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## STRUCTURAL-STRATEGIC APPROACHES TO COUPLE AND FAMILY THERAPY STRUGLING WITH ABUSE AND DOMESTIC VIOLENCE

Sergiu TOMA, Victoria CAPTARI, Natalia TOMA\*

*Institutul pentru Familie și Inițiative Sociale*

*\*Universitatea de Stat din Moldova*

The issue and the key concepts and strategies that can be successfully used when providing couple therapy as part of the systemic therapy interventions using the basic concepts of strategic and structural family therapy are treated in the article. The two models, structural family therapy (as developed by Salvador Minuchin) and strategic family therapy (as developed by Jay Haley), are presented together because of their common emphasis on systems and structure. Both approaches aim to realign family organization to produce change in the entire system, and both are focused on the hierarchical organization of the family. The key perspective of this article is to present the Cloe Madanes approach and preconditions, and possible directions of interventions with families that experience domestic violence.

**Keywords:** *structural family therapy, strategic therapy, family violence, couple therapy, psychotherapy, coalitions, maladaptive transactions, accommodation, systemic psychotherapy, interpretation, boundaries, differentiation.*

### ABORDĂRI ALE PSIHOTERAPIEI DE CUPLU ȘI FAMILIE ÎN SITUAȚIE DE VIOLENȚĂ DIN PERSPECTIVĂ STRUCTURALISTĂ ȘI STRATEGICĂ

În articol este abordată problema, conceptele-cheie și strategiile care pot fi utilizate cu succes în realizarea terapiei de cuplu ca parte componentă a intervențiilor terapiei sistemice utilizând conceptele de bază ale terapiei strategice și structurale.

Cele două modele – terapia structurală de familie (dezvoltată de Salvador Minuchin) și terapia strategică de familie (dezvoltată de Jay Haley) – sunt prezentate împreună datorită faptului că ambele acordă atenție sistemelor și structurii.

Ambele abordări tind să realinieze organizarea familiei pentru producerea schimbării în întregul sistem și ambele sunt focusate pe organizarea ierarhică a familiei.

Perspectivile centrale ale acestui demers științific constau în prezentarea abordării dezvoltate de Cloe Madanes, precum și a precondițiilor și posibilelor direcții de intervenții în familiile care cunosc violența domestică.

**Cuvinte-cheie:** *terapie structurală de familie, terapie strategică de familie, violență domestică, terapie de cuplu, psihoterapie, coaliții, tranzații dezadaptative, acomodare, psihoterapie sistemică, interpretare, limite, diferențiere.*

### Theoretical aspect of the two models

Both structural and strategic approaches stem from communication theory as advanced by Bateson and colleagues-most notably, Don Jackson, John Weakland, and Gregory Bateson, in Palo Alto [1]. The structural and strategic approaches share many fundamental principles. The first is that human behaviour, including psychopathology, must be understood within the context in which it occurs. Human contexts are systems with rules that regulate behaviour and reciprocal processes, such as the behaviour of one part of the system influences the behaviour of other parts. The most influential human context is the family system. The family is a self-correcting, homeostatic system, in which deviance from the normative pattern of interaction activates a governing process. If a person deviates from the repeating behaviour and so defines a different interaction, the others react against that deviation and shape the behaviour back into the habitual pattern. One of the goals of the structural approach is to help individuals to experience themselves, including their problems, as belonging to part of a larger whole. When the individual is seen as part of a larger entity, his or her behaviour can be understood as complementary or reciprocal to another behaviour.

The structural and strategic approaches view problems as stemming from rigid and repetitive patterns of interaction that restrict the repertoire of available behaviours. Both see pathology as a failure of the family to adapt to changed circumstances as the family proceeds through developmental stages and when outside forces push away to require adjustment. In pathological families, instead of adjusting by expanding their range of behaviours, the family more rigidly adheres to its habitual patterns. New functions must appear as the family goes through developmental stages, that is, couple formation, young children, school age and

adolescent children, grown children, and non-normative transitional incidents (such as illness, loss of a job). Minuchin and Fishman have outlined several stages and the corresponding tasks that must be accomplished [2]. An excellent resource for further understanding of family developmental stages is Carter and McGoldrick's *The Changing Family Life Cycle* (1989).

In the strategic approach, symptoms are viewed as having a function within the family. It is assumed that a symptom metaphorically expresses a problem. Symptomatic behaviour is in some way an adaptive, albeit unsatisfactory solution, in that a person must behave in abnormal ways when responding to abnormal social structures. Problems in the family's hierarchical organization are at the root of symptomatic behaviour. Typically, the hierarchical arrangement is confused. It may be confused by being ambiguous or because a member at one level consistently forms a coalition against a peer with a member at another level, thus violating the basic rules of organization. This type of coalition is particularly troublesome when it is secret.

### **The View of Marital Problems within The two Models**

In the strategic conceptualization of behaviour as determined by units of at least three persons, a marriage does not exist as an independent entity. Marital problems can be presented in therapy through (1) a symptom of an individual member of the couple, (2) a child problem, or (3) a direct request for marital counselling.

