FAMILY THERAPY

Concepts and Methods, 6/E

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Structural Family Therapy

The Underlying Organization of Family Life

One of the reasons family therapy can be difficult is that families often appear as collections of individuals who affect each other in powerful but unpredictable ways. Structural family therapy offers a framework that brings order and meaning to those transactions. The consistent patterns of family behavior are what allow us to consider that they have a structure, although, of course, only in a functional sense. The boundaries and coalitions that make up a family's structure are abstractions; nevertheless, using the concept of family structure enables therapists to intervene in a systematic and organized way.

Families who seek help are usually concerned about a particular problem. It might be a child who misbehaves or a couple who don't get along. Family therapists typically look beyond the specifics of those problems to the family's attempts to solve them. This leads them to the dynamics of interaction. The misbehaving child might have parents who scold but never reward him. The couple may be caught up in a pursuer–distancer dynamic, or they might be unable to talk without arguing.

What structural family therapy adds to the equation is a recognition of the overall organization that supports and maintains those interactions. The "parents who scold" might turn out to be two partners who undermine each other because one is wrapped up in the child while the other is an angry outsider. If so, attempts to encourage effective discipline are likely to fail unless the structural problem is addressed and the parents develop a real partnership. Similarly a couple who don't get along may not be able to improve their relationship until they create a boundary between themselves and intrusive children or in-laws.

The discovery that families are organized into **subsystems** with **boundaries** regulating the contact family members have with each other turned out to be one of the defining insights of family therapy. Perhaps equally important, though, was the introduction of the technique of **enactment,** in which family members are encouraged to deal directly with each other in sessions, permitting the therapist to observe and modify their interactions.

When he first burst onto the scene, Salvador Minuchin's galvanizing impact was as an incomparable master of technique. His most lasting contribution, however, was a theory of family structure and a set of guidelines to organize therapeutic techniques. This structural approach was so successful that it captivated the field in the 1970s, and Minuchin built the Philadelphia Child Guidance Clinic into a world-famous complex, where thousands of family therapists have been trained in structural family therapy.

Sketches of Leading Figures

Minuchin was born and raised in Argentina. He served as a physician in the Israeli army, then came to the United States, where he trained in child psychiatry with Nathan Ackerman in New York. After completing his studies Minuchin returned to Israel in 1952 to work with displaced children—and became absolutely committed to the importance of families. He moved back to the United States in 1954 to begin psychoanalytic training at the William Alanson White Institute, where he studied the interpersonal psychiatry of Harry Stack Sullivan. After leaving the White Institute, Minuchin took a job at the Wiltwyck School for delinquent boys, where he suggested to his colleagues that they start seeing families.

Salvador Minuchin's structural model is the most influential approach to family therapy throughout the world.

At Wiltwyck, Minuchin and his colleagues—Dick Auerswald, Charlie King, Braulio Montalvo, and Clara Rabinowitz—taught themselves to do family therapy, inventing it as they went along. To do so, they built a one-way mirror and took turns observing each other work. In 1962 Minuchin made a hajj to what was then the mecca of family therapy, Palo Alto. There he met Jay Haley and began a friendship that was to bear fruit in an extraordinarily fertile collaboration.

The success of Minuchin's work with families at Wiltwyck led to a groundbreaking book, *Families of the Slums*, written with Montalvo, Guerney, Rosman, and Schumer. Minuchin's reputation as a practitioner of family therapy grew, and he became the Director of the Philadelphia Child Guidance Clinic in 1965. The clinic then consisted of less than a dozen staff members. From this modest beginning Minuchin created one of the largest and most prestigious child guidance clinics in the world.

Among Minuchin's colleagues in Philadelphia were Braulio Montalvo, Jay Haley, Bernice Rosman, Harry Aponte, Carter Umbarger, Marianne Walters, Charles Fishman, Cloe Madanes, and Stephen Greenstein, all of whom had a role in shaping structural family therapy. By the 1970s structural family therapy had become the most influential and widely practiced of all systems of family therapy.

In 1976 Minuchin stepped down as Director of the Philadelphia Child Guidance Clinic, but stayed on as head of training until 1981. After leaving Philadelphia, Minuchin started his own center in New York, where he continued to practice and teach family therapy until 1996, when he retired and moved to Boston. Long committed to addressing problems of poverty and social justice, Minuchin is now consulting with the Massachusetts Department of Mental Health on home-based therapy programs. In 1996 he completed his ninth book, *Mastering Family Therapy: Journeys of Growth and Transformation*, coauthored with

nine of his supervisees, which explains his views on the state of the art in family therapy and training.

Like good players on the same team with a superstar, some of Minuchin's colleagues are not as well known as they might be. Foremost among these is Braulio Montalvo, one of the underrated geniuses of family therapy. Born and raised in Puerto Rico, Montalvo, like Minuchin, has always been committed to treating minority families. Like Minuchin, he is also a brilliant therapist, though he favors a gentler, more supportive approach. Montalvo was instrumental in building the Philadelphia Child Guidance Clinic, but his contributions are less well known because he is a quiet man who prefers to work behind the scenes.

Following Minuchin's retirement the center in New York was renamed the Minuchin Center for the Family in his honor, and the torch has been passed to a new generation. The staff of leading teachers at the Minuchin Center now includes Ema Genijovich, David Greenan, Richard Holm, and Wai-Yung Lee. Their task is to keep the leading center of structural family therapy in the forefront of the field without the charismatic leadership of its progenitor.

Among Minuchin's other prominent students are Jorge Colapinto, now at the Ackerman Institute in New York; Michael Nichols, who teaches at the College of William and Mary; Jay Lappin who works with child welfare for the state of Delaware; and Charles Fishman, in private practice in Philadelphia.

Theoretical Formulations

Beginners tend to get bogged down in the content of family problems because they don't have a theory to help them see the patterns of family dynamics. Structural family therapy offers a blueprint for analyzing the process of family interactions. As such, it provides a basis for consistent strategies of treatment, which obviates the need to have a specific technique—usually someone else's—for every occasion. Three constructs are the essential components of structural family theory: structure, subsystems, and boundaries.

Family structure, the organized pattern in which family members interact, is a deterministic concept, but it doesn't prescribe or legislate behavior; it *describes* sequences that are predictable. As family transactions are repeated they foster expectations that establish enduring patterns. Once patterns are established, family members use only a small fraction of the full range of behavior available to them. The first time the baby cries, or a teenager misses the school bus, it's not clear who will do what. Will the load be shared? Will there be a quarrel? Will one person get stuck with most of the work? Soon, however, patterns are set, roles assigned, and things take on a sameness and predictability. "Who's going to . . . ?" becomes "She'll probably . . . " and then "She always."

Family structure is reinforced by the expectations that establish rules in the family. For example, a rule such as "family members should always protect one another" will be manifest in various ways depending on the context and who is involved. If a boy gets into a fight with another boy in the neighborhood, his mother will go to the neighbors to complain. If a teenager has to wake up early for school, mother wakes her. If a husband is too hung over to get to work in the morning, his wife calls in to say he has the flu. If the parents have an argument, their kids interrupt. The parents are so preoccupied with the doings of their children that it keeps them from spending time alone together. These sequences are *isomorphic:* They're structured. Changing any of them may not affect the basic structure, but altering the underlying structure will have ripple effects on all family transactions.

Family structure is shaped partly by universal and partly by idiosyncratic constraints. For example, all families have some kind of hierar-

chical structure, with adults and children having different amounts of authority. Family members also tend to have reciprocal and complementary functions. Often these become so ingrained that their origin is forgotten and they are presumed necessary rather than optional. If a young mother, burdened by the demands of her infant, gets upset and complains to her husband, he may respond in various ways. Perhaps he'll move closer and share the demands of childrearing. This creates a united parental team. On the other hand, if he decides that his wife is "depressed," she may end up in psychotherapy to get the emotional support she needs. This creates a structure where the mother remains distant from her husband, and learns to turn outside the family for sympathy. Whatever the chosen pattern, it tends to be self-perpetuating. Although alternatives are available, families are unlikely to consider them until changing circumstances produce stress in the system.

Families don't walk in and hand you their structural patterns as if they were bringing an apple to the teacher. What they bring is chaos and confusion. You have to discover the subtext—and you have to be careful that it's accurate—not imposed but discovered. Two things are necessary: a theoretical system that explains structure, and seeing the family in action. Knowing that a family is a single-parent family with three children, or that two parents are having trouble with a middle child doesn't tell you what their structure is. Structure becomes evident only when you observe the actual interactions among family members.

Consider the following. A mother calls to complain of misbehavior in her seventeen-year-old son. She is asked to bring her husband, son, and their three other children to the first session. When they arrive, the mother begins to describe a series of minor ways in which the son is disobedient. He interrupts to say that she's always on his case, he never gets a break from his mother. This spontaneous bickering between mother and son reveals an intense involvement between them—a mutual preoccupation no less intense simply because it's conflictual. This sequence doesn't tell the whole story, however, because it doesn't include the father or the other children. They must be engaged to observe their role in the family structure. If the father sides with his wife but seems unconcerned, then it may be that the mother's preoccupation with her son is related to her husband's lack of involvement. If the younger children tend to agree with their mother and describe their brother as bad, then it becomes clear that all the children are close to the mother—close and obedient up to a point, then close and disobedient.

