CHAPTER 12

Structural Family Therapy

She flips through a magazine on the blue-striped couch
sometimes entertained but often bored,
while he gulps down popcorn and televised football,
feeling occasionally excited yet often empty.
At midnight when the lights go off
and the news of the day and the games are decided,
She lays in anticipation, but without hope, of his touch
while he tackles fullbacks in his sleep
and ignores his needs and hers.
Alone, they together form a couple,
together, all alone, they long for a relationship.

Gladding, 1991c

CHAPTER OVERVIEW

From reading this chapter, you will learn about

- Why structural family therapy was created and the importance of boundaries and hierarchies in this approach.
- The major theorists, premises, techniques, roles of the therapist, processes, and outcomes of structural family therapy.
- The uniqueness of the structural family therapy approach.

As you read, consider

- What type of family boundaries and subsystems were most prevalent in your family of origin.
- The feminist argument that structural family therapy promotes sexual stereotypes.
- How comfortable you would be acting like a theater director if you were a structural family therapist.

Structural family therapy was initially based on the experiences of Salvador Minuchin and his colleagues at the Wiltwyck School, a residential facility in Esopus, New York, for inner-city delinquents. The treatment was created out of necessity. Long-term, passive, and historically based approaches to working with the families of these children proved unsuccessful (Piercy, Sprenkle, & Wetchler, 1997). The active and often aggressive nature of family members at the Wiltwyck School and their tendencies to blame others and react immediately meant therapists had to be powerful and quick. Minuchin soon discovered that dramatic and active interventions were necessary to be effective.

Since its conception, structural family therapy has grown in popularity and use. It was refined at the Philadelphia Child Guidance Clinic in the 1960s and 1970s. Today, its numerous practitioners are found in many mental health settings. Structural family therapy's major thesis is that an individual's symptoms are best understood when examined in the context of family interactional patterns (Minuchin & Nichols, 1998). A change in the family's organization or structure must take place before symptoms can be relieved. "The basic understanding of structural therapy states that family dysfunction perpetuates individual problems, not necessarily that the family causes the symptom. . . . problems that exist will be maintained and possibly prolonged by the structure of the family system" (Jones, Lettenberger, & Wickel, 2011, p. 342).

This idea about the impact of family structure and change on the lives of individuals has continued to be influential in the current practice of many family therapists, even those outside of a structural family therapy orientation.

MAJOR THEORISTS

There are several prominent theorists in structural family therapy, including Braulio Montalvo, Bernice Rosman, Harry Aponte, and Charles Fishman. The best known, however, is the founder of the theory, Salvador Minuchin.

Salvador Minuchin (1921–)

Salvador Minuchin was born in 1921 to Russian Jewish emigrants in Argentina. He never felt total allegiance to Argentina, but he did learn the rituals of Latin pride and ways of defending his honor against anti-Semitic remarks (Minuchin & Nichols, 1998; Simon, 1984). He completed a medical degree in Argentina and, in 1948, joined the Israeli Army as a doctor and spent the next 18 months in this position. In 1950, Minuchin came to the United States with the intention of studying with Bruno Bettelheim in Chicago. However, he met Nathan Ackerman in New York and chose to work there. After returning for another 2 years in Israel, Minuchin returned to the United States for good. In 1954, he began studying psychoanalysis; a few years later, he took the position of medical director of the Wiltwyck School.

Through his experiences at Wiltwyck, Minuchin became a systems therapist and, along with Dick Auerswald and Charles King in 1959, began developing a three-stage approach to working with lower-socioeconomic-level Black families. As time progressed, the Minuchin team "developed a language for describing family structure and methods for getting families to directly alter their organization" (Simon, 1984, p. 24). It was his innovative work at Wiltwyck that first gained Minuchin widespread recognition. His revolutionary

ideas and concepts focused on boundaries, disengagement, and enmeshment (Rockinson-Szapkiw, Payne, & West, 2011). The essence of the method was published in *Families of the Slums* (Minuchin, Montalvo, Guerney, Rosman, & Schumer, 1967).

In 1965, Minuchin became the director of the Philadelphia Child Guidance Clinic. He transformed the clinic into a family therapy center. There he gained a reputation as a tough and demanding administrator. Minuchin was always coming up with creative ideas. One of the most innovative of these was the **Institute for Family Counseling**, a training program for community paraprofessionals that proved to be highly effective in providing mental health services to the poor.

Minuchin worked closely in Philadelphia with Braulio Montalvo and Jay Haley, whom he hired from California. "Probably Minuchin's most lauded achievement at the Clinic was his development of treatment techniques with psychosomatic families, particularly those of anorectics" (Simon, 1984, p. 24). In 1974, Minuchin published *Families and Family Therapy,* one of the most clearly written and popular books in the family therapy field. This work brought Minuchin widespread attention and "launched family therapy into the mainstream" (Kuehl, 2008, p.17). In 1975, he stepped down as director of the clinic, but he remained its head of training until 1981.

Since 1981, Minuchin has written several plays and books, including *Mastering Family Therapy: Journeys of Growth and Transformation,* which he coauthored with nine of his supervisees. He set up the Family Studies Institute in New York City, which was renamed the Minuchin Center for the Family when he retired in 1996 and moved to Boston. Minuchin retired again in 2005 and moved to Boca Raton, Florida. From there he continues to travel the world giving workshops and training. He remains an expert on working with families from diverse cultures and settings. He is passionately committed to social justice. Overall, even in retirement, Minuchin remains a force in the field of family therapy.

PREMISES OF THE THEORY

The structural approach as a theory is quite pragmatic. Minuchin's theoretical conceptualization was influenced by the philosophy of José Ortega y Gasset, who emphasized individuals interacting with their environment.

