

## Structural Family Therapy and Consultative Practice in Organizations

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**Abstract** This article is based on the thesis that problem-solving and planned change often do not work because we are using an inadequate paradigm or world view. Structural Family Therapy offers a different world view than the humanistic, interactive paradigm usually underlying organizational development consultation. Key implications for consultation based on this alternative world view are developed and illustrated.

In a recent article (Short, 1985), the writer attempted to challenge the adequacy of some of the assumptions commonly associated with organizational development (OD) consultation, and to suggest an alternative framework of assumptions derived from Structural Family Therapy. The purpose of the present article is to present additional implications and suggestions for consultation based on this alternative paradigm. The following organizational incident is used to illustrate the ideas and suggestions throughout the article.

Imagine that you are a consultant to a subordinate who is confronting his boss after months of simmering anger. The three of you are in a neutral room. You are present because the subordinate (Jack) insisted upon it. Jim, the boss, agreed.

After the usual formalities and agreement on the goals of the meeting, Jack begins to confront the boss in a somewhat muted fashion. You sense that Jim is receiving only a small amount of the anger that lies beneath the surface. Behind the pea shooter lies an elephant gun.

Let's pick up a little of the dialogue that takes place approximately 20 minutes into the meeting. The boss has been defensive about there being a problem.

**Jack:** "I think you definitely have to say there's a problem. Other people are feeling just like I am. You know it. You can't say that you're totally not aware of what is going on. The performance of the staff, myself and just the attitudes of the people should...(Interruption)."

**Jim:** "But I don't..."

It is highly likely that there is no such thing as a “resistant” client, only consultants who use inappropriate strategies derived from inadequate projectors.

**Jack:** (Louder to override the boss) “So I have difficulty believing you when you say things are so good.”

**Jim** (Apologetically) “Well, the work seems to be getting done. I really don’t know where you are coming from.”

**Jack:** “I don’t see how you can say that. I know we have a qualified staff here, but things are in a mess. The staff feels that you’re not doing your job. You know, you promoted yourself and that kind of thing. Every time you say something we all say, ‘Well, I’ll just ignore him and do it my own way.’ The staff is resentful.”

**Jim:** “Well, us, if I take something like this to Mike (his boss), and Mike says it’s OK, I go with it.”

**Jack:** “Well, that’s just great. You’re supposed to be the big honcho around here. Supposed to know everything, be able to get in under the skin of your staff. I you can’t take that responsibility that’s just too big for you.”

**Jim:** “Well, here’s the thing, Jack. I laid out the program the way it is right now, and, uh, I didn’t promote myself. Mike promoted me.”

**Jack:** “Oh hell. Mike will listen and do whatever you say. So all of us can see how you promoted yourself.”

The confrontation builds in intensity and appears to going nowhere. You are becoming anxious and want to intervene. Before reading further, give some thought to the following: What have you observed? What diagnosis would you make? What would you likely do? Take a minute and write down what you would likely do, now what you *think* you *should* do, in this circumstance.

The thesis of this paper is that there are probably 100 interventions for 100 readers, but if we dig beneath the actual behavior to the assumptions and the myths, we can find a high degree of agreement. Whether aware or not, our interventions are shaped by assumptions that are derived from our collective myths. Asking the client to experience a broader view of self and environment, “is a little like asking a fish to step out of water and describe it.” Hopefully this article will help all of *us* step out of *our* water to see where *we* are swimming. What follows is an inquiry into our collective water,” or the myths and assumptions underlying our practice.

## MYTHS AND OUR PRACTICE

To illustrate, we practitioners can be viewed as all exploring a dark, complex cave using what we believe to be flashlights. Unknown to us, however, the flashlights are in reality projectors. They project onto the surface of the cave. We all explore the same cave, using the same projector slides, and, wonder of wonders, “discover” the same things. We see what we project. Also note: just as in our daily lives, we attend to the objects that come into view under the light, and not to the light itself. *We do not see the light.* We are not aware that the light determines, organizes and limits our field of vision. What you have seen in the dialogue has been organized by the light of your assumptions and myths.

