

AMANDA LA GUARDIA *University of Cincinnati*

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## An Adlerian Family Therapist Reflects on Family Therapy Theories and Mentors

*James Robert Bitter has more than 38 years of teaching experience and has authored numerous publications focused on marriage and family therapy. Bitter credits Adlerian therapy and the early pioneers of marriage and family therapy for his professional development in the field. Mentored and heavily influenced through his training with master therapists, Virginia Satir and Michael White, Bitter reflects on the history of family therapy, its theories and practices, and his anticipation of future developments.*

After more than 40 years of teaching and training family practitioners around the world, James Robert Bitter discussed with the authors theories and the fields of family therapy and family counseling.<sup>1</sup> This interview was conducted by

the first author in 2015 at Bitter's home in Tennessee. With his integrative approach to family therapy and his advanced training in multiple traditions, Bitter provides a very personal look at the history and changing landscape of efforts to help couples and families. His theoretical orientation has its foundation in Adler's individual psychology, but he has received advanced training from and worked with some of the most important family therapists of the past half century, including Oscar Christensen and Manford Sonstegard, pioneers in Adlerian family therapy; Virginia Satir, a founder of the family therapy movement; Erv and Miriam Polster, the master Gestalt therapists; and Michael White, the cofounder of narrative therapy.

### THE BEGINNINGS

*Interviewer:* How did you get interested in family therapy?

*Jim:* The very first family work I did was at Idaho State University under the guidance of Dr. Tom Edgar. Tom had gone to a conference in Denver, I think, and he had watched a man from the University of Oregon named Ray Lowe (Dreikurs, Corsini, Lowe, & Sonstegard, 1959) demonstrate Adlerian family therapy—an actual demonstration in an open forum (Bitter & Byrd, 2017). Edgar returned to [Idaho State University], saying that we should do open-forum family therapy at Idaho State: By “we,” he meant his graduate students should do the counseling.

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*Key Words:* Family therapy, interview, theory, historical perspectives.

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So, we started to listen to audiotapes of Ray Lowe and Oscar Christensen (2004) and reading books by Adler (1927) and Dreikurs (1948; Soltz, 1964). Gradually, we pieced together the structure and process of these counseling sessions. The whole approach of an open forum fit with my 1960s perspective on life: It was community-based, inviting participation by people in the audience; it was open, observable, and its crowning glory was that it made common sense. Nothing could be offered to a family that did not have the support of the larger community group—and this was true whether we were working in communities rich or poor; predominantly White or communities of color; or with people young or old. In these public demonstrations, what was lost in confidentiality was gained in accountability, support, and encouragement. It was a thrilling time to be working in the public domain.

Tom Edgar opened the first open-forum family education center in the state of Idaho; he would go on to open others—one in Boise, and some in more rural parts of the state. Some of these centers offered parent study groups as well as family therapy, but all of the services were focused on helping parents and community leaders understand children's misbehaviors and on teaching parents methods of prevention and remediation with skills like encouragement, active listening, and the use of natural and logical consequences. I conducted the first open-forum family therapy session ever done at Idaho State University. I think it was in 1973, and we actually did it in a television studio at the ISU public broadcasting station. Fortunately for me, not many people watched public broadcasting in Idaho in those days, because I did one of the worst four-hour counseling sessions ever.

In the spring of 1974, we held a conference on Adlerian psychology at ISU, and we invited Ray Lowe back—for the fourth time—as well as the developer of the DUSO (Developing Understanding in Self and Others) kit and later the STEP (Systematic Training for Effective Parenting) program—Don Dinkmeyer. But the two stars of that conference for me were Heinz Ansbacher, who many consider to be the dean of Adlerian psychology, and the man who was to be my friend, colleague, and mentor for the next 36 years, Manford Sonstegard (or “Sonste” as he was called by his close friends).

I left Idaho in 1974, taking a position at the West Virginia College of Graduate Studies

in Charleston, West Virginia. Sonste was the chair of the counseling program there. We spent 13 years together in West Virginia; in addition to five family education centers that we started in the state, Sonste was responsible for setting up an additional seven family education centers across the United States and Canada. He took me with him to most of these places. It was not uncommon for him to use a trick on me he had learned from Dreikurs: He would introduce me to a group as his colleague and then announce that I was going to do the demonstration counseling that day. It did not matter whether it was family therapy, group counseling, or individual lifestyle assessment. Suddenly, I was on stage with him, and later he would usually sit in the audience, available for backup.

#### *Learning From the Greats*

**Jim:** Toward the end of 1970s, a friend of mine went to a monthlong training experience with the woman many called the “Christopher Columbus of family therapy,” the late pioneer of communication-based family therapy, Virginia Satir (1983). The month seemed transformational to my friend, so the following summer, I think it was in 1979, I sold my old car and went just north of Montreal, Canada, to a wonderful mountain community where 100 of us participated in another monthlong training with Satir as the leader. She had a couple of partners working with her, and the entire experience was conducted in both French and English. I learned a great deal about myself and a great deal more about the role of communication in a systemic orientation: We literally spent 8 hours a day, 5 days a week, for a month working with family maps, examining modes of communication, embracing the power of congruence, and learning to support others in the process of change. Satir herself was the most amazing role model I have ever had in my life: She did not just teach her model; she lived it. She and Manford Sonstegard both demonstrated in every part of their beings how life could be lived more abundantly. At the end of the month, I went back to teaching in West Virginia. I changed how I taught every course, making it much more experiential and beginning the process of integrating Adler and Satir in my family work (Bitter, 1987).