One of the primary premises underlying structural family therapy is that every family has a **family structure**, an "invisible set of functional demands that organizes the ways in which family members interact" (Minuchin, 1974, p. 51). This structure is revealed only when the family is in action. In other words, it is impossible to tell what a family's structure is unless the family is active and one is able to observe repeated interaction patterns between and among family members.

Structure influences families for better or worse. In some families, structure is well organized in a hierarchical pattern, and members easily relate to each other. In others, there is little structure, and few arrangements are provided by which family members can easily and meaningfully interact. In both cases, developmental or situational events increase family stress, rigidity, chaos, and dysfunctionality, throwing the family into crisis (Minuchin, 1974). Families that have an open and appropriate structure, however, recover more quickly and function better in the long term than families without such an arrangement.

The structural approach emphasizes the family as a whole, as well as the interactions between subunits of family members. In some dysfunctional families, coalitions arise (Minuchin, Rosman, & Baker, 1978). A **coalition** is an alliance between specific

family members against a third member. A **stable coalition** is a fixed and inflexible union (such as a mother and son) that becomes a dominant part of the family's everyday functioning. A **detouring coalition** is one in which the pair holds a third family member responsible for their difficulties or conflicts with one another, thus decreasing the stress on themselves or their relationship.

Furthermore, a major thesis of structural theory is that a person's symptoms are best understood as rooted in the context of family transaction patterns. The family is seen as the client. The hope is that through structuring or restructuring the system all members of the family and the family itself will become stronger (Minuchin, 1974). Families are conceptualized from this perspective as living systems. They operate in an ever-changing environment in which communication and feedback are important (Friedlander, Wildman, & Heatherington, 1991). Consequently, lasting change is dependent on altering the balance and alliances in the family so that new ways of interacting become realities.

Subsystems are another important aspect of the theory. **Subsystems** are smaller units of the system as a whole. They exist to carry out various family tasks. Without subsystems, the overall family system would not function. They are best defined by the boundaries and rules connected with them. Subsystems are formed when family members join together to perform various functions. Some of these functions are temporary, such as painting a room. Others are more permanent, such as parenting a child. When subsystems are disrupted, stress and increased emotional reactivity may result (Lindahl, Bregman, & Malik, 2012). Of particular significance are the spousal, parental, and sibling subsystems (Minuchin & Fishman, 1981).

The **spousal subsystem** "may consist of a single parent, a gay or lesbian couple, or a heterosexual couple" (Kindsvatter, Duba, & Dean, 2008, p. 205). In families in which there are two such individuals, the way they support and nurture each other has a lot to do with how well structured the family is and how functionally it runs. Spousal subsystems work best when there is **complementarity** of functions. In such circumstances, there are "reciprocal role relationships that typically constitute an important element in family organization" (Simon, 2004, p. 260). For example, a husband and wife may operate as a team, with one being more responsible for inside-house chores and the other for outside-house chores, with both accepting the influence they have on each other and their interdependency.

The **parental subsystem** may include a single parent, two grandparents, two biological parents, a biological parent and a stepparent, and so forth. It is made up of those responsible for the care, protection, and socialization of children. It is the executive system of the family. "A universal tenet of structural family theory is the belief that a cohesive, collaborative parental subsystem is critical for healthy family functioning" (Madden-Derdich, Estrada, Updegraff, & Leonard, 2002, p. 242). As with the spousal subsystem, the parental subsystem is considered healthy if it does not function in a cross-generational way. A **cross-generational alliance (coalition)** in a family contains members of two different generations within it. If a parent and child collude to obtain certain objectives or needs, such as love or power, they are in a cross-generational alliance. Parental subsystems must change as children grow. The rules that are applicable to children, for example, at age 8 years do not work at age 18 years. Therefore, parents are constantly challenged to define appropriate, clear, and permeable boundaries that help family members gain access to each other without becoming fused or distanced.

The **sibling subsystem** is that unit within the family whose members are of the same generation. For example, brothers and sisters are considered to be a sibling subsystem. In

some families, the sibling subsystem is composed of those born of the same parents. In other families, such as in blended arrangements (i.e., stepfamilies), the sibling subsystem is made up of unrelated children. Age differences may affect how well sibling subsystems function. Subsystems of siblings are often composed of those children who are relatively close to each other in age—for example, 2 or 3 years apart. They are generally closer to one another psychologically because of their opportunities to interact together. The larger the age gap between siblings, the less likely it is that they will become allies (i.e., a subsystem).

A third major aspect of structural family therapy is the issue of boundaries. Basically, **boundaries** are the physical and psychological factors that separate people from one another and organize them. "The degree of interaction and involvement of family members with each other is governed by the boundaries that exist between family members and between subsystems" (Kindsvatter et al., 2008, p. 206). "For proper family functioning, the boundaries of subsystems must be clear" (Minuchin, 1974, p. 54). The strength of boundaries is represented in structural family mapping systems by broken, solid, and dotted lines. There are three major types of boundaries:

- Clear, represented by a broken horizontal line (---).
- Rigid, represented by a solid line (—).
- Diffuse, represented by a dotted line (. . .).

Clear boundaries consist of rules and habits that allow family members to enhance their communication and relationships with one another because they encourage dialogue. In families with clear boundaries, members freely exchange information and give and receive corrective feedback. For example, in such a family, only one person talks at a time. With clear boundaries, negotiation and accommodation can successfully occur in families. These processes facilitate change but still maintain the stability of the family. Parents and children feel a sense of belonging but nevertheless individuate. For a functional, two-parent family with children, clear boundaries might be represented as shown in Figure 12.1(a).

