MULTICULTURAL PERSPECTIVES AND CONSIDERATIONS WITHIN STRUCTURAL FAMILY THERAPY: THE PREMISES OF STRUCTURE, SUBSYSTEMS AND BOUNDARIES

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Abstract

People who are experiencing emotional discord may seek relief from the presenting symptoms by seeking therapy. Structural family therapy focuses on creating positive changes within the family. The premise of this therapy is to allow flexibility to be used with a variety of family structures, including a culturally diverse population. This paper will discuss the three main premises of structural family therapy: family structure, subsystems, and boundaries. This paper will also detail the importance of making considerations based on the unique cultural perspectives of each family when implementing the premises of structural family therapy.

Introduction

Salvador Minuchin is credited with developing the concept of structural family therapy. Still considered highly effective today, this therapy may be used with a variety of family dyads and its versatility lends itself to be implemented within diverse cultures.

Structural family therapy focuses on encouraging proactive healthy change within the family, with an emphasis on structure, subsystems, and boundaries. The therapist will essentially be a change agent to facilitate this reorganization (Minuchin, 1974). In addition, the therapist must be sensitive to the multicultural perspectives within a family during counseling. These include cultural values, mores, beliefs, practices, race, ethnicity, religion, gender, level of acculturation, customs, mannerisms, special needs, behavioral expectations and expressions, and socioeconomic status. The families' ability to access sociopolitical systems must also be taken into consideration. Too often those from impoverished families are not able to access sociopolitical systems, such as therapy, when needed.

When considering the impoverished, Waldegrave (2009) stated:

> Very few countries have been able to devise policy responses that adequately overcome the disadvantages single-parent households experience. They usually lack money and support to relieve their ongoing parental roles, and workplaces can be insensitive to the flexibility they require when children are sick or they are simply exhausted. They are often stigmatized by others for being single parents. When they arrive at counseling centers or other service providers, it is very important to recognize and address the contextual factors in their lives and avoid working on the symptoms of their distress out of context. (p. 10)

It is imperative for the clinician to assess the effect of how living in a low socioeconomic status may have impacted the client's life, and to what extent it has manifested and prolonged symptoms. The culturally sensitive therapist must address such cultural perspectives in conjunction with the three basic premises within in structural family therapy: family structure, subsystems, and boundaries (Gladding, 2007).

Structure

Whether the members recognize it or not, every family has a structure; this structure is greatly influenced by cultural beliefs. One goal for the therapist is to determine what the structure is, and then decide whether it is problematic for the family. According to Minuchin (1974), "Family structure is the invisible set of functional demands that organizes the ways in which family members interact" (p. 51). Additionally, Gladding (2007) suggested:

> In some families, structure is well organized in a hierarchical pattern, and members easily relate to one another. In other, there is little structure and few arrangements are provided by which family members can easily and meaningfully interact. (p. 203)

The essence of family structure is greatly influenced by culture; it defines the role of men and women, children, and it also creates cross-generational influences unique to every family. In using this example of Asian American families, Brooks (2008) suggested:

> Families are organized with fathers as the figures in control and the mothers are subordinate to them. Mothers, however, take compete charge of the children, and so from a child's point of view, mothers appear to be authority figures as well. Children are obligated to respect and obey these authoritative figures. (p. 103)

Considerations

To ignore or be ignorant of cultural perspectives as they relate to the family's structure, is to devalue ethnic and ethical guidelines, offend the family, individual members, or it may exacerbate the original issue that brought them to therapy (Waldegrave, 2009). Some considerations a therapist must make with reference to structure are: How does culture dictate the structure of each family? What is the level of each family member's acculturation? What additional cultural considerations must be addressed to be effective and culturally sensitive to the family? What change needs to occur for greater functionality? Once the clinician has analyzed the cultural nuances within the family structure, the therapeutic techniques must be reflective of this knowledge. It is then imperative that the clinician counsel with sensitivity and acceptance of the cultural norms. Further, Navarre (1998) suggested that, "Consequently, the nurse {clinician or doctor} should consider each individual family member's unique history and cultural values before entering into a contract with them" (p. 557). Therefore, the clinician needs to know how the family as a system is structured, how each member of the family defines him or her self within the structure, and what influence the culture has on the individuals as well as the family system.

Subsystems

According to Gladding (2007), the second important component to structural family therapy is subsystems, including spousal, parental, and sibling subsystems. Minuchin (1974) stated that every family not only has a structure, but they each have subsystems as well. The actively involved clinician in structured family therapy must determine what the subsystems are, whether they are functional or dysfunctional, and what influence cultural beliefs within the family have on these subsystems. According to Minuchin:

> Individuals are subsystems within a family. Dyads such as husband-wife or mother-child can be subsystems. Subsystems can be formed by generation, by sex, by interest or by function. Each individual belongs to different subsystems, which he has different levels of power and where he learns to differentiated skills. (p. 82)

These systems will vary depending on the family dyad. For example, a family spousal subsystem may be limited or absent by having one parent; additionally, step, blended, adoptive and other 'nontraditional' families will have subsystems as well. Within each family configuration, each subsystem may be healthy or dysfunctional. However, it is the family's culture that may define and shape these subsystems. According to DelCampo and Soto-Fulp (1994):

> There is often a rigid boundary surrounding the extended family system and diffuse boundaries surrounding individual subsystems within the traditional extended Mexican-American family. The family is usually very child-focused. The parent-child subsystem is greatly emphasized, surpassing the importance of the spousal subsystem. Parents typically expect children to obey them unquestioning. (p. 351)

Flex

The clinician must flex to the family's cultural values in order to effectively understand and treat them therapeutically. A clinician who is rigid and insistent that the family in therapy forms 'typical' subsystems, or subsystems in alliance with the dominate culture, is one who lacks empathy and a genuine concern for the family's emotional health; having an understanding of one's own cultural awareness is also imperative (DelCampo and Soto-Fulp, 1994). This will help to dispel prejudices, stereotypes, and biases before treatment begins. It is imperative that the clinician recognizes any prejudices and or stereotypes he or she may have before entering into a therapeutic alliance with a family in order to create a safe and effective counseling session. Many times clients stop seeking therapy because they are experiencing a level of prejudice by the clinician. This is oppressive for the client, and unfortunately, he/she may not seek therapy again.

As Waldegrave (2009) suggested:

> However, for many of the cultural communities within Western countries, and for most cultures internationally, collective notions of family and groups of families' wellbeing are favored over individual ones. If, for example, you come from a communal or extended family culture to some form of therapy because of traumatic experiences you may have endured, questions that encourage individual family members to expose their personal

feelings with no regard to the family's cultural sense of order, may be inappropriate and even alienating. (p. 87)

This is true as well with the Native American culture as Defrene (1994) suggested:

Native American Indians encounter frustration in their daily lives as they are forced to interact with non-Native individuals. There is a general suspicion of the non-Native population by Native American Indians; consequently, any counseling orientation or approach will be recognized as an intrusion. (p. 144)

Although it may seem obvious that clinicians are aware of this feeling held by some Native Americans, it is not universal. By not recognizing nor being empathetic to the Native American's beliefs, it keeps the oppressive feelings perpetuating.

Finally, the reflective practitioner may ask: Has the family's culture been considered contextually within the subsystems? Is acculturation an issue? Is there enmeshment or disengagement within the subsystems? (Minuchin, 1974). If so, how are the communication and other interactions being effected? What changes will enhance the relationship of the subsystems? The understanding of subsystems within each family and the influence of culture on these systems is essential for effective therapy.

Boundaries

The third premise of this theory includes the concept of boundaries (Minuchin, 1974). As with the first two premises, each family is functioning with boundaries. The level of functionality of each of the boundary configurations amongst members must be diagnosed and carefully considered by the therapist. According to Vetere (2001):

The boundaries of a subsystem are said to be the rules defining who participates and how. The function of boundaries is to protect the differentiation of the subsystem. Every family subsystem is said to have specific tasks and make specific demands on its members; and the development of interpersonal skills achieved in these subsystems is predicated on the subsystem's freedom from interference by other subsystems, as might be seen with a diffuse subsystem boundary. According to this approach, proper functioning within the subsystems implies clear boundaries. (p. 134)

Structural family therapists must actively join with the family in order to assess the functionality of the boundaries between each family member (Minuchin, 1974). Navarre (1998) suggested, "Boundaries are based upon the ideal structure of the family which should include essential functions such as support, nurturance, and socialization of each family member" (p. 558).

Change

When boundaries are clearly defined, family problems may be minimal. However, if problems present, families are not successful in creating healthy solutions when using repetitive and ineffective techniques such as yelling, and arguing; this is known as first order change (Cook, 2008, p. 15). Further, Cook (2008) stated:

> First order change is defined as a class of resolutions that do not change a problem or make a problem worse. In Contrast, second-order change is a change of those first-order resolutions, which results in a resolution of the problem. (p. 15)

Through motivational interviewing, the therapist may determine that the family has been utilizing first-order change techniques, while second-order techniques are essential to clarify boundaries. When boundaries are rigid or diffuse, however, the difficulties that arise may not be what brought the family to therapy; this rigidity or diffuse must be carefully analyzed by the therapist in order to help create second-order change. A multicultural-sensitive therapist must analyze questions such as: Is the level of acculturation creating a problem with boundaries? How does culture define boundaries within this family? Is the family deviating from the family's cultural boundaries? Is the family willing to depart/conform from their cultural beliefs for the betterment of the family? Will the family embrace or negate change within their established boundaries? Once the clinician has analyzed these areas, the techniques used in structural family therapy must be represented by the clinician's culturally sensitive approach in creating change in the functionality of the boundaries. DelCampo and Soto-Fulp (1994) suggested, "Diffuse boundaries between the couple and their parents is a common source of conflict seen in Mexican-American marriages" (p. 357). This is not isolated to the Mexican American culture; unless cultural expectations are understood and accepted by both married couples, diffuse boundaries can become extremely problematic within the spousal subsystem. According to Waldegrave (2009):

> In a therapeutic setting, for example, families, whose traditions of meaning and ways of doing things may be centuries old, are often co-opted into the world and constructions of the therapist or counselor. The metaphors of the families' culture are usually absent. So too are its rituals. The intimacy of the culture is absent, as are its significant meanings. And this happens when the families are in very vulnerable states, which is why they're seeking therapeutic help in the first place. (p.88)

It is not the position of the clinical to impose his or her beliefs as to how boundaries should be defined; rather, the clinician facilitates change that is culturally sensitive, with the intention of creating healthy and acceptable boundaries amongst each family member and the family as a system. This is illustrated further as DelCampo and Soto-Fulp (1994) stated:

> The therapist's task from a structural family therapy perspective is to free them from rigid habits and behavioral sequences that are no longer functional. This calls for working with the structure, subsystems, boundaries and developmental level of the family. (p. 354)

When implementing the three fundamental premises of structural family therapy, a culturally sensitive therapist will actively pursue education to learn about the family's culture as it relates to its level of functionality; this may include research, questionnaires for the family to complete, or open discussions during therapy. Since structure, subsystems and boundaries are all affected by culture, the clinician needs to be sensitive to each component of the culture and to implement strategies that promote joining with the family (Minuchin, 1974). This culturally sensitive and safe therapeutic environment is essential to facilitating positive and proactive change for each family in therapy.

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