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L. Combrinck-Graham (1989). *Children in family contexts: Perspectives on treatment*. New York: The Guilford Press.

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*Reviewed by:* Joshua Gold, Doctoral Candidate, Kent State University.

One of the forerunners of the family therapy movement was the child guidance movement. In contrast to the notion to viewing children in isolation from family relations, the child guidance movement, and the emerging family therapy movement, seeks to consider children, families and their environments in the conceptualization and treatment of the presenting problem. This systemic approach serves as the foundation for interventions with behaviorally-inappropriate children and adolescents. In addition to the clinical interventions with children, this approach also recommends assessment of parenting skills and appropriate educational intervention with the parental subsystem. Accordingly, efficacy in this model requires knowledge of child/lifespan development, family development, spousal development and parental development. According to this approach, therapists must demonstrate competency in interpersonal, as well as intrapersonal, counselling.

Combrinck-Graham argues that the family is the child's primary support and resource system. Based on this premise, the functional family acts as the providers of assistance to children. In the case of dysfunctional families seen in therapy, parents are intended to act as "assistants" to the therapist in the provision of service. By doing so, parents are equipped with more productive modes of parenting. In this approach, the therapist must recognize and integrate the idiosyncracies of families and children, the differing contexts of family life, the wealth of available interventions and the diversity of ideological and ethnic influences.

This editor identified family situations that may promote dysfunction or exceptional stresses and, through the contributing authors, responded to the following questions: (a) how do families raise children in these situations?; (b) what are the means by which they handle the situations and care for their children?; (c) what are the dangers?; and (d) when help is needed, what are some ways to involve a family in the solutions to the problems?

*Children in family contexts: Perspectives on treatment* offers the reader a conceptualization of family life, an understanding of internal and external influences on family functioning, and appropriate therapeutic interventions. The book is organized into five sections. The first is comprised of overview chapters discussing what happens to traditional ideas and practices when children are brought into conjoint therapy, or when family theory is applied to concepts of child development and psychopathology. This section offers brief explanations of guidelines for interventions with children of differing ages, of relational ethics between parents and children, of understanding children through the family life cycle, and family models of childhood psychopathology.

The second section addresses some of the differing family configurations. This section presents information and interventions on nuclear families,

minority, single-parent families, remarried families, and adoptive families. While some family configurations are omitted, those presented offer the therapist useful frameworks from which to view the additional family systems.

The third section concerns families who have an atypical challenge affecting one of their members. The contributions in this section explore the impact of physical and cognitive handicaps, chronic illness, childhood obesity, emotionally disturbed parents, alcohol abuse, and the death of a parent on children in family systems. The chapters in this section give suggestions for assessing how each challenge shapes the family context, how families adapt and cope with these challenges, and how children may or may not be compromised in such situations. Finally, each chapter, in providing an ecological assessment of family functioning, offers guidelines for treatment when the adaptation is so difficult that children do suffer.

The fourth section moves out of the nuclear family domain into the domains of interaction between the nuclear family and larger systems. Specifically, this section focuses on multigenerational family systems, the interaction between family and school, between the family and the legal system, between the family and child placement services, and between violence in the family and the mental health system. Each interface has its own characteristics. Interfaces with neighborhoods, peer groups and religious communities have not been addressed specifically, although they are mentioned in the volume. The mental health system is not specifically addressed.

The fifth section identifies family experiences that shape belief and management patterns in very specific ways. These issues include the impact of growing up in poverty, the impact of ethnicity, the process of immigration, and the threat of nuclear war on children and family systems. Many of these issues cut across cultures and even nations in their significance.

The authors in this volume have different backgrounds and approach their tasks from very different disciplines. Some have presented research findings and this is the first collection of this kind of research concerning family environments focused on children. Others have presented syntheses integrating a variety of research and conceptual contributions from a systemic approach. The editor has tried to present material from all of the prevalent frameworks of family systems thinking and, and such, offers differing emphases and techniques for consideration. What unites these varied contributions is the basic premise that the family is the primary resource system of the child. This work purports that assessing and working through the family relationship system constitutes a powerful means of supporting and sustaining child development.

As a survey work, the chapters are necessarily brief and offer only the foundation of understanding of children in family contexts. Attention to the chapter references would be necessary for a comprehensive mastery of the area in question. In addition, any theoretical inconsistencies between the medical model and the systemic perspective of child and family symptomology are omitted in favor of the practical orientation of the contributing authors.

Despite these potential shortcomings, *Children in family contexts: Perspectives on treatment* is a valuable resource for practitioners and educators. For those involved in the provision of service, the book provides a concise approach to the conceptualization and intervention with children and families around child-focused issues. For the educator, the work offers a systemic addition to traditional, intrapersonal counselling with children. In addition, the case studies offer to the student a concrete example of the application of the approaches discussed.

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Richard C. Robertiello and Gerald Schoenewolf (1987). *101 Common Therapeutic Blunders; Countertransference and Counterresistance in Psychotherapy*. Northvale, New Jersey: Jason Aronson Inc.

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Do you have countertransference and counterresistance? Of course you do, Richard C. Robertiello and Gerald Schoenewolf state emphatically in the educational and entertaining *101 Therapeutic Blunders; Countertransference and Counterresistance in Psychotherapy*. Beginning therapists can expect countertransference reactions to almost all of their patients, the authors suggest. And "minor countertransferences or counterresistances occur daily, even to the most experienced therapist." (p. 292)

What can therapists do about these inevitable reactions? Plenty, Robertiello and Schoenewolf say. Their book presents extreme examples to teach therapists about the effects of countertransference and counterresistance. The 101 blunders presented include 61 stories of countertransference and 40 stories of counterresistance. These fictional case histories were based mostly on the clinical experience of the authors or of therapists under their direct supervision. A few were based on ideas suggested in the writings of well known psychoanalysts.

Titles of erotic countertransference blunders include "The Therapist Who Gave Hugs," "The Therapist Who Feared His Sexual Feelings," and "The Jealous Therapist." Sodomasochistic countertransference examples include "The Therapist Who Had To Be 'The Boss,'" "The Therapist Who Was Concerned about Money," and "The Therapist Who Sexually Abused His Patient." Narcissistic Countertransference stories include "The Infantilizing Therapist," "Pushy Mothers and Pushy Fathers," and "The Therapist Who Needed To Be the World's Greatest Authority." Under characterological counterresistance cases are "The Therapist Who Went To Sleep," "The Therapist and the Ugly, Disgusting Patient," and "The Passive-Aggressive Therapist and the Passive-Aggressive Patient." And last, the following titles are examples of cultural counterresistance blunders: "The Draft Dodger and Viet Nam Veteran," "The Italian-American Therapist and The Puerto Rican Patient," and "The Conservative Therapist and The Communist."