

Dilution of Family Process in Social Services: Implications for Treatment of Neglectful Families

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Families identified as neglectful pose a special challenge to family therapists and other practitioners, not only because they are usually involuntary clients but also because of the relative weakness of their internal process, which often becomes "diluted" into the system of providers. Current social services practices that exacerbate the dilution of family process are hard to eradicate because they are rooted in a culture that promotes the transfer of functions from families to social agencies; families, immersed in the same culture, often collude with the agencies in their own dilution. The treatment of neglect in families calls for the nurturance of the family's process and the disruption of the complementary pattern between family and regulatory agencies.

Child welfare and other agencies dealing with families identified as abusive or neglectful are increasingly interested in family therapy. As part of their effort to fulfill federal and state mandates to prevent the out-of-home placement of children, they are referring families to therapy and recruiting family therapists as consultants and trainers to their staffs. Family therapists are finding, however, that their craft does not transfer easily to the new environment. Clients are erratic in their commitment to treatment, "dodging" it or complying only perfunctorily with its requirements (Ackerman, Colapinto, Scharf, *et al.*, 1991). There may be multiple agencies involved with each family, and trying to coordinate goals and practices can turn into a frustrating endeavor when the inefficiency of the family system is hardly distinguishable from that of the service delivery context (Elizur & Minuchin, 1989; Schwartzman, 1985; Seelig, 1976).

This article describes a peculiar pattern of interaction between neglectful families and service agencies that may account for the limited efficacy of family therapy in this field, and offers guidelines for shifting that pattern through family-focused interventions that derive from the systemic understanding of families but differ from "family therapy" in the traditional sense.

FAMILY DILUTION

Families that attract the regulatory involvement of social service agencies tend to occupy the opposite ends in a continuum of cohesiveness. Some present as tightly closed units that resist intervention and deny that anything is wrong with them. Others, on the contrary, appear "barely hung together," as if "they had been robbed of the very soul of their identities as families" (Buchanan & Lappin, 1990, p.49). Their members are loosely connected, often responding less to each other than they do to agency workers, who become permanent fixtures in their life (Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1980). They stay involved with "the system" for years, even generations (Miller, 1983), exhibiting patterns of chronic neglect rather than abuse. The parents may abandon their children to indulge in drug binges, fail to provide adequate shelter and food, or abdicate authority as the children reach adolescence, but they do not exercise physical or sexual violence against them—although they may render them more vulnerable to abuse by others.

These loosely connected families, the most prevalent in the caseloads of social service agencies, are the focus of this article. They have been described in the literature as "disengaged" (Minuchin, Montalvo, Guerny, *et al.*, 1967) and "underorganized" (Aponte, 1976b), terms that emphasize the structural features of the family itself. The alternative expression—"diluted family"—suggested here, widens the descriptive lens so as to capture the structure of the larger social process of which the family's disengagement and underorganization are a part.

"Ownership" of Family Process

Family therapists are used to working with families that bring themselves to the therapist's office, like the Smiths in the following example:

In the first interview with a therapist, Mary Smith explains that the idea of coming to therapy was hers. Last year her divorced daughter Jill and Jill's 5-year old son, Pete, moved in with Mary and her husband Steve. The arrangement was meant to support Jill's return to graduate school, but Mary complains that Jill is abusing it by delegating Pete's care to the grandparents even on weekends, while she parties with her friends. Jill counters that Mary is

"overinvolved" with Pete and that she constantly criticizes Jill's parenting. Steve, retired and spending most of his time in hobbies, seems uninterested in the discussion.

To the family therapist, the Smiths appear as the primary "producers" of their process. While not impervious to the *influence* of their social environment, they function as a relatively self-enclosed transactional unit, *differentiated* from that environment. They see themselves and are seen by others as autonomously managing their own life as a family. Each member's actions and attitudes exert a privileged influence over each other. The decision to support Jill, the subsequent arguments between her and Mary over Pete, Steve's peripherality, and Mary's eventual search for expert help are expressive of an idiosyncratic interactional process that the Smiths have negotiated among themselves over the years—forging their own ways of regulating distances and hierarchies, making decisions, dealing with internal conflicts, and coping with developmental and environmental demands. While now opening their process to the input of the therapist, they retain a sense of ownership and responsibility for their life as a family. Their mutual belonging is not in question, and that sense of being engaged in a battle that cannot be easily abandoned is precisely what makes interpersonal conflict painful. In response to therapy, they may or may not develop new ways of interacting; in either case, they will maintain ownership of their process.

By contrast, consider the Joneses, referred for family counseling by the foster care agency that supervises the home of Emma Jones:

Emma is a "kinship foster parent" caring for her grandson Paul. Also living at her home is Bill, Emma's son and Paul's uncle, who spends most of the time alone in his room. Paul's mother, Gwen, a drug user who lost custody of Paul due to neglect, lives with a girlfriend in a nearby apartment. She has been in and out of drug treatment programs that she never completes. The Joneses were referred for family counseling in hopes that it would improve the relationship between Emma and Gwen: Emma complains constantly to the agency about Gwen not doing what she is required to do to regain custody of Paul, while Gwen argues that Emma is stealing Paul away from her.