The point is obvious. What is viewed as the client’s problem may very well be our problem. We may have an inadequate projector. It is highly possible that there is no such thing as a “resistant” client, only consultants who use inappropriate strategies derived from inadequate projectors.

## THE DOMINANT PROJECTOR

In the episode between Jack and Jim, if your diagnosis focused primarily on internal states like “insecure, frightened, angry” or personality traits like “timid, deferent, conterdependent,” then a strong organizing light for you is the myth of individuality. You are probably viewing the problem from the standpoint of two individuals who are bringing their unique personalities and perceptions to the conflict. Your goal is therefore to help each understand the other’s personal style to resolve the perceived differences. Perhaps this can be achieved by one or both changing, or both agreeing to be different with each other.

If your diagnosis included the absence of clear communication, you probably are dominated by the light of interpersonal communications. The absence of skills like emotion description, paraphrase, perception check, behavior description, active listening, and empathy would lead you to focus primarily on correcting what is happening between the two. If you view part of the problem as inadequate ventilation of anger, you also fit into this category. Interventions like, “Jake you seem very angry,” or “Jim, before you respond to Jack, I want you to tell him what you hear him saying,” are intended to obtain clearer communications between the two.

Historically, the light of our projectors in the applied behavioral sciences has been determined by laboratory education methods, and humanistic psychology. You have probably approached this conflict situation organized by the “light” of personal responsibility, freedom, trust, self-actualization and the fundamental primacy of the subjective experience (Gibb, 1978; Maslow, 1971; Rogers, 1970). Viewing human behavior from this standpoint organizes us to “see” certain things and ignore others. It is my belief that the dominant projector being used in the field of O. D., is that *individuals are basically free, conscious, responsible, interactive persons who are capable of planning change rationally.*

The following are some logical consequences of being organized by this “light.” Under each I have added possible thoughts or assumptions you may have had in this particular circumstance.

- CHANGE is brought about by the collaborative communications between skilled, well-informed people.  
“Both the boss and Jack have good intentions and will be able to plan a better way of relating to each other on the job if we can get through the emotions.”
- PROBLEM-SOLVING is the goal.  
“They will be able to agree and work it out so it doesn’t happen again.”
- OPENNESS is necessary to obtain the information for problem-solving.  
“It is a good thing this confrontation is taking place. They need to get things out on the table.”
- FEELINGS need to be surfaced and emphasized because they provide information.  
“Jake has a lot more intensity of anger than he is showing and he hasn’t distinguished between his anger and his accusations of the boss. Jim is threatened and defensive. I need to help both own their feelings.”
- PERCEPTIONS of the client are the “realities” that consultants deal with. The clients are the experts on their problems.  
“They know better than I what the problem is. They also have, resident in them, all the skills and insights needed to bring this to a successful conclusion.”
- UNDERSTANDING is critical. Insight precedes change.  
“If I can just get them to understand where the other is coming from, things will change.”
- EDUCATION is critical to change. The more people learn about themselves and others, the better they know how to communicate and the more change will occur.  
“These two obviously need to understand how non-specific and judgmental their communication is. To be able to problem-solve, they need to learn how to be descriptive rather than accusatory.”

If any of the above thoughts or interventions were related to what you planned to do in the confrontation, then please entertain the possibility that there is a different, alternative projector that would be more effective.

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## AN ALTERNATE PROJECTOR

All reality is a construct, a product of our projectors, organized by our field of projected “light.” Therefore our choice should not be which projector is “True” and which “False,” but rather which provides the most “therapeutic traction” in our example. The structural systems model offers organizational consultants a projector with considerable potential for change. However, it also requires considerable change on the part of the practitioner: a change that is not incremental, but transformational. It provides us with a new projector, a new field of light, and a new set of slides.

This new projector is derived from the writings and practice of Salvador Minuchin (1978). The title of his book, *Psychosomatic Families*, is significant. The unit of pathology is the *total family system*, not the individual. The psychosomatic individual is the “identified patient,” participating with all other family members to maintain a dysfunctional family structure. All participants both create and are created by the structure of the family. This is in direct opposition to individual personality theories and therapy. Using the individual pathology model, anorectic children, when treated individually at hospitals, would eat, but then starve when they returned to their families.

As Minuchin and his collaborators studied the total system, they also devised methods of intervening that changed the family structure and patterns. The “identified patient” was cured if the family structure was changed. One of the first goals of therapy was to shift the problem from the identified patient to the system as a whole. When this step was taken, individual personality language was no longer appropriate. Instead, they described the family unit that produces psychosomatic illness as being enmeshed and having unclear boundaries, poorly differentiated subsystem boundaries, rigid patterns that resist change, resistance to conflict and overprotectiveness.

Using systems terminology, family therapists are able to develop a structural map of the system. The following is a map of a dysfunctional family:

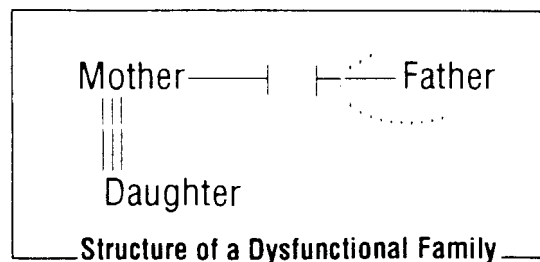
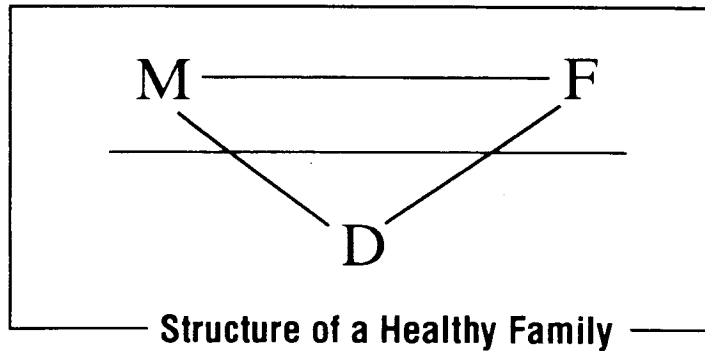


Figure 2

The dashes signify unclear boundaries between parents and child. The multiple lines between mother and daughter portray over-involvement, overprotectiveness and enmeshment between the two. The daughter is as likely to take care of the mother as vice versa. When one feels something, the other feels it too. They live in each other’s heads.

The implications for change are important. The father is distant because the mother and daughter are enmeshed: The mother and daughter are enmeshed because the father is distant. Causation is circular. All parties collude to maintain the structure of the family. Changing any part of the system, such as distancing the mother from daughter, creates change in other parts of the system. In this case, if mother and daughter create a mother appropriate subsystem parental boundary, this brings father and mother closer together. A positive change in the relationship between mother and father will create a greater distance between mother and daughter.

In contrast, the structure of a healthy family looks like the following diagram:



In this diagram, the boundaries designated by the lines between parent and daughter, show a clear differentiation between the parental subsystem and daughter. The child does not have to take care of the mother. The solid line between mother and father designates a good spouse relationship. This results in a decrease in enmeshment or overinvolvement with the child, and is graphed by one line not three as in the previous illustration. With parents clearly in charge, and without mother and daughter enmeshment, the daughter does not have to get sick.

Using this projector in our example between Jack and Jim, we “see” different things. First, we notice how Jack and Jim interact and from this develop hypotheses about the structure of the system. Reviewing the transactions, the structural problem is visible at the very beginning. Jack, the subordinate, asked the consultant to participate and the boss agreed. This sequence informs the consultant that executive functions may be carried out by inappropriate people. For this information, the consultant can begin to wonder whether Jim is conducting appropriate executive functions in the total system. The dialogue which follows confirms the hypothesis. With this projector, the consultant can easily notice that Jim is being bossed by his subordinate, not the other way around.

Armed with this information the consultant can use the immediate transactions (“micro-structures”) to hypothesize a map of the total system (“macro-structure”). The first diagram is a hypothesized map of the current structure. An arrow points to a more appropriate map.

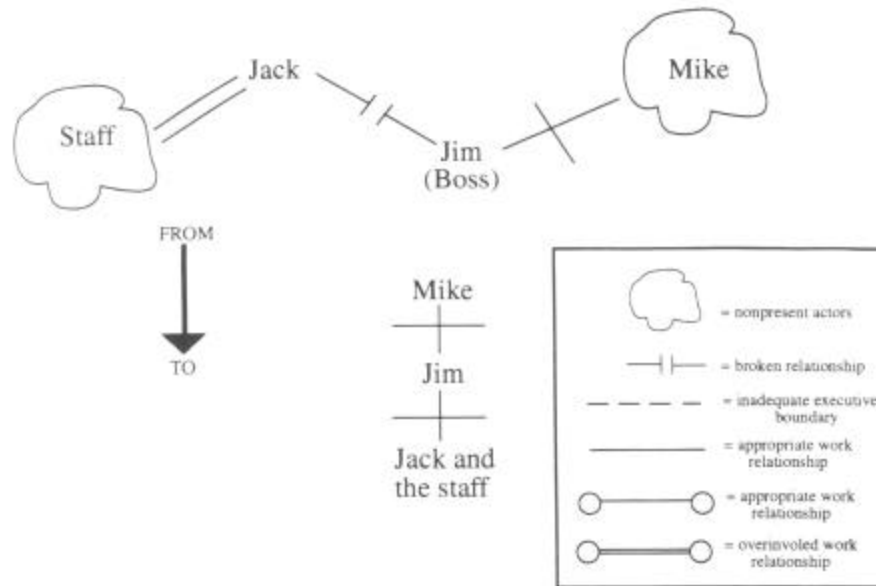


Figure 3

In the first map, Jack is elevated above Jim, designating the more powerful role his is taking in the confrontation. He broken lines illustrate a lack of relationship between the parties. Viewed as a total system, the myth of individuality loses its power. Cause and effect is circular. Jack is acting like the boss because Jim is not doing it. Jim is not serving appropriate executive functions because Jack is doing it. Jack’s close relationship with the staff keeps Jim from acting the way they “want” him to act. Changing one part of the map, for example, distancing Jack from the Staff, will change all other parts of the system. Given this holistic view, the role of the consultant becomes one of moving from the dysfunctional structure to the more appropriate one. How this may be done will be discussed later.

To illustrate how this projector differs from the dominant view, compare the following assumptions with the ones preceding”

Discrete individuality is non-existent. Both people are creating and being created by the dysfunctional structure. The current context is being maintained homeostatically without either person being aware, and their subjective experience is the result of the context or structure, not the cause.

The following are logical consequences of being organized by this field of “light.” They are obviously in sharp contrast to those listed earlier. Possible thoughts a consultant might have are stated below each proposition.

- **CHANGE** is a nonrational process. Change is brought about by the transformation of the dysfunctional structure.  
“Both Jack and Jim are part of a larger system that is maintain homeostasis. How is that pattern being enacted now? The answer seems to be that Jack called the meeting and is inappropriately acting like the boss. Also, I (the consultant) have unwittingly participated in this by agreeing to be here without seeing Jim first and having him call the meeting.”
- **PROBLEM-SOLVING** may contribute to maintaining a dysfunctional structure, rather than yield permanent change.  
“If they agree to do something different under these conditions, the more basic problem will not be solved. Jim needs to begin to take charge, not only out there, but here and now.”
- **OPENNESS** is only one strategy among many to change the context.  
“Leveling with each other will be effective only if it results in more role-appropriate behavior.”
- **FEELINGS** are the result, not the cause of the context. A change in the structure will created a change in feelings and subjective experience, not the other way around.  
“Jack is angry because no one is in charge around here. Jim is threatened because Jack is ordering him around.”
- **PERCEPTIONS** of the client are being created in the moment to maintain the current dysfunctional structure.  
“Jack sees the boss as ineffective, but also undercuts Jim by pointing out that he appointed himself as boss. Jim sees Jack as a rabble-rouser. Both perceptions keep the system dysfunctional.”
- **UNDERSTANDING** can actually contribute to maintaining a dysfunctional structure. Insight *follows*, rather than precedes change.  
“The goal should not be to help each toner understand the other, but to make a change in the patterns (microstructures) now.”
- **EDUCATION** is therefore less important. It is useful only if it leads to and maintains a new contextual, structural change.  
“Helping them see what is going on will be helpful only if it changes the patterns of interaction. Training will be more useful *after* the patterns are changed, not before.”
- **THE CONSULTANT** is an active of change, charged with modifying the dysfunctional structure, not primarily concerned with how people feel or how well they are communicating.  
“How can I change the patterns of communication to help establish a more appropriate map?”



The consultant's role has shifted dramatically with this projector. The practitioner's intent becomes less one of helping the two people understand, and more with changing the patterns of transactions so they will be congruent with a more appropriate role structure. Returning to the dialogue, we will see an intervention that fits with this projector.

**Jim (Boss):** "Well, there's the thing, Jack. I laid out the program the way it is right now, and uh, I didn't promote myself. Mike promoted me."

**Jack:** "Oh hell. Mike will listen and do whatever you say. So all of us can see how you promoted yourself."

**Consultant** (leaning over to the boss): "He wants **you** to be the boss, but he's talking to you like **he's** the boss. You have to change that."

The result of that intervention reframed the problem for both parties. Jack became quiet. The boss seemed shocked, reflective and paused for a significant period of time. He then began a totally different pattern of interaction.

**Jim:** "Well, whatever, I think you understand that I am in charge regardless of how you think I got here. I would like for you to get together with Bob, or I'll get together with Bob and have him get a staff meeting together, and uh, hear all these complaints at a staff meeting. He can bring them back to me."

**Jack:** "I think it would be better if you were there yourself and take the brunt of all this stuff. You'd really find out what is going on."

**Jim:** "I'm confident that Bob will tell it like it is and I'll follow up on the complaints."

**Jack** (still attempting to change the pattern back): "Then I think you should have one of the staff present when Bob brings it back. He's fearful of his job too. I trust Bob quite a bit, but he's not likely to be so tough on you."

**Jim (with conviction):** "I think Bob will do just fine."

**...The challenge to practitioners is to view the total system,  
seeing how the immediate behavior is both  
creating and maintaining the structure.**

The dysfunctional homeostatic pattern changed from Jack ordering Jim, to Jim taking charge. Note that although asking for the change, Jack immediately challenged the new interaction to maintain business as usual. The consultant enabled Jim to change the pattern in the moment, not helping the two plan on how the patterns would be changed in the future.

## STRUCTURAL FAMILY THERAPY CONCEPTS

With this organizing “Light” the challenge to practitioners is to view the total system, seeing how the immediate behavior is both creating and maintaining the structure. To do so requires that we discard personality and communications concepts and shift to systems language. The following concepts are useful.

### Microstructure

The patterns for interaction determine the structure of the system. Over time, the patterns conform to rules, becoming indicators of the macro-structure. To identify these patterns, I have found it important to listen “simply,” not trying to understand as much as attending to the simplest process observations. It is important also to listen to role-appropriate language and tone of voice. The fact that Jack interrupted Jim that Jim’s voice sounded apologetic were cues to help identify patterns of interaction. In our example, the boss doesn’t talk like a boss and the subordinate is giving orders and passing evaluative judgments.

### Macro-structure

The previous diagram is an example of mapping the macro-structure. Over time, systems tend to develop patterns of interaction that support the structure. These rules develop in subtle ways and dysfunctional systems create a meta-role: you do not change the rules even though *new* functions and tasks require change.

When functions change, the map or system needs to change. Change the function and you change the system, even though the same actors may be present. For example, Jim and Jack may be able to be good friends on the golf course, but that is a different system from getting the job done at work.

### Boundaries

Defining a system is arbitrary, depending upon the function. Boundaries function to keep a subsystem from interference from another subsystem. For example, for a task force to do its job, there need to be clear boundaries to keep it from being disrupted. In our example, the executive boundary was violated by Jack. It was also not exercised by Jim, leaving the organization floundering without leadership. The consultant’s intervention was “boundary setting.”

## Homeostasis

All systems seek to maintain their structure. Although people may be unaware, all participate in maintaining the system whether dysfunctional or not. When the system began to change to a more appropriate structure, Jack sought to maintain homeostasis by saying, “I think it would be better if you were there yourself (at the staff meeting) and take the brunt of all this stuff. You’d really find out what is going on.” This statement was homeostatic. Structurally it was important for Jim to not go along with it, even though it would appear more appropriate from the standpoint of the dominant projector.

## Complementarity

This concept assumes that as soon as one person in a group defines him or herself, it implies definition of the other. “The action of one part is, simultaneously, the interrelationship of other parts of the system (Minuchin, 1978, p. 20).” In our example, Jack keeps Jim from exercising management leadership. It is also true that Jim keeps Jack from being a subordinate. Both collude in maintaining the dysfunctional system. Autocrats need dependent people. Dependent people require autocrats. Sadists need masochists and vice versa. Any two people participate in creating a third structural entity, i.e., their relationship, that predisposes their behavior when they are together.

I have found this a very useful concept to guide interventions. For example, when Jack is complaining about Jim not being a good boss, the consultant could say, “Jack, I would like you to do something different so Jim can do what you want him to do.”

## Triangulation

Involvement of a third party in a dialogue can break down the subsystem boundaries between the two parties. Jack invoked the “staff” and “everybody” to triangulate his relationship with Jim. This keeps Jim from responding directly to Jack. Jim also participated by appealing to Mike to keep a clear boundary from forming between the two.

## SUMMARY

This article was intended to present a different world view or projector to practitioners in the applied behavioral sciences. However, as stated previously, change is not easy. If you have studied the implications seriously, you are probably experiencing doubts. Prior assumptions are challenged. Techniques that are time-honored are brought into questions. However, we do not have to throw the “baby out with the bathwater.” All the methods used in O. O. still apply if they alter the underlying structure.

For example, when viewed from a structural viewpoint, communication skills can be boundary setting. The skills of emotion description, paraphrase, behavior description and perception check can be effective methods to parcel out what is me, what is you, and what is in-between. Gestalt therapy is a bound setting method and theory for internal processes. All our skills remain appropriate and have worked before. However, it is the theses of this article that when they have worked, they have done so because the underlying structure was modified. Structure is more fundamental than process.

Therefore should we discard what we have learned? No. We need to embrace the paradox that individuals are free *and* they are determined by the current context. All truth ultimately contains paradox. To illustrate my confidence in making this assertion, I will conclude by relation (and modifying) a little story I read several years ago.

A Jewish Rabbi was asked to resolve the conflict between Skinner and Rogers. When Skinner gave his position, the Rabbi said, “You’re absolutely right.” Carl Rogers of course being organized by the context countered with his position. The Rabbi said, “You’re right.” A third party also organized by the context, could stand it no longer. He stepped in and confronted the Rabbi. “Rabbi, you told Skinner that he was right and they you told Rogers that he was right also. That means that you are wrong.” The Rabbi replied, “You’re absolutely right.”

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