Transgenerational and Structural Family Therapy, an Analysis of Both Schools

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Abstract

Understanding how a family works and interacts is the key objective of a therapist. In this paper the transgenerational model and the structural family therapy model are presented as the two more appropriate and effective models according to the personality and beliefs of the author. An introduction of the most important schools of family therapy are presented, followed by a description of the principal theoretical concepts, techniques and role of the therapist of the transgenerational and structural schools. The paper is concluded with a discussion about how the two schools seem to be the basic pillars where the author’s approach to family therapy must be based and founded.
Introduction

Understanding how a family works and interacts is the key objective of a therapist. During the last seven decades, the family therapy movement has tried to understand the mystery and beauty of the family. From psychoanalysis to the narrative school, every single school has discovered a new facet of the family.

Psychoanalysis uncovered how unresolved conflicts from the past continue to affect the family in the present (Goldenberg & Goldenberg, 2004). Bowen’s school introduced the hypothesis that many mental illnesses are the result of dysfunctional patterns in the family system (Nelson, 2003). That is why he was one of the first to treat the whole family and their emotional system instead of the single member and his or her personal emotions or behaviors (Nelson, 2003). Besides this important innovation, the Bowen’s concepts of triangulation and transgenerational patterns have provided an important tool to help clients to identify the root of many family problems and a way to break those cycles (McGoldrick & Carter, 2001).

Experiential family therapists discovered how the emotional process in which a person is involved matters to the patient. They focused on the individual growth and development of the person’s self-esteem, which is one of the most basic and primary concepts of a human being (Thomas, 2003). On the other hand, the Cognitive-Behavioral Family Therapist postulated that an illogical belief works as the principal stressors and triggers for the family’s emotional distress (Nichols, 2009). Both schools, the first dealing with the family’s emotions, and the second dealing with the beliefs and schemas, have provided a unique advance to the understanding of the interactions within the family.
In addition to the above mentioned family therapy schools, structural family therapy has contributed with the concepts of family hierarchy and boundaries, which has introduced to the notion of family a new and organized strategy to deal with the family dynamic (Nichols, 2009). Post-modernism has contributed with a more multi-cultural and social view of the family’s reality. For instance, narrative therapy stressed the importance of discussing how oppressive narratives are dominating the family’s way of living and how the family can be liberated from them by re-authoring their own stories (Wetchler, 2003; Hammond & Nichols, 2008; Nichols, 2009).

In this paper the transgenerational model and the structural family therapy model will be presented. It is the personal view of the author that the use of the two mentioned models will be the most effective approach in his work as a future therapist. In the conclusion of this paper the author will discussed why these two models are the most appropriate for him.

**Transgenerational Family Theory**

The transgenerational theory has four elements that are very important, the time frame of the presenting problem, family patterns, the concept of differentiation of self and the emotional triangles. As Goldenberg and Goldenberg (2004) stated, Bowen’s model framed the presenting problem within the past and present. Also, Bowen stressed how important the “family relational patterns over decades” are (Roberto, 2001, p. ??). These relational patterns have a strong influence over the lives of a person and their family to the extent that noticing them is crucial in order to become a differentiated person, which by definition is a person that has the “capacity to think and reflect, to not respond automatically to emotional pressure, internal or external” (Nichols, 2009, p. 87). The concept of differentiation of self is a key element in therapy. Through
this concept, the therapist can assess the patient’s capability to preserve a strong sense of self-identity while maintaining the natural attachment to his/her family system (Nelson, 2003).

According to McGoldrick and Carter (2001), the term differentiation is used by Bowen as a synonym of maturity, which has been wrongly understood or misused as meaning a person who is autonomous, separated or disconnected from others. Another misunderstanding of Bowen theory is his distinction between thinking and feeling (McGoldrick, & Carter, 2001). In the post-modern critique, some such as the feminists, did not agree with his concept of differentiation and his distinction between thinking and feeling because this was a way of “elevating male attributes of rationality over female expressiveness” (McGoldrick, & Carter, 2001, p. 285). On the contrary, McGoldrick, and Carter (2001) stated that what Bowens’ approach tried to do was to emphasize the primary goal of the transgenerational school, which is to teach the “mind to control emotional reactivity so that we can control our behavior and think about how we want to respond, rather than be at the mercy of our fears, compulsions, instincts, and sexual or aggressive impulses” (McGoldrick, & Carter, 2001, p. 285).