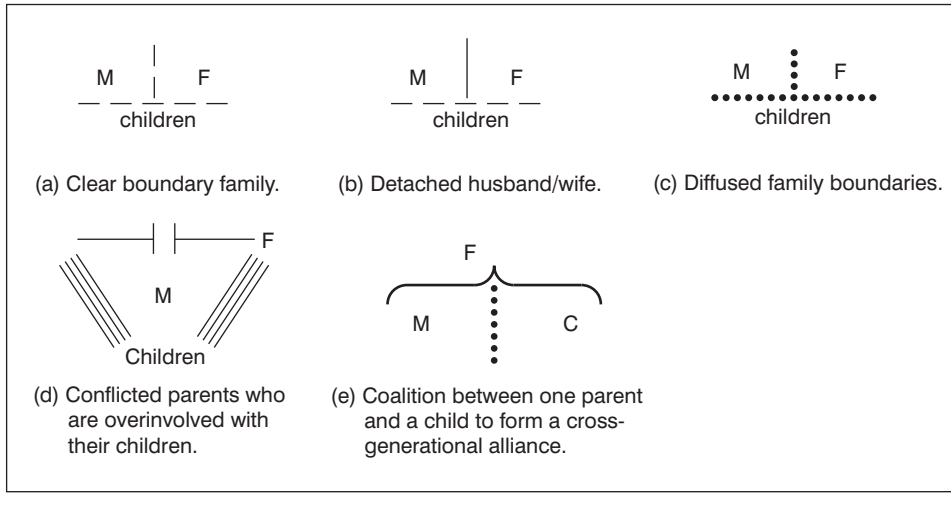

FIGURE 12.1 Types of family boundaries.

Rigid boundaries are inflexible and are characterized by power struggles (Fish & Priest, 2011). They keep people separated from each other. In families with rigid boundaries, members experience difficulty relating in an intimate way to one another, and therefore individuals become emotionally detached or cut off from other family members. For example, a family in which a husband and wife are detached from each other is represented in Figure 12.1(b).

In the case of **diffuse boundaries**, there is not enough separation between family members. In this arrangement, some family members are said to be "fused." Instead of creating independence and autonomy within individuals, as with clear boundaries, diffused boundaries encourage dependence. A two-parent family with children in which diffused boundaries exist is represented in Figure 12.1(c).

Other symbols are also used to show how families relate. Among the most common are shown in Figure 12.2.

A two-parent family with children in which there is conflict and overinvolvement is represented in Figure 12.1(d). In such families, **triangulation** exists. "**Triangulation** is a system process in which child[ren] becomes involved in parents' conflictual interactions by taking sides, distracting parents, and carrying messages to avoid or minimize conflict between the parents" (Buehler & Welsh, 2009, p. 167). The relationships between the parents and children become closer as the conflict between the parents intensifies. Another family in which a coalition between a parent and children exists is represented in Figure 12.1(e). In this situation, a child becomes parentified, as the parents disengage from one another. A **parentified child** is one who is given privileges and responsibilities that exceed what would be considered developmentally consistent with his or her age (Minuchin, 1974).

In the development of families, boundaries and the structure of the family may change regardless of the type of family. Families are not static, and new developments or

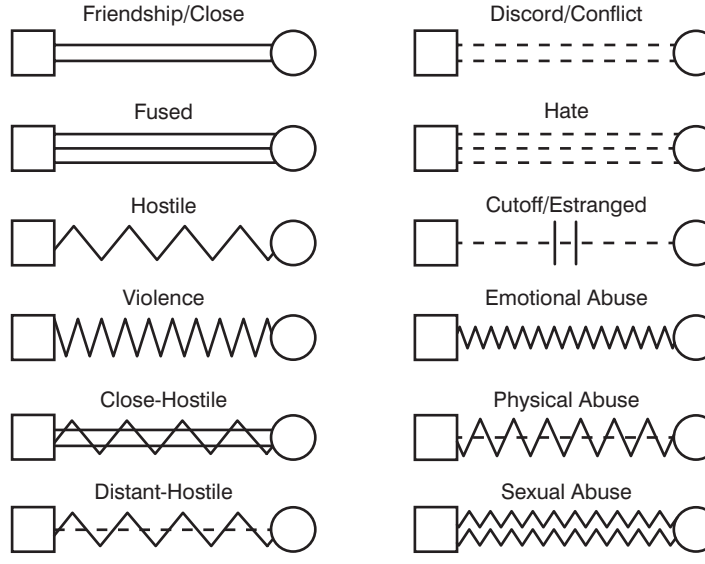

FIGURE 12.2 Symbols representing how families relate.

Based on GenoPro. Emotional Relationships (www.genopro.com/genogram/emotional-relationships). Symbols drawn by Lindsay Berg. Copyright 2013.

challenges may bring a family closer together or draw it further apart (Pistole & Marson, 2005). It is crucial not to mistake normal family development and growing pains for pathological patterns (Minuchin, 1974). It is also important to realize that, during the course of family life over time, alignments are formed. **Alignments** are the ways family members join together or oppose one another in carrying out a family activity.

In addition to structure, subsystems, and boundaries, structural family therapy is also based on (1) roles, (2) rules, and (3) power (Figley & Nelson, 1990). In regard to **roles**, therapists need to understand the positions under which families are operating (Kaplan, 2000a). Families experiencing difficulties have members who relate to each other according to certain expectations that are either outdated or ineffective. The inefficiency of these families includes "little or no expectations that anyone will hear or be affected by what they say [and] little or no expectation of reward for appropriate behaviors" (McWhirter & McWhirter, 1989, p. 23). For instance, the youngest member of such a family may constantly be placed in the role of "the baby" and never be taken seriously by anyone.

