of marital disharmony results from projective identification—spouses who project disowned aspects of themselves onto their mates and then attack them. Similarly, children may be assigned inappropriate family roles based on parental introjects. Such roles may even be chosen for them before they are born for example, conceiving a baby in the belief that the of spring will save a shaky marriage. Framo began by treating the entire family, especially when the presenting problem involved the children. However, symptomatic behavior in a child may simply be a means of deflecting attention from a more basic marital conflict. Framo guided a couple through several treatment stages: He involved each individual without the partner present in sessions with his or her family of origin parents, brothers, and sisters. In some cases, misinterpretations based upon childhood misperceptions could be straightened out. Clients were encouraged to face their family of origin in order to present their views, perhaps not aired before. Two major goals were involved—to discover what issues or agendas from the family of origin might be projected onto the current family, and to have a corrective experience with parents and siblings. This often had a restorative function, reconnecting family members to one another, allowing participants to see one another as real people and not simply in their family-assigned roles. The intergenerational encounter provides a forum for forgiveness, compromise, acceptance, and resolution. Therapy attempted to aid the couple in overcoming resistance in order to become aware of repressed impulses, feelings, or ideas. Their focus is on the family as a nexus of relationships functioning in ways that support or obstruct the progress of the family or any of its separate members as they proceed through the developmental stages of family life. They emphasize the fundamental need for attachment, to be in a relationship, and the possible destructive effects of early separation actual or felt from caring figures. Any anxiety resulting from such separation experiences is assumed to lead to repression, permitting less of the ego to relate freely to others. The therapist provides a shared holding environment, thus creating a therapeutic climate allowing each family member to project onto the therapist his or her own unfinished problems from the past. The Scharffs believe they are able to remain outside the family system, and thus are in a position to offer comments on what is happening to them as well as on what they observe taking place within the family. They make use of the transference, which they view broadly as occurring between family members, between each family member and the therapist, and particularly between the family as a group and the therapist. The therapist offers empathy and a safe environment while attending to the psychological processes each participant is experiencing separately as well as with one another and with the therapist. He grasped early on that fully understanding family functioning calls for acknowledging input from several sources: At the individual level, the process of symptom formation may be understood in terms of intrapsychic conflict, an unconscious defense against anxiety aroused by the conflict, and the resulting development of a neurotic symptom a classical psychoanalytic explanation. Conceptualizing behavior in this way, Ackerman was beginning to build a bridge between psychoanalytic theory and the then-emerging systems theories. Roles become rigid, narrowly defined, or stereotyped—or shift rapidly, causing confusion. Conflict may occur at several levels—within an individual family member, between members of the nuclear family, between generations including the extended family, or between the family and the surrounding community. Should the conflict between members become chronic, the family is at risk of reorganization into competing factions. The process often gets underway when one individual—often noticeably different from the others—becomes the family scapegoat. Typically, observed Ackerman, such family alliances and interpersonal conflicts begin with a failure of complementarity within the marital dyad; the family is precluded from functioning as a cooperative, supportive, integrated whole. In an early paper, Ackerman presented a conceptual model of interlocking pathology in family relationships. Concerned with the impact of the family environment on the development of childhood disorders, Ackerman was one of the first to note the constant interchange of unconscious processes taking place between family members as they are bound together in a particular interpersonal pattern. It seemed to suggest that prior to treatment the patient had felt locked into a neurotic relationship; after treatment, he or she was no longer willing to take part in the dysfunctional interaction and felt free—and able—to leave the marriage. However, influenced by social psychology, he

was impressed by how personality is shaped by the particular social roles people are expected to play. When all members delineate their roles clearly, family interactions proceed more smoothly, he maintained. As a catalyst, the therapist must play a wide range of roles—from activator, challenger, and confronter to supporter, interpreter, and integrator. In due course, he was able to trace significant connections between the family dysfunction and the intrapsychic anxieties of various family members. Finally, when the members were more in touch with what they were feeling, thinking, and doing individually, Ackerman helped them expand their awareness of alternate patterns of family relationships through which they might discover new levels of intimacy, sharing, and identification. Bowlby considers issues of attachment and loss to be central to functioning in humans and all higher mammals; he argues that how people resolve these issues determines personality development and possible psychopathology. Thus, an individual interacts not only with the actual other person but also with this subjective, internalized representation of the other, likely a distorted version of some actual person from the past. Each one thus hopes for integration of the lost introjects by finding them in the other.

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Chapter 3 : - The Psychodynamics of Family Life by Nathan Ward Ackerman

*The Psychodynamics of Family Life (Master Work) [Nathan Ward Ackerman] on blog.quintoapp.com *FREE* shipping on qualifying offers. To learn more about Rowman & Littlefield titles please visit us at blog.quintoapp.com*

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The interdependence of individual, family, and society is discussed in terms of Freudian theory and is illustrated with clinical therapeutic case material. page bibliography. (PsycINFO Database.

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