Differentiation of self is interrelated with the notion of emotional triangles. In Bowen’s theory, a triangle is a three-person relationship structure, which can be considered as the fundamental part of a larger emotional system (Bowen Center for the Study of the Family, 2009). Kerr (1994) stated that a triangle “is the smallest stable relationship unit” (p. 393) which is created when a tense situation or an unresolved problem between two people cannot find a solution, so one of the affected persons turns to a third individual in search for understanding, or a way to fix the crisis (Nichols, 2009).

Kerr and Bowen (1988) stated that in a case that an individual is able to see how “the interlocking triangles in his family” (p. 160) are working; he may have the power to resolve his
feeling about the past. The ability of a person to break a triangle depends on the level of
differentiation of self the person has reached. Kerr (1994) affirmed that “the activity of a triangle
reflects the level of differentiation of its members and the level of anxiety” within the family
system (p. 393).

The approach taught by Bowen can be applied by using two techniques, the Genogram
and process question (Nichols, 2009). By using the Genogram, the therapist can help the family
to assess their own family of origin, discovering patterns of behavior and triangles and
measuring their own self-differentiation. By doing so, the family will be able to reach the
principal goals of the therapy which are the differentiation of themselves and de-triangulation
(Nelson, 2003). The Genogram is a kind of family map that goes to the third or fourth
generation. The most important part in a Genogram is to discover the “emotional dynamics of the
family” (Nelson, 2003, p. 267) and the patterns in behaviors. McGoldrick, and Carter (2001)
emphasized that a Genogram is a way to map the family history, “which should not be treated as
a form to fill out, but rather as a framework for understanding family patterns” (p. 286).

A good example of doing a Genogram is suggested by Dunn and Levitt (2000) who
presented a case of a 45 year old woman (Mrs. J), divorced for the second time, whose child, a
12-year-old boy, is showing an aggressive conduct at home and at school, and his academic
performance is deteriorating. The therapist at first, tried to help the family with the presenting
problem, then following the request of Mrs. J. to explore the cause of such behavior, they
focused on exploring the intergenerational patterns that might be influencing the child’s behavior
(Dunn & Levitt, 2000).

As the Genogram began to take form and Mrs. J. had the opportunity to visualize her own
family, she began “to construct her own family story and generate her own conclusions” (Dunn
& Levitt, 2000, p. 239), acknowledging certain strong family patterns that she would like to change such as: “her feeling of inefficacy and indecisiveness, …, the family legacy of abuse, …, (and) the submission in the face of authority figures in her family” (Dunn & Levitt, 2000, p. 239-240). From the construction of the Genogram, Mrs. J. was enabled to get control of the situation and was encouraged to make her own decisions (Dunn & Levitt, 2000).

In addition, another important technique used by Bowen is the process question, which is a tool designed to help patients to focus, to relax, and concentrate in their way of thinking (Nichols, 1999) and “how they participate in interpersonal problems” (Nichols, 2009, p. 96). Nichols (2009) emphasized the importance of using the process question as a way to help the family members to understand “what’s going on inside of them and between them” (p. 96). These sequences of questions help the patient to realize how his/her actions or words are triggering the other person’s reactions and behaviors. The goal of process question is “to help family members realize that it isn’t just what other people do, but how they respond to what other people do that perpetuates their problems” (Nichols, 2009, p. 97).

**Structural Family Theory**

In the process of making the Genogram, a therapist may realize that every single family unit has a structure and may also notice certain patterns of organization (Nicholas, 2009). The structure shown in the Genogram can be used to understand how a specific family unit acts. This is the point where the structural family model comes into play. Even though the structural school does not focus its attention in the root and history of the problem (Wetchler, 2003), the conceptualization of patterns of behavior and how the family system has tried to resolve the problem, is a fundamental predicament in the theoretical framework of the structural school (Wetchler, 2003).
Salvador Minuchin’s approach to family therapy stated that the focus of therapy is not the individual but the person within the family (Minuchin, 1974). The focus is not only in the past, how they try to solve the problem, but mainly in the present, in how the family is trying now to solve it (Goldenberg & Goldenberg, 2004).

According to Nichols (2009), the structural model has three essential theoretical components: the family structure, the family subsystems and the family boundaries. When Minuchin (1974) referred to the structure of Mr. Smith’s family he opened up the mind of the reader to a new way of visualizing the family’s dynamic. Minuchin focuses his intervention not in the person who he thinks has the problem, but in the “individual in his social context” (Minuchin, 1974, p. 3).

According to Minuchin and Fishman (1981), a family is a natural association of individuals that during their lives, develops a specific structure that can be recognized by “patterns of interaction” (p. 11). The family structure is in itself “the invisible set of functional demands that organizes the ways in which family members interact” (Minuchin, 1974, p. 51). These patterns of interaction are necessary for the regular functioning of the family, even though the members do not realize they are part of this structure (Minuchin & Fishman, 1981). This set of patterns, is what makes this family ‘the Smith Family’, and sets it apart from other families. Wetchler (2003) synthesized Minuchin’s idea with these two sentences: “the structural family therapist views families similarly to how an organizational consultant looks at a corporation. Every family has an unspoken structural flowchart that shows who is in charge and what are the responsibilities of each member” (p. 65).

Another key component in the Minuchin’s model is the notion of subsystems. “Families can be differentiated into subsystems based on generation, gender, and function, which are
demarcated by interpersonal boundaries” (Nicholas, 2009, p. 137). When a therapist observes a family, she may realize that the structure that flows from those patterns of interactions is contained within a sub-substructure, and these sub-structures interact within the whole system according to certain rules or boundaries (Nicholas, 2009).

As Minuchin and Fishman’s (1981) said: “families have differentiated subsystems” (p. 16), those differentiated subsystems can be observed in the case of Mr. and Mrs. Wagner, presented by Minuchin (1974). He described how systems and subsystems are created. He stated that “when two partners join with the intention of forming a family, this is the formal beginning of a new family unit” (Minuchin, 1974, p. 22) Nonetheless, the new family must walk through many steps until they can create a “viable unit” (Minuchin, 1974, p. 22). During the therapy sessions with Mr. and Mrs. Wagner, Minuchin explored the subsystems that exist in this family, the subsystems between Mrs. Wagner and her parents, the subunit created between Mr. and Mrs. Wagner as husband and wife, and the new subsystem created with the birth of their new born child. Conforming to Minuchin and Fishman’s mind (1981), each person within the family belongs to a subsystem, that we may call it, dyad (husband and wife), generational (siblings), gender (men, women) or task (parental subsystem).

As it was mentioned above, according to Nichols (2009), the structural model has three essential theoretical components: the family structure, the family subsystems and the family boundaries. The family boundaries are non visible limits or perimeters that regulate contact with other members in the family (Nichols, 2009). An important task of the parental subsystem is to develop healthy limits or boundaries that keep the whole family system safe from inappropriate intrusion of outsiders or any possible danger (Minuchin & Fishman, 1981). Those boundaries are divided into three different groups: rigid, clear, and diffuse boundaries. In the case of Mr. & Mrs.
Wagner, Minuchin (1974), clearly showed how rigid or disengaged the boundaries were between spouses, and how diffused or enmeshed were the relationship between mother and child.

Structural family therapists use an array of techniques to help the family discover the inner strength that they have to overcome their problems. In this paper only two of them will be discussed: joining and boundary making.

Joining is a technique used with the purpose of bringing ease and a sense of confidence into the family therapy session. It is a cardinal rule among structural therapists that if a therapist wants to help a family in restructuring or finding a way to solve their problems, it is necessary for the therapist to join that family in a way that they see the therapist as somebody in whom they can trust (Wetchler, 2003).

The first strategy a therapist must implement is to find a way to “disarm defenses and ease anxiety” (Nichols, 2009) so, the course of therapy will be a useful and helpful way to change the family’s unhealthy patterns. Joining is not only courtesy or social respect, it is a deeper way of becoming part of the family, of enlisting oneself with them, so the family can be better helped (Nichols, 2009). Wetchler (2003) mentioned many different ways of joining with a family. For instance, making every family member feel comfortable, being attentive to the concerns of each member, repeating key expressions they might use during the sessions, and showing empathy and understanding, etc (Wetchler, 2003). This attitude, when it is showed in a way that each family member is welcome to talk and be listened to, “opens the way for family members to begin listening to each other and establish a bond with the therapist that enable them to accept the challenges to come” (Nichols, 2009, p. 144). Joining is the process through which a therapist helps a family and its members to open their hearts and minds to each other in a family therapy session.
This process of joining will help the therapist to have a deeper understanding of the structure and dynamic of this particular family. If the family has not created clear boundaries, it is necessary to help them to create them. The creation of boundaries aims to regulate the interaction of a subsystem in another subsystem or the interaction of a member (e.g. mother) in another subsystem (e.g. siblings).

Minuchin and Fishman (1981) indicated that a starting point in determining the boundaries in a family is how they sit in a session (p. 146). Sometimes this non spoken arrangement shows internal alliances, for instance, mother and son against father, or mother and daughter, against father and son. The therapist needs to see the way members talk and if they let other members speak without interruptions (Minuchin & Fishman, 1981).

Establishing or creating a boundary is a technique that helps to create a new structure which makes it possible for a family to find a solution to their problem (Wetchler, 2003). An example of boundary making is the therapist’s intervention allowing the daughter to complete her statement when the mother tries to interrupt her. Another way is to help the rebellious son to see in his parents the ones from whom he received life and actual economic sustenance. By doing so, he will see a boundary that must be respected, even though he is not happy with his parents’ performance. Nichols (2009), presented another example of boundary making using a strategy in which parents are moved to spend more quality time together and free them from “their preoccupation with the children” (p. 148).

Throughout the first part of this paper the author presented a summary of the principal schools in family therapy. In the second part it was discussed which models of family therapy are more appropriate for him. In this section an overview of the roles of the therapist according to both schools will be presented.
Self-disclosure is a key element in Bowen’s model (Robert, 2005). Self-disclosure is presented by Robert (2005) as a crucial component in the training process of future therapists and in the supervision of them. Additionally, Robert (2005) stated that therapists who follow Bowen’s family therapy model, “needed to experience emotional explorations of concepts in order to adequately understand them” (p. 49).

In addition to self-disclosure, Goldenberg and Goldenberg (2004) postulated that in Bowen’s model, the role of the therapist is like the role of a coach, who helps the family in creating and building fair relationships. Acting in this way, the therapist avoids becoming part of any type of triangles, and helps the family to find their own way of solving the problems, instead of telling them how to do it (Nichols, 2009). In the transgenerational model, the therapist is like a tutor, whose principal work is to alleviate the dyadic stress created in a triangle (Davis & Butler, 2004). The therapist intervention as a middleperson-moderator-coach-tutor is an essential element in a successful therapeutic work (Davis & Butler, 2004). According to McGoldrick and Carter (2001) the process of coaching a family or a member of a family begins by helping them to “become observers of their roles and behaviors in their family” (p. 282). Being an observer will help them to realize the patterns existing in their own family, which will motivate them to break those patterns that sicken the family system and work together toward a pattern of behaviors that are more productive and healthiest according to their moral, family and social values (McGoldrick & Carter, 2001). Davis and Butler (2004) summarized the role of the therapist with these words:

“Therapist’s role in traditional Bowenian theory is that of managing and dampening emotionally reactive relationship elements through therapist buffering. The majority of
interaction in traditional Bowenian therapy is channeled through the therapist in an
attempt to reduce anxiety” (p. 322).