Similarly, **rules** that the family first developed may be adhered to regardless of the changes that have occurred in the family's lifestyle or outside circumstances. A family in which the chief wage earner is laid off may still insist on buying clothes at expensive stores. Such a rule, when adhered to, is to the detriment of the family as a functioning unit. While rules in families may be explicit or implicit, functional families generally have more explicit than implicit rules. Overall, rules "provide the family . . . with structure"—an organized pattern that becomes predictable and manifests itself in repeated patterns (Friesen, 1985, p. 7). A way of establishing rules is for all members of a family to agree overtly what the rules for the family will be. This type of procedure can be done in a family meeting or with a therapist, as seen in this video.

Family Reflection: Think of the rules within your family of origin when you were growing up. Which were explicit? Which were implicit? Was there a difference in the effectiveness of the explicit versus the implicit rules?

Power is the ability to get something done. In families, power is related to both authority and responsibility (or the one who makes and the one who carries out the decisions). Structural family therapists observe that, in dysfunctional families, power is vested in only a few members. The ability of family members to provide input in the decision-making process that governs the family is limited. Disenfranchised family members may cut themselves off from the family, become enmeshed with stronger members, or battle to gain some control in an overt or covert way. The structural family therapist, after noting how power is distributed in the family, will often use his or her skills to unbalance the family and help them learn new ways of dealing with situations that are power based.

TREATMENT TECHNIQUES

Structural family therapy is sometimes referred to as a way of looking at families. According to Minuchin (1974), dysfunctions result from the development of dysfunctional sets. **Dysfunctional sets** are the family reactions, developed in response to stress, that are repeated without modification whenever there is family conflict. For example, one spouse

might verbally attack the other, bringing charges and countercharges, until the fight escalates into physical violence or the couple withdraws from each other.

A number of procedures are associated with the structural family therapy approach (Friesen, 1985; Minuchin & Fishman, 1981). These techniques are sometimes employed in a sequential manner or may be combined. They are basically divided into those "that are primarily used in the formation of a therapeutic system," that is, techniques for joining, and those that are "more directly aimed at provoking disequilibrium and change" (Colapinto, 2000, p. 152). The most frequently used structural treatment methods are highlighted in the following sections.

Joining

Joining is the "backbone" of structural family therapy and is defined as "the process of 'coupling' that occurs between the therapist and the family, leading to the development of the therapeutic system" (Sauber, L'Abate, & Weeks, 1985, p. 95). "In this process, the therapist adjusts to the communication style and perceptions of the family members" (Carlson & Ellis, 2004, p. 353). To do so, the therapist makes contact with each family member. In the process, the therapist allies with family members through expressing interest in them as individuals and working with and for them (Minuchin & Fishman, 1981). In such a way genuine empathy is expressed, a safe environment is established, and a collaborative relationship is set up (Hammond & Nichols, 2007, Jones et al., 2011).

Through listening and understanding initially and all through the process, the therapist helps initiate treatment. Joining is considered one of the most important prerequisites to restructuring. It is a contextual process that is continuous. It is particularly important to join powerful family members, as well as angry ones. Special care and attention must be taken to accept the point of view of the father, who thinks therapy is a waste of time and money, or of the angry teenager, who feels victimized. It is also important to reconnect with such people at frequent intervals during the therapy, particularly during times of overt tension or anger.

The structural family therapy approach joins families in one of four ways. The first is by tracking. In **tracking**, the therapist follows the content of the family (i.e., the facts). For instance, the therapist might say to a woman, "So as I understand this situation, you and your husband were married last May and had your first child this past March. You do not think you had enough time to establish a relationship with your spouse before you were required to start one with your baby."

During tracking, judgments are not made by the therapist (at least not overtly). Rather, information is gathered by means of open-ended questions to inquire about the interests and concerns of family members. Tracking is best exemplified when the therapist gives a family feedback.

The second way of joining is through mimesis. In **mimesis**, the therapist becomes like the family "in the manner or content of their communications, for example, joking with a jovial family, or talking slowly or sparsely with a slow-talking family" (Sauber et al., 1985, p. 107). Alternatively, if a family frequently uses road metaphors to describe what is occurring between its members, a therapist would do likewise by stating, "I want to help you find a highway you can travel that leads somewhere and that everyone enjoys."

A third way of joining is through confirmation. **Confirmation of a family member** involves using an affective word to reflect an expressed or unexpressed feeling of that

family member. It may also be accomplished through a nonjudgmental description of the behavior of the individual. For example, a therapist might say to a daughter who stares at the floor when addressing her father, "I sense that your looking at the floor when you talk to your father is connected with some feeling you have inside."

The final way to join with a family is by accommodation. In **accommodation**, the therapist makes personal adjustments in order to achieve a therapeutic alliance (Minuchin, 1974). "Making accommodation decisions requires from the counselor a careful sense of timing and artful decision making as he or she evaluates whether he or she can 'push the envelope' of the family functioning by introducing new ideas, or whether he or she should accommodate (perhaps even potentially unhelpful) family ideas to maintain or strengthen the therapeutic alliance" (Kindsvatter et al., 2008, p. 206). For example, the therapist would remove his or her coat if the family came to the session in shirtsleeves.

Disequilibrium Techniques. Eleven Interventions for Changing a Family System

As indicated earlier, disequilibrium techniques are interventions that are aimed at changing a system. "Some of them, like enactment and boundary making, are primarily employed in the creation of a different sequence of events, whereas others, like reframing, punctuation, and unbalancing, tend to foster a different perception of reality" (Colapinto, 2000, p. 154). All require active involvement of the therapist.

REFRAMING The technique of reframing involves changing a perception by explaining a situation from a different context. In this activity, the facts of an event do not change, but the meaning of the situation is examined from a new perspective (Kim, 2003; Sherman & Fredman, 1986). For instance, at the birth of our third child, my wife looked up at me and said, "The honeymoon is not over. There are simply more people on it." Through the reframing process, even a negative situation can sometimes be viewed in a more favorable light. This type of change is crucial to the promotion of movement in family therapy. For example, if disruptive behavior is reframed by the therapist as being "naughty" instead of "incorrigible," family members can find ways to modify their attitudes toward the "naughty" person and even help him or her make changes.

Family Reflection: When have you heard someone in your family or a family you know well reframe a behavior or a situation, by saying, for example, "It's not a failure, it's a challenge." List as many such times as you can think of and the reframe used. Do reframes always make life better? If so, how? If not, why?

PUNCTUATION Punctuation is a universal phenomenon and is characteristic of all human interaction. It is the way a person describes a situation, that is, begins and ends a sentence, due to a selective perspective or emotional involvement in an event. In structural family therapy, punctuation is "the selective description of a transaction in accordance with a therapist's goals" (Colapinto, 2000, p. 158). If a therapist is trying to show that a mother has competence in controlling the behavior of her children, the therapist may declare her competent when she corrects or disciplines a child. By punctuating a particular situation at a specific moment in time, the perception of everyone involved is changed. Punctuation enhances possibilities for new competencies and behaviors in the future.

UNBALANCING Unbalancing (or allying with a subsystem) is a procedure by which the therapist supports an individual or subsystem against the rest of the family. A therapist may sit next to a daughter who is being accused of not living up to the family's tradition. In this position, the therapist can also take up for the daughter against the family and give reasons why it is important for the daughter to create new ways of behaving. Family members, individually and as a group, are then forced to act differently with the person or subsystem. They have to expand their roles and functions. When this technique is used to support an underdog in the family system (as it usually is), a chance for change within the total hierarchical relationship is fostered (Sauber et al., 1985).

ENACTMENT The process of enactment occurs when the therapist "invites client-system members to interact directly with each other" (Simon, 2004, p. 260). It consists of families bringing problematic behavioral sequences into treatment by showing them to the therapist in a demonstrative transaction (Woolley, Wampler, & Davis, 2012). Such a process redirects communication between the therapist and the family so that communications and resulting changes in behaviors occur "among family members instead of between the family and the therapist" (Kim, 2003, p. 390). In other words, enactment uses the relationship between family members as an agent or mechanism of change while it simultaneously and directly facilitates change within the relationship (Davis & Butler, 2004).

A family that frequently argues about how they are going to spend their Saturdays may be asked by the therapist to have a heated argument in front of him or her instead of describing the fight or waiting for the fight to occur at another time. The idea is to see how family members interact with one another and to challenge their existing patterns and rules. This method can also be used to help family members gain control over behaviors they insist are beyond their control. It puts an end to members' claims that they are helpless in controlling their actions, thoughts, and feelings. The result is that family members experience their transactions with heightened awareness (Minuchin, 1974). In examining their roles, members, it is hoped, discover more functional ways of behaving.

WORKING WITH SPONTANEOUS INTERACTION Working with spontaneous interaction is similar to being a lighting expert who focuses the spotlight of attention on some particular behavior. It occurs whenever families display actions in sessions that are disruptive or dysfunctional, such as members yelling at one another or parents withdrawing from their children. In these cases, therapists can see first hand the dynamics within a family's interactions. On such occasions, therapists can point out the dynamics and sequencing of behaviors. The focus is on process, not content. It is crucial that therapists use such occasions to help families recognize patterns of interaction and what changes they might make to bring about modification.

BOUNDARY MAKING A boundary is an invisible line that separates people or subsystems from each other psychologically (Minuchin, 1974). To function effectively, families need different types of boundaries at distinct times of stage development. "Each stage brings demands, forcing the family members to accommodate to new needs as family members grow up or age, and circumstances change" (Minuchin, 1993, p. 40). Families may need more-rigid boundaries during stages when children are young, in order to make sure that everyone is taken care of, and more-flexible boundaries during the time when there are teenagers in the house, in order to meet the demands of different schedules. "Part of the

therapeutic task is to help the family define, redefine, or change the boundaries within the family. The therapist also helps the family to either strengthen or loosen boundaries, depending upon the family's situation" (Sauber et al., 1985, p. 16).

INTENSITY Intensity is the structural method of changing maladaptive transactions by using strong affect, repeated intervention, or prolonged pressure. The tone, volume, pacing, and choice of words used by a therapist can raise the affective intensity of statements. For example, intensity is manifested if a therapist keeps forcefully telling a family to "do something different" (Minuchin & Fishman, 1981). The persistence employed in this technique breaks down family patterns of equilibrium and challenges the family's perception of reality. Intensity works best if therapists know what they want to say and do so in a direct, unapologetic manner that is goal specific.

Family Reflection: Almost everyone has experienced intensity in one form or another during their lives. What effect do you think intensity has on most people? For example, might it make them nervous? What affect has intensity had on you? Be as specific as possible.

RESTRUCTURING The procedure of restructuring is at the heart of the structural approach. The goal of this approach to family therapy is structural change. Restructuring involves changing the structure of the family. The rationale behind restructuring is to make the family more functional by altering the existing hierarchy and interaction patterns so that problems are not maintained. In other words, the structural family therapist rearranges the hierarchy of the family so that those who typically should be in power (the parent or parents) are (Fish & Priest, 2011). This is accomplished through the use of enactment, unbalancing, directives, and boundary formation.

For example, in enactment, if a father dominates to the point where children feel intimidated, the therapist may ask the family to enact a "father-dominated scenario." As it occurs, the therapist may instruct the rest of the family members to behave in a certain way—for example, uniformly refusing to do what the father requests without getting something in return. If these instructions are carried out, the family behaves differently and change becomes possible. If change occurs, members generally feel more enfranchised and invested in the family.

