CHAPTER II
THE STRUCTURAL APPROACH OF SALVADOR MINUCHIN

1. INTRODUCTION

Salvador Minuchin and Braulio Montalvo are viewed as the founders of the structural approach. This approach developed in connection with a research project, "Families of the Slums"[1], under the direction of Minuchin, Montalvo, and others, in which the structure and process of disorganized, low socio-economic families, with one or more juvenile delinquent, were investigated. They found that pathological behaviors had arisen where the family organization was dysfunctional.

During the 1970's, the approach also was applied with great success by Minuchin[2] and others to children with psychosomatic illnesses, and by Stanton[3] and others to drug- and alcohol-dependent persons.

A clear explication of the structural approach was given by Minuchin[4] in 1974. The techniques inherent to the approach are thoroughly described by Minuchin and Fishman[5].

In the following, the essences of Minuchin's structural approach are presented.

2. ESSENCES OF MINUCHIN'S STRUCTURAL APPROACH

Minuchin[6] states three axioms which hold as the point of departure for the structural approach, i.e.:

(i) An individual's psychic life is not merely an intrapsychic event;
(ii) A change in family structure contributes to a change in the behavior, and the inner psychic life of the members of the family;

(iii) The therapist and the family together form a new system, i.e., a therapeutic system. This system contributes to changing the behavior of its members. Thus, a therapist's actions are important for changing a family structure.

Minuchin's approach is an attempt to move away from traditional approaches, such as psychoanalysis, in which the interpersonal relationship aspect is misunderstood. An individual is part of various systems, of which the/she family is one of the most important. A family system is the primary one within which a child has his/her first life experience, and in which he/she lives. Other systems also play an important role as the child becomes older, e.g., the school, peer groups, etc.

The structural view approaches an individual with deviant behavior, or psychopathology from within the primary context in which he/she lives, i.e., the family. The therapy is directed to changing the family's organization. When the structure of a family is changed, the members' positions in the family change, along with correlated changes in their behavior. Behaviors outside the family system, e.g., in a peer group, or in school, are also adjusted within a family situation.

Consequently, the symptom which the identified patient has, is viewed primarily as a symptom of a dysfunctional family structure. Thus, the premise is that, if the family structure is modified so that it is more functional, the symptom will disappear[7)].

Minuchin defines family structure as "the invisible set of functional demands which organizes the ways in which family members interact"[8)].

Within a family, interactions occur among family members, i.e., the so-called "transactions". When transactions appear repeatedly, patterns of transactions are formed which determine the establishment of relationships in the family. These patterns are the basis of the family structure. The patterns themselves are observable, with the consequence that the structure of a family is only recognizable in the activities of the family[9)].

Within a family system, there are a variety of subsystems defined by means of gender, age, interest, functions, etc. Each individual member of a family is simultaneously a member of various subsystems within which he/she continually assumes a complementary position.[10].

There are three subsystems which are especially important:

(i) The married couple subsystem. This subsystem is formed two adults enter a relationship with the explicit aim of forming a family. This subsystem has tasks and functions that are fundamental for a family's functioning. Complementarity and mutual accommodation within a married couple subsystem are necessary conditions for the effective handling of this subsystem's tasks within a family[11].

(ii) The parent subsystem. The presence of children in a family implies new tasks for the married couple subsystem, i.e., to be parents. The married couple subsystem must differentiate with the aim of educating the children without the mutual support that characterizes the married couple subsystem getting lost. The relationship between the two subsystems must be such that the children have access to the parents while they are excluded from the married couple subsystem[12].

The development of a child requires autonomy, as well as guidance. Minuchin says: "Parenting requires the capacity to nurture, guide, and control"[13].

(iii) The child subsystem. According to Minuchin, [14] this is the social laboratory where children can experiment with peer group relationships. It is here where children learn how to negotiate, work together, to compete, to make friends and enemies, to concede without surrendering, and receive recognition for their own skills.

In addition to these three basic subsystems in a family, each individual member, as well as any grouping of family members also

can form a subsystem within a family system. Thus, each family member can be part of a variety of subsystems in the family.

Each system, or subsystem has boundaries. Minuchin describes the boundary of a subsystem as "the rules defining who participates, and how"[15]. The aim of boundaries is to preserve the differentiations within the family system. Each subsystem has specific functions, and places certain demands on its members.

The boundaries of subsystems must be very clear for a family to function well. A boundary must be such that it allows its members to fulfill their functions without unnecessary interference, while contact between the members of the subsystem and other subsystems can occur.

This two-fold requirement, which a boundary must fulfill, is placed on a continuum by Minuchin,[16] the two poles of which are un-involvement and over-involvement. These two terms do not refer to a qualitative judgment in terms of functionality, or dysfunctionality, but are only an indication of the transactional style. Normal family functioning includes all forms of transactions. Pathology only arises when a family's transactions lie almost exclusively on one side of the continuum.

In the case of over-involvement, this means that the boundary of a subsystem is vague, with the result that differentiation among subsystems is weak, and communication, and concern between family members increases. The behavior of one member has an immediate effect on the other members, while the pressure under which one member has come permeates the boundary and exerts pressure on the rest of the family members. An additional consequence is that the members of a subsystem do not develop the ability needed to orient themselves to stressful circumstances.

In the case of un-involvement, a boundary is very rigid so that communication across boundaries is very difficult, the family members are minimally involved with each other and, consequently, harm is done to their mutually defensive functions. Such a system provides room for a wide variety of individual differences in its

members. Tension under which one member has come, does not necessarily influence the other members of the family.

The family structure is not a static entity. In other words, there is not a fixed structure which always holds, and in all circumstances. Cultural characters are defining with respect to what is accepted as a "normal" structure. Its dynamic aspect is the fact that each family continually undergoes change. For example, when a child enters adolescence the boundaries within the family must change to accommodate the new situation by means of an appropriately changed family structure.

Minuchin says: "A family is transformed over time, adapting and restructuring itself so as to continue functioning"[17]. Thus, a family is continually involved in reorganizing, on the one hand, characterized by continuity with the past and, on the other hand, by connecting with a changing present.

Minuchin[18] identifies four sources from which pressure is exerted on a family, which compels it to reorganize:

(i) Pressure on one family member as a result of contact with circumstances outside the family, e.g., a father who experiences problems at work
(ii) Stressful contact of the entire family with circumstances outside the family, e.g., an economic recession;
(iii) Stress during transitional phases in a family's existence, e.g., when a child enters adolescence;
(iv) Stress because of idiosyncratic problems in a family, e.g., a retarded child.

In the case of a dysfunctional family the existing functional structure is rigidly maintained. Demands to change are resisted by an affirmation of the existing family structure. The existing transactional patterns are so rigid that all alternative ways of behaving become blocked.

3. THERAPEUTIC PROCESS

The aim of therapy is the transformation of the family system. To accomplish this, there are three phases[19] through which a therapist moves:

(i) The therapist joins with the family as leader of the therapeutic system ("joining");
(ii) The therapist identifies and evaluates the family structure;
(iii) The therapist creates circumstances which will bring about a change of the family structure.

A variety of therapeutic techniques are used during the therapeutic process. Minuchin and Fishman[20] caution that a therapist must progress further than a mere use of a technique to a level where the technique as such, is mastered, so that it can be used in a spontaneous way during therapy. Hence, they say: "Training in family therapy should, therefore, be a way of teaching techniques whose essence is to be mastered, then forgotten. After this book is read, it should be given away, or put into a forgotten corner"[21].

The following is a discussion of the therapeutic process, and the various techniques which a therapist can make use of during therapy.

3.1 The therapist joining the family system[22],[23]

A therapist must join a family to form a therapeutic system of which he/she is the leader. Joining is the purposeful activity of a therapist trying to enter a relationship with the family members, and the family as a system. This must be viewed as the therapist's approach to the family, rather than as a mere technique. In joining, a therapist communicates to the family that he/she understands them and will work with them in their interest. Joining is done to communicate hope to the family that things can change and get better. Thus, it is the condition for any further therapeutic interventions. If a therapist fails in joining a family system, there is no basis for additional therapy. Fishman says: "Joining is the glue that holds the therapeutic system together"[24].

Joining presumes a two-directional event of accommodation; a therapist must accommodate to the family, i.e., he/she must find connections with a family, while a family must accommodate to the therapist[25]. Joining is done to help the family accommodate to the therapist.

To be able to join a family system, a therapist must respect the structures which a family present.

The following techniques for joining a family system are used:

(i) Confirmation[26]

A therapist searches for the positive in what family members say and do, and stresses them, or he/she identifies areas of sorrow, unhappiness, etc., acknowledges them, and handles them in sensitive ways. By confirming the positive, the self-worth of the family is increased, and the family member who is defined positively is seen by the other family members in a more positive light, especially if he/she is the "black sheep".

(ii) Maintenance

Minuchin[27] also uses a technique called "maintenance". It refers to the planned support of the family structure. A therapist first inserts him/herself into the existing family structure, by which he/she also provides evidence that he/she respects it by the way he/she is involved with the family. Thus, he/she does not try to bring about changes in the family structure from the beginning, but first observes and supports it. For example, when a mother is the leader in the family who grants turns of speaking to the other members of the family, the therapist respects this by entering a conversation with the children via her.

Maintenance also occurs when the therapist supports certain subsystems, e.g., by directing the first question to

the parents, and not to the children, by which they are supported in their role as parents.

(iii) Tracking[28)]

Joining also occurs by tracking what a family member says or does to collect necessary data. As someone joined to the existing family structure, the therapist does this tracking in accordance with this prevailing structure.

(iv) Authoritative actions[29)]

A therapist joins the family by creating a therapeutic context which communicates to the family that he/she will be able to help them, and give them hope for changing.

(v) Mimesis/non-verbal communication[30)]

Non-verbal communication which is consonant with that of the family promotes a therapist's joining the family system. A therapist synchronizes his/her communication and harmonizes his/her state of mind with that of the family by, e.g., speaking slowly, if they do, or by being jovial, whenever they are.

By joining a family structure, a therapist prepares the way for the next phase of therapy, i.e., identifying the family structure.

3.2 Identifying and evaluating the family structure

3.2.1 Introduction

The second step in the therapeutic process involves an analysis of the family structure to identify its functional and dysfunctional aspects. Here, Minuchin differentiates this evaluating from the traditional psychiatric methods of diagnosis[31)].

Minuchin believes that "a diagnosis is the working hypothesis that the therapist evolves from his experiences and observations upon joining the family"[32].

The premise in diagnostics is not that the problem of the identified patient must be diagnosed. The patient's symptom is seen as an expression of a family problem. For this reason, here there is mention of family diagnostics.

3.2.2 Areas and aspects of importance for family diagnostics

With the aim of analyzing a family's interactions, Minuchin[33] mentions six areas which must be concentrated on.

(i) The family structure: preferred transactional patterns, and available alternatives.
(ii) A family's ability to link up with changing circumstances. This ability is observable in a family's interactions in the degree to which family members, in response to changing circumstances, can take different positions in alliances, coalition, and subsystems within the family.
(iii) A family's sensitivity to the behavior of individual members. This can be shown on a continuum which changes from intense sensitivity (over-involvement) to an extreme lack of sensitivity (un-involvement) to the input of the other family members.
(iv) A family's life context. Sources of support, as well as tension, within a family's existing context are determined.
(v) The developmental stage in which a family is involved, and the extent in which the tasks which form part of a certain life phase are carried out.
(vi) The way in which the identified patient's symptoms are used to maintain the family's preferred transactional patterns.

It is important that a therapist form part of the therapeutic system and, therefore, also of the family diagnostics. The diagnostics occurs within a context of which the therapist forms a part, and in

which the family enters a relationship with him/her. A therapist takes different positions toward the family and, in this way, exercises a necessary influence on the family. A therapist indicates the way in which the family members act in response to his/her interventions.

Consequently, it is not possible for a therapist to observe a family, and then, in objective ways, make an evaluation of it from outside the family.

In addition, the evaluation is dynamic. It changes as changes occur in the family. Thus, diagnostics and therapy are an inseparable unity. Diagnostics is not a phase which ends when therapy begins. Diagnostics also already begins before the first conversation on, based on the information which is acquired during the appointment conversation over the telephone.

Diagnostics is next given in the form of a family map.

3.2.3 Mapping

Minuchin[34] makes use of a family map which is drawn up after the therapist has had a conversation with the family. This family map provides a visual image of the structure and organization of the family, and helps determine the direction and aim of change which must occur within it.

In the following, a key is given of the symbols which are used, and their meaning, as well as a few examples to illustrate them.

The symbols[35] for a family map are the following:

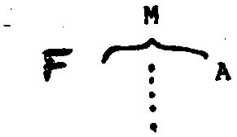
= affiliation between members

} coalition between members

 conflict - - - - clear boundary

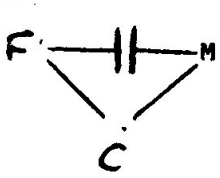
..... diffuse boundary -------- rigid boundary

Where a father and an adolescent form a coalition, and are in conflict with the mother, this can be represented as follows[36]:



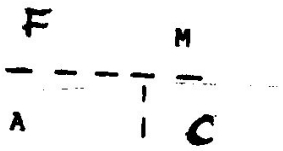
The boundary between the father and the adolescent is diffuse and not clearly defined, while the two form a coalition with each other against the mother, who is above in the hierarchy as the one who exercises the authority.

In a case where the father and the mother are in conflict with each other, and the child ends up in a triangular relationship with the parents, and him/herself, this is represented as follows[37]:



Where a mother is over-involved with her children, the boundary between them is vague, and the father moves to the periphery, and this is represented as follows:

The aim of structural family therapy is to repair the hierarchy, and structure of a family. For example, the mother and father ought to fulfill their roles of authority with a clear boundary between adolescents and other children in the family.



A therapist must be trained to observe and interpret the interactions within a family to be able to analyze its structure. He/she presents a family map to visualize the organization, and interactions within the family. This family map helps the therapist formulate hypotheses concerning the areas in which a family experiences problems, as well as those areas where the family succeeds.

The purpose of a family map is to schematize the organization of the family, as well as to help the therapist formulate the therapeutic goal for a specific family.

To bring about restructuring within a family entails continuous interventions with the same aim. A family map holds the therapeutic aim in view for a therapist.

In the following, a few stumbling blocks are discussed which can impede the therapeutic diagnostics.

3.2.4 Stumbling blocks during diagnostics

Minuchin[38)] describes the following stumbling blocks when a structural analysis of a family is made:

(i) The developmental stage of a family can be overlooked, e.g., in the case of a 10-year-old girl, who has developed school phobia. The father of the family had died six years earlier, and a 25-year-old daughter had helped the mother bring up, and care for the two younger children. However, a month before the onset of the younger sister's school phobia, she became engaged, and was at the point of leaving the house. The mother had a strong affiliation with her 10-year-old daughter, after which the school phobia arose, and consequently, she could stay home [from school]. However, the mother became hospitalized, and a resulting separation stared her in the face. She expected closer cooperation between her and her son, who at 18-years-old moved away to his own age group.

If the developmental phase of the family is considered, it can be identified that this mother must enter a new phase in which she is dependent on herself.

(ii) Some subsystems are ignored such as, e.g., in the case where a 14-year-old boy is diagnosed as a schizophrenic[39]. However, from the family interactions, it seems that, in addition to the over-involvement of the mother and her son, the mother and father's relationship leaves much to be desired, and that the boundary between mother and son has become vague:

The therapist has formulated the therapeutic aim as strengthening the relationship between father and mother, to create a generation boundary, or hierarchy between the mother and her son.

Had the relationship between the parents been ignored, the therapist would not have acquired the entire image of the family interaction.

(iii) Support of only one subsystem. There is the possibility that, when a therapist approves and supports the role of a rigid subsystem, the members can become stronger and more rigid.

In a case where the therapist has communicated to a father, who in his actions toward his children was very authoritarian, that he is too authoritarian, these actions led to the father acting even more authoritarian. The mother became more separated from her husband, and children, and the therapist's actions had led to a coalition with him and the children against the father.

The following is a discussion of the third phase of therapy, in which restructuring the family occurs.

3.3 Restructuring the family

3.3.1 Introduction

After the completion of the therapeutic system, and the first diagnostic hypothesis is formulated, the changing, or restructuring phase of therapy begins.

3.3.2 Aim of restructuring

The aim is to change the existing dysfunctional structure so that it is more functional. The technique which is used is aimed at the investigation of the family structure and organization so that change can occur.

There are especially three strategies which are followed for this aim:

Investigating the symptom;
investigating the family structure; and
investigating the family reality.

3.3.3 Investigating the symptom[40)]

Families which appeal for therapy usually have a member of the family who is identified as the problem. A therapist's aim is to challenge the family's definition of the symptom. He/she attempts to change the family's view of the problem, and then to exert pressure on them to find alternative ways of acting which will solve the problem, as redefined. For example, when a family mentions, as a reason for their visit, the problem of one family member, Minuchin will immediately challenge this by saying: "Don't be too sure"[41)].

The techniques used to investigate the symptom are:

Activating interactions;
focus; and
intensity.

(i) Activating interactions

Although activating interactions in a family is part of diagnostics, it also has implications for restructuring. It helps to broaden the

focus from the identified patient to the family which has a problem. The interaction which is activated always indicates that the problem must be viewed more broadly than as a problem merely of one member of the family.

These interactions also already give the family the opportunity to experiment concretely with solutions to the problem. This is done especially after the therapist has activated an interaction, and the dysfunctional patterns have appeared. The therapist puts the members under pressure to act in other ways than in dysfunctional ways.

In addition to activating interactions, the therapist must also make a choice regarding what aspect he/she is going to emphasize, i.e., on what he/she is going to focus.

(ii) Focus[42)]

A therapist can easily become overwhelmed by lots of information which the family provides him/her, and which arises during interactions. He/she must select from this information of what is important. In other words, he/she chooses a point of focus for him/herself and develops a theme on which he/she is going to work in depth.

The specific point of focus which he/she chooses, and the way he/she handles it, puts the family members under pressure to question their existing definition of the symptom.

There is a danger that a therapist can be guilty of tunnel vision, i.e., that he/she only notices what fits within his/her focus. However, it remains worthwhile for him/her to focus in depth on a segment, since such a segment is representative of a family's general way of interacting; in other words, different transactions are isomorphic. By focusing in depth, a therapist acquires useful information about the rules which characterize a family's behaviors, and by changing one transaction, the family's structure becomes reorganized.

When a therapist has chosen a point of focus, it is necessary that this focus be maintained until he/she has attained his/her aim

regarding it, i.e., he/she must reach the needed intensity which results in restructuring.

(iii) Intensity[43)]

When a therapist intervenes during an interaction with the aim of changing the family structure, it is necessary that his/her message is "heard" by the family. A family is selectively attentive, and, consequently, a therapist's message must attain adequate intensity for the family to hear it, to assimilate it as a new insight, and to give a new definition to the symptom.

The mere fact that a therapist has said something does not mean that the family members have heard it. With his/her interventions, a therapist can attain the needed intensity in a variety of ways.

a) Repeating a message

A message can be repeated with respect to its content, as well as its structure. For example, the parents must agree (structure) on their son's bedtime (content). Every time the parents would discuss something other than what the instructions to them required, or if one parent's position prevailed at the expense of the other, the therapist would repeat his/her instructions until the parents had successfully settled [their differences].

b) Repeating isomorphic transactions

Messages are repeated which superficially look different but, on a deeper level, are similar. For example[44)], in the case of a mother and her only son (18) who are over-involved with each other, the therapist executed a variety of isomorphic interventions such as:

- require the boy to look at him when they are talking, and not at his mother;
- encourage the boy to learn to drive a car, and go out with girls;
- praise the mother when she gives notice that she wants to join a reading group; and

- convince both mother and son that the son must sleep in his own room with the door closed, and that he himself must be responsible for waking up in the morning, and being on time for school.

The content continually differs, while the structure of the different interactions is the same, i.e., to free both mother and son from their over-involvement. This way of repeating is necessary for bringing about change, since the pattern which must be broken out of has usually lasted for a long time and will not be changed by any one intervention.

c) Changing duration

When a therapist focuses on a matter, or interaction, a family usually reaches a threshold after which the members try to shift the focus to something else which is safer for them. Then the therapist's aim is to maintain the focus and place the family under pressure to move past the threshold. This usually happens when conflict flares up while the family rule is that conflict must be avoided. Then, the family tries to shift the focus. However, the therapist lengthens the duration of the interaction so that the conflict escalates above the family's threshold. This then contributes to changing the family's dysfunctional interactions into increased functionality.

d) Changing distance

Family members each develop a feeling of a safe distance from others which they will maintain. A therapist can use distance positively to achieve intensity in conveying a message. When a therapist sits on the floor with a child to say something to him/her, the intensity of the message is heightened. If a therapist stands up in front of a family member when he/she wants to say something important to him/her, the message will carry more weight. A therapist can also change family members' positions toward each other; e.g., what a husband and wife must discuss something with each other, a therapist can allow them to sit next to each other and in this way, also emphasize the importance of their dyad.

e) Resisting a family's power of attraction

In their attempt to maintain the existing structure and organization, often a family exerts a strong power of attraction on the therapist to do what they want him/her to do. In such a case, a therapist must resist this power of attraction the family exerts on him/her. For example, in the case of a mother, as a single parent, who cannot exercise authority, the power of attraction is usually that a therapist must give help by setting limits for the children. However, the therapist must resist the offer by not doing so because the mother, as leader of the family, must herself carry the responsibility of exercising authority. A therapist is always not at home when the exercise of authority must occur.

An additional way in which restructuring occurs is by investigating the family structure.

3.3.4 Investigating the family strucure[45)]

The premise is that a change in context (family structure) leads to a change in the experiencing of the members themselves, and their relationship to each other. Here, a family map is of great help. It graphically shows the position of the family members in relation to each other.

The techniques used to investigate the family structure are:

Marking boundaries;
unbalancing [disturbing balance]; and
complementarity.

(i) Marking boundaries

The aim of marking boundaries is to change a family structure by drawing boundaries which change the participation of the family members in the different subsystems in a family. By means of marking boundaries, there is an attempt to elevate the subsystems in terms of autonomy and interdependency.

Clearly defined boundaries can be drawn in verbal and concrete ways. This occurs verbally when a therapist says something which is aimed at changing a boundary, e.g., in the case of a child who speaks on behalf of another one, the therapist says for the latter: "You are very helpful", or for the other child: "Do you have a need for her to remember for you?"

When family members speak on behalf of each other, a therapist can lay down a general rule that no one may speak on behalf of another because each person must tell his/her own story, and each must him/herself have his/her own memory.

In addition to the above verbal methods, a therapist can also use concrete ways to change a boundary. Family members can exchange positions with each other. Such exchanges and changes of position have the advantages of being non-verbal, observable, and intense. The following are examples of concrete maneuvers of marking boundaries:

A therapist uses non-verbal communication to draw a boundary, e.g., by using his/her arms or body to break eye contact between two over-involved members.

A therapist can allow family members to change places, e.g., by a child who sits between the parents to change places with one of the parents so that the parents sit next to each other. In this way, the message is conveyed that the child should not be part of the relationship between the marriage partners.

Sometimes a therapist can allow a family member to sit behind a one-way mirror to watch what happens from there, e.g., in the case of a mother who experiences problems in exercising authority, and whose husband then continually steps forward to do it. By letting her husband sit behind the one-way mirror and look on, the mother is granted the opportunity to exercise authority herself, and the father is prevented from stepping forward and undermining her.

The intensity technique of increasing the duration of an interaction is also useful as a boundary marking technique. The fact that a

conversation between the parents becomes longer, more clearly draws the boundary between the parents and the children.