Families are differentiated into *subsystems* based on generation, gender, and common interests. Obvious groupings such as the parents or the teenagers are sometimes less significant than covert coalitions. A mother and her youngest child may form such a tightly bonded subsystem that others are excluded. Another family may be split into two camps, with mom and the boys on one side, and dad and the girls on the other. Though certain patterns are common, the possibilities for subgrouping are endless.

Every family member plays many roles in several subgroups. Mary may be a wife, a mother, a daughter, and a niece. In each of these roles she will be required to behave differently and exercise a variety of interpersonal options. If she's mature and flexible, she will be able to vary her behavior to fit different subgroups. Scolding may be okay from a mother, but it can cause problems from a wife or a daughter.

Individuals, subsystems, and whole families are demarcated by interpersonal *boundaries*, invisible barriers that regulate contact with others. A rule forbidding phone calls at dinner establishes a boundary that protects the family from outside intrusion. When small children

are permitted to freely interrupt their parents' conversations, the boundary separating the generations is eroded. Subsystems that aren't adequately protected by boundaries limit the development of interpersonal skills achievable in these subsystems. If parents always step in to settle arguments between their children, the children won't learn to fight their own battles.

Interpersonal boundaries vary from rigid to diffuse (see Figure 7.1). Rigid boundaries are overly restrictive and permit little contact with outside subsystems, resulting in *disengagement*. Disengaged individuals or subsystems are independent but isolated. On the positive side, this fosters autonomy. On the other hand, disengagement limits affection and assistance. Disengaged families must come under extreme stress before they mobilize mutual support.

Enmeshed subsystems offer a heightened sense of mutual support, but at the expense of independence and autonomy. Enmeshed parents are loving and considerate; they spend a lot of time with their kids and do a lot for them. However, children enmeshed with their parents become dependent. They're less comfortable by themselves and may have trouble relating to people outside the family.

Minuchin described some of the features of family subsystems in his most accessible work, *Families and Family Therapy* (Minuchin, 1974). Families begin when two people join together to form a spouse subsystem. Two people in love agree to share their lives and futures and expectations; but a period of often difficult adjustment is required before they can complete the transition from courtship to a functional spouse subsystem. They must learn to *accommodate* each other's needs and preferred styles of interaction. In a healthy couple, each gives and gets. He learns to accommodate her wish to be kissed hello and goodbye. She learns to leave him alone with his paper and morning coffee. These little arrangements, multiplied a thousand times, may be accomplished easily or only after intense struggle. Whatever the case, this process of accommodation cements the couple into a unit.

The couple must also develop complementary patterns of mutual support. Some patterns are transitory and may later be reversed—perhaps, for instance, one works while the other completes school. Other patterns are more stable and lasting. Exaggerated complementary roles can detract from individual growth; moderate complementarity enables spouses to divide functions, to support and enrich each other. When one has the flu and feels lousy, the other takes over. One's permissiveness with children may be balanced by the other's strictness. One's fiery disposition may help to melt the other's reserve. Complementary patterns exist in most couples. They become problematic when they are so exaggerated that they create a dysfunctional subsystem. Therapists must learn to accept those structural patterns that work and challenge only those that do not.

The spouse subsystem must also develop a boundary that separates it from parents, children, and other outsiders. All too often, husband and wife give up the space they need for supporting each other when children are born. Too rigid a boundary around the couple can deprive the children of the care they need; but in our child-centered culture, the boundary between parents and children is often ambiguous at best.

The birth of a child instantly transforms the family structure; the pattern of interaction between the parental and child subsystems must

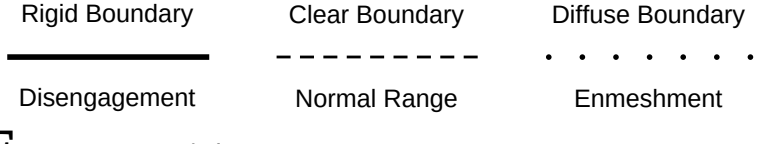

FIGURE 7.1 Boundaries

be worked out and then modified to fit changing circumstances. A clear boundary enables children to interact with their parents but excludes them from the spouse subsystem. Parents and children eat together, play together, and share much of each others' lives. But there are some spouse functions that need not be shared. Husband and wife are sustained as a loving couple, and enhanced as parents, if they have time to be alone together—to talk, to go out to dinner occasionally, to fight, and to make love. Unhappily, the clamorous demands of small children often make parents lose sight of their need to maintain a boundary around their relationship.

In addition to maintaining privacy for the couple, a clear boundary establishes a hierarchical structure in which parents exercise a position of leadership. All too often this hierarchy is disrupted by a child-centered ethos, which influences helping professionals as well as parents. Parents enmeshed with their children tend to argue with them about who's in charge, and misguidedly share—or shirk—the responsibility for making parental decisions.

In *Institutionalizing Madness* (Elizur & Minuchin, 1989), Minuchin makes a compelling case for a systems view of family problems that extends beyond the family to encompass the entire community. As Minuchin points out, unless therapists learn to look beyond the limited slice of ecology where they work to the larger social structures within which their work is embedded, their efforts may amount to little more than spinning wheels.

Normal Family Development

What distinguishes a normal family isn't the absence of problems, but a functional structure for dealing with them. All couples must learn to adjust to each other, rear their children, if they choose to have any, deal with their parents, cope with their jobs, and fit into their communities. The nature of these struggles changes with developmental stages and situational crises.

When two people join to form a couple, the structural requirements for the new union are *accommodation* and *boundary making*. The first priority is mutual **accommodation** to manage the myriad details of everyday living. Each partner tries to organize the relationship along familiar lines and pressures the other to comply. Each must adjust to the other's expectations and wants. They must agree on major issues, such as where to live and if and when to have children; less obvious, but equally important, they must coordinate daily rituals, like what to watch on television, what to eat for supper, when to go to bed, and what to do there.

In accommodating to each other, a couple must also negotiate the nature of the boundary between them, as well as the boundary separating them from the outside. A diffuse boundary exists between the couple if they call each other at work frequently, if neither has their own friends or independent activities, and if they come to view themselves only as a pair rather than as two separate personalities. On the other hand, they've established a rigid boundary if they spend little time together, have separate bedrooms, take separate vacations, have different checking accounts, and each is considerably more invested in careers or outside relationships than in the marriage.

Each partner tends to be more comfortable with the sort of proximity that existed in their own family. Since these expectations differ, a struggle ensues that may be the most difficult aspect of a new union. He wants to play golf with the boys; she feels deserted. She wants to talk; he wants to watch ESPN. His focus is on his career; her focus is on the relationship. Each thinks the other is unreasonable.

Couples must also define a boundary separating them from their original families. Rather suddenly the families that each grew up in must take second place to the new marriage. This, too, is a difficult adjustment, both for newlyweds and for their parents. Families vary

in the ease with which they accept and support these new unions.

The addition of children transforms the structure of the new family into a *parental subsystem* and a *child subsystem*. It's typical for spouses to have different patterns of commitment to the babies. A woman's commitment to a unit of three is likely to begin with pregnancy, since the child inside her womb is an unavoidable reality. Her husband, on the other hand, may only begin to feel like a father when the child is born. Many men don't accept the role of father until their infants are old enough to respond to them. Thus, even in normal families, children bring with them great potential for stress and conflict. A mother's life is usually more radically transformed than a father's. She sacrifices a great deal and typically needs more support from her husband. The husband, meanwhile, continues his job, and the new baby is far less of a disruption. Though he may try to support his wife, he's likely to resent some of her demands as inordinate.

Children require different styles of parenting at different ages. Infants primarily need nurture and support. Children need guidance and control; and adolescents need independence and responsibility. Good parenting for a two-year-old may be totally inadequate for a five-year-old or a fourteen-year-old. Normal parents adjust to these developmental challenges. The family modifies its structure to adapt to new additions, to the children's growth and development, and to changes in the external environment.

Minuchin (1974) warns family therapists not to mistake growing pains for pathology. The normal family experiences anxiety and disruption as its members adapt to growth and change. Many families seek help at transitional stages, and therapists should keep in mind that they may simply be in the process of modifying their structure to accommodate to new circumstances.

All families face situations that stress the system. Although no clear dividing line exists between healthy and unhealthy families, we can say that healthy families modify their structure to accommodate to changed circumstances; dysfunctional families increase the rigidity of structures that are no longer effective.

Development of Behavior Disorders

Family systems must be stable enough to ensure continuity, but flexible enough to accommodate to changing circumstances. Problems arise when inflexible family structures cannot adjust adequately to maturational or situational challenges. Adaptive changes in structure are required when the family or one of its members faces external stress and when transitional points of growth are reached.

Family dysfunction results from a combination of stress and failure to realign themselves to cope with it (Colapinto, 1991). Stressors may be environmental (a parent is laid off, the family moves) or developmental (a child reaches adolescence, parents retire). The family's failure to handle adversity may be due to flaws in their structure or merely to their inability to adjust to changed circumstances.

In disengaged families, boundaries are rigid and the family fails to mobilize support when it's needed. Disengaged parents may be unaware that a child is depressed or experiencing difficulties at school until the problem is far advanced. In enmeshed families, on the other hand, boundaries are diffuse and family members overreact and become intrusively involved with one another. Enmeshed parents create difficulties by hindering the development of more mature forms of behavior in their children and by interfering with their ability to solve their own problems.

In their book of case studies, *Family Healing,* Minuchin and Nichols (1993) describe a common example of enmeshment as a father jumps in to settle minor arguments between his two

boys—"as though the siblings were Cain and Abel, and fraternal jealousy might lead to murder" (p. 149). The problem, of course, is that if parents always interrupt their children's quarrels, the children won't learn to fight their own battles.

Although we may speak of enmeshed and disengaged families, it is more accurate to speak of particular subsystems as being enmeshed or disengaged. In fact, enmeshment and disengagement tend to be reciprocal, so that, for example, a father who's overly involved with his work is likely to be less involved with his family. A frequently encountered pattern is the enmeshed mother/disengaged father syndrome—"the signature arrangement of the troubled middle-class family: a mother's closeness to her children substituting for closeness in the marriage" (Minuchin & Nichols, 1993, p. 121).

Feminists have criticized the notion of an enmeshed mother/disengaged father syndrome because they reject the stereotypical division of labor (instrumental role for the father, expressive role for the mother) that they think Minuchin's belief in hierarchy implies, and because they worry about blaming mothers for an arrangement that is culturally sanctioned. Both concerns are valid. But prejudice and blaming are due to insensitive application of these ideas, not inherent in the ideas themselves. Skewed relationships, whatever the reason for them, can be problematic, though no single family member should be blamed or expected to unilaterally redress imbalances. Likewise, the need for hierarchy doesn't imply any particular division of roles; it only implies that families need *some* kind of structure, *some* parental teamwork, and *some* degree of differentiation between subsystems.

Hierarchies can be weak and ineffective, or rigid and arbitrary. In the first case, younger members of the family may find themselves unprotected because of a lack of guidance; in the second, their growth as autonomous individuals may be impaired, or power struggles may ensue. Just as a functional hierarchy is necessary for a healthy family's stability, flexibility is necessary for them to adapt to change.

The most common expression of fear of change is *conflict avoidance*, when family members shy away from addressing their disagreements to protect themselves from the pain of facing each other with hard truths. Disengaged families avert conflict by avoiding contact; enmeshed families avoid conflict by denying differences or by constant bickering, which allows them to vent feelings without pressing for change or resolving conflict.

Structural family therapists use a few simple symbols to diagram structural problems and these diagrams usually make it clear what changes are required. Figure 7.2 shows some of the symbols used to diagram family structure.

One problem often seen by family therapists arises when parents who are unable to resolve conflicts between them divert the focus of concern onto a child. Instead of worrying about

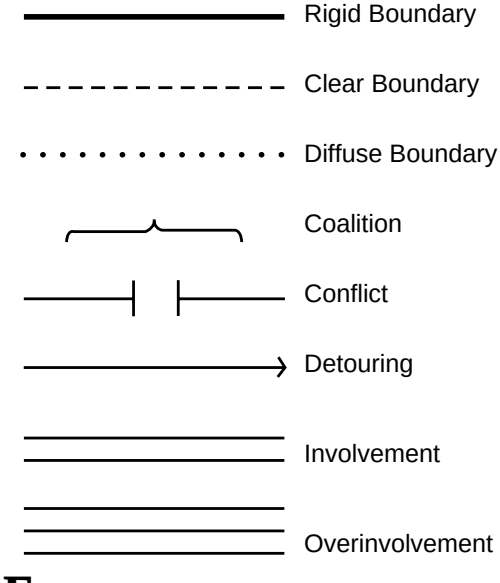

FIGURE 7.2 Symbols of Family Structure

each other, they worry about the child (see Figure 7.3). Although this reduces the strain on father (F) and mother (M), it victimizes the child (C) and is therefore dysfunctional.

An alternate but equally common pattern is for the parents to continue to argue through the children. Father says mother is too permissive; she says he's too strict. He may withdraw, causing her to criticize his lack of concern, which in turn causes further withdrawal. The enmeshed mother responds to the child's needs with excessive concern. The disengaged father tends not to respond even when a response is necessary. Both may be critical of the other's way, but both perpetuate the other's behavior with their own. The result is a **cross-generational coalition** between mother and child, which excludes the father (Figure 7.4).

Some families function well when the children are small but are unable to adjust to a growing child's need for discipline and control. Young children in enmeshed families (Figure 7.5) receive wonderful care: Their parents hug them, love them, and give them lots of attention. Although such parents may be too tired from caring for the children to have much time for each other, the system may be moderately successful. However, if these doting parents don't teach their children to obey rules and respect authority, the children may be unprepared to negotiate their entrance into school. Used to getting their own way, they may be unruly and disruptive. Several possible consequences of this situation may bring the family into treatment. The children may be reluctant to go to school, and their fears may be covertly reinforced by "understanding" parents who permit them to remain at home (Figure 7.6). Such a case may be labeled as school phobia, and may become entrenched if the parents permit the children to remain at home for more than a few days.

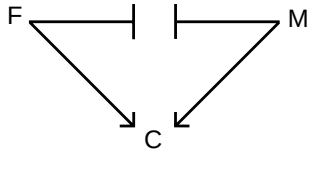

FIGURE 7.3 Scapegoating as a Means of Detouring Conflict

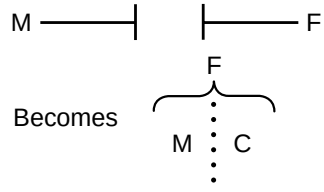

FIGURE 7.4 Mother–Child Coalition

Alternatively, the children of such a family may go to school, but since they haven't learned to accommodate to others, they may be rejected by their schoolmates. Such children often become depressed and withdrawn. In other cases, children enmeshed with their parents become discipline problems at school, and the school authorities may initiate counseling.

A major change in family composition that requires structural adjustment occurs when divorced or widowed spouses remarry. Such "blended families" either readjust their boundaries or soon experience transitional conflicts. When a woman divorces, she and the children

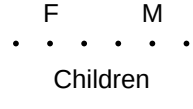

FIGURE 7.5 Parents Enmeshed with Children

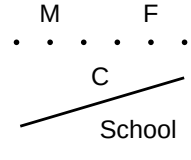

FIGURE 7.6 School Phobia

must first learn to readjust to a structure that establishes a clear boundary separating the divorced spouses but still permits contact between father and children; then if she remarries, the family must readjust to functioning with a new husband and stepfather (Figure 7.7). Sometimes it's hard for a mother and children to allow a stepfather to participate as an equal partner in the new parental subsystem. Mother and children have long since established transactional rules and learned to accommodate to each other. The new parent may be treated as an outsider who's supposed to learn the "right" (accustomed) way of doing things, rather than as a new partner who will give as well as receive ideas about childrearing (Figure 7.8). The more mother and children insist on maintaining their familiar patterns without modifications required to absorb the stepfather, the more frustrated and angry he'll become. The result may lead to child abuse or chronic arguing between the parents. The sooner such families enter treatment, the easier it is to help them adjust to the transition. The longer they wait, the more entrenched structural problems become.

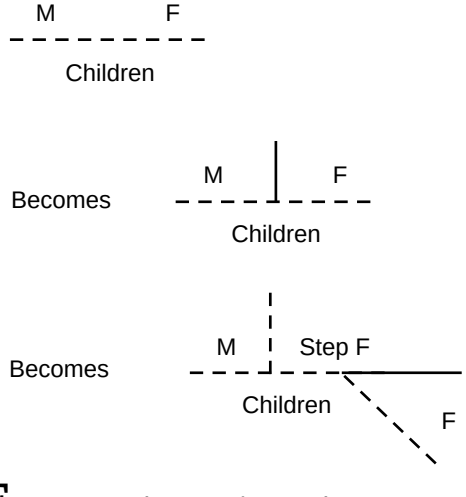

FIGURE 7.7 Divorce and Remarriage

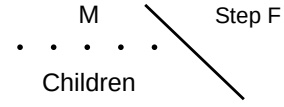

FIGURE 7.8 Failure to Accept a Stepparent

An important aspect of structural family problems is that symptoms in one member reflect not only that person's relationships with others, but also the fact that those relationships are a function of still other relationships in the family. If Johnny, aged sixteen, is depressed, it's helpful to know that he's enmeshed with his mother. Discovering that she demands absolute obedience from him and refuses to let him develop his own thinking or outside relationships helps to explain his depression (Figure 7.9). But that's only a partial view of the family system.

Why is the mother enmeshed with her son? Perhaps she's disengaged from her husband. Perhaps she's a widow who hasn't found new friends, a job, or other interests. Helping Johnny resolve his depression may best be accomplished by helping his mother satisfy her need for closeness with her husband or friends.