The symptomatic person is in an inferior position to the other spouse, who tries to help, yet the symptomatic spouse is also in a superior position, in that she or he refuses to be helped. The couple becomes restricted to a situation where one behaviour defines both an inferior and a superior position of each spouse in relation to the other. The symptom is a solution to the couple's difficulties, in that it equalizes the power of the spouses, providing a focus of interaction that stabilizes the marriage. The job of the therapist is to organize the couple so that power and weakness are not centred on symptomatic behaviour.

For structural and strategic therapists, family interactions are the primary focus of treatment. The key to effective intervention thus begins with an accurate assessment and clinical formulation of family interactions that are related to the presenting problem. Assessment and clinical formulation always consider the general nature of family functioning, as well as the specific relationship between the problem presentation and general family functioning.

The core of assessment and diagnosis in the structural approach involves identifying repetitive interactional patterns within the family. Diagnosis of the family system is based on observing interactions that occur in the session. It is important to do this early in the therapy before the therapist is inducted into the family culture and thereafter fails to see structures because he or she has become a part of them [2]. The most important aspect of clinical assessment in the strategic approach is to have a clear and operationalized treatment goal related to the family's presenting symptom and the sequences of interaction that are related to the symptom. Both structural and strategic family therapies are directive, present, and action-oriented. They stress the importance of joining the family before changes in family structures can occur. Both rely on enactment of interactions within the therapy session for the purposes of diagnosing and transforming interactions, assign homework tasks, and prescribe "unbalancing" the system as a lever for changing family relationships.

Structural and strategic approaches share the tenet that symptom change and enhanced family functioning are inextricably linked. Because symptoms are caused by rigidly repeating patterns of interaction, it follows that the curative factor of therapy is to expand the family's range of available responses and its ability to use these responses to resolve its problems. Moreover, both approaches share an emphasis on the creation of an effective hierarchical structure that helps parents function as a cohesive executive subsystem. Although both approaches hold that changing a pattern of interaction (or a sequence of behaviour) causes family members to undergo change, there is an important difference regarding the position of the presenting problem in this equation. That is, the structural school views symptom resolution as a product of structural change, whereas the strategic school focuses on symptom resolution to bring about structural change.

### **On Family Therapy Research about Effectiveness and Abuse**

Despite the prevalence of Post-Traumatic Stress Disorder (PTSD) due to child sexual abuse, few studies examine the clinical treatment of such children. The studies that exist are behavioural in nature and have been conducted on children who have witnessed violence, not those who have the disorder due to sexual abuse (Saigh, 1992).

Using family therapy over more traditional behavioural treatments is beneficial and allows for the treatment of emotional issues not addressed in behaviour therapy for PTSD. Despite rich outcome research findings, process research into the change mechanisms of structural and strategic family therapy is limited. The lack of research in this area is surprising because early writings included rich descriptions of process research methods, coding procedures, and clinically relevant results whereas the establishment of the Journal of Strategic and Systemic Therapy in 1981 provided an excellent platform for disseminating research on structural and strategic clinical practices, systematic research failed to proliferate with the same intensity as structural and strategic theory and clinical practice [3]. Perhaps the only exception is the rich base of research and case studies investigating the impact of paradoxical directives and reframing techniques (cf. Weeks, 1985, 1991; Weeks & L'Abate, 1982). Further on, we review research process in the following areas: (1) therapeutic relationship, (2) dropout, (3) linking process to outcome, and (4) paradoxical interventions.

Though the large part of structural/strategic outcome research developed over the last 2 decades has addressed a huge umbrella of family compositions, only very few outcome studies have focused specifically on marital and couples' therapy. Of the few in existence, Goldman and Greenberg demonstrated that a combined structural and strategic approach was as effective in helping couples improve their functioning as was an emotionally focused experiential approach (emotionally focused therapy).

### **The model of Cloe Madanes about Principles and Strategies to Assist Families with Abuse and Domestic Violence**

The approach to treating families with abuse must be an approach that includes an interactional or systemic viewpoint, a belief in the importance of protecting human rights, the use of directives, the necessity of using the family as a self help group and the belief that the quickest way to change a person is to change the context of the person. These principles are manifest in her approach to therapy [4]:

Cloe Madanes formulates five core – principles that must guide a therapist when providing family therapy that is struggling with abuse:

1. People change when their social environment changes, so the agent (therapist or mediator) intervenes by modifying the meaning of certain relationships (by offering a re-framing).
2. The agent is directive, and has to know what indications to give the affected family group.
3. The most important objective is the protection of the human rights of those affected. If the agent does not protect them, it is quite possible that no other social entities that can protect them.
4. A group of people must organize to do what is morally and ethically correct. In problems of violence and abuse, this principle is fundamental. Therapists can't avoid treating both sides of the dyad: abused and abusers, because therapists have to know what is right, what is wrong, and be able to draw the line so that the family group can understand what to do.
5. In abuse cases, the pain is not only moral, but spiritual too. Since the humiliation hurts a person's spiritual and moral sense, to do the right thing means to restore the spirit of the people inside the right relationship. This spiritual sense is located in feelings rooted in the family network: the belief that in a family, people who love us don't attack us, and that we will protect each other in cases of need. A man who beats his wife violates this family law of mutual support and care, by abusing the wife's powerlessness.