The Joneses resemble the Smiths in many ways: the relationship between grandmother and grandchild is closer than between him and his mother; the two women disagree over the child, as well as over the mother's lifestyle; and there is an underinvolved male. However, an examination of their respective predicaments as therapy clients highlights an essential difference: while the Smiths came *on their own*, the Joneses had therapy coming *to them*, without having asked for it or even feeling that it was necessary. While Mary and Jill argued their differences until Mary felt a need for expert help, Emma and Gwen attacked each other *through the agency workers* until the *workers* felt that help was needed. Once in therapy, the Smiths may decide by themselves if and how to change, and even whether to continue or drop out; the choices of the Joneses are restricted to "cooperating" or "not cooperating" with the specific goals set for them by the referring agency. For instance, they cannot choose to experiment with a living arrangement similar to that of the Smiths, because foster care regulations would not allow Gwen and Paul to live under the same roof.

The predicament of the Joneses in therapy reflects a more generic condition that differentiates them from the Smiths: they are not independent producers of their interactional process. As a system they are "open," not just in the unspecific sense of being *influenced* by their social environment, but in the very specific sense of being *managed* by it. They operate less as a clearly identifiable, self-regulating, transactional unit, than as part of a larger one. Other components of this larger unit—workers from foster care agencies, family preservation services, drug and alcohol rehabilitation programs, courts—play decisive roles in the negotiation of the family process, acting as brokers of alliances and triangles, buffers between family members, and experts on how to make decisions, manage conflicts, and raise children. The substance of relational life in the Jones family, including the conflict between Gwen and Emma and the nurturing relationship between Gwen and her son, has been progressively *diluted* within the larger dynamics of social services.

Diluting Effect of Social Services

The regulatory intervention of a social service agency in the life of a family tends to loosen connections among family members. The effect is most obvious when a child's physical well-being is threatened, because then the need to protect the child takes precedence over his or her relational needs. For example, if a father beats his son, the child's safety is expediently protected by removing him from the home, while his emotional connections to his mother, siblings, and father are not granted the same diligence. But even in lower-risk situations where the child is not removed from the home, a child protective intervention may dilute family connections:

One morning, Angela, an 8-year-old orphan raised by her maternal aunt, disobeyed the aunt's instructions on what to wear to school. As Angela ran to the school bus, her aunt admonished: "When you come back we'll take care of this." At the end of the school day, Angela refused to go home because, she said, "My aunt will beat me up." The

school contacted the child protection agency and the aunt was summoned to the school. There, in response to the protection worker's questions, she asserted her right to discipline her niece, even by spanking her if necessary. The worker told the aunt that she was not allowed to spank Angela, and accompanied both aunt and niece to their home, where the discussion continued until it was time for Angela to go to bed—unpunished. The worker announced that she would return in the morning and got the aunt to promise not to spank Angela.

At this point, a gap has opened in the relationship between Angela and her aunt: the protective presence of the worker has put Angela beyond the aunt's disciplinary reach, in effect, interrupting their existing relational process. In the following weeks, the aunt withdrew from other transactions with Angela: she lost interest in checking what clothes Angela was wearing to school, in her school activities, and in her social life, while Angela spent increasing amounts of time with several agency workers who took an interest in her and came to regard the aunt as neglectful.

Child protection is not the only concern that drives social service agents to interrupt family transactions. The same strategy is used to deal with a wide range of interactional problems, for instance, the emotional stress generated by ongoing family conflict:

When the worker found out that Emma and Gwen Jones engaged in bitter arguments each time Gwen came to visit Paul, she thought that it would be better if the two women had no contact at all. She started to pick up Paul at his grandmother's home, deliver him to his mother, and transport him back to grandmother's at the end of the visit.

By interrupting contact between Emma and Gwen, the worker was trying to protect them from emotional discomfort. The effect was a dilution of their relationship: if Gwen needed to ask her mother for something (like a change in the time of the visits) or to complain about something (like Emma's "spoiling" of Paul), she would not talk to her mother directly, but instead would communicate with her through the worker. As calmer transactions between the worker and Gwen and between the worker and Emma replaced the intense transactions between mother and daughter, the Jones family forfeited that aspect of family process that consists of a mother and daughter experiencing and dealing with conflict. Unlike the therapist for the Smiths, who could encourage Mary and Jill to negotiate their differences, the worker for the Joneses became a buffer between Emma and Gwen.

In addition to interrupting existing family transactions, social service practices may *prevent* new transactions from developing. A worker may prefer to meet individually with a 13-year-old victim of sexual abuse, on the assumption that she will communicate more freely if her mother is not present. While protecting the emotional comfort of the girl and the mother, as well as the fluidity of her own communication with the girl, the worker is also removing a crucial area of interaction from the domain of the mother-daughter relationship.

Hierarchical arrangements are similarly affected. Whenever Emma and Gwen Jones differ over what is best for Paul, the weight of the foster care agency's authority is on Emma's side. The alliance of Emma and the worker reinforces the power differential between mother and daughter at a time in their lives when they might be moving toward a more balanced relationship. Gwen's position in the hierarchy is as low as or lower than her son's, who is often called upon by the worker to testify on his mother's behavior. While a structural map of the Smiths (see Figure 1) should depict the active triangular process between grandmother, mother, and child, and the peripherality of the grandfather, a map of the Joneses (see Figure 2) must capture the worker's insertion between grandmother and mother, and between mother and child, the hierarchical demotion of the mother, and the dilution of the grandmother-mother-and the mother-son relationships.

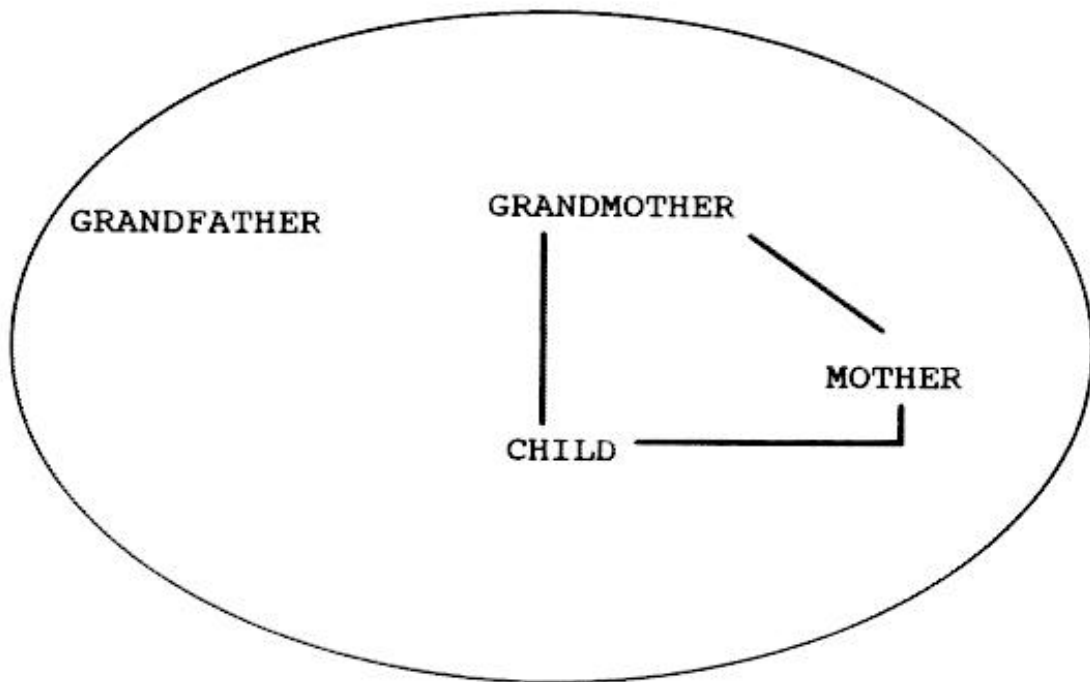


Figure 1.
A structural map of the Smith family.

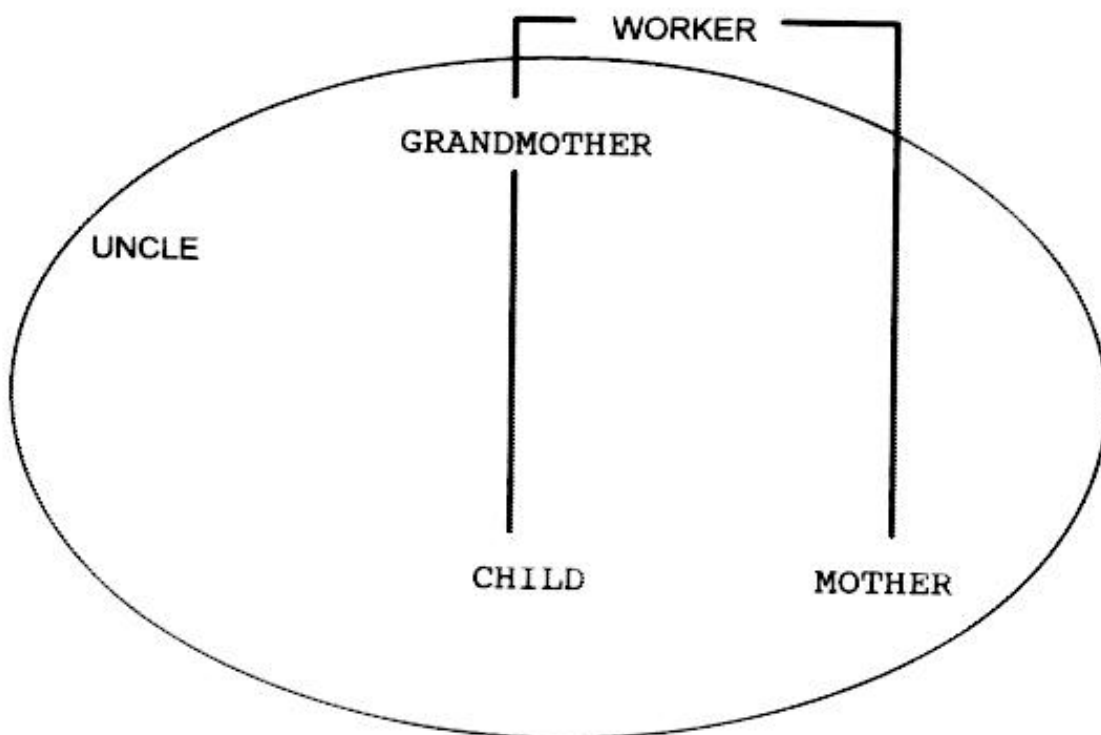


Figure 2.
A structural map of the Jones family.

The diluting effect of agency intervention is augmented when a family's relational difficulties are broken into individual "needs" and referred for treatment to separate services. "Neglect" may be diagnostically fragmented into the need of a child

to be nurtured and the (separate) need of the child's mother to become more nurturant. The child is then moved to a presumably nurturant environment, while the mother is referred to one or more services for the treatment of various conditions presumably related to her inability to nurture: drug rehabilitation to overcome her addiction, individual psychotherapy to work through the abuse that she may have suffered in the past, and educational programs to learn parenting skills. The higher the number of intervening agencies, the harder it becomes for the family to retrieve the fragments of its process, because each agency guards its specific service goals from the interference of others. This includes the "interference" posed by family life: a drug treatment program or a shelter for battered women may discourage a mother from visiting her children so that she can focus on "her own" need to free herself from dependency on drugs or an abusive spouse. While protecting the goals privileged by the respective programs, these policies reduce the volume and intensity of family interaction in favor of a fragmented domain of interactions with expert services.

In the more advanced stages of family dilution, the focus of activity shifts from the interpersonal dynamics of the family to the interaction among the workers themselves (Carl & Jurkovic, 1983; Schwartzman & Kneifel, 1985). The needs and motivations of family members are defined and represented by their respective workers, who then discuss with each other which is the best course of action for the family. Worker A, acting on behalf of the children, argues that they should never be returned to their parents; worker B, who represents the parents, calls for an immediate reunification of the family. While A attacks B as naïve and gullible for buying into the parents' story, B sees A as excessively rigid, punitive, and not understanding anything about families. There is also worker C, who interprets the interests of the mother alone, and insists that the father must leave the family and then the children should be returned to their mother. In the meantime, mother, father, and children are *not* processing among themselves whatever conflicting feelings they may have about living together or not. Like the humans of Greek mythology, whose opposing interests were championed by their Olympian gods and goddesses, they have nothing to do except wait for the outcome of the battle that the experts fight above their heads.

Sociocultural Context of Family Dilution

The fragmentary and fragmenting nature of our services for children and their families has long been recognized by clinicians and service planners alike. A quarter of a century has passed since Auerswald (1968) blended the family systems and community psychiatry perspectives in his classic call for an "ecological" approach, meant to overcome the dissociations inherent in the conventional "inter" disciplinary approach. Other clinicians have proposed and developed family-centered models of service, focused on strengthening the family's functioning and its ability to relate to public agencies (Bryce & Maybanks, 1979; Colapinto, Minuchin, & Minuchin, 1989; Hartman & Laird, 1983; Kinney, Madsen, Fleming, & Haapala, 1977; Zamosky, Sparks, Hatt, & Sharman, 1993). Federal, state, and local administrations periodically redesign their social programs and reallocate public monies in an effort to reduce the fragmentation of services and families.

Yet, the very periodicity of these initiatives points to their repetitive failure: time and again, innovative conceptual blueprints translate into the same fragmentary and disempowering practices. In a landmark overview of the family/larger systems intersection, written 20 years and many attempts after Auerswald's article, Imber-Black (1988) still notes that the social services system, "while ostensibly organized to support families, in fact frequently fragments them through practices and policies that lack appreciation both of diverse family forms and of the impact of interventions on delicate family ecologies" (p. 163).

The fact that family-diluting practices continue to thrive in spite of succession of "family-friendlier" revampings suggests that those practices are driven by stronger forces than just poor planning. Indeed, the dilution of families, particularly poor families, is culturally syntonous with the trend in modern, urban, technologically specialized societies to displace the locus of rights and responsibilities vis-à-vis the individual from the family to public agents of control (Cooper & Platt, 1974; Donzelot, 1979; Eisenstadt, 1963; Lasch, 1977). In the United States of today, federal and state regulations spell out the standards for the welfare of children, and government employees determine when a family fails to meet those standards and needs to be replaced. Imber-Black has noted that families that deviate from the "traditional" norm of "two parents, two children, father employed outside the home, and mother remaining at home" are often viewed by social service providers as "aberrant and problem-filled or problem-inducing" (Imber-Black, 1988, p. 27)—making them prime candidates to be "taken over" by the services.

These families are not necessarily the passive victims of a social control scheme. Immersed in the same culture as their service providers, they may view themselves as inadequate, and they often welcome and even encourage a takeover. A grandmother may ask a government agency, rather than her relatives, to substitute for her daughter's neglectful parenting; a single parent may look for alternative living arrangements for her children as soon as they become difficult to handle at home. Even in situations where power was originally taken away from them against their wishes, family members may "collaborate" by withdrawing from further participation in family life: many parents of children placed in foster care fail to show up for visits and, in general, display ambivalence about their parenting role, which frustrates any efforts to "reunify" the family (McCartt Hess & Folaron, 1991). It could even be argued that the workers are the ones who play a passive role,

as victims of the family's need to control them (Miller, 1983), or as unwitting replicators of the family's dysfunctional patterns in their own interactions with the family and with one another (Schwartzman & Kneifel, 1985).

Rather than blaming family dilution on the agencies' preoccupation with social control *or* on the family's abdication of its responsibilities, the phenomenon can be seen as the result of a complementary collusion in which both collaborate to uphold a sociocultural trend. An agency's decision to remove a 12-year-old from his mother's custody because of "inadequate supervision" may fit the woman's sense that her son will be better off, and herself more at ease, if he lives safely in an institution rather than being exposed to the street gangs in her neighborhood—as well as the boy's own sense that the institution, where perhaps a friend of his is already living, will provide the path to move away from his mother. Within the subculture of disadvantaged families and their social providers, an out-of-home placement may appear as a "normal" developmental stage—the poor family's version of "leaving home" (Haley, 1980).

The collaboration of families and agencies in transferring childrearing responsibilities away from the family is encouraged by two related aspects of our culture that relativize the function of the family as the primary setting for human bonding—the "matrix of identity" described by Minuchin (1974, p. 47). One of them is the "technification" of interpersonal relations. Parenting is now regarded by both social services and clients more as a set of skills than an interpersonal experience, the instrumental efficacy of behavior as more valuable than the nurturant power of a relationship, the objectifiable features of a living environment as more relevant than the subtle nuances of the parent-child bond. In the words of community psychiatrist Matthew Dumont (1992), "connectedness has been professionalized" (p. 67). This technocratic, depersonalized approach to our relational life facilitates a casual attitude toward the continuity of specific relationships, and minimizes concern for the emotional effects of a child's removal on the child, the parents, and the siblings. In the world of institutionalized child welfare, the practicalities of "finding a place" for a child may outweigh and indeed preclude basic considerations of bonding:

A 15-year-old girl who ran away from her mother's home was given shelter by her aunt in another state. When the girl became pregnant, the aunt refused to accept the baby in her home. The intervening agency arranged for the baby to be placed in foster care at birth. Asked why no attempt had been made to find a home for the young mother and the baby together, the agency representative and the family members explained that the young mother did have a place to live—with her aunt. Only the baby needed a place.

The other cultural feature contributing to the dilution of families is the value that we place on the individual's self-sufficient achievement—as compared to interpersonal mutual dependency. Because we think of "parenting" as an individual rather than as a collective ability, our preferred response to a single mother whose performance does not measure up to society's standards is to "fire" or suspend her and bring in another, presumably more competent individual—instead of recruiting this individual as a temporary complement to the mother. When it was found that Gwen Jones was neglecting Paul, parenting responsibilities were fully taken away from her, and fully given to her mother Emma; the possibility of a coparenting arrangement that would have allowed Gwen to retain some responsibilities toward her son without endangering his welfare was not even considered—not by the agency, nor by Gwen, nor by Emma. To consider it, they should have entertained the countercultural notion that good parenting may result from the collective efforts of imperfect individuals.

IMPLICATIONS FOR TREATMENT

When asked to treat a diluted family, or to teach others how to do it, family therapists face two kinds of challenge. The first stems from the involuntary nature of the treatment. Family therapy developed mostly in interaction with clients like the Smiths, who come to therapy of their own accord, looking for solutions to what they experience as *their* problems. Diluted families, on the other hand, are sent to therapy by regulatory agencies that are experiencing problems *with them*. The bad relationship between Gwen and Emma Jones is a problem for the foster care agency because it complicates visitation arrangements; similarly, a couple's use of alcohol or drugs may delay the return of a child. The family members themselves, however, may not consider their predicament a problem: the Joneses may like having the worker as a buffer; the alcoholic couple may be ambivalent about having the child back. Neither would take the initiative of looking for therapy.

The need to revise the concepts and techniques of family therapy when responding to compulsory referrals has been discussed elsewhere (Ackerman *et al.*, 1991; Colapinto, 1988). However, the involuntary nature of the referral is not the main challenge posed by diluted families; a second, more formidable obstacle is the weakness of the family's interactional life. Family therapy relies not only on the clients' disposition to address a problem, but also on a family process to which the problem can eventually be related. The therapeutic relevance of "family" therapy hinges on the assumption of a fairly self-enclosed network of interlinked behaviors, where the action of each member significantly affects other members, and within which differences can be negotiated with relative independence from the "outside." Without such an assumption, it would not make sense for a therapist to relate problem behaviors to family dynamics, or to pursue individual changes through the transformation of those dynamics.

In a diluted family, the premise of a family-owned-and-operated process does not hold true. Rather than mutually regulating their behavior within a relatively self-enclosed system, family members are parts of a larger regulatory system. Since they have become less relevant to each other, they experience less conflicts among themselves, and less of a need to negotiate the conflicts that they do experience. Differences among them are either avoided by virtue of their weak connections, or mediated by workers. Their plight is not so much that internal boundaries are inadequate, conflict resolution patterns deficient, or decision-making skills poor, but that they are not negotiating those boundaries, conflicts, and decisions by themselves—others do it for them. They cannot feel "stuck" because there is not enough process among them in which to get stuck.

This weakened family process robs family therapy of its leverage as much as, if not more than, the compulsory nature of the referral. Since much of their life is regulated by others, family members cannot really buy into the notion that their behaviors are mutually regulated and capable of conjoint change. If they ignore the attempts to engage them, or participate half-heartedly in a kind of "pretend therapy" (Ackerman *et al.*, 1991), it is not because they actively "resist" change, but simply because they do not see the point of it—they do not own enough of a process to change.

A Wider Lens

While the insights garnered by family therapists may not apply in a straightforward way to the diluted *family*, they can be applied to the *family/services* system. The family may not be stuck in *its* process, but the family and the agencies are stuck in *their* mutual relationship. The impasse may be between the natural parents (of a foster child) who will neither comply with the stipulations of the service plan nor voluntarily surrender their parental rights, and an agency that will neither return the child to the parents' custody nor try to have those rights terminated by the courts; or between a mother who wants her rebellious teenager placed out of the home and an agency that has no place available for the child. The "problem-determined system" (Anderson, Goolishian, & Winderman, 1986) includes the (weak) relationships among family members, as well as the (more relevant) relationships between them and the protective service workers, school personnel, probation officers, crisis intervention teams, and other nonfamily members who negotiate their process for them. Triangulations, blurred boundaries, inappropriate coalitions, and other "dysfunctional relationships" that have traditionally attracted the attention of family therapists take place within that larger system (Carl & Jurkovic, 1983). This widening of family therapy's lenses opens the possibility for it to contribute not just by way of "fixing" neglectful families, but by way of shifting the larger pattern within which the family loses its process—the complementary collusion between family and social services that both exacerbates the neglect and places the family beyond the reach of "family therapy as usual."

The specific strategies to be applied depend on the position of the practitioner within the family/services system. Consultants who can adopt a "meta" position vis-à-vis that system can intervene directly in the pattern, helping the parties break free from their constraining roles. Imber-Black (1988) has presented a systematic model for assessing and intervening as a consultant to the family-larger system relationship. Other interventions aimed at changing the relationship between families and their service context have been described by Webb-Woodward and Woodward (1983), Boyd-Franklin (1989), Schwartzman and Kneifel (1985), Ackerman *et al.* (1991), Holden, Zimmerman, and Fortenberry (1991), and Lappin and VanDeusen (1993). As Imber-Black (1993) herself has noted, however, "effective family-larger systems interventions may 'spring' one family at a time [but] they do not seem to do much to change public agencies and helping systems" (p. 73). Some family therapists are focusing their efforts on promoting this higher order of change through the development of "family-friendlier" procedures (Colapinto *et al.*, 1989; Minuchin, 1986; Minuchin, Brooks, Colapinto, *et al.*, 1990).

But most providers of direct services to families—family therapists, workers in family preservation, foster care and reunification services, shelters, family courts, juvenile justice settings, and hospitals—are *not* in a meta position relative to the agencies. For them, the policies, patterns, laws, regulations, and mandates that organize the family/agency interface present as background constraints to cope with, rather than as targets for intervention. For them, the challenge is to find ways of shifting the family-agency complementary pattern *from their position as workers for the family*. The following recommendations for the treatment of neglectful families attempt to address the needs of these workers in the "front line."

Nurturing Family Process

In their quest for ways to introduce change into family process, family therapists have developed two kinds of systemic intervention: one aims at disrupting existing patterns of interaction, the other at nurturing new patterns. In their disruptive mode, family therapists challenge "bad" process—the "pseudomutuality," the "overinvolvement," the "power imbalance," the "silencing of voices." In their nurturant mode, family therapists promote "good" process—the mutuality, the differentiation, the equality, the voicing. Family therapists may work primarily in the disruptive mode (only intercepting the family's established patterns of interaction and leaving the generation of new patterns up to the family), in the nurturant mode (stimulating alternative forms of interaction among family members without concerning themselves with the removal

of the old), or through a combination of both.

An example of such a combination is the work of a structural family therapist with a family subsystem. Here the overall goal is basically nurturant. The therapist seeks to build up a process that is currently underdeveloped, for instance between a father and a son who cannot sustain an interaction without the mediation of the mother. In a typical three-step intervention, the therapist may start by asking father and son to hold a dialogue (a nurturing intervention), then "block" the participation of the mother (a disruptive intervention), and finally focus on expanding the dyad's interaction (another nurturing intervention). Thus, the building of a subsystem within a family goes hand in hand with the affirmation of its boundaries. Initially, the boundary drawn by the therapist lengthens the time during which father and son experience each other and negotiate directly, without the usual mediation of the mother. Subsequently, the process thus initiated strengthens the boundaries of the dyad, as the father and son's improved ability to accommodate to each other allows for more self-regulation and less dependency on the mother's supervision: father and son become less prone to accept or seek her mediation, and she becomes less compelled to mediate. Thus, the subsystem (the father-son dyad) retrieves from the larger system (the family) the function of regulating its own relationship.

The predicament of the underdeveloped dyad—its lack of self-sufficiency, the poverty of its interaction, the fragility of its boundaries, its dependency on the superior competence of a third party—can also be recognized in the diluted family: there is not enough happening among family members, and too much happening between family and nonfamily members. Like the weak parent-son dyad, a diluted family can be nurtured into a more self-reliant organism—more clearly differentiated within its social environment, more able to monitor its own use of social services, and less in need of outside controls. The family will then have retrieved from the larger system the function of regulating its own relational life, including the nurturance and protection of its own children.

A nurturant approach to the diluted family requires skewing an exploration of "dysfunctionality" and concentrating instead on locating and expanding the family members' ability to connect to each other as family. Emphasis must be placed on encouraging and sustaining the production of transactional events whereby family members behave as parents, children, spouses, or siblings to each other. Examples of these events include a mother and son discussing homework; a mother and grandmother arguing over the former's use of drugs or keeping "bad company"; a brother and sister, both living with their grandmother, writing a letter to their mother who has moved out of town; adult members of the extended family discussing methods of child discipline. Traditional family therapy diagnostic techniques, such as the construction of a genogram, may be used here as a way of helping family members reconnect with family stories that enhance their sense of "we." Even the simple task of writing on a chalkboard may boost the process-building experience of "being together, talking, sharing emotions" (Sheinberg, 1992, p. 208). The various "family-empowering" interventions developed by family preservation and reunification programs that attempt to prevent or reverse the out-of-home placement of children (Bryce & Lloyd, 1980; Bryce & Maybanks, 1979; Colapinto *et al.*, 1989; Graber & Nice, 1991; Hartmann & Laird, 1983; Kinney *et al.*, 1977; Minuchin *et al.*, 1990; Zamosky *et al.*, 1993) are similarly consistent with the goal of nurturing internal family process.

This nurturant approach can be implemented by any worker who is involved with the family, not just by family therapists. Indeed, to maintain the focus on *building* family process rather than on correcting it, a family therapist may need to keep his or her professional tendency to "edit" family transactions in check. For instance, during a session with a mother and son who were in the process of reuniting after many years of separation, the mother launched a very critical attack on her son about his homework habits, and the son adopted a sullen expression. The therapist encouraged the mother to express more of her concerns, and the son to listen without necessarily agreeing—in effect, asking them to do "more of the same." The justification for the therapist's acceptance and even encouragement of an apparently "negative" pattern of interaction was that, while overcriticizing and being sullen may not be the *best* way, it is *a way* of relating as parent and child. By sustaining the interaction, the therapist was supporting the family's retrieval of its process that had been diluted over many years of separation and mediation by others.¹

Family process can also be nurtured by having the family "internalize" relationships. Members of diluted families are used to communicating their mutual requests and gripes indirectly, through agency workers. Creating and sustaining an environment where they can begin to communicate directly has the same therapeutic value as helping a father and son talk to each other without the mediation of the mother. It is not an easy task, because the natural tendency of a diluted family is to shift from their own internal dialogue to a discussion about whether they are complying with what the agencies are requiring from them, or whether they are being fairly treated by the workers. The discussion needs to be redirected whenever family members begin to put more time and energy into arguing with or about workers than into dealing with each other—that is, when they are behaving more like clients than like parents, spouses, and children.

Nurturance of family process also requires resisting the pull to enter into privileged relationships with selected family members, to the exclusion of others. A therapist, for instance, may be expected to act as an expert in listening and talking to the neglected child. Parents themselves may encourage the privileged relationship, out of a feeling of inadequacy and the notion that the child "needs to talk with *somebody*." But whenever an expert protects a child from "insensitive" parents (and the parents from feeling inadequate), he or she is also preventing child and parents from developing their relationship. To

nurture family process, the focus must be on helping the neglected child to be heard and responded to *by the parents*. Rather than discussing sexuality with the daughter of a depressed woman, for instance, a worker may facilitate a discussion between the two.

Finally, the nurturance of family process can and should extend beyond family sessions. Neglectful families tend to isolate themselves and can benefit from an expansion of their relationships with extended families, friends, and neighbors. Therapists and other workers can coach family members in establishing and developing those relationships (Boyd-Franklin, 1989; Kliman & Trimble, 1983), and, particularly in the case of the extended family, promote its involvement in treatment. A specially relevant target for coaching interventions is the family's interaction with schools and other institutions that may affect its life significantly (Aponte, 1976a; Colapinto, 1988). For instance, on the same day that Angela refused to return home because her aunt would "beat her up," her classmate Gloria lost a necklace and insisted that she had to find it before leaving school because otherwise "my mother is going to kill me." The school personnel, however, did not think it was necessary to assess the risk for Gloria—because her family was well known to the school, and they understood that "killing" was Gloria's exaggerated way of anticipating that she would be grounded. Angela's aunt, on the other hand, had a much more distant relationship with the school; the teacher could not possibly know that in that family "a beating" concretely meant two spanks. Had Angela's aunt developed a relationship to the teacher before the incident, the sequence of events that eventually led to her estrangement from Angela might not have taken place.

Strengthening the Family Boundary

In the family therapy scenario previously described, the nurturance of the father-son relationship called for a disruption of the complementary pattern that linked the incompetent dyad to the over-competent mother. Similarly, the nurturance of family process calls for a disruption of the complementary pattern that links the underfunctioning family to the overfunctioning social service agencies. "Resistance" to the nurturance of family process must be expected both from agencies whose organizational mandate is to take over and monitor the family, and from family members who have become accustomed to living without each other, or who want to be separated but have been told to try solving their problems among themselves.

One apparently simple strategy is to use oneself as a boundary between the family and the regulatory agencies. A family therapist, for instance, may try to set up a protected environment for treatment by invoking her or his expertise to get the regulators "off the family's back," or to vouch for the family's competence whenever others express concern—in effect, becoming the family's knight (or Valkyrie). This strategy, however, ignores the collusive dynamics of a system where the princess may be "in cohorts" with the dragon: the self-diluting trends of the family itself can always manifest themselves through a drug binge or similarly provocative behavior that circumvents the protective efforts of the therapist and attracts the controlling reaction of a regulatory agency (Ackerman *et al.*, 1991).