SHAPING COMPETENCE In the process of shaping competence, structural family therapists help families and family members become more functional by highlighting positive behaviors. Therapists may reinforce parents who make their children behave, even if the parents succeed only momentarily in accomplishing this feat. In effect, shaping competence is a matter of therapists not acting as experts all of the time. They should instead reinforce family members for doing things right or making their own appropriate decisions (Minuchin, Lee, & Simon, 1997). As a result, positive abilities are highlighted, and appropriate alternative ways of working with problems are produced.

DIAGNOSING One of the main tasks of structural family therapists is to diagnose the family in such a way as to describe the systemic interrelationships of all family members. This type of mapping, as shown in Figure 12.1, allows therapists to see what needs to be

modified or changed if the family is going to improve. For example, therapists may note disruptive coalitions or triangles among family members [see Figure 12.1(d), (e)].

Diagnosing is done early in the therapeutic process before the family can induct the therapist as a part of their system. By diagnosing interactions, therapists become proactive, instead of reactive, in promoting structural interventions.

ADDING COGNITIVE CONSTRUCTIONS Although structural family therapy is primarily action oriented, it does include verbal components in the form of words to help families help themselves. The multiple aspects of the technique of adding cognitive constructions include advice, information, pragmatic fictions, and paradox. *Advice* and *information* are derived from experience and knowledge of families in therapy. They are used to calm anxious family members and to reassure them about certain actions. They may occasionally include explanations about structure within the family. If a family member says, "I'll bet you've never seen a family as messed up as we are," the therapist might reply, "Your family is unique in quite a few ways, but many of your concerns and behaviors are common among families I see."

Pragmatic fictions are pronouncements that help families and family members change. For instance, therapists may occasionally tell children that they are acting younger than their years. These pronouncements help children gain a greater grasp of reality. **Paradox**, on the other hand, is a confusing message meant to frustrate or confuse families and motivate them to search for alternatives. For example, a family that is resistant to instructions and change may be told not to follow the therapist's instructions and not to change. Given this permission to do as they wish, families may defy the therapist and become better, or they may explore reasons why their behaviors are as they are and make changes in the ways they interact.

ROLE OF THE THERAPIST

The structural family therapist is both an observer and an expert who is active, like a theater director, in making interventions to modify and change the underlying structure of the family (Simon, 2004). Successful structural family therapists require high energy and precise timing so that in-session interactions among client-families result in new family organization (Minuchin et al., 1967).

The therapist's role changes over the course of therapy (Minuchin, 1974). In the first phase of treatment, the therapist joins the family and takes a leadership position. In phase two, the therapist mentally maps out the family's underlying structure. In the final phase, the therapist helps transform family structure. Thus, during treatment the therapist watches "the family 'dance' and then enters ('joins') and leaves the interactional field at will in order to transform it therapeutically" (Friedlander et al., 1991, p. 397).

The therapist uses a number of techniques to accomplish the goal of change, including **unbalancing** (e.g., siding with one member of the family), praise, challenges, direct orders, and judgments (Fishman, 1988; Minuchin & Fishman, 1981). An implicit, if not explicit, assumption is that the therapist has a "correct" interpretation of what is happening within the family and powerful tools for helping the family construct and maintain a more functional system.

"Like a theatrical director, the therapist assumes responsibility for setting up" dramatic scenes, "designating which family members will be involved, what they will talk

about, and how they will talk about it" (Simon, 2004, p. 260). Once the scene is set in motion, the "therapist remains on the periphery of the enactment, observing. Should the enactment bog down, or revert to old dysfunctional patterns, the therapist enters as a 'critic,' sometimes even a harsh one, challenging client-family members to renounce apparent self-interest" (Simon, 2004, p. 260).

In some cases, the therapist acts dramatically (if this is the only way to get the attention of the family) (Simon, 1984). As a critic, the therapist may say to a withdrawn or denying family member, "Admit it, through your actions and passivity you are playing a major role in how this family operates. You are being selfish and the family is suffering as a result." At other times, the therapist is low key and notices repetitive interactions, such as a young girl clinging to her mother. On such occasions, the therapist may or may not mention the actions. In any event, the therapist is never a "player" in any of the family scenes and thus operates in what may be called a "'middle-distance'—as opposed to proximal—position vis-à-vis the client system" (Simon, 2004, p. 260). Thus the therapist works to change the structure of the family at crucial times, without becoming a part of it, so that the family collectively can unite in a healthy and productive way.

PROCESS AND OUTCOME

The process of change within structural family therapy is probably best described as gradual but steady. It is geared to the cultural context of the family but follows some general patterns. When successful, this approach results in symptom resolution and structural changes. Usually, significant changes occur after a few sessions because the therapist uses specific techniques to help family members interact in new ways. These techniques are often used in an overlapping manner in order to help the family to become less homeostatic. The idea is to emphasize action over insight. Family members are given **homework**, that is, activities to do outside of the session, in addition to the work they do within their therapeutic time.

Family Reflection: Many individuals have negative associations with the term "homework" because of experiences they had in school. How do you think you could reframe the concept of homework to make it more attractive to family members who might dislike the term or rebel against it?

In successful treatment, the overall structure of the family is altered and reorganized. This change in structure enables family members to relate to one another in a more functional and productive manner. As a part of this process, dated and outgrown rules are replaced by those more related to the family's current realities. In addition, parents are in charge of their children, and a differentiation between distinct subsystems emerges (Piercy et al., 1997).