In addition to using marking boundaries as a technique for investigating a family structure, unbalancing is a further technique.

(ii) Unbalancing [disturbing balance][46)]

The aim of this technique is to change the hierarchical relationship between the members of a subsystem, while marking boundaries will change the distance between subsystems. To disturb the balance within a subsystem, a therapist must use him/herself. Thus, it is very demanding of a therapist, and it also is a technique which, by definition, is unfair for some [therapists], and beneficial for others.

By affiliating with a member, i.e., by supporting him/her and choosing his/her side, a therapist strengthens that person's position in the family hierarchy, and the result is that the hierarchy must be adapted to this and, consequently, the family structure changes.

A therapist can also affiliate mutually with different persons within a subsystem. In the case of parents and an adolescent who are caught in a conflict, a therapist can affiliate with the adolescent regarding his/her right to privacy in his/her own room, while he/she also affiliates with the parents regarding their demand that their son goes to school, and by showing respect for their actions.

A therapist can also disturb the balance by ignoring family members, especially when he/she shows behavior which is unacceptable, and which counteracts the therapy. Because a person does not receive recognition from the therapist, other family members join in with him/her and rise up against the therapist. The result is usually a hierarchical change, which was the therapist's aim [in the first place].

This technique is also suitable in the case of a child who is central and demanding. By ignoring him/her, he/she loses his/her centrality. The technique is also effective in the case of a child who refuses to talk. If themes are discussed which direct a challenge to the child, the effectiveness of the technique is further enhanced.

A therapist can also make use of coalitions to disturb the balance. In a coalition, two parties unite against a third party, or the rest [of the family]. When a therapist enters a coalition with a family member, it is important that the family must experience this as helpful with the aim of changing.

(iii) Complementarity[47)]

In a family, there is a complementarity of opposites. By making use of complementarity, a therapist investigates the existing hierarchy with the aim of changing it. Usually, family members view what happens only from one point of view, i.e., their own personal perspective.

A therapist can handle this in a variety of ways.

He/she defines the problem so that it includes more persons than the identified patient, e.g., "You **and** your daughter are involved in a struggle over authority".

A therapist investigates the notion that one person controls the whole family, and brings home the idea that, in the family, each person is [part of] the context for the other. The family must discover that there is an aspect of reciprocity involved in each activity. For example, a therapist will say to an adolescent: "You act like a four-year-old." After this, he/she asks the parents: "Who gave you the right to keep him so young?" In this way, the responsibility for the boy's behavior is shifted to the parents, **and** the adolescent.

3.3.5 Investigating the family reality[48)]

There is a close connection between the structure of a family, and its view of reality. The one cannot change without the other also changing. Thus, to investigate a family's view of reality and, in doing so, to change it, the family structure changes, and so does the use of the symptom to maintain the family organization.

A family which has come for therapy usually has a narrow view of reality. Each member develops his/her own view of reality from

his/her interactions with meaningful other persons. The family plays an important role as the primary context in the development of a view of reality.

To change a family's view of reality, a therapist must expand the family's existing view, rather than to expect that they will abandon it. The latter evokes too much resistance, since a family finds it is difficult to abandon a view of reality which has worked for it.

For example, a Minister, who experiences problems with his two adolescent daughters, speaks of his wife and two daughters as "the three girls". The therapist reacts with: "You must have difficulties in your relationship with God, since you don't understand that He created a hierarchy in the family. There is a right place for the parents, and a right place for the children"[49].

A therapist pays attention to a family's own rationale for its standpoints and actions, and uses this to build up their own view of reality; e.g., "Because you are concerned parents, you will give your child space to grow"[50].

A therapist provides another explanation for the reality of the family in terms of his/her knowledge, experience, and insight.

Each family has its own positive and strong points, as well as negative and problematic points. In family therapy, a therapist focuses especially on the strong points, and uses them in therapy. It is especially of great importance when families are worked with which have a restrained family member. Because the therapist focuses on the strong points of the restraint, a new family reality is constituted.

The structural approach serves as the basis for the strategic approach of Haley, which is discussed in chapter III.

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