Over the following couple of years, I did additional training with Virginia Satir, and in the late 1980s, I was asked to be one of nine

trainers at her Process Community in Crested Butte, Colorado. That was probably the summers from 1987 to 1989, 1989 being the year she died. But I got to learn something with her every year for 10 years. Losing Virginia, to me, was like losing a parent or your best friend, a loving partner. I did serious grieving after her loss for at least 3 years. As I look back on it now, Satir gave me two special gifts: She wrote with me (Satir, Bitter, & Krestensen, 1988; Satir & Bitter, 2000), and she introduced me to lifelong friends who still give me hope for the world.

In the mid-1990s, I spent two monthlong training experiences with the master Gestalt therapists Erv and Miriam Polster (1974). Their focus was less on family and more on the individual, but they looked at individuals as parts of much larger systems, as part of the systemic and cultural wholes that made up individual life. This fit with both Satir's model and the Adlerian model. Most of all, it was exactly what I needed, with their focus on immediacy and the present, and awareness, contact, and experiments.

The Polsters had widened the stance originally espoused by Fritz Perls. The here and now was still important, but they recognized that the present was often supported by the "there and then." More important, they brought a real concentration to what came next, the next most interesting question, the next most likely movement in life, and the opportunities that existed just past stuck (beyond the feeling that therapy is not progressing): Erv Polster, especially, was focused on tight therapeutic sequences, a focus even more important, I believe, in family work than in individual.

Miriam Polster (Polster & Polster, 2016) used to say that awareness was the alpha and omega, the beginning and end, of experience. Without awareness, experience often becomes random events and reflection on meaning is lost. So, I began to think of my work with families as having a kind of rhythm. I used the acronym PACE to stand for purpose (my Adlerian roots), awareness and contact (a Gestalt orientation), and experience (the Satir human validation process model) (see Bitter, 2004).

Sometime in the early 1990s, I picked up this remarkable book by Michael White and David Epston (1990) called *Narrative Means to Therapeutic Ends*. This was the book that introduced me to concepts of externalization and reauthoring. There was so much of what they were doing

that fit with an Adlerian orientation, still the theoretical foundation of my work. An Adlerian lifestyle assessment (Powers & Griffith, 2011) is just a process for developing a clear picture of the story that individuals and their families are living so far. It is a great tool, but up until I began to study White's (2007, 2011) approach, I was unclear about how to help people change their stories.

My friend Jon Carlson introduced me to Michael White at an ACA convention in Atlanta, Georgia. Jon asked me to introduce Michael before his workshop at that convention, and because of that, I got to spend a couple of hours just talking to him in advance. Like Satir and Sonstegard, he was another one of those people who lived his life in harmony with his therapeutic beliefs: He was both a marvelous therapist and a truly great human being. In the fall of 2008, my wife had a sabbatical that took her to Australia; while we were there, I went to spend a week at a workshop with Michael. While it was only a week, I thought it was a powerful training experience. I loved the focus on narrating the development of family stories over time. I began to integrate a great deal of what Michael talked about in terms of narrative development, especially the ability to focus on those points of entry to unique events that can then be built into larger stories for families and the individuals within them.

I had begun to write *Theory and Practice of Family Therapy and Counseling* (Bitter, 2009) before I went to Australia. I decided to write a textbook for a number of reasons. I wanted a textbook that was reader-friendly in the same way that Gerald Corey's (2017) textbooks were. I wanted a family therapy textbook that gave Adler, Satir, and Whitaker separate chapters and the full development that their models deserved. I wanted a family therapy textbook that included a chapter on parenting. And after I spent a week with Michael White, I wanted a chapter that gave a full presentation of his work. The second edition of the book (Bitter, 2014) added both a genogram of family therapy and a chapter on the history of family therapy based on that genogram. What I most wanted to convey in that textbook was the excitement counselors and couple and family therapists can have about systemic methods as well as a knowledge of the people and events that unfolded over time to bring the profession to where it is today.

### Theory and Practice

**Interviewer:** *You have had a lot of different experiences: How do these experiences shape your current perspective on your theoretical orientation and how you view therapeutic work with families?*