Because problems are a function of the entire family structure, it's important to include the whole group for assessment. For example, if a father complains of a child's misbehavior, seeing the child alone won't help the father to state

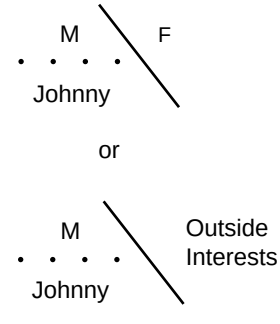

FIGURE 7.9 Johnny's Enmeshment with His Mother and Disengagement with Outside Interests

rules clearly or enforce them effectively. Nor will seeing the father and child together do anything to stop the mother from undercutting the father's authority. Only by seeing the whole family interacting is it possible to get a complete picture of their structure.

Sometimes even seeing the whole family isn't enough. Structural family therapy is based on recognition of the importance of the context of the social system. The family may not always be the complete or most relevant context. If one of the parents is having an affair, that relationship is a crucial part of the family's context. It may not be advisable to invite the lover to family sessions, but it is crucial to recognize the structural implications of the extramarital relationship.

In some cases, the family may not be the context most relevant to the presenting problem. A mother's depression might be due more to her relationships at work than at home. A son's problems at school might be due more to the structural context at school than to the one in the family. In such instances, structural family therapists work with the most relevant context to alleviate the presenting problems.

Finally, some problems may be treated as problems of the individual. As Minuchin (1974) has written, "Pathology may be inside the patient, in his social context, or in the feedback between them" (p. 9). Elsewhere Minuchin (Minuchin, Rosman, & Baker, 1978) referred to the danger of "denying the individual while enthroning the system" (p. 91). Family therapists shouldn't overlook the possibility that some problems may be most appropriately dealt with on an individual basis. The therapist must not neglect the experience of individuals, although this is easy to do, especially with young children. While interviewing a family to see how the parents deal with their children, a careful clinician may notice that one child has a neurological problem or a learning disability. These problems need to be identified and appropriate referrals made. Usually when a child has trouble in school, there's a problem in the family or school context. Usually, but not always.

Goals of Therapy

Structural family therapists believe that problems are maintained by dysfunctional family organization. Therefore therapy is directed at altering family structure so that the family can solve its problems. The goal of therapy is structural change; problem-solving is a by-product of this systemic goal.

The idea that family problems are embedded in dysfunctional family structures has led to the criticism of structural family therapy as pathologizing. Critics see structural maps of dysfunctional organization as portraying a pathological core in client families. This isn't true. Structural problems are generally viewed as a simple failure to adjust to changing circumstances. Far from seeing families as inherently flawed, structural therapists see their work as activating latent adaptive structures that are already in client families' repertoires (Simon, 1995).

The structural family therapist joins the family system to help its members change their structure. By altering boundaries and realigning subsystems, the therapist changes the behavior and experience of each family member. The therapist doesn't solve problems; that's the family's job. The therapist helps modify the family's functioning so that family members can solve their own problems. In this way, structural family therapy is like dynamic psychotherapy—symptom resolution is sought not as an end in itself, but as a result of lasting structural change. The analyst modifies the structure of the patient's mind; the structural family therapist modifies the structure of the patient's family.

The most effective way to change symptoms is to change the family patterns that maintain

them. The goal of structural family therapy is to facilitate the growth of the system to resolve symptoms and encourage growth in individuals, while also preserving the mutual support of the family.

Short-range goals may be to alleviate acute problems, especially life-threatening symptoms such as anorexia nervosa (Minuchin, Rosman, & Baker, 1978). At times, behavioral techniques, suggestion, or manipulation may be used to achieve an immediate effect. However, unless structural change in the family system is achieved, short-term symptom resolution may collapse.

The goals for each family are dictated by the problems they present and by the nature of their structural dysfunction. Although every family is unique, there are common problems and typical structural goals. Most important of the general goals for families is the creation of an effective hierarchical structure. Parents are expected to be in charge, not to relate as equals to their children. Another common goal is to help parents function together as a cohesive executive subsystem. When there is only one parent, or when there are several children, one or more of the oldest children may be encouraged to become a parental assistant. But this child's needs must not be neglected, either.

With enmeshed families the goal is to differentiate individuals and subsystems by strengthening the boundaries around them. With disengaged families the goal is to increase interaction by making boundaries more permeable.

Conditions for Behavior Change

Structural therapy changes behavior by opening alternative patterns of interaction that can modify family structure. It's not a matter of creating new structures, but of activating dormant ones. When new transactional patterns become regularly repeated and predictably effective, they will stabilize the new and more functional structure.

The therapist produces change by **joining** the family, probing for areas of flexibility, and then activating dormant structural alternatives. Joining gets the therapist into the family; *accommodating* to their style gives him or her leverage; and *restructuring* maneuvers transform the family structure. If the therapist

Structural therapists use enactments *to observe and modify problematic family patterns.*

remains an outsider or uses interventions that are too dystonic, the family will reject him or her. If the therapist becomes too much a part of the family or uses interventions that are too syntonic, the family will assimilate the interventions into previous transactional patterns. In either case there will be no structural change.

Joining and accommodating are considered prerequisite to restructuring. To join the family the therapist must convey acceptance of family members and respect for their way of doing things. Minuchin (1974) likened the family therapist to an anthropologist who must first join a culture before being able to study it.

To join a family's culture the therapist makes accommodating overtures—the sort of thing we usually do unthinkingly, although not always successfully. If parents come for help with a child's problems, the therapist doesn't begin by asking for the child's views. This conveys a lack of respect for the parents and may lead them to reject the therapist. Only after the therapist has successfully joined with a family is it fruitful to attempt restructuring—the often dramatic confrontations that challenge families and force them to change.

The first task is to understand the family's view of their problems. The therapist does this by tracking their formulation in the content they use to explain it and in the sequences with which they demonstrate it. Then the family therapist *reframes* their formulation into one based on an understanding of family structure.

In fact, all psychotherapies use reframing. Patients, whether individuals or families, come with their own views as to the cause of their problems—views that usually haven't helped them solve the problems—and the therapist offers them a new and potentially more constructive view of these same problems. What makes structural family therapy unique is that it uses **enactments** within therapy sessions to make the reframing happen. This is the sine qua non of structural family therapy: observing and modifying the structure of family transactions in the immediate context of the session. Structural therapists work with what they see going on in the session, not what family members describe. Action in the session, family dynamics in process, is what structural family therapists deal with.

There are two types of live, in-session material on which structural family therapy focuses—*enactments* and *spontaneous behavior sequences*. An enactment occurs when the therapist stimulates the family to demonstrate how they handle a particular type of problem. Enactments commonly begin when the therapist suggests that specific subgroups begin to discuss a particular problem. As they do so, the therapist observes the family process. Working with enactments requires three operations. First, the therapist defines or recognizes a sequence. For example, the therapist observes that when mother talks to her daughter they talk as peers, and little brother gets left out. Second, the therapist directs an enactment. For example, the therapist might say to the mother, "Talk this over with your kids." Third, and most important, the therapist must guide the family to modify the enactment. If mother talks to her children in such a way that she doesn't take responsibility for major decisions, the therapist must guide her to do so as the family continues the enactment. All the therapist's moves should create new options for the family, options for more productive interactions.

Once an enactment breaks down, the therapist intervenes in one of two ways: commenting on what went wrong, or simply pushing them to keep going. For example, if a father responds to the suggestion to talk with his twelve-year-old daughter about how she's feeling by berating her, the therapist could say to the father: "Congratulations." Father: "What do you mean?" Therapist: "Congratulations; you win, she loses." Or the therapist could simply nudge the transaction by saying to the father: "Good, keep talking, but help her express her feelings

more. She's still a little girl; she needs your help."

In addition to working with enacted sequences, structural therapists are alert to spontaneous sequences that illustrate family structure. Creating enactments is like directing plays; working with spontaneous sequences is like focusing a spotlight on action that occurs without direction. By observing and modifying such sequences early in therapy the therapist avoids getting bogged down in a family's usual nonproductive ways of doing business. Dealing with problematic behavior as soon as it occurs enables the therapist to organize the session, to underscore the process, and to modify it.

An experienced therapist develops hunches about family structure even before the first interview. For example, if a family is coming to the clinic because of a "hyperactive" child, it's possible to guess something about the family structure and something about sequences that may occur as the session begins, since "hyperactive" behavior is often a function of a child's enmeshment with the mother. Mother's relationship with the child may be a product of a lack of hierarchical differentiation within the family; that is, parents and children relate to each other as peers, not as members of different generations. Furthermore, mother's overinvolvement with the "hyperactive" child is likely to be both a result and a cause of emotional distance from her husband. Knowing that this is a common pattern, the therapist can anticipate that early in the first session the "hyperactive" child will begin to misbehave, and that the mother will be ineffective in dealing with this misbehavior. Armed with this informed guess the therapist can spotlight (rather than enact) such a sequence as soon as it occurs. If the "hyperactive" child begins to run around the room, and the mother protests but does nothing effective, the therapist might say, "I see that your child feels free to ignore you." This challenge may push the mother to behave in a more competent manner.

Therapy

Assessment

Diagnosis implies knowledge: You describe something and give it a name. Assessment deals with assumptions. A structural assessment is based on the assumption that a family's difficulties often reflect problems in the way the family is organized. It is assumed that if the organization shifts, the problem will shift. Perhaps it's important to add, that difficulties often reflect problems in the way the *whole* family is organized. Thus, it is assumed that if change occurs between mother and daughter, things will also change between husband and wife.

Structural therapists make assessments first by joining with the family to build an alliance, and then by setting the family system in motion through the use of enactments, in-session dialogues that permit the therapist to observe how family members actually interact.

Suppose, for example, a young woman complains of obsessional indecisiveness. In responding to the therapist's questions during an initial meeting with the family, a young woman becomes indecisive and glances at her father. He speaks up to clarify what she was having trouble explaining. Now the daughter's indecisiveness could be linked to the father's helpfulness, suggesting a pattern of enmeshment. When the therapist asks the parents to discuss their opinions about their daughter's problems, they have trouble talking without becoming reactive and the discussion doesn't last long. This suggests disengagement between the parents, which may be related (as cause and effect) to enmeshment between parent a child.

Notice how the structural assessment extends beyond the presenting problem to include the whole family, and—let's be frank—to the assumption that families with problems often have some kind of underlying structural problem. However, it is important to note that

structural therapists make no assumptions about how families *should be* organized. Single-parent families can be perfectly functional, as can families with two mommies (or daddies), or indeed any other family variation. It is the fact that a family seeks therapy for a problem they have been unable to solve that gives a therapist license to assume that something about the way this particular family is organized may not be working for them.

Although structural assessments are fairly global—that is, they involve the basic organization of the whole family—making an assessment is best done by focusing on the presenting problem and then exploring the family's response to it. Consider the case of a thirteen-year-old girl whose parents complain that she lies. The first question might be, "Who is she lying to?" Let's say the answer is both parents. (Families rarely walk in and hand you their structure the way a student brings an apple to the teacher.) The next question would be, "How good are the parents at detecting when the daughter is lying?" And then, less innocently, "Which parent is better at detecting the daughter's lies?" Perhaps it turns out to be the mother. In fact, let's say the mother is obsessed with detecting the daughter's lies—most of which have to do with seeking independence in ways that raise the mother's anxiety. Thus a worried mother and a disobedient daughter are locked in struggle over growing up that excludes the father.

To carry this assessment further, a structural therapist would explore the relationship between the parents. The assumption would not, however, be that the child's problems are the result of marital problems, but simply that the mother–daughter relationship might be related to the relationship between the parents. Perhaps the parents got along famously until their first child approached adolescence, and then the mother began to worry much more than the father. Whatever the case, the assessment would also involve talking with the parents about growing up in their own families in order to explore how their pasts helped make them the way that they are.

Therapeutic Techniques

In *Families and Family Therapy*, Minuchin (1974) taught family therapists to see what they were looking at. Through the lens of structural family theory, previously puzzling family interactions suddenly swam into focus. Where others saw only chaos and cruelty, Minuchin saw structure: families organized into subsystems with boundaries. This enormously successful book (over 200,000 copies in print) not only taught us to see *enmeshment* and *disengagement*, but also let us hope that changing them was just a matter of *joining*, *enactment*, and *unbalancing*. Minuchin made changing families look simple. It isn't.

Anyone who watched Minuchin at work ten or twenty years after the publication of *Families and Family Therapy* would see a creative therapist still evolving, not someone frozen in time back in 1974. There would still be the patented confrontations ("Who's the sheriff in this family?") but there would be fewer enactments, less stage-directed dialogue. We would also hear bits and pieces borrowed from Carl Whitaker ("When did you divorce your wife and marry your job?"), Maurizio Andolfi ("Why don't you piss on the rug, too?"), and others. Minuchin combines many things in his work. To those familiar with his earlier work, all of this raises the question: Is Minuchin still a structural family therapist? The question is, of course, absurd; we raise it to make one point: Structural family therapy isn't a set of techniques; it's a way of looking at families.

In the remainder of this section, we will present the classic outlines of structural family technique, with the caveat that once therapists master the basics of structural theory, they must learn to translate the approach in a way that

suits their own personal style. Implementing interventions is an art; therapists must discover and create techniques that fit each family's transactional style and the therapist's personality. Because every therapeutic session has idiosyncratic features, there can be no immediacy if the context is ignored. Imitating someone else's technique is stifling and ineffective—stifling because it doesn't fit the therapist, ineffective because it doesn't fit the family.

In *Families and Family Therapy*, Minuchin (1974) listed three overlapping phases in the process of structural family therapy. The therapist (1) joins the family in a position of leadership; (2) maps their underlying structure; and (3) intervenes to transform this structure. This program is simple, in the sense that it follows a clear plan, but immensely complicated because there are an endless variety of family patterns.

Observed in practice, structural family therapy is an organic whole, created out of the very real human interaction of therapist and family. To be genuine and effective, a therapist's moves cannot be preplanned or rehearsed. Good therapists are more than technicians. The strategy of therapy, on the other hand, must be thoughtfully planned. In general, the strategy of structural family therapy follows these seven steps:

1. Joining and accommodating
2. Working with interaction
3. Structural mapping
4. Highlighting and modifying interactions
5. Boundary making
6. Unbalancing
7. Challenging unproductive assumptions

Joining and Accommodating. Because families have firmly established homeostatic patterns, effective family therapy requires challenge and confrontation. But assaults on a family's habitual style will be dismissed unless they're made from a position of acceptance and understanding. Families, like you and me, resist efforts to change them by people they feel don't understand and accept them.

Individual patients generally enter treatment already predisposed to accept the therapist's authority. By seeking therapy, an individual tacitly acknowledges a need for help and a willingness to trust the therapist. Not so with families.

The family therapist is an unwelcome outsider. After all, why did she insist on seeing the whole family rather than just the official patient? Family members expect to be told that they're doing something wrong, and they're prepared to defend themselves. The family is thus a group of nonpatients who feel anxious and exposed; they're set is to resist, not to cooperate.

First the therapist must disarm defenses and ease anxiety. This is done by building an alliance of understanding with every single member of the family. The therapist greets each person by name and makes some kind of friendly contact.

These initial greetings convey respect, not only for the individuals in the family, but also for their hierarchical structure and organization. The therapist shows respect for parents by taking their authority for granted. They, not their children, are asked first to describe the problems. If a family elects one person to speak for the others, the therapist notes this but does not initially challenge it.

Children also have special concerns and capacities. They should be greeted gently and asked simple, concrete questions, "Hi, I'm so-and-so; what's your name? Oh, Shelly, that's a nice name. Where do you go to school, Shelly?" With older children, try to avoid the usual sanctimonious grown-up questions ("And what do *you* want to be when you grow up?"). Try something a little fresher (like "What do you hate most about school?"). Those who wish to remain silent should be "allowed" to do so. They will anyway, but the therapist who accepts their reticence will have made a valuable step toward keeping them involved. "And what's your view

of the problem?" (Grim silence.) "I see, you don't feel like saying anything right now? That's fine; perhaps you'll have something to say later."

Failure to join and accommodate produces resistance, which is often blamed on the family. It may be comforting to blame others when things don't go well, but it doesn't improve matters. Family members can be called "negative," "rebellious," "resistant," or "defiant," and seen as "unmotivated"; but it's more useful to make an extra effort to connect with them.

It's particularly important to join powerful family members, as well as angry ones. Special pains must be taken to accept the point of view of the father who thinks therapy is hooey or the angry teenager who feels like an accused criminal. It's also important to reconnect with such people at frequent intervals, particularly as things begin to heat up.

A useful beginning is to greet the family and then ask for each person's view of the problems. Listen carefully and acknowledge each person's position by reflecting what you hear. "I see, Mrs. Jones, you think Sally must be depressed about something that happened at school." "So Mr. Jones, you see some of the same things your wife sees, but you're not convinced it's that serious a problem. Is that right?"

Working with Interaction. Family structure is manifest in the way family members interact. It can't always be inferred from their descriptions. Therefore, asking questions such as "Who's in charge?" or "Do you two agree?" tends to be unproductive. Families generally describe themselves more as they think they should be than as they are.

Getting family members to talk among themselves runs counter to their expectations. They expect to present their case to an expert and then be told what to do. If asked to discuss something in the session, they'll say: "We've talked about this many times"; or "It won't do any good, he (or she) doesn't listen"; or "But *you're* supposed to be the expert."

If the therapist begins by giving each person a chance to speak, usually one will say something about another that can be a springboard for an enactment. When, for example, one parent says that the other is too strict, the therapist can develop an enactment by saying: "She says you're too strict; can you answer her?" Picking a specific point for response is more effective than a vague request, such as "Why don't you two talk this over?"

Once an enactment is begun, the therapist can discover many things about a family's structure. How long can two people talk without being interrupted—that is, how clear is the boundary? Does one attack, the other defend? Who is central, who peripheral? Do parents bring children into their discussions—that is, are they enmeshed?

Families demonstrate enmeshment by frequently interrupting each other, speaking for other family members, doing things for children that they can do for themselves, or by constantly arguing. In disengaged families one may see a husband sitting impassively while his wife cries; a total absence of conflict; a surprising ignorance of important information about the children; a lack of concern for each other's interests.

If, as soon as the first session starts, the kids begin running around the room while the parents protest ineffectually, the therapist doesn't need to hear descriptions of what goes on at home to see the executive incompetence. If a mother and daughter rant and rave at each other while the father sits silently in the corner, it isn't necessary to ask how involved he is at home. In fact, asking may yield a less accurate picture than the one revealed spontaneously.

Structural Mapping. Families usually conceive of problems as located in the identified patient and as determined by events from the past. They hope the therapist will change the

identified patient—with as little disruption to the family as possible. Family therapists regard the identified patient's symptoms as an expression of dysfunctional patterns affecting the whole family. A structural assessment broadens the problem beyond individuals to the family system, and moves the focus from discrete events in the past to ongoing transactions in the present.

Even family therapists often categorize families with constructs that apply more to individuals than to systems. "The problem in this family is that the mother is smothering the kids," or "These kids are defiant," or "He's uninvolved." Structural family therapists diagnose so as to describe the interrelationship of all family members. Using the concepts of boundaries and subsystems, the structure of the whole system is described in a way that points to desired changes.

Preliminary assessments are based on observed interactions in the first session. In later sessions these formulations are refined and revised. Although there is some danger of bending families to fit categories when they're applied early, the greater danger is waiting too long. We see people with the greatest clarity and freshness during the initial contact. Later, as we come to know them better, we get used to their idiosyncrasies and soon no longer notice them.

Families quickly *induct* therapists into their culture. A family that initially appears to be chaotic and enmeshed soon comes to be just the familiar Jones family. For this reason, it's critical to develop structural hypotheses as quickly as possible.

In fact, it's helpful to make some guesses about family structure even before the first session. This starts a process of active thinking and sets the stage for observing the family. For example, suppose you're about to see a family consisting of a mother, a sixteen-year-old daughter, and a stepfather. The mother called to complain of her daughter's misbehavior. What do you imagine the structure might be, and how would you test your hypothesis? A good guess might be that mother and daughter are enmeshed, excluding the stepfather. This can be tested by seeing if mother and daughter tend to talk mostly about each other in the session—whether positively or negatively. The stepfather's disengagement would be confirmed if he and his wife were unable to converse without the daughter's intrusion.

Structural assessments take into account both the problem the family presents and the structural dynamics they display. And they include all family members. In this instance, knowing that the mother and daughter are enmeshed isn't enough; you also have to know what role the stepfather plays. If he's reasonably close with his wife but distant from the daughter, finding mutually enjoyable activities for stepfather and stepdaughter will help increase the girl's independence from her mother. On the other hand, if the mother's proximity to her daughter appears to be a function of her distance from her husband, then the marital pair may be the most productive focus.

Without a structural formulation and a plan, a therapist is defensive and passive. Instead of knowing where to go and moving deliberately, the therapist lays back and tries to cope with the family, to put out brush fires, and to help them through a succession of incidents. Consistent awareness of the family's structure and focus on one or two structural changes helps the therapist see behind the various content issues that family members bring up.

Highlighting and Modifying Interactions. Once families begin to interact, problematic transactions emerge. Recognizing their structural implications demands focus on process, not content. Nothing about structure is revealed by hearing who is in favor of punishment or who says nice things about whom. Family structure is revealed by who says what to whom, and in what way.

Perhaps a wife complains, "We have a communication problem. My husband won't talk to me; he never expresses his feelings." The therapist then stimulates an interaction to see what actually does happen. "Your wife says you have a communication problem; can you respond to that? Talk with her." If, when they talk, the wife becomes domineering and critical while the husband grows increasingly silent, then the therapist sees what's wrong: The problem isn't that he doesn't talk, which is a linear explanation. Nor is the problem that she nags, also a linear explanation. The problem is that the more she nags, the more he withdraws, and the more he withdraws, the more she nags.

The trick is to modify this pattern. This may require forceful intervening, or what structural therapists call **intensity.**

Minuchin speaks to families with dramatic and forceful impact. He regulates the intensity of his messages to exceed the threshold family members have for not hearing challenges to the way they perceive reality. When Minuchin speaks, families listen.

Minuchin is forceful, but his intensity isn't merely a function of personality; it reflects clarity of purpose. Knowledge of family structure and a commitment to help families change makes powerful interventions possible.

Structural therapists achieve intensity by selective regulation of affect, repetition, and duration. Tone, volume, pacing, and choice of words can be used to raise the affective intensity of statements. It helps if you know what you want to say. Here's an example of a limp statement: "People are always concerned with themselves, kind of seeing themselves as the center of attention and just looking for whatever they can get. Wouldn't it be nice, for a change, if everybody started thinking about what they could do for others?" Compare that with, "Ask not what your country can do for you—ask what you can do for your country." John Kennedy's words had impact because they were carefully chosen and clearly put. Family therapists don't need to make speeches, but they do occasionally have to speak forcefully to get the point across.

Affective intensity isn't simply a matter of crisp phrasing. You have to know how and when to be provocative. For example, Mike Nichols worked with a family in which a twenty-nine-year-old woman with anorexia nervosa was the identified patient. Although the family maintained a facade of togetherness, it was rigidly structured; the mother and her anorexic daughter were enmeshed, while the father was excluded. In this family, the father was the only one to express anger openly, and this was part of the official rationale for why he was excluded. His daughter was afraid of his anger, which she freely admitted. What was less clear, however, was that the mother had covertly taught the daughter to avoid him, because she, the mother, couldn't deal with his anger. Consequently, the daughter grew up afraid of her father, and of men in general.

At one point the father described how isolated he felt from his daughter; he said he thought it was because she feared his anger. The daughter agreed, "It's his fault, all right." The therapist asked the mother what she thought, and she replied, "It isn't *his* fault." The therapist said, "You're right." She went on, denying her real feelings to avoid conflict, "It's no one's fault." The therapist answered in a way that got her attention, "That's not true." Startled, she asked what he meant. "It's *your* fault," he said.

This level of intensity was necessary to interrupt a rigid pattern of conflict avoidance that sustained a destructive alliance between mother and daughter. The content—who really is afraid of anger—is less important than the structural goal: freeing the daughter from her position of overinvolvement with her mother.

Therapists too often dilute their interventions by overqualifying, apologizing, or rambling. This is less of a problem in individual therapy, where it's often best to elicit interpreta-

tions from the patient. Families are more like the farmer's proverbial mule—you sometimes have to hit them over the head to get their attention.

Intensity can also be achieved by extending the duration of a sequence beyond the point where the dysfunctional homeostasis is reinstated. A common example is the management of temper tantrums. Temper tantrums are maintained by parents who give in. Most parents *try* not to give in; they just don't try long enough. Recently a four-year-old girl began to scream bloody murder when her sister left the room. She wanted to go with her sister. Her screaming was almost unbearable, and the parents were soon ready to back down. However, the therapist urged that they not allow themselves to be defeated, and suggested that they hold her "to show her who's in charge" until she calmed down. She screamed for thirty minutes! Everyone in the room was frazzled. But the little girl finally realized that this time she was not going to get her way, and so she calmed down. Subsequently, the parents were able to use the same intensity of duration to break her of this highly destructive habit.

Sometimes intensity requires repetition of one theme in a variety of contexts. Infantilizing parents may have to be told not to hang up their child's coat, not to speak for her, not to take her to the bathroom, and not to do many other things that she's able to do for herself.

Shaping competence is another method of modifying interactions, and it's a hallmark of structural family therapy. Intensity is generally used to block the stream of interactions. Shaping competence is like nudging the direction of the flow. By highlighting and **shaping** the positive, structural therapists help family members use functional alternatives that are already in their repertoire.

A common mistake made by beginning therapists is to attempt to foster competent performance by pointing out mistakes. This focuses on content without regard for process. Telling parents that they're doing something wrong or suggesting they do something different has the effect of criticizing their competence. However well-intentioned, it's still a put-down. While this kind of intervention cannot be completely avoided, a more effective approach is to point out what they're doing right.

Even when people do most things ineffectively, it's usually possible to pick out something that they're doing successfully. A sense of timing helps. For example, in a large chaotic family the parents were extremely ineffective at controlling the children. At one point the therapist turned to the mother and said, "It's too noisy in here; would you quiet the kids?" Knowing how much difficulty the woman had controlling her children, the therapist was poised to comment immediately on any step in the direction of effective management. The mother had to yell "Quiet!" a couple of times before the children momentarily stopped what they were doing. Quickly—before the children resumed their misbehavior—the therapist complimented the mother for "loving her kids enough to be firm with them." Thus the message delivered was "You're a competent person, you know how to be firm." If the therapist had waited until the chaos resumed before telling the mother she should be firm, the message would be "You're incompetent."

Wherever possible, structural therapists avoid doing things for family members that they're capable of doing themselves. Here, too, the message is "You are competent, you can do it." Some therapists justify taking over family functions by calling it "modeling." Whatever it's called it has the impact of telling family members that they're inadequate. Recently a young mother confessed she hadn't known how to tell her children that they were coming to see a family therapist and so had simply said she was taking them for a ride. Thinking to be helpful, the therapist then explained to the children that "Mommy told me there were some problems in the family, so we're all here to talk things over to see if we can improve things." This lovely explanation tells the kids why they came, but confirms the mother as

incompetent to do so. If instead the therapist had suggested to the mother, "Would you like to tell them now?" Then the mother, not the therapist, would have had to perform as an effective parent.

Boundary Making. Dysfunctional family dynamics are a product of overly rigid or diffuse boundaries. Structural therapists intervene to realign boundaries, increasing either proximity or distance between family subsystems.

In enmeshed families the therapist's interventions are designed to strengthen boundaries between subsystems and increase the independence of individuals. Family members are urged to speak for themselves, interruptions are blocked, and dyads are helped to finish conversations without intrusion from others. A therapist who wishes to support the sibling system and protect it from unnecessary parental intrusion may say, "Susie and Sean, talk this over, and everyone else will listen carefully." If children frequently interrupt their parents, a therapist might challenge the parents to strengthen the hierarchical boundary by saying, "Why don't you get them to butt out so that you two grown-ups can settle this."

Although structural family therapy is begun with the total family group, subsequent sessions may be held with individuals or subgroups to strengthen the boundaries surrounding them. A teenager who is overprotected by her mother is supported as a separate person by participating in some individual sessions. Parents so enmeshed with their children that they never have private conversations may begin to learn how if they meet separately with the therapist.

When a forty-year-old woman called the clinic for help with depression, she was asked to come in with the rest of the family. It soon became apparent that this woman was overburdened by her four children and received little support from her husband. The therapist's strategy was to strengthen the boundary between the mother and children and help the parents move closer toward each other. This was done in stages. First the therapist joined the oldest child, a sixteen-year-old girl, and supported her competence as a potential helper for her mother. Once this was done, the girl was able to assume a good deal of responsibility for her younger siblings, both in sessions and at home.

Freed from preoccupation with the children, the parents now had the opportunity to talk more with each other. They had little to say, however. This wasn't the result of hidden conflict but instead reflected the marriage of two relatively nonverbal people. After several sessions of trying to get the pair talking, the therapist realized that while talking may be fun for some people, it might not be for others. So to support the bond between the couple the therapist asked them to plan a special trip together. They chose a boat ride on a nearby lake. When they returned for the next session, they were beaming. They had a wonderful time, being apart from the kids and enjoying each other's company. Subsequently they decided to spend a little time out together each week.

Disengaged families tend to avoid conflict, and thus minimize interaction. The structural therapist intervenes to challenge conflict avoidance, and to block detouring in order to help disengaged members increase contact with each other. Without acting as judge or referee, the structural therapist encourages family members to face each other squarely and struggle with the difficulties between them. When beginners see disengagement, they tend to think of ways to increase positive interaction. In fact, disengagement is usually a way of avoiding arguments. Therefore, spouses isolated from each other typically need to fight before they can become more loving.

Most people underestimate the degree to which their own behavior influences the behavior of those around them. This is particularly true in disengaged families. Problems are usually seen as the result of what someone else is doing, and solutions are thought to require that

the others change. The following complaints are typical: "We have a communication problem; he won't tell me what he's feeling." "He just doesn't care about us. All he cares about is that damn job of his." "Our sex life is lousy—my wife's frigid." "Who can talk to her? All she does is complain about the kids." Each of these statements suggests that the power to change rests solely with the other person. This is the almost universally perceived view of linear causality.

Whereas most people see things this way, family therapists see the inherent circularity in systems interaction. He doesn't tell his wife what he's feeling, because she nags and criticizes; *and* she nags and criticizes because he doesn't tell her what he's feeling.

Structural therapists move family discussions from linear to circular perspectives by stressing complementarity. The mother who complains that her son is naughty is taught to consider what she's doing to trigger or maintain his behavior. The one who asks for change must learn to change his or her way of trying to get it. The wife who nags her husband to spend more time with her must learn to make increased involvement more attractive. The husband who complains that his wife never listens to him may have to listen to *her* more, before she's willing to reciprocate.

Minuchin emphasizes complementarity by asking family members to help each other change. When positive changes are reported, he's liable to congratulate others, underscoring family interrelatedness.

Unbalancing. In boundary making the therapist aims to realign relationships between subsystems. In unbalancing, the goal is to change the relationship of members *within* a subsystem. What often keeps families stuck in stalemate is that members in conflict check and balance each other and, as a result, remain frozen in inaction. In unbalancing, the therapist joins and supports one individual or subsystem at the expense of others.

Taking sides—let's call it what it is—seems like a violation of therapy's sacred canon of neutrality. However, the therapist takes sides to unbalance and realign the system, not because she is the judge of who's right and wrong. Ultimately, balance and fairness are achieved because the therapist sides in turn with various members of the family.

—Case Study

For example, when the MacLean family sought help for an "unmanageable" child, a terror who'd been expelled from two schools, Dr. Minuchin uncovered a covert split between the parents, held in balance by not being talked about. The ten-year-old boy's misbehavior was dramatically visible; his father had to drag him kicking and screaming into the consulting room. Meanwhile, his seven-year-old brother sat quietly, smiling engagingly. The good boy.

To broaden the focus from an "impossible child" to issues of parental control and cooperation, Minuchin asked about seven-year-old Kevin, who misbehaved invisibly. He peed on the floor in the bathroom. According to his father, Kevin's peeing on the floor was due to "inattentiveness." The mother laughed when Minuchin said "nobody could have such poor aim."

Minuchin talked with the boy about how wolves mark their territory, and suggested that he expand his territory by peeing in all four corners of the family room.

Minuchin: "Do you have a dog?"
Kevin: "No."
Minuchin: "Oh, so you are the family dog."

In the process of discussing the boy who peed–and his parents' response–Minuchin dramatized how the parents polarized each other.

Minuchin: "Why would he do such a thing?"
Father: "I don't know if he did it on purpose."
Minuchin: "Maybe he was in a trance?"
Father: "No, I think it was carelessness."
Minuchin: "His aim must be terrible."

The father described the boy's behavior as accidental; the mother considered it defiance. One of the reasons parents fall under the control of their young children is that

they avoid confronting their differences. Differences are normal, but they become toxic when one parent undercuts the other's handling of the children. (It's cowardly revenge for unaddressed grievances.)

Minuchin's gentle but insistent pressure on the couple to talk about how they respond, without switching to focus on how the children behave, led to their bringing up long-held but seldom-voiced resentments.

Mother: "Bob makes excuses for the children's behavior because he doesn't want to get in there and help me find a solution for the problem."
Father: "Yes, but when I did try to help, you'd always criticize me. So after a while I gave up."

Like a photographic print in a developing tray, the spouses' conflict had become visible. Minuchin protected the parents from embarrassment (and the children from being burdened) by asking the children to leave the room. Without the preoccupation of parenting, the spouses could face each other, man and woman—and talk about their hurts and grievances. It turned out to be a sad story of lonely disengagement.

Minuchin: "Do you two have areas of agreement?"

He said yes; she said no. He was a minimizer; she was a critic.

Minuchin: "When did you divorce Bob and marry the children?"

She turned quiet; he looked off into space. She said, softly: "Probably ten years ago."

What followed was a painful but familiar story of how a marriage can drown in parenting and its conflicts. The conflict was never resolved because it never surfaced. And so the rift never healed; it just expanded.

With Minuchin's help, the couple took turns talking about their pain—and learning to listen. By unbalancing, Minuchin brought enormous pressure to bear to help this couple break through their differences, open up to each other, fight for what they want, and, finally, begin to come together—as husband and wife, and as parents.

Unbalancing is part of a struggle for change that sometimes takes on the appearance of combat. When a therapist says to a father that he's not doing enough or to a mother that she's unwittingly excluding her husband, it may seem that the combat is between the therapist and the family, that he or she is attacking them. But the real combat is between them and fear—fear of change.

Challenging Unproductive Assumptions. Although structural family therapy is not primarily a cognitive treatment, its practitioners sometimes challenge the way family members see things. Changing the way family members relate to each other offers alternative views of their situation. The converse is also true: Changing the way family members view their situation enables them to change the way they relate to each other.

When six-year-old Cassie's parents complain about her behavior, they say she's "hyper," "sensitive," a "nervous child." Such labels convey how parents respond to their children and have a tremendous controlling power. Is a child's behavior "misbehavior," or is it a symptom of "nervousness?" Is it "naughty," or is it a "cry for help?" Is the child mad or bad, and who is in charge? What's in a name? Plenty.

Sometimes the structural family therapist acts as teacher, offering information and advice, often about structural matters. Doing so is likely to be a restructuring maneuver and must be done in a way that minimizes resistance. A therapist does this by delivering first a "stroke," then a "kick." If the therapist were dealing with a family in which the mother speaks for her children, he might say to her, "You are very helpful" (stroke). But to the child, "Mommy takes away your voice. You can speak for yourself" (kick). Thus mother is defined as helpful but intrusive (a stroke and a kick).

Structural therapists also use pragmatic fictions to provide family members with a different frame for experiencing. The aim isn't to educate or deceive, but to offer a pronounce-

ment that will help the family change. For instance, telling children that they're behaving younger than they are is a very effective means of getting them to change. "How old are you?" "Seven." "Oh, I thought you were younger; most seven-year-olds don't need Mommy to take them to school anymore."

