Complementarity in Structural Family Therapy

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Introduction

Complementarity is the concordance of behaviors and roles between family members.

Theoretical Context

The concept is central in structural family therapy, underlying both the structural therapist's challenge to the family's definition of the problem, and her or his optimistic stance regarding the possibilities of change.

Description

Complementarity denotes the fit among the behaviors and roles of individual members or subsystems of a family. Although the notion bears some resemblance to that of circular causality, there is an important difference between the two. Circular causality designates a *sequential* pattern of behaviors, represented with a series of arrows (girl clings \rightarrow mother rejects \rightarrow girl clings), while complementarity looks at the same behaviors as pieces of a puzzle: the girl's clinginess and the mother's rejection are "shapes" that *fit* each other. The difference is not trivial; it accounts for the structural therapist's preference for addressing spatial arrangements (literal and metaphorical) among family members, rather than sequences of behavior.

The visual representation of complementarity is similar to that of the Chinese Yin and Yang, where all things exist as contradictory but inseparable opposites. "When people see things as beautiful," says the Tao Te Ching, "ugliness is created. When people see things as good, evil is created. Being and non-being produce each other. Difficult and easy complement each other. Long and short define each other. High and low oppose each other. Fore and aft follow each other" (Laozi and Mitchell, 1988, p. 2). In Chinese mythology, Yin and Yang's ever-changing relationship is responsible for the constant flux of the universe and life in general: as one pole increases, the other decreases. When there is too great an imbalance between Yin and Yang, catastrophes can occur; a correct balance between the two halves must be reached to achieve harmony and order.

The similarity is not complete. In structural family therapy harmony and order are not absolute values. Complementary patterns may sustain an unhealthy homeostasis through a rigid

distribution of roles, conflict avoidance, and excessive mutual loyalty that stifle growth and individuation. Disrupting long established patterns is often the job of the structural therapist.

Through years of mutual accommodation, family members develop dyadic complementary patterns that accentuate selected traits of each individual and inhibit others, which subsist in latent form and may manifest in a different context. Thus the notion of complementarity is consistent with that of the individual self as a diversified structure. While the traditional psychodynamic envisions a "core" identity typically originated in early experiences ("this mother cannot nurture her daughter because she herself was not nurtured as a child,") – the structural perspective regards being "non-nurturant" as only one of many possible ways for the mother to be. She may be nurturant to a different child or with the same daughter when nobody is looking. She is not unidimensional, but a complex individual whose various possible ways of being are activated within different contexts and at different times.

Application in Couple and Family Therapy

By highlighting complementary patterns, the structural therapist challenges the family's certainty about the location of the problem, from one individual to a relationship:

When [a client] starts a family therapy session with his wife by saying, "I am depressed," the therapist's first question is not an acknowledgment ("You are depressed?") but a challenge ("Is Pat depressing you?"). Simplequestions like this challenge the way people experience reality. They introduce uncertainty. (Minuchin and Fishman, 1981, p. 195.

Looking at behaviors as expressions of parts of the self that are activated by specific complementary patterns, rather than as the products of individual psyches, allows the therapist to be optimistic about the possibilities of change. An apparently ineffective (or authoritarian) parent is seen as having an efficient (or flexible) side, hidden from view but potentially accessible. A mother who "loses it" and yells at her son may be described

by others and even herself as incapable of self-control, but a structural therapist will assume that her yelling is sustained by the complementary behavior of somebody else – maybe the son himself, or a disqualifying grandmother, or both. The target of therapy will then be the complementary patterns, rather than the psychological makeup of the mother.

Clinical Example

A 5-year-old girl runs in circles around the room, followed by her 2-year old sister. The consultant, Salvador Minuchin, does not study the girl's behavior but her interaction with the mother, who occasionally issues directives without much conviction. He asks a relational question: "Is this how the two of you live your life?." The mother answers, "Yes, it's a continuous battle," and the session becomes an exploration of relