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## Family Function and Dysfunction in Structural Family Therapy

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### Introduction

Structural Family Therapy deems a family functional when it manages to maintain cohesiveness among its members while allowing for their individual differentiation, and dysfunctional when either cohesiveness or differentiation is sacrificed for the sake of the other.

### Theoretical Context

Structural Family Therapy views the family as an organization whose function is “the support, regulation, nurturance, and socialization of its members.” (Minuchin 1974, p. 14). To fulfill such function, the family must develop rules that restrict individual freedoms. Family members must accept some degree of interdependency (e.g., between spouses) and some form of hierarchy (e.g., between parents and children). But the family also needs to change those rules as required by its evolution (e.g., as children grow, they should become less dependent on parental nurturance and control, and freer to explore new

relationships), as well as by external events (a move to another city, loss of a job, divorce, changed financial circumstances).

### Description

Changes in internal or external demands disrupt the family’s established patterns of relationship. When children reach adolescence, for instance, conflicts around issues of control and autonomy need to be addressed. Well-functioning families are not defined by the absence of stress and conflict but by their capacity to tolerate and handle them in ways that do not interfere with the well-being and growth of its members, or with the family’s fluent interaction with its social milieu. These families succeed in maintaining their identity as such while allowing their members to differentiate.

Conversely, families become dysfunctional when they cannot handle stress and persevere in maintaining relational patterns that are no longer adaptive; for instance, parents and adolescent daughter continue relating as they did when the girl was 8-years old. Some families fail to thrive because their members are not connected enough with each other; the absence of mutual responsiveness impedes the negotiation of conflict. The extreme example of this kind of structure is the *disengaged* family, which instills in children a false sense of independence, and has an excessive tolerance for deviant behaviors. The family may

or not have responsibility for the onset of the problem, but once it is present, the family ignores the problem or refuses to take responsibility for addressing it.

At the other extreme, in *enmeshed* families there is an excessive closeness among members. The family revolves around itself: mutual concern is exaggerated, the sense of individual identity is limited, and adaptability to non-family social contexts is difficult. Again, the family may or not be responsible for the onset of the problem, but once it is present, the rigid interlocking of individual roles and behaviors has a paralyzing effect at times of transition, when different responses are needed.

Few dysfunctional families are purely enmeshed or disengaged. In most, some dyads are extremely close or *over involved* and others are *under involved*. A typical example is the over involved mother and child, and a father who is distant from one or both of them.

### Application in Couple and Family Therapy

Patterns of excessive closeness or excessive distance represent the best balance point that the family has been able to achieve. Maintaining them keeps tension within acceptable levels, making it difficult for family members to abandon their respective positions or imagine that any of the other members may do so. A father who is distant from the rest of the family may abstain from correcting a son's undesirable behavior, out of concern that the son might create a scene; or, if he does confront his son and the two get into a heated argument, a sibling may distract them by saying something funny, or the mother may intervene as a peacemaker. Father and son then take distance from each other, and equilibrium is reestablished.

Structural family therapists identify patterns of over and under involvement that embed problematic behaviors and challenge them by increasing or decreasing distance among family members.

### Clinical Example

A 15-year old boy is depressed, has been expelled from school, and spends most of his time at bed. In a consultation with him and his parents (Minuchin et al. 2013), both in their late 50s the consultant begins by noting the over involvement between the son –the “baby” of the family – and his family-oriented mother, and the under involvement of the work-oriented father.

Towards the middle point of the consultation, Dr. Minuchin asks father and son to discuss an incident in which the child ruined some of his father's tools, and uses it to challenge the notion that the child is “just” a baby: “That's different from being a baby. That's an incompetent youngster, you know, maybe he did not learn from you to be competent (. . .) Here you have a kid who wants to be like you but he's a klutz and you're very competent.” Minuchin then prescribes a change in the three-way-relationship, increasing distance between mother and son and decreasing it between son and father:

Minuchin (to the mother): He's not getting responsible because you are responsible. You started like that when he was 5 years old?

Mother: Yeah.

Minuchin: And he's 15 and you still have that job.

Mother: Right.

Asked how she can be relieved from the job, the mother says that the husband should be firmer with their son, and “just tell me to go get lost or something if you feel you're going to get loud or rough with him.” The son adds: “Yeah. I want him to tell me what the rules are.”

### References

- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard.
- Minuchin, S., Reiter, M., & Borda, C. (2013). *The craft of family therapy: Challenging certainties*. New York: Routledge.