Rather than "becoming" the boundary, therapists and other workers can "nurture" it—help the diluted family develop and maintain its own boundary. A first step in this direction is to *respect* boundaries, particularly when the family acts—which is often the case—as if it had none:

Two parents who had lost custody of their daughter under confusing circumstances were referred to a therapist by a Legal Aid office. As soon as the formal introductions were finished, the father launched into an explanation of the personality of his daughter. The therapist interrupted to tell the father that [the therapist] did not even know what was the composition of the family.

Workers are in a better position to respect boundaries if they keep to a minimum the amount of information about the family collected prior to actually meeting them, and check with the family about whatever information was collected. The more each new worker "knows" a priori about the family, the more the family's experience of being "in the public domain" is confirmed. It is best if referring workers participate in initial interviews, because a three-way interview allows the new worker to position herself or himself as a resource to the family rather than as an extension of the regulatory agency that referred them; she may, for instance, interview both the family *and* the referring worker about their respective concerns, and explain her potential contribution to *both* parties.

Sometimes the referral itself includes an explicit request to disregard family boundaries:

When Mrs. Castro found out that her boyfriend was sexually abusing her 12-year-old daughter Ana, she threw him out of the house and called the child welfare agency for help. She was eager to accept treatment for sexual abuse for her daughter, but rejected the suggestion that she talk openly about the incident with her younger children—arguing that she did not want to upset them unnecessarily. The child welfare agency, worried about the consequences of "leaving the children in the dark," referred the Castros to a family therapist with the explicit expectation that therapy should "open the lines of communication" within the family.

Instead of irrupting across the boundary that Mrs. Castro was drawing around her family, the therapist chose to first recognize the boundary and then ask for permission to enter it. He asked to talk first to Mrs. Castro alone. An exploration of the pros and cons of telling the truth to the children then revealed a major fear of Mrs. Castro: that the children would tell their estranged father, a violent man who might track down the perpetrator and kill him, thus bringing more disgrace upon the family. Mrs. Castro also said that her grown-up children were aware of the situation and supported her policy of secrecy. The therapist acknowledged Mrs. Castro's reasons but also pointed out the advantages of not hiding things from the children, which Mrs. Castro herself had listed before. He added that the family needed to find a way of satisfying the concerns of the powerful agency that had referred them to therapy, and offered his services to participate in a meeting of Mrs. Castro's family "council."

Once the therapist had signaled respect for the family's boundaries and was accepted, he could focus on the primary goal of nurturing the family's process, which in turn strengthened boundaries as the family became less dependent on and vulnerable to the intervention of the outsiders:

In the meeting with Mrs. Castro's "council," the therapist asked her adult children to help their mother unload some of the burden of responsibility onto them. The "council" then discussed ways of talking about the incident, both with the children and with Ana's father. Shortly after this meeting, the family asked and got the protective services agency to close the case, and the mother and one of her older daughters asked to be involved in Ana's treatment.

Throughout this article, the dilution of family process has been presented as a problem, and its nurturance as a solution. Implicit in this stance is the attribution of a positive value to "family process," the assumption that there is something intrinsically good about the family, which makes it worth protecting and enhancing whenever possible. This assumption is not universally accepted. The social service practices discussed in the first part of the article betray a much more casual attitude toward the need to preserve family process. Family therapy itself has been ambivalent in this regard. Originally developed as an effort to free individuals from "pathogenic" family processes, it gradually moved to an appreciation of the strengths in families; but this appreciation is currently being challenged by growing concerns with "the dark side" of the family (Moltz, 1992), which is seen as "a locale of male violence" (MacKinnon, 1989, p. 61). Coming into contact with the violence that takes place in some families can change one's idea of family process, in general, "from a context of nurturance to a context of nightmare" (Moltz, 1992, p. 223).

An examination of one's beliefs and values regarding the meaning of the family for its individual members is a crucial step in the preparation for working with a diluted family. If one thinks of the family in general, or the specific family in question, as a dispensable commodity, as a nuisance that limits the welfare of its members, or as a potential "context of nightmare," one will not be invested in helping the family retrieve its process. The therapeutic effort to nurture a family's process and boundary can only be sustained if one values the family—in general or in particular, out of ideological conviction or just out of the pragmatic observation that socially engineered alternatives to the family do not seem to be working—as an irreplaceable resource, as an asset that is worth preserving for the sake of its members. This does not mean insisting that all families should stay together no matter what, but it does mean expecting many neglectful families to be able to break away from the complementary pattern that has diluted their own process into social service process.

Such a stance is needed to carry therapists and other service providers through the initial paucity and "clumsiness" of the family's interactions, guard against the pitfall of taking over the family's process, and encourage the continuous search for the hidden strengths of the family.

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¹It must be underscored here that the apparently "negative" interaction took on a positive value for the therapist precisely because it emerged as an alternative to the paucity of process in a diluted family. The relationship-building value of "negative" interactions may not extend to other situations where they emerge directly from an active, nondiluted family process. Doane, Hill, and Diamond (1991), for instance, found evidence of parental overcriticism in families of institutionalized children, which they linked to an intense process of parental rejection. For these families that seem to be *actively* disconnected (as opposed to the passively diluted families discussed in this article), Doane *et al.* recommend that family members "gradually build up a sense of connectedness," starting with "small, low-intensity exchanges" (p. 171).