**Jim:** A theoretical orientation to me is just a thinking model, so at the heart of everything I am an Adlerian, because the thinking model originally developed by Adler still fits my own way of looking at life better than any other theoretical model. I use Adlerian theory as a foundation for integration: Satir asked me to focus on being present with clients and being fully engaged; my work with the Polsters taught me to pay attention my own internal dynamics, to those of the client(s), and to what was happening between us. Erv Polster used contact within and contact between as markers in the more or less constant flow to his therapy. Virginia, too, did this and saw it as a foundation for peace: Peace within, peace between, and eventually peace among. Indeed, it was a sense of being at home with being human and being at peace in the world that informed her therapeutic experience. Taking all of these together, there is a PACE to life, a rhythm to therapy—thus, the acronym, *P* for purpose or presence, *A* for awareness, *C* for contact, and *E* for experience. That's literally how I think about moving through therapy with clients. While I'm listening to them, I pay a great deal of attention to what it is like to be with this family at this moment in time. Immediacy is important: How I am feeling? How they are feeling? What kind of contact are we having? All of those things get wrapped into it, and as I work to increase their awareness, I'm also working at what I think of as the "Satir level," hoping to increase their contact through congruent communication, trying to create within the family a new experience. The idea of PACE is intimately related to the rhythm of therapy, and it also has to do with the movement of one's mind through therapy: I start to ask myself what purpose does the family have in coming for help? What is it like to be present with them? Of what am I aware? What parts of their process or our process are in awareness and what parts are out of awareness? How are things going between us? What kind of contact are we having? What kind of contact do family members have with each other? And finally, what kind of experience could all of us create that might

encourage the family to move in a preferred or desired direction?

**Interviewer:** *Given your experiences and perspective on work with families, talk more about the field of family therapy and how it has progressed.*

**Jim:** I became interested in family therapy and counseling in the early 1970s, and to be sure, the groundwork for family therapy had already been laid. By the mid-1970s, however, family therapy just exploded on the therapeutic scene, in no small part to the people like Salvador Minuchin, Jay Haley, Cloe Madanes, Lynn Hoffman, and other practitioners of the structural-strategic models. After 20 years of development (some would say 50 years), family therapy practice held out the promise of helping everybody with everything. There was such great hope. Family therapy was going to cure schizophrenia; it was going to reshape all our work with substance abuse; it was going to be the treatment of choice for eating disorders. It held out the promise of being a model that could transform everything.

Over the past 20 years, there has been clear evidence that family therapy is effective with a wide variety of difficulties (e.g., Pinsof & Wynne, 1995). It is a particularly good model when working with families in which one or more people have severe psychological disorders. If a family counselor can get a family to interact effectively, there is a chance of changing the repetitive patterns the disorder has enacted in the family, a chance of overcoming the environmental factors that wind up supporting the continuation of the pathology. Even if additional—perhaps individual interventions or medications—are needed, there's always some value in changing the relationship the family system has with the disorder. I have seen the power of family therapy in the lives of families struggling with a bipolar disorder or schizophrenia or any of the more severe emotional problems. Now, can I say that family therapy is the best treatment model for everything and for everyone? Absolutely not. Different people and different systems will need different things at different times in their lives.

So, from my perspective, the field started with the open-forum family therapy of Adler in the 1920s; it went dormant with the rise of Nazi Germany and the advent of World War II. After the end of that war, the



pioneers of family therapy went to work, and here, I include Rudolf Dreikurs, Nathan Ackerman, Ivan Boszormenyi-Nagy, Murray Bowen, Virginia Satir, Don Jackson, Carl Whitaker, Salvador Minuchin, Jay Haley, Lynn Hoffman, and Cloe Madanes. Especially in the late 1970s and 1980s, the structural-strategic people were earth shakers.

I really love Lynn Hoffman's (2002) personal biography of family therapy—and in essence, her own autobiography. She started out with Jay Haley on the West Coast at the Mental Research Institute in Palo Alto, California, and she is responsible for helping Virginia Satir bring her original *Conjoint Family Therapy* (Satir, 1964) to fruition. Eventually she follows Haley east, continuing her work with Haley while he is with Minuchin before moving to Washington, DC, where Haley and Madanes opened the Strategic Family Therapy Center. At this point, Hoffman is still practicing strategic interventions, especially focused on the use of paradoxical interventions, and she joins the Ackerman Institute in New York, one of the oldest family therapy intuitions in the United States. What makes the rest of her professional journey so fascinating is that she evolves, like so many other counselors and therapists do as they age and become more experienced. She starts out as a leading spokesperson for the strategic model and ends up doing social constructionist work. Along the way, she is influenced by Tom Anderson of Norway; Harlene Anderson and Harold Goolishian from Galveston, Texas; and the work of Michael White and David Epston. In so many ways, her personal journey is the journey of the family therapy field.

Like most therapeutic models, family theory and therapy was somewhat slow to develop; then, it catches fire at its peak. That happened in the 1970s and 1980s. When something new fires up, there is always great hope that one true cure will have been found. People working in neuroscience are hitting their firing peak as we have this conversation. The higher the hope, the more there is a sense of disappointment when not everything hoped for is realized. Then, something else comes along: Some models adapt to change; some disappear. Cognitive behavioral therapy can be traced back to the 1930s and 1940s, but it doesn't really develop as a systems or family model. It stays an approach to individual therapy and then a group therapy in the 1960s. It is the late 1980s and early 1990s

before Frank Dattilio (2010) merges cognitive behavioral approaches with a systemic orientation to create cognitive behavioral family therapy.

At the time of this interview, there is only one of the original family therapy masters still alive, and that is Salvador Minuchin. Even one of the originators of the social constructionist models, Michael White, died at only 59 years of age, a terrifically sad loss for the field. All models of therapy that survive their originators adapt to a constantly changing world, to a constantly changing field of practice. In some cases, that is already happening. In other cases, the models are not so much in the processes of dramatic change as they are expanding in use and intervention. The people who come next and then next again always make a difference. Monica McGoldrick (1997, 2011, 2016; McGoldrick & Garcia-Preto, 2015; McGoldrick, Gerson, & Petry, 2008; McGoldrick, Giordano, & Garcia-Preto, 2005; & Hardy, 2008) is a very important example of a person who both advances family therapy in general and contributes to the expansion of a certain model, Bowen's model in her case. Bowen's model, in fact, has a lot of people carrying his work forward: Titelman (1998, 2014), Papero (1990), Kerr (Bowen & Kerr, 1988), and Bregman and White (2010). The same can be said for the structural-strategic models, the solution-focused models, and narrative therapy. And some models, like the Adlerian model, Satir's human validation process model, and the structural-strategic models have organizations that support model development and provide training for future therapists. But this is not true of all of the systems models. It remains to be seen in which ways object relations family therapy, Whitaker's symbolic-experiential approach, or some of the social constructionist models will evolve.

So I don't know what will happen with those models. I think they could lessen in impact and power unless people who are really devoted to those models help them to expand. There is a high tendency in new and often young practitioners to choose eclecticism rather than train in a single model. It takes time to grow into competence in the helping professions, and young people are often impatient; they just want to know, "What do I do when 'this' happens?" Or "if this kind of couple or family concern is presented, how can I do something with them that I know will work?" There is an allure to

eclecticism with its promise of freedom and flexibility. Perhaps the collective hope for certainty will eventually lead to a generic singular model of family therapy; there have already been several models proposed (Breunlin, Schwartz, & MacKune-Karrer, 1992/1997; Sprenkle, Davis, & Lebow, 2009).

### Integration

**Interviewer:** *And what do you think about those proposed models?*

**Jim:** I am at heart an integrationist myself, and so for me, something has to be a foundation. In my work, Adlerian therapy is that foundation; it is the perspective from which I judge whether I want to add principles of practice, models for understanding human nature, or therapeutic interventions. It does not have to be originated by Adler or Adlerians for me to use it, but it does have to be compatible with the guiding concepts in Adlerian thought of movement, purposefulness, holism, unity of the system from the person to the family to society. It is this kind of integration, rather than random eclecticism, that brings consistency to one's work and that supports evolution rather than mere trial and error. I have watched Minuchin evolve his approach over the years; he seemed to find ideas and practices in the work of Carl Whitaker, Michael White, and others that he liked, and he integrated them into his work. In the early years, he took much less time to get to know the families than he does now. I am just guessing, but I think Michael White's (2007) understanding of stories and how stories structure human experience influenced part of that change. The evolution of work in the great masters is so important, because it reminds all of us that we, too, must evolve, or we will become extinct.

Here is the great danger in having dominant figures in a field of endeavor, people who have personalities that seem larger than life, people like Dreikurs, Bowen, Satir, Whitaker, Erickson, Minuchin, Haley, White, and Epston: These brilliant people initiate change, and newness flows from the work. After a while devoted followers gather around them—or gather in their names—and then everything that is original and dynamic and evolutionary too often comes to a halt. An orthodoxy develops: If something wasn't said by the master, it doesn't count. Way too much of that happened in Adlerian circles

after the deaths of Adler and Dreikurs, and it will happen with other models too, but there are ways get beyond orthodoxy, and integration from a starting foundation is one of them.

### Application

**Interviewer:** *So, it sounds like you're saying you think it is very important for people to have certain knowledge in one particular approach, and then branch out?*

**Jim:** I think you need at least a base of certain values or guiding principles, and a process if not an intended outcome. It is not enough, to me, to intervene just because it *felt* like the right thing to do, because what if your feeling system is off? Then you might do anything and call it therapy: There has to be some kind of value system, and every single one of the major systems approaches has a value system. Even Whitaker's most spontaneous interventions are guided by the value of intimacy and the desire to create experiences that are real and honest. If you are a structural family therapist, you may use any number of interventions, but they are guided by your understanding of hierarchy, and your belief that that parents ought to be the leaders of the family; that subsystems have their own rules, tasks, and boundaries to be respected; and that alignments can be either useful or problematic, and you have to pay attention to them. These are fundamental orientations in structural family therapy, and if you accept them, you can conduct structural family therapy, integrating whatever fits with those beliefs.

There is very little that the great masters did later in their lives that they also did on the first day of therapy: I suspect that on day one, at least some of them were just like me: They stayed as quiet as possible for as long as possible, and when they did say something, they hoped with all their heart that it was okay. Still, over time, they took chances, and I think the chances they took were to risk doing the next most possible thing to do. They stepped a little bit out of their comfort zone, and they tried something else. Satir, for instance, spent a great deal of time just speaking to adolescents when she first got started as a social worker. One day, she noted, it dawned on her that maybe a female adolescent had a mother; so she asked her, and sure enough the young woman had one. So she

brought the mother in, and what Satir noticed was that when the mother was present, the very talkative teenager stopped talking. The mother took over and talked about everything. It took a number of sessions for the mother and daughter to start talking with each other. Then, Satir asked if maybe there might be a father in the family. Again, there was, and Satir invited the father to join them. The next thing you know, the two women who had been talking to each other quit, and then the father was the only one who talked. This is literally how Satir reported beginning her work as a family therapist.

We can also look at Minuchin's early work. He started with poor kids at a school. Over time, he started working with their families. He did the same while he was in Israel. His structural work begins with team efforts to address some of the most difficult types of disorders, eating disorders for example, and the most difficult social situations (e.g., poverty). The same can be said of Bowen and Haley and their early attempts to solve schizophrenia—and Whitaker's work in hospitals. All of these masters, whether they called it such or not, were engaged in ongoing participatory, action research: They were fully aware that they were participants in the process; they made little claim to detached, objective observation; and they spent a great deal of time knowing themselves, learning about themselves, and paying attention to what happened between themselves and their clients.

Studying yourself and your work is the single most important thing you can do to become a really good therapist. Anybody who has tried to do the Satir model exactly the way Satir did it generally failed. There was only one Satir, and there is only one Minuchin—or any of the others. If you can learn what these people did, you can take it into your own life and you can incorporate it in your approach. You won't look exactly like those people when you do it, but they will be in the room with you. I am absolutely certain that Adler were around today and watched me doing therapy, he wouldn't think I'm doing work exactly the way he did, but his work would have evolved if he were still alive. His work would definitely have evolved into something else. It is highly unlikely that Adler would not have assessed genetic predispositions or would have failed to prescribe the medications of today. These are common practices now that wouldn't have been considered in his day.

## MENTORS

**Interviewer:** *Talk a little bit about what your mentors meant to you and your career.*

**Jim:** All of them were kind people. All of them lived what they believed. Manfred Sonstegard and Oscar Christensen were the two best Adlerian family therapists I ever knew. They were like fathers to me, the kinds of fathers a boy always wished to have. They were magical around children and adolescents. They were supportive and challenging at the same time. I never saw them overreact to anything. They had highly differentiated selves.

When I was in Satir's presence, I knew I was in the presence of the most congruent human being I ever met. When I talked to Erv Polster, somehow my awareness of self, others, and the world was enhanced; I had the sense that I was the only contact that mattered in that moment. When I was watching Michael White, he worked similarly to Sonstegard, transforming problems into goals, into things people wanted for their lives, movement and action in the service of preferred stories. People may have been stuck in a problem-saturated story when they arrived, but they always had a preferred place both personally and systemically that they would like to be: You can count on that, listen for it, and then add substance to that narrative. These people were profound to me, because they believed in everything they taught and because they lived it. Their very lives called on those of us who studied with them not just to become good practitioners but to become better people. Every single one of them thought we should improve ourselves in order to be more valuable to someone else. Much of what I got from them came with the belief that it was possible to live more effective lives, more useful ones, and that what we were learning was not just for the people we might help, but also so we could be more fully human ourselves.

**Interviewer:** *It wasn't just information they were giving you; it was something personal too.*

**Jim:** Yes. There is a huge world of difference between telling you what congruence is and watching someone live it. Satir had this emotional honesty; she never backed down from telling someone the truth, but she always found a way to tell that person the truth in a way she or he could hear it. With her, people never felt

blamed or approached from a superior position. They always felt she was really there for them, and she would tell them the truth. You could say the same thing about all the others too. Each in his or her own way was very good at letting people know that they were not in this world alone, that they had purpose, and that purpose would lead to a better way of living.

### *Challenges for the Future*

**Interviewer:** *I think our perceptions of life and work tend to be influenced by both the contexts and the time periods in which we live.*

**Jim:** Yes, which means we don't really know what will be important in family therapy in 50 years.

**Interviewer:** *Given where we are today as a culture, what challenges do you think families are facing in the 21st century, and what is the role of the family therapist?*

**Jim:** Some of the challenges that are most significant to families in the 21st century are not going to be resolved through family therapy: I include here the increasing disparity between the rich and the poor, and the shrinking of the middle class; the significantly high number of families that have to work two, sometimes three, jobs to be at or slightly above poverty levels: It is heartbreaking, and it has real effects on individuals and families. Family counselors will be asked to deal with children who are caught up in the distress of all this; they will be asked to help adults with anxiety and depression. And given the amount of money that frontline counselors make these days, they may be affected by poverty themselves. Counseling cannot fix the disparity of wealth in the United States—or in much of the industrialized world for that matter.

Even though the pay will not increase dramatically, there will be an increasing need and demand for family services. As Satir used to say, family therapy will not make you rich, but you will never run out of work. Family counselors in rural areas, especially, won't be able to meet all of the needs; they will have to do what they can do, focus on prevention, and let the rest go.

I am reminded of a medical doctor who was working with Ebola in West Africa: When someone noted that there were thousands of people that had this disease, and there weren't

enough personal to keep up, he said, "I can't deal with that; I can only deal with this person in front of me, and I can deal with the next two behind him. That is what I can handle at any moment in time." I think his perspective will be a useful one for all counselors: We cannot resolve many of the issues that face families; we cannot change the politics of everything from race to gender issues to socioeconomic conditions and the large amounts of disparity in our country. These are problems that have been going on since before I was a child and continue unfortunately late in my life.

When I was in college, I remember thinking, "Wow! What a wonderful time to be alive; we will see the end of racism and sexism (we didn't even talk about heterosexism back then), and we will see the end of it in my lifetime." Well, we will *not* see the end of it in my lifetime. We will be lucky if we will see the end of it in my children's lifetime or my grandchildren's life times. And still, these conditions, these malfunctions of the human spirit that arise from fearing others, have real psychological and systemic effects. Racism, sexism, heterosexism, poverty, disability, and age discrimination: They have real psychological effects. What we can do is make a difference with the people in front of us—and with the next two or three coming in line. If each counselor would take that seriously, that the person, couple, or family sitting in front of them needs the counselor's full concentration, her or his full presence, then it will be possible to make a difference without getting discouraged.

I still believe that a prevention orientation is essential. If we can succeed in creating a therapeutic community for couples and for families, the same thing we do in group counseling, these people in these communities become the therapeutic support for change and development. Even when working with a single couple or family, I believe part of the work should be helping the partners or family members to become therapeutic agents with each other. When we can support the development of caring and congruence in others, we send them off with the real possibility that further therapy with a counselor won't be necessary, no matter what happens to them in real life. In everyday families, there are both external forces and internal forces at work; neither set can be ignored. Knowing how life outside of the family is affecting the internal processes is essential to helping people cope. That is one reason I love



the therapeutic process advocated in *Metaframeworks* (Breunlin, Schwartz, & MacKune-Karrer, 1992/1997). You cannot use that approach without considering internal processes, internal family systems, and the external pressures that result from development, diversity of culture, and a consideration of gender issues.

Sometimes we can act on the external forces by naming them, reframing them, or confronting them head-on; but most of the time, we are mobilizing the internal forces of couple or family members, supporting them in the generation of preferred ways of living: That's the challenge of family therapy today.

*Interviewer: I often supervise counselors who see many clients every week. After a while, some of them start to feel that every family is the same; the problems are the same; the difficulties in addressing the problems are the same; and then, these counselors begin to burn out. I would appreciate hearing some of your thoughts on this.*

**Jim:** There is a phrase to which Alfred Adler (1933) often referred: "Everything can also be different" (p. 7). Burnout will surely happen when counselors lose contact with that value. To be sure, not everyone can bring their full attention and focus to couples or families when they are seeing eight to 10 clients a day. You have to know how many individuals, couples, or families you can handle in a given time period. For me, I am not that present after three or four clients in a day. Other counselors I know can handle more, some less. I expect any person, couple, or family with whom I work to be at the moment in time stuck, but being stuck is not a crime. The optimism that comes from a belief that everything can always be different is the antidote to discouragement. So, that is my starting point: I want to be more optimistic than the clients are themselves. People can always be more than they are at present.

Years ago when I first met Satir, I was at a conference, and we were passing in the hallway. She stopped and looked at me. "Now, who are you?" she said.

I replied that my name was Jim Bitter. I was both star struck and fumbling for words. "I am really happy to be here," I said. "I should probably tell you I'm an Adlerian." That's always a good opening with a famous person. She looked

at me with such a special smile: "Oh, I'm sure you are more than that." There it is: At one and the same time, she acknowledged and validated me as a person and also suggested that I didn't need to limit myself. There was room to be me and add more. That is the attitude that should be at the foundation of every session. No change ever happens without acknowledgment, acceptance, and validation of things just as they currently are. And nothing has to stay the same forever. If a client comes to you in distress with anxiety or anger or depression, if a family has initiated dysfunctional sequences with each other or are unable to cope with external forces: These are just starting points, beginning points of entry. Somewhere in each person and in the couple or family as a system are the resources needed to overcome. In my own life, I know what it is like to be with a family member who has a severe psychiatric disorder. I know what it is like to feel stuck, to come to believe that everything the family tries will simply not work. At that point in time, staying present (acknowledgment, acceptance, and validation) is so important, especially when the disorder is in full evidence. At those times, the couple or family can't think of anything else. The problem absorbs them. I am really quite open to that feeling of being stuck or lost; those times happen, but they don't last.

It is important to remember that couples and families were not always stuck. At some point, they had hope and movement toward the future. They may even have had lives that were rich and full. How did those parts of the couple or family get lost in this problem absorption? What can we do to reactivate that hope? I have never met a troubled adolescent who couldn't be helped by being loved more. I really think that families, if they are supported and can move away from fear, have the capacity to love wastefully, to literally overwhelm someone with love. The counselor has to believe that families can get to a better place before the family can believe it. So, what I want in a counselor is faith in people when they have nothing else and hope for a family when that family is feeling lost. There are all sorts of skills and techniques that may go with that, but it starts with an attitude that is at odds with the pessimistic, at odds with the experience of hopelessness, and at odds with the belief that there is nothing you can do in the face of trauma.

I think it is important in family therapy not to focus on the problem, but on the way the couple

or family handles the problem. You can say well isn't that about getting each member to cope? No, I don't think so. We live in communities, and the coping of any single individual is heavily influenced by the relationships she or he has within the system and within the larger community. Wouldn't it be something if we could harness the strength of the community to shore up families in distress?

