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Scapegoating

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the therapist asks the client to indicate his or her current location on the scale. Once the client notes the current position, the therapist focuses questions on the established resources and strengths of the client that allowed him or her to reach the position indicated. The client and therapist then explore circumstances and experiences when the client was at a higher position. The therapist asks the client to visualize and describe what characterized that level. Last, the client is directed to describe a small step that would allow movement toward the ideal reality. It is through making small changes that larger and more complex problems are overcome.

Other ways therapists use scaling questions are in tandem with the “miracle question” (another solution-focused brief therapy technique), and to explore exceptions to the presenting problem. Within the solution-focused brief therapy approach to counseling, it is important for clients to recognize when a given problem is *not* present in their current world. This is referred to as *exception talk*, and it helps the therapist move the client’s thinking away from problems to solutions. Some therapists even ask clients to respond to scaling questions related to each completed session to gauge the effectiveness of treatment and strength of the client–counselor relationship.

Challenges to Using Scaling Questions

Although the use of scaling questions may seem simple and straightforward, their effectiveness depends on the therapist’s attention to tone, word choice, and other linguistic clues. Effective use of scaling questions requires more complex interaction during client–therapist dialog than simply asking a set of scripted questions. Accordingly, it is important for therapists to continually hone their communication skills.

Shauna Lynn Nefos Webb

See also Miracle Question; Postmodern Therapies; Social Constructionism; Solution-Focused Brief Therapy; Therapeutic Assessment

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SCAPEGOATING

The term *scapegoating* comes from the Hebraic tradition of the Day of Atonement. The patriarch Moses would take a goat and curse it with the sins of the people of Israel. This would then be followed by sending the goat, laden with the sins of the people, into the wilderness alone to die for them. The goat’s symbolic sacrifice was a way of removing the year’s evil thoughts and behavior from the people and transferring them to the innocent goat so that the people could move forward in a new way.

In family therapy, the concept of scapegoating has a similar origin, and potentially a similar effect, both for the family and the scapegoat.

Typically, the family will target, though not intentionally, at least not at first, one member of the family to become the focus or cause of all of the problems of the family. The result for the family is a means of deflecting attention from the real conflict. The real conflict that spawns this act of scapegoating can be anything, for example, alcoholism, chronic illness, marital discontent. The family will feel relief, but the scapegoat will feel angry and alone. The goal of the family is not to deal with and resolve the issues, but, rather, to cover them up. This effect, though seemingly beneficial, is actually an unfortunate outcome of this targeting. It does not absolve the family of their contributions to the dysfunction. Rather, it exacerbates the dysfunction and can have serious consequences for the scapegoat. The idea of scapegoating can be applied to understand families and other groups, is used within several models of family therapy, and is a typical process with certain presenting problems. This entry first discusses scapegoating and group dynamics. It then discusses scapegoating in families, including the involvement of homeostasis and triangulation of roles, and how the concept of the scapegoat comes into play in Salvador Minuchin's structural family therapy and the roles of an alcoholic family as conceptualized by Sharon Wegscheider.

Scapegoating and Groups

In group dynamics, scapegoating occurs when a group finds a common enemy on whom to focus all of its negative energy. Sports teams, school groups, political organizations, and even religious groups can see this phenomenon in the groups or "causes" they often oppose. In addition to scapegoating an outside group, this process sometimes happens within groups. The group has a conflict internally and chooses a "subject" to blame. It could be the boss, or a coworker, or a weaker member of the group. "If it hadn't been for so and so, we would have won that game." Similarly, in nuclear and extended families, this happens when the family finds one person who becomes the "problem" for the whole group. The presence of a scapegoat can become a uniting force for the rest

of the family to rally around as the effect of the true dysfunction of the family remains unchecked. Often when the family presents for therapy, this person is the identified patient, or the reason the family finds for needing therapy.

Scapegoating and Families

Family members all take on various roles that enact certain functions in the family. Some will promote healthy interactions, while others might be more conducive to perpetuating conflicts. Roles can shift between family members, and each family member may have different roles in the different subsystems to which they belong. For example, a father may be head of the household and hold authority over the child subsystem, but also be the neediest among the family due to a chronic illness and weakest among the executive subsystem (those in charge of the family, typically the parents).

In the early years of family therapy, the identified patient, the scapegoat, was often the focus of therapy. They were the problem. More often than not, this scapegoat was a child, sometimes an emotionally disturbed child on whom the family typically placed a lot of blame for problems that the child actually had little to do with. Parental shortcomings, marital conflicts, extended family or multigenerational conflicts, and sibling conflicts were often the real problems behind the scenes. The therapist would often focus on the "problem child" in the hope that the issue would be addressed. As research in family therapy has progressed, the focus has shifted off of only examining the scapegoated family member to assessing and addressing the family as a whole. The larger, systemic issues become the focus of the therapy rather than trying to "fix" the behavior of one family member.

Homeostasis

One contributing factor to the maintenance of a scapegoat in the family relates to the concept of homeostasis. Homeostasis is the tendency to keep things in the family system just the way that they

are, even if change would make interactions improve. Scapegoats make it easier to maintain that homeostasis because there remains someone to blame rather than changing dysfunctional interaction patterns. Change is an uncomfortable process, even when it is change for the good of the family. The family will have to make a choice to address the real issues before the scapegoat is allowed “off the hook.” Unfortunately, before that happens, the process of scapegoating may have seriously harmed the child who has been the target. Emotional disturbance and emotional distancing (disengagement) may result for the scapegoat.