UNIQUE ASPECTS OF STRUCTURAL FAMILY THERAPY

Emphases

One strong aspect of structural family therapy is its versatility. The structural approach has proven successful in treating families experiencing difficulties with juvenile delinquency, alcoholism, obesity, and anorexia (Fishman, 1988; Jones et al., 2011). It is as

appropriate for lower-socioeconomic-level families (Minuchin, Colapinto, & Minuchin, 1999) as for high-income families. It can be adapted for use with minority and cross-cultural populations as well (Boyd-Franklin, 1987; Jung, 1984). Its concepts, such as hierarchy and advocacy for a parental-executive system, boundaries, and subsystems, "make it ideal for and compatible with Asian-American cultural and family values" (Kim, 2003, p. 391). In essence, structural family therapy is suitable for a wide variety of client-families. For example, structural family therapy is popular with single-parent families because it deals with such concerns as structure, boundaries, and power (Minuchin & Fishman, 1981). The interventions of structural family therapists seek to restructure or redefine family systems (Minuchin, 1974). This approach is designed to put the parent in charge of the way the family functions. The family moves from being a system in which there is a parentified child or an equalized relationship among parents and children to one in which power is vested in a custodial parent. Structural family therapy is sensitive to the effect of culture on families as well.

A second characteristic of this approach is its emphasis on terminology and ease of application. Basically, structural family therapy has clearly defined terms and procedures. Treatment methods and techniques are described in such a way that novice therapists can easily conceptualize what they are to do and when to do it (Minuchin & Fishman, 1981). The process is clear because of the clarity of the theory.

A third attribute of structural therapy is that it helped make family therapy as a whole acceptable to medicine in general and psychiatry in particular (Simon, 1984). As a psychiatrist, Minuchin was able to make a case with the medical community for his approach and for family therapy treatment. Without this recognition and implicit endorsement, family therapy would be more of an intellectual exercise and a mystery.

A fourth aspect of the structural approach is its emphasis on symptom removal and reorganization of the family. "Changes in family structure contribute to changes in behavior and the inner psychic processes of the members of the system" (Minuchin, 1974, p. 9). Families have a different emphasis as a result of treatment and are able to cope better. Members experience their families in new and positive ways.

A fifth dimension of structural family therapy is its pragmatic, problem-solving emphasis. Therapists are active in bringing about change (Colapinto, 2000). By using reframing, for example, a structural family therapist can help a family conceptualize a situation as being "depressive" rather than "hopeless." By seeing the difficulty in this way, the family can take steps to cope with or address depression and thereby gain greater control over themselves and their environment. In essence, structural family therapy was born out of necessity. It has not deviated from its origins.

Comparison with Other Theories

Structural family therapy is a well-developed, action-oriented, and pragmatic approach to working with families. It has been as well articulated and illustrated as any other family therapy. However, critics charge that the theory is not complex or profound enough to address the complication of family life to any great extent.

A second point of comparison is based on the accusation by some clinicians that the focus of the theory lends itself to reinforcing sexism and sexual stereotypes (Simon, 1984). These critics stress that Minuchin encourages husbands to take on executive roles and wives to take on expressive roles in the family so that everyone does not suffer

(Luepnitz, 1988). They contend that mothers should be encouraged and supported to become more effective. In fairness, it must be said that Minuchin developed his theory with low-income families in which husbands had hidden or indirect power and would undermine the efforts of their spouses.

A third distinction of the structural approach is that it focuses on the present. Past patterns and history are not emphasized (Minuchin, 1974). Structural family therapy basically ignores historical data. For example, structuralists mentally map the present configuration of the family rather than pay attention to the historical or developmental landmarks of the family over time.

A fourth aspect of structural family therapy is that it is sometimes hard to distinguish from strategic family therapy (Friesen, 1985; Stanton, 1981). In both approaches, there is a pragmatic emphasis on identifying and blocking present behaviors that are destructive and repetitive. There is also a focus on the process, as opposed to the content, of sessions. The therapist takes a great deal of responsibility for initiating change through such techniques as enactments or homework assignments. In both approaches, the time frame for treatment is relatively short term—less than 6 months.

A final distinction of structural family therapy is that families may not become as empowered, because the therapist is active and in control of the process (Friesen, 1985). This aspect of treatment may be helpful to families who would not have taken any initiative by themselves, but for others it may hinder the speed of progress.

CASE ILLUSTRATION

The Johansson Family

Family Background

Hanna Johansson, age 32 years, is the mother of four children: Simon, age 12 years, Heidi, age 8 years, Holly, age 5 years, and Hans, age 2 years. Her common-law husband, Martin, age 30 years, lives with the family on occasion but usually stays away because he fears that Hanna's social worker will cut off government support if he is discovered in her apartment. Because of Martin's frequent absence and his financial inability to contribute to the family, Hanna and her children often go without needed food and medical care. Their apartment in the "projects" is in serious disrepair.

Hanna recently told her social worker that Simon has been sneaking out late at night. She is unable to control him, and the social worker is considering removing him from the family. Hanna fears the effects of such a process and is equally distressed at the thought that Simon may become part of a gang and endanger her and the younger children. Her social worker wants specific detailed information on what Simon is doing. Hanna's mother, age 55 years, who lives nearby, is urging Hanna to "do something and do it quickly."

Conceptualization of Family: Structural Perspective

From a structural perspective, the Johansson family is unorganized and problematic. It lacks resources. Hanna does not have a supportive relationship with either Martin or her mother. The fact that Simon is beginning to act out is indicative of this lack of a hierarchy and the effects of poverty. Power is being usurped by Simon because the boundaries

within the family unit are diffused. If the family structure is not strengthened soon, Simon will most likely become triangulated.

Process of Treatment: Structural Family Therapy

To help the Johanssons, a structural family therapist would first join with all members of the family that come for treatment. The therapist would then urge all members of the family, including Martin and Hanna's mother, to attend most, if not all, sessions. The therapist would next mentally map the family after they are seated and notice who sits next to whom and the verbal interactions that take place. Then, to help the family begin to help itself, the therapist would move members around until natural subsystems within the family are grouped together, such as parents and children. With the Johanssons, the therapist would concentrate also on mimesis and match the family's feeling mood, most likely hopelessness.