On the other hand, the role of the therapist in the structural family therapy is more active,
like a theater director (Goldenberg & Goldenberg, 2004). The therapist’s role is to help the
family to find a way to change their dysfunctional patterns (Griffin & Greene, 1999). By direct
and active interventions, by positive reinforcement, by using a respectful sense of humor, and by
sporadic and strategic advices; the structural therapist helps the family members to restructure
their own family (Griffin & Greene, 1999). The goal of a therapist while working in family
therapy is to change the organization of the family in a way that the members of the family can
experience and see the positive changes (Minuchin, 1974). Structural therapists are window
openers, who help family members to expand their perspectives and context, to the point of
exploring the unfamiliar as a possible solution of the family’s problem (Minuchin & Fishman,
1981). The therapist “confirms family members and encourages them to experiment with
behavior that has previously been constrained by the family system. As new possibilities emerge,
the family organism becomes more complex and develops more acceptable alternatives for

The post-modern critique described the structural family therapy model as an aggressive
and confrontational approach (Hammond & Nichols, 2008). Their major critique is that structural
family therapists lack empathy, are overly directive, and do not work in a collaborative way with
families (Hammond & Nichols, 2008). This critique sounds contradictory to what Minuchin and
Fishman (1981) stated about how a therapist should be:
The therapist should be a healer: a human being concerned with engaging other human beings, therapeutically, around areas and issues that cause them pain, while always retaining great respect for their values, areas of strength, and esthetic preferences (p. 1) … It means to join a family, experiencing reality as the family members experience it, and becoming involved in the repeated interactions that form the family structure and shape the way people think and behave. (p. 2)

In the above paragraph, Minuchin and Fishman (1981) summarized the principal qualities of a therapist. The therapist is a healer, who therapeutically joins the family, and who helps to cure issues that provoke suffering among them. The therapist works with respect and aims to experience the reality experienced by the family. This theoretical statement has been proven true in a recent research conducted by Hammond and Nichols (2008) where it is postulated that the effectiveness of the structural therapy rests deeply in the collaborative relationship between therapists and clients. This collaborative relationship means that the therapist “must explore and respect family members’ points of view” (Hammond & Nichols, 2008, p. 122) but at the same time the therapist must point out those undesired consequences provoked by their actions (Hammond & Nichols, 2008). Questions like “What can you do to make this better?” and “How can you two work together to make you both happier?” (p. 123) are a way to challenge their behavior, but at the same time, they are not telling them what they should do. On the contrary they are inviting them to find their own solutions to their problem.

**Conclusion**

As conclusion, the transgenerational and structural schools of family therapy seem to be the most appropriate according to the personality and style of the author. The philosophical principles thought by Bowen of differentiation and triangulation and the practical principles of
structure, subsystems and boundaries postulated by Minuchin are, in the mind of the author, the basic pillars where his approach to family therapy must be based and founded.

During the life of the author, he has learned that individuals and families must strive to perfection and avoid or minimize disagreement within the family, where peace and love must reign. He has also learned that the family is the fundamental unit of the society, without it, there is no possibility of progress and healthy intellectual and emotional growth.

The basic predicament in Bowen theory (differentiation and triangulation) has given to the author a starting point where his personal view of the family and the relationship between the members of the family can find a link with the family therapy perspective. The structure, subsystems and boundaries presented in the structural school have given to the author a practical way of how he can apply those Bowenian philosophical principles.

Another reason the author has found that support his belief in the importance of using these two schools is the complementarity of the techniques used by their founders. The Genogram is the base for discovering the structure within the family system. Also it gives a clear understanding of patterns of dysfunction within the family generations and the lack of boundaries among the members of the family. The boundary making technique can be understood as an extension of the I-position postulated by Bowen. By helping the family to establish boundaries each member of the family is encouraged to take a specific I-position, to differentiate himself or herself from others. For instance, I belong to this subsystem, I need to respect my father and mother, I need to give time to my wife, etc.

Time, study, supervision and practice will help the author to develop the best way for him to approach each family in therapy, keeping in mind that he must always be ready to intervene
“in ways that are possible only with this particular family, to produce a different, more productive way of living” (Minuchin & Fishman, 1981, p. 2).
References