Prior to beginning treatment, the therapist makes a risk assessment of the situation and the violence. This includes any history of violence in each spouse's family, an exploration of what abuse has already occurred and an assessment for risk to the children. At the first session, or before, the therapist will request the phone numbers of mother, father, other relatives and possibly other important "elders" in the family such as clergy, for both spouses. If the therapist assesses that there may be a risk of future violence, the following steps are taken [5]:

**Separation.** The therapist will intervene immediately to separate the husband and wife before waiting for a court order or the police. If the violence is in the past and has not been reported, the police may not become involved until a future act of violence occurs. The therapist's goal is to prevent this. She will tell the couple that they must agree to a temporary, immediate, separation.

**Family of origin.** The therapist will then connect husband and wife to their family of origin, explaining that they must re-establish a connection with them. If that is not possible, some other parental figure, church, or community members will be enlisted.

**The telling.** All of the family members and siblings, with as many older adults as possible, are asked to come together for a family session. When inviting the family, the therapist requests the family to come to the session to help the therapist. In this session, the therapist will go around the circle asking each one of the family, including the husband, to recount all that they know about violence.

**Morality.** The therapist asks each person, starting with the elders, including the husband, why what the husband did was wrong. Many times the husband will make excuses, saying that she provoked him, that he was drunk or tired. The therapist asks the other family members to explain to him that he alone is responsible for his acts of violence, and why it is wrong. The therapist explains that this pain of being hurt by the father of one's children, the person one is closest to, goes to one's core. She states that it is not only a physical and emotional pain but a spiritual pain, a pain to the soul. If violence occurred in previous generations the elders will understand the pain that she is referring to. It is a spiritual pain not only in the victim and in the family but for the offender as well and until he understands the pain and humiliation that he has inflicted on his spouse they can not mend.

**Repentance.** The therapist then asks the husband to get on his knees on the floor to apologize, to express repentance for hurting his wife and to promise never to do it again. He may apologize to his children as well. He should not say forgive me. This step is about repentance. Therapy cannot proceed until this step is accomplished. This may take more than one session.

**Reparation.** The abuser must accomplish an act of reparation for his wife. This act should involve some sacrifice for him, show how sorry he is and show that he loves her.

**Protectors.** The therapist asks the family to choose a protector for the wife who can stay very closely involved with her. The victim may move in temporarily with this protector or the protector with her. This is still very important if husband and wife do get back together. For example, it may be her brothers who drop in regularly unannounced.

**Consequences of future abuse.** The family decides what the consequences will be if there is a re-occurrence of violence. The therapist encourages consequences such as pressing charges, enforced separation, and letting his employer know what he has done.

**Mentor for the violent spouse.** The therapist will help the family and husband to identify someone who can function as a mentor for him. (Steps 10, 11, and 12 take place after the therapist and the family agree that the couple can spend together alone.)

**Executive Meeting.** During the week, if one partner is upset about something that the other has done, they will not talk about it then. Instead they will write it down. Once a week, as in a corporation, the couple will go to a public place with notes of what has to be discussed and take a meeting.

**Rituals.** The therapist or clients invent a ritual for setting aside the past. Madanes (personal communication, 2003) believes that the drama of the therapy must match the drama of the problems they present. The ritual may also be as mundane as renewing their wedding vows in the therapist's office.

**Creating good memories.** Couples may forget, in the tedium and difficulty of everyday life, what drew them together, what it felt like when they were first in love. The therapist asks the couple to do something very special that they will remember happily twenty years from now. To get rid of violence, it is not necessary to always focus on violence.

## Conclusions

Strategic and structural interventions within a family context are complex, scientifically proven approaches that during the last 50 years have shown their clinical use within different professional circumstances. Focusing on the ideas of symptom, power, transition and boundaries the approaches give a holistic view of the individual and the psychopathology and their treatment. At the same time there is no relevant research that can provide a unique model that can be best and in the most effective way deal with family abuse and violence due to cultural, legal, social and psychological aspects involved. At the same time the core and fundamental principle must be the safety of the victim. It is well documented in the literature that most abusers are not abusive with everyone. They may control themselves well when the motivation to do so is strong, for example, at their work. This may be why anger management is not useful. The issue is not that he cannot control his impulses; it is that he chooses not to because of the satisfaction or release he gets from indulging them. These interventions deal with the abuser's choice to abuse.

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**Date despre autori:**

**Sergiu TOMA**, psiholog, Institutul pentru Familie și Inițiative Sociale.

**E-mail:** sergiutoma2005@gmail.com

**Victoria CAPTARI**, magistrul în psihologie, Institutul pentru Familie și Inițiative Sociale.

**Natalia TOMA**, doctor în psihologie, lector universitar, Universitatea de Stat din Moldova.

**E-mail:** nataliatoma2007@gmail.com

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