After the therapist "joins" and "accommodates" the family, he or she would begin to take a leadership role in the family. First, he or she would unbalance the family by allying with the parent subsystem. By doing so, the therapist emphasizes the importance of a strong couple subsystem, that is, both Hanna and Martin. The therapist might then work with spontaneous interactions within the session itself. If Hanna and Martin ask Simon to sit down and he does not, the therapist might insist through the use of an intensity method of repetition and would keep trying until successful. Then, even if only momentarily, the therapist would note the success and in doing so would shape competence. The therapist might also use reframing and state that Hanna's mother, through her overinvolvement in pressuring her daughter to act, is "quite concerned" about her daughter and the family's well-being.

In this approach, the therapist would always begin an intervention with the parent subsystem in order to clarify and emphasize boundaries. As treatment progresses each session, the therapist would seek to put less attention on Simon and more on family dynamics and processes as influenced by structure. Simon would lose his status as the identified patient, and the family would become the treated unit. As boundaries and structure are changed, power would regress to the parent subsystem. At this time, the therapist would share with Hanna and Martin some pragmatic and cognitive knowledge to help them stay on top of the family situation.

Summary and Conclusion

Structural family therapy was formed out of necessity in the 1960s by Salvador Minuchin and his colleagues at the Wiltwyck School in upstate New York. It was begun because traditional methods of treatment, especially psychoanalysis, were not effective in serving the needs of inner-city ghetto boys from low-income families, who were the primary residents of this facility. It was refined at the Philadelphia Child Guidance Clinic in the 1970s and 1980s. It continues to be a major theoretical approach to helping families change.

Like most systems theorists, structural family therapists are interested in how the components of a system interact, how balance or homeostasis is achieved, how family feedback mechanisms operate, and how dysfunctional communication patterns develop and are sustained. A particular emphasis of the structural approach is that all families have structures that are revealed through member interactions. Some family structures are more functional than others. Families that have a hierarchy, that is, are well organized, adjust better to their environment and crises than do families that are not set up in this manner. Of special interest to structural family therapists are spouse, parent, and sibling subsystems and the clearness of boundaries between them. In addition, roles, rules, and power within the family are emphasized.

A number of innovative techniques and procedures have come from structural family therapy. Among the best known and most effective are joining, reframing, unbalancing, enacting, working with spontaneous interaction, promoting boundary formation, speaking with intensity, restructuring, shaping competence, and adding cognitive constructions. Like an artist, structural family therapists time the intensity and emphasis of their inputs. On some occasions, they "map" family interactions; on others, they intervene in dramatic fashion. This unpredictability can be a powerful feature of the approach.

If all works well, families leave structural family treatment with more functional ways by which members can interact and with clearer boundaries. Families may not have insight into their new behaviors, but they have new ways of relating. Structural family therapy is versatile in terms of the types of families with which it can be used. It is also easily combined with other family therapy approaches, such as strategic family therapy. Critics of the approach claim that it concentrates too much on surface issues and may be implicitly sexist. Nevertheless, structural family therapy remains popular as a treatment methodology.

Summary Table

MAJOR THEORISTS

Major theorists of structural family therapy include Salvador Minuchin, Braulio Montalvo, Charles Fishman, Bernie Rosman, Harry Aponte, Duncan Stanton, and Thomas Todd.

PREMISES OF THE THEORY

Family functioning involves family structure, subsystems, and boundaries.

Structural family therapy is also based on understanding the nature and interplay of roles, rules, and power within the family.

TREATMENT TECHNIQUES

Techniques in structural family therapy are designed to address dysfunctional sets, which are the family reactions, developed in response to stress, that are repeated without modification whenever there is family conflict.

Therapeutic techniques include the following:

Joining

- Tracking.
- Mimesis.
- Confirmation.
- Accommodation.

Disequilibrium techniques

- Reframing.
- Punctuation.
- Unbalancing.
- Enactment.
- Working with spontaneous interaction.
- Boundary making.
- Intensity.
- Restructuring.
- Shaping competence.
- Diagnosing.
- Adding cognitive constructions.
- Pragmatic fictions.

ROLE OF THE THERAPIST

Therapists mentally "map" their families and work actively in counseling sessions. They instruct families to interact through enactments and spontaneous sequences. Therapists are like theater directors.

PROCESS AND OUTCOME

Action is emphasized over insight, with the therapist using specific techniques to help family members interact in new ways.

Family members are given homework to do outside of therapy sessions. The overall structure of the family is altered and reorganized.

UNIQUE ASPECTS OF STRUCTURAL FAMILY THERAPY

Structural family therapy emphasizes the following:

- It was the first developed for lower-socioeconomic-level families and is very versatile.
- It has clearly defined terminology, and techniques are relatively straightforward to apply, even for a novice therapist.

- It was influential in getting the profession of psychiatry to respect family therapy as an approach to treatment.
- The treatment focuses on symptom removal and reorganization of the family.
- It is a very pragmatic therapy that focuses on problem solving for client families.

Comparison with Other Theories

The theory is as well developed and well articulated as any approach in the family therapy field, although some say it is unable to address the full complexity of family life.

Some feminists believe the theory promotes gender stereotypes by emphasizing traditional paternal roles, but that is not Minuchin's focus.

The theory is not as strong in explaining family dynamics and development, as the practice of this approach is in fostering change.

Structural family theory and strategic family theory are sometimes conceptualized as one in the same, which makes it hard for some therapists to discern the unique aspects of each. The result is often a failure to appreciate the contributions of structural family therapy or to use it appropriately.

The therapist must be active and creative. He or she is highly influential in the change process and may inadvertently prevent maximum family interaction and employment.