Minuchin's Structural Family Therapy

In Minuchin's structural family therapy, the scapegoat is notably the result of many family issues. Typically, the scapegoat's role is to relieve the tension others are feeling due to underlying conflicts in the family subsystems. One family he writes about, the Gordens, exemplified the scapegoat in that the identified patient, a child who set fires, emerged as the scapegoat when her preference for the ex-husband's permissive parenting style was made known. The unresolved conflict between the parents, together with the behavior of the girl's older brother, who was acting as though he was a parent, were part of a larger issue related to the girl's acting out. The family chose to focus on her acting out rather than address the tensions already found in the parental subsystem (mother and oldest son) and in the sibling subsystem (oldest son and three younger sisters).

The role of scapegoat is assigned, albeit covertly, by the family. There is little that the child can do about it. The parent who scapegoats the child was frequently the scapegoat for his or her own family of origin. The parent lacks the awareness and the skill to understand or prevent the process from happening all over again. Therapy can help to show the parent(s) a new, better way to respond to the conflicts and tensions in the home. The therapist will need to assess the subsystems in the family and help the scapegoated child to reintegrate into those subsystems to which he or she should belong. Boundaries will need to be reformed so that the

child is both protected and supported. The family will need to be reeducated to focus on the problem where it lies, and not on the child. They will need to be prepared to avoid returning to previous role behaviors when stressful times come.

Triangulation of Roles

When family relationships have conflict, there is frequently an effort by one member of a dyad to pull in a third person to help ease the tension. This is called triangulation. When this happens the relationships shift to a two-on-one partnership against the third. As the conflict progresses, the dyads can shift so that the odd man out changes. Scapegoats often find themselves in such triangles, often as the odd man out. This takes the focus off the tensions in the dyad and onto the problem that the scapegoat represents. An example would be a parental dyad at odds about the family finances, who then focus the conflict onto the teen scapegoat's asking to get a driver's license. The blame for the conflict about money shifts to the teen's request, which will potentially cost more money.

Wegscheider's Alcoholic Family Roles

In the late 1970s and early 1980s Wegscheider wrote a book detailing her thoughts on roles found within alcoholic families. She outlined six basic roles that family members filled: the dependent, the enabler, the hero, the scapegoat, the lost child, and the mascot. The dependent is the alcoholic in the family. The enabler is the person closest to the dependent who does the most to perpetuate the addiction (buying the alcohol, covering for the alcoholic on a hangover, etc.). The hero is the one in the family who does everything right in order to hide the family secret. Usually this is the eldest child; he or she will do everything possible to keep up the facade of everything being just fine in the family and in the eldest's own life. The lost child is the one who tends to fade into the wallpaper in order not to be noticed. This family member tries to disappear from the pain that rocks the family but that no one will fully acknowledge. The mascot is typically the baby of

the family and often brings laughter or the spotlight wherever he or she lands.

The scapegoat in Wegscheider's theory is a complicated soul. He or she is often the second born, perhaps third depending on how many children are in the family. For every role the hero fulfills to protect the family image, the scapegoat does so in the opposite direction. Scapegoats seek to draw attention to themselves, but in almost exclusively negative ways. They act out to get attention, any attention, from the parents. Up until their advent, the hero has gleaned it all. After their arrival, the stark truth becomes clear that the hero will continue to get the attention no matter what the scapegoat tries. So now the scapegoat will try to get attention by whatever means available. Usually it involves trouble at school, insolent attitudes, sullenness, and often slipping into the same substance abuse patterns exhibited by the dependent.

The cost of playing this role is great. The self-respect that hero can boast through accomplishments may be the only true crown he or she has, and the scapegoats are even robbed of that. Scapegoats see the shortcomings of the family and the shortcomings of their own lives and seethe with anger at themselves and everyone else around them. While heroes can remain blissfully ignorant of their empty family and their inability to really love, scapegoats are fully aware of this and must learn, somehow, to work through it to find their own identity. While the potential for growth and change is there, scapegoats are particularly resistant to therapy. They often feel it is a waste of time. Trust in the family's ability to change is all but lost.

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See also Boundaries; Homeostasis; Identified Patient; Structural Family Therapy; Systems, Subsystems, and Metasystems; Triangulation

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SCHIZOPHRENIA AND FAMILIES

The topic of families and schizophrenia is important because families are increasingly asked to be the long-term primary caregivers for clients. This causes unique stresses and affects both the client and the family system. This entry addresses the relevance of family in the treatment of schizophrenia, including a focus on the constructs of expressed emotion and family cohesion. The entry begins with a brief overview of schizophrenia.

Overview of Schizophrenia

There are three types of symptoms that, in combination, may result in a diagnosis of schizophrenia. These are positive, negative, and cognitive symptoms. Positive, or psychotic, symptoms include delusions and hallucinations. Positive symptoms refer to those that are viewed as an excess or distortion of a client's normal functioning and occur when an individual loses touch with reality. Negative symptoms include emotional flatness or lack of expression, an inability to start or finish