Starting with Adler's work with families counseled in front of an audiences or Satir's use of large groups processes, these early practitioners sought to make a difference in human life. The opening up of therapeutic process to a larger community has been one of the most useful aspects in the evolution in family therapy, even when that community is small. Whitaker made use of co-therapists, and Minuchin and Haley often involved multiple therapists; Tom Anderson created reflecting teams, as did Michael White in his use of outside witnesses. All of these processes are an expansion of family therapy in which multiple people are brought into connection with and influence in the life of the individual, the couple, or the family.

Every 4 or 5 years, Jeff Zeig and the Erickson Institute in Arizona put on another Evolution of Psychotherapy conference: I have been to all but one, and they are wonderful. I have heard many of the presenters there say that they do some of their best work there in front of thousands of people. That makes perfect sense to me, because while you're doing therapy with thousands of people watching, there is a whole community that supports the person who's on stage. The audience brings their attention and interest, encouraging the person to be real and honest with the therapist. Both the client and members of the audience learn that they are not alone, that there is a whole group of people there willing to support whatever changes someone might want to make. In the early days in family therapy, the 1920s, Alfred Adler was already doing this kind of open-form family therapy. The most important therapeutic agent was always the community. If I could suggest a major role for counselors in the next 10 years, it would be to bring their counseling out in the open again, to make therapy available within larger groups of people, and to involve more of the community in therapeutic processing.

## CONCLUSION

As we authors reflect on this interview and on Dr. Bitter's journey guided by his many teachers and mentors, we think about our own journeys and how the difference in our years and longevity of experiences might impact how we, and our readers, view this extraordinary professional and his passion for the family therapists of the past, present, and future. For me (Nelson), a recent retiree, I am struck by how much satisfaction Bitter has found in the profession of family therapy, and I can identify with that satisfaction. I worked in public schools, private practice, and higher education, and I am grateful for all of those experiences and how the systemic approach provided me with a world view that worked in every instance. Changing my theoretical perspective to a systems approach after being trained in the more traditional counseling theories impacted me and my clients in the most positive ways. Additionally, as I look back on my career, like Bitter, I can identify the professionals who influenced me, such as Harlene Anderson and Sue Levin at the Houston Galveston Institute, and how much I owe to them for their wisdom and guidance and willingness to let me come to terms with my own ideas about families and family therapy. I also appreciate the collaboration and comradery of like-thinking professionals who dedicated so much time and energy to helping families of all circumstances and walks of life. As for the future, I had the privilege of teaching therapists in training and counselor educators for 16 years, and I marvel at how much initiative, intelligence, and dedication they bring to the field.

In thinking about the future of family therapy, it may be important to think about how practitioners can become active participants in our communities. When not working in a community setting or agency, it can be difficult to find effective ways to engage with families and couples beyond the walls of a private practice. Community engagement is a value and a process that can be taught in training programs so as to set up an expectation that family therapists be involved in advocacy, education, and training efforts in their practice communities. Unfortunately, not all families and couples will have access to ongoing outpatient therapeutic intervention. Thus, community-based programs designed to provide low-level intervention on a paraprofessional or peer level may help destigmatize services for families and couples, reach more individuals

who have a need for services in our communities, and serve to advocate for more formalized therapy when it makes sense for a family or couple to seek services (Mier, Boone, & Shropshire, 2009). Therapists have a special role to play in the community and can develop, advocate, and educate families on the importance and needs for supportive mental health care. Providing open groups, education sessions at community centers, and paraprofessionals trainings on basic supportive techniques for families is potentially preventative but also useful for engaging the community in developing a support network that is both culturally relevant and geographically convenient. Research that highlights the efficacy of community-based family and couple education prevention programs would be important to (a) demonstrate effects on decreasing stigma for mental health care and help-seeking behaviors, (b) increase individuals' efficacy for intervention and willingness to refer parents or couples in distress whom they interact with in the community, and (c) demonstrate increased interprofessional collaboration regarding appropriate roles for supporting families and couples to improve client care. Practitioners and researchers alike may serve families better by being more visible in their respective communities by engaging in therapeutic efforts that are embedded in neighborhoods and community centers (Lopez-Baez & Paylo, 2009).

#### EDITOR'S NOTE

This article marks the first-ever publication of an interview in *Journal of Family Theory & Review*. The editors invite readers to contact us with ideas for other interviews with family scholars— theorists, researchers, authors, educators, and practitioners—whose reflections on family theory will contribute to dynamic academic discourse in the pages of the journal or on our digital scholarship blog at <http://jftbrblog.ncfr.org>.