Paradoxes are cognitive constructions that frustrate or confuse family members into a search for alternatives. Minuchin makes little use of paradox, but sometimes it's helpful to express skepticism about people changing. Although this can have the paradoxical effect of challenging them to prove you wrong, it isn't so much a clever stratagem as it is a benign statement of the truth. Most people *don't* change—they wait for others to do so.

Evaluating Therapy Theory and Results

While he was Director of the Philadelphia Child Guidance Clinic, Minuchin developed a highly pragmatic commitment to research. As an administrator he learned that research demonstrating effective outcomes is the best argument for the legitimacy of family therapy. Both his studies of psychosomatic children and Stanton's studies of drug addicts show very clearly how effective structural family therapy can be.

In *Families of the Slums*, Minuchin and his colleagues (1967) described the structural characteristics of low socioeconomic families and demonstrated the effectiveness of family therapy with this population. Prior to treatment, mothers in patient families were found to be either over- or undercontrolling; either way their children were more disruptive than those in control families. After treatment mothers used less coercive control, yet were clearer and more firm. In this study, seven of eleven families were judged to be improved after six months to a year of family therapy. Although no control group was used, the authors compared their results favorably to the usual 50 percent rate of successful treatment at Wiltwyck. The authors also noted that none of the families rated as disengaged improved.

By far the strongest empirical support for structural family therapy comes from a series of studies with psychosomatic children and adult drug addicts. Studies demonstrating the effectiveness of therapy with severely ill psychosomatic children are convincing because of the physiological measures employed, and dramatic because of the life-threatening nature of the problems. Minuchin, Rosman, and Baker (1978) reported one study that clearly demonstrated how family conflict can precipitate ketoacidosis crises in psychosomatic-type diabetic children. In baseline interviews parents discussed family problems with their children absent. Normal spouses showed the highest levels of confrontation, while psychosomatic spouses exhibited a wide range of conflict-avoidance maneuvers. Next, a therapist pressed the parents to increase the level of their conflict, while their children observed behind a one-way mirror. As the parents argued, only the psychosomatic children seemed really upset. Moreover, these children's manifest distress was accompanied by dramatic increases in free fatty acid levels of the blood, a measure related to ketoacidosis. In the third stage of these interviews, the patients joined their parents. Normal and behavior-disorder parents continued as before, but the psychosomatic parents detoured their conflict, either by drawing their children into their discussions or by switching the subject from themselves to the children. When this happened, the free fatty acid levels of the parents fell, while the children's levels continued to rise. This study provided strong confirmation of the clinical observations that psychosomatic children are used (and let themselves be used) to regulate the stress between their parents.

Minuchin, Rosman, and Baker (1978) summarized the results of treating fifty-three cases of anorexia nervosa with structural family

therapy. After a course of treatment that included hospitalization followed by family therapy on an outpatient basis, forty-three anorexic children were "greatly improved," two were "improved," three showed "no change," two were "worse," and three had dropped out. Although ethical considerations precluded a control treatment with these seriously ill children, the 90 percent improvement rate is impressive, especially compared with the 30 percent mortality rate for this disorder. Moreover, the positive results at termination were maintained at follow-up intervals of several years. Structural family therapy has also been shown to be effective in treating psychosomatic asthmatics and psychosomatically complicated cases of diabetes (Minuchin, Baker, Rosman, Liebman, Milman, & Todd, 1975).

While no body of empirical evidence has established that any one psychotherapeutic approach is consistently better than the others, structural family therapy has proven to be effective in a variety of studies, including many that involved what are usually considered very difficult cases. Duke Stanton showed that structural family therapy can be effective for drug addicts and their families. In a well-controlled study, Stanton and Todd (1979) compared family therapy with a family placebo condition and individual therapy. Symptom reduction was significant with structural family therapy; the level of positive change was more than double that achieved in the other conditions, and these positive effects persisted at follow-up of six and twelve months.

More recently, structural family therapy has been successfully applied to establish more adaptive parenting roles in heroin addicts (Grief & Dreschler, 1993) and as a means to reduce the likelihood that African American and Latino youths would initiate drug use (Santiseban, Coatsworth, Perez-Vidal, Mitrani, Jean-Gilles, & Szapocznik, 1997). Other studies indicate that structural family therapy is equal in effectiveness to communication training and behavioral management training in reducing negative communication, conflicts, and expressed anger between adolescents diagnosed with attention deficit hyperactivity disorder (ADHD) and their parents (Barkley, Guevremont, Anastopoulos, & Fletcher, 1992). Structural family therapy has also been effective for treating adolescent disorders, such as conduct disorders (Szapocznik et al., 1989; Chamberlain & Rosicky, 1995), and anorexia nervosa (Campbell & Patterson, 1995).

Summary

Minuchin may be best known for the artistry of his clinical technique, yet his structural family theory has become one of the most widely used conceptual models in the field. The reason structural theory is so popular is that it's simple, inclusive, and practical. The basic concepts—boundaries, subsystems, alignments, and complementarity—are easily grasped and applied. They take into account the individual, family, and social context, and they provide a clear organizing framework for understanding and treating families.

The single most important tenet of this approach is that every family has a structure, and that this structure is revealed only when the family is in action. According to this view, therapists who fail to consider the entire family's structure, and intervene in only one subsystem, are unlikely to effect lasting change. If a mother's overinvolvement with her son is part

of a structure that includes distance from her husband, no amount of therapy for the mother and son is likely to bring about basic change in the family.

Subsystems are units of the family based on function. If the leadership of a family is taken over by a father and daughter, then they, not the husband and wife, are the executive subsystem. Subsystems are circumscribed and regulated by interpersonal boundaries. In healthy families boundaries are clear enough to protect independence and autonomy, and permeable enough to allow mutual support and affection. Enmeshed families are characterized by diffuse boundaries; disengaged families by rigid boundaries.

Structural family therapy is designed to resolve presenting problems by reorganizing family structure. Assessment, therefore, requires the presence of the whole family, so that the therapist can observe the structure underlying the family's interactions. In the process, therapists should distinguish between dysfunctional and functional structures. Families with growing pains shouldn't be treated as pathological. Where structural problems do exist, the goal is to create an effective hierarchical structure. This means activating dormant structures, not creating new ones.

Structural family therapists work quickly to avoid being *inducted* as members of the families they work with. They begin by making concerted efforts to accommodate to the family's accustomed ways of behaving, in order to circumvent resistance. Once they've gained a family's trust, therapists promote family interaction, while they assume a decentralized role. From this position they can watch what goes on in the family and make a structural assessment, which includes the problem and the organization that supports it. These assessments are framed in terms of boundaries and subsystems, easily conceptualized as two-dimensional maps used to suggest avenues for change.

Once they have successfully joined and assessed a family, structural therapists proceed to activate dormant structures using techniques that alter alignments and shift power within and between subsystems. These restructuring techniques are concrete, forceful, and sometimes dramatic. However, their success depends as much on the joining and assessment as on the power of the techniques themselves.

Structural family therapy's popularity is based on its theory and techniques of treatment; its central position in the field has been augmented by its research and training programs. There is now a substantial body of research that lends considerable empirical support to this school's approach. Moreover, the training programs at the Philadelphia Child Guidance Clinic and Minuchin Center in New York have influenced an enormous number of family therapy practitioners throughout the world.

Although structural family therapy is so closely identified with Salvador Minuchin that they once were synonymous, it may be a good idea to differentiate the man from the method. When we think of structural family therapy, we tend to remember the approach as described in *Families and Family Therapy*, published in 1974. That book adequately represents structural theory, but emphasizes only the techniques Minuchin favored at the time. Minuchin, the thinker, has always thought of families in organizational terms. He read Talcott Parsons and Robert Bales and George Herbert Mead; and in Israel he saw how children from unstructured Moroccan families often became delinquents, while those from organized Yemenite families did not. Minuchin the therapist has always been an opportunist, using whatever works. In the 1990s, you can see Carl Whitaker and constructivism in Minuchin's work. From Whitaker, he took the idea of challenging families' myths and engaging with them from a position of passionate involvement. The young Minuchin followed families and watched them in action; that's why he made such use of enactments. The older Minuchin, who has seen

thousands of families, now sees things faster; he uses enactment less and is likely to confront one family on the basis of what he has seen in hundreds of similar cases. Should we follow him in this? Yes, as soon as we have the same experience.

Minuchin has always been a constructivist, though he comes by it intuitively, not from reading books. He challenges families, telling them, essentially, that they are wrong; their stories are too narrow. And he helps them rewrite stories that work. Minuchin has always been interested in literature and storytelling; perhaps he likes the doctrine of constructivism simply because it legitimizes his storytelling. But, he cautions, when constructivism isn't grounded in structural understanding or when it neglects the emotional side of human beings, it can become arid intellectualism. Minuchin has moved toward eclecticism in technique, but not in theory. Although Minuchin the therapist has changed since 1974, his basic perspective on families, described in structural family theory, still stands, and continues to be the most widely used way of understanding what goes on in the nuclear family.

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