#### REFERENCES

- Adler, A. (1927). *Understanding human nature* (W. B. Wolfe, Trans.). New York, NY: Fawcett Premier.
- Adler, A. (1933). *Der Sinn des Lebens [Social interest: A challenge to mankind]*. Vienna, Austria: Rolf Passer.
- Bitter, J. R. (1987). Communication and meaning: Satir in Adlerian Context. In R. Sherman & D. Dinkmeyer (Eds.), *Systems of family therapy: An Adlerian integration* (pp. 109–142). New York, NY: Brunner/Mazel.
- Bitter, J. R. (2004). Two approaches to counseling parents alone: Toward a gestalt-Adlerian integration. *Family Journal, 12*(4), 358–367.
- Bitter, J. R. (2009). *Theory and practice of family therapy and counseling*. Belmont, CA: Brooks-Cole/Cengage.
- Bitter, J. R. (2014). *Theory and practice of family therapy and counseling* (2nd ed.). Belmont, CA: Brooks-Cole/Cengage.
- Bitter, J. R., & Byrd, R. (2017). Adlerian open-forum family counseling. In J. Carlson & S. B. Dermer (Eds.), *The SAGE encyclopedia of marriage, family, and couples counseling*. Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781483369532.n5>
- Bregman, O. C., & White, C. M. (2011). *Bringing systems thinking to life: Expanding the horizons for Bowen family systems theory*. New York, NY: Routledge.
- Breunlin, D. C., Schwartz, R. C., & MacKune-Karrer, B. (1997). *Metaframeworks: Transcending the models of family therapy* (Rev. ed.). San Francisco, CA: Jossey-Bass. (Original work published 1992)
- Christensen, O. C. (2004). *Adlerian family therapy* (3rd ed.). Minneapolis, MN: Educational Media.
- Corey, G. (2016). *Theory and practice of group counseling*. Boston, MA: Cengage.
- Corey, G. (2017). *Theory and practice of counseling and psychotherapy* (10th ed.). Boston, MA: Cengage.
- Dattilio, F. M. (2010). *Cognitive-behavioral therapy with couples and families: A comprehensive guide for clinicians*. New York, NY: Guilford.
- Dreikurs, R. (1948). *The challenge of parenthood*. New York, NY: Duell, Sloan, & Pearce.
- Dreikurs, R., Corsini, R., Lowe, R., & Sonstegard, M. (1959). *Adlerian family therapy: A manual for counseling centers*. Eugene, OR: University of Oregon Press.
- Dreikurs, R., & Soltz, V. (1964). *Children: The challenge*. New York, NY: Hawthorn.
- Hoffman, L. (2002). *Family therapy: An intimate history*. New York, NY: Norton.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. New York, NY: Norton.
- Lopez-Baez, S., & Paylo, M. J. (2009). Social justice advocacy: Community collaboration and systems advocacy. *Journal of Counseling and Development, 87*(3), 276–283.
- McGoldrick, M. (1997). *You can go home again: Reconnecting with your family*. New York, NY: Norton.
- McGoldrick, M. (2011). *The genogram journey: Reconnecting with your family*. New York, NY: Norton.

- McGoldrick, M. (2016). *The genogram casebook: A clinical companion to genograms: Assessment and intervention*. New York, NY: Norton.
- McGoldrick, M., Garcia-Preto, N., & Carter, B. (Eds.). (2015). *The expanding family life cycle: Individual, family, and social perspectives* (5th ed.). Boston, MA: Pearson.
- McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). New York, NY: Norton.
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3rd ed.). New York, NY: Guilford.
- McGoldrick, M., & Hardy, K. V. (2008). *Re-visioning family therapy: Race, culture, and gender in clinical practice* (2nd ed.). New York, NY: Guilford.
- Mier, S., Boone, M., & Shropshire, S. (2009). Community consultation and intervention: Supporting students who do not access counseling services. *Journal of College Student Psychotherapy*, 23(1), 16–29. <https://doi.org/10.1080/87568220802367602>
- Papero, D. V. (1990). *Bowen family systems theory*. Boston, MA: Pearson.
- Pinsof, W. M., & Wynne, L. C. (1995). The efficacy of marital and family therapy: An empirical overview, conclusions, and recommendations. In W. Pinsof & L. Wynne (Eds.), *Family therapy effectiveness: Current research and theory* (pp. 585–613). Washington, DC: American Association for Marriage and Family Therapy.
- Polster, E., & Polster, M. (1974). *Gestalt therapy integrated: Contours of theory & practice*. New York, NY: Vintage.
- Polster, E., & Polster, M. (2016). *From the radical center: The heart of gestalt therapy*. Cleveland, OH: Gestalt Therapy Press.
- Powers, R. L., & Griffith, J. (2011). *The key to psychotherapy: Understanding the self-created individual*. Port Townsend, WA: Adlerian Psychology Associates.
- Satir, V. M. (1964). *Conjoint family therapy*. Palo Alto, CA: Science and Behavior Books.
- Satir, V. M. (1983). *Conjoint family therapy* (3rd ed.). Palo Alto, CA: Science and Behavior Books.
- Satir, V. M., Bitter, J. R., & Krestensen, K. K. (1988). Family reconstruction: The family within—A group experience. *Journal of Specialists in Group Work*, 13(4), 200–208.
- Satir, V. M., & Bitter, J. R. (2000). The therapist and family therapy: Satir's human validation process model. In A. M. Horne (Ed.), *Family therapy and counseling* (3rd ed.) (pp. 62–101). Itasca, IL: Peacock.
- Sprenkle, D. H., Davis, S. D., & Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York, NY: Guilford.
- Titelman, P. (Ed.). (1998). *Clinical applications of Bowen family systems theory*. New York, NY: Routledge.
- Titelman, P. (Ed.). (2014). *Differentiation of self: Bowen family systems theory perspectives*. New York, NY: Routledge.
- White, M. (2007). *Maps of narrative practice*. New York, NY: Norton.
- White, M. (2011). *Narrative practice: Continuing the conversation*. New York, NY: Norton.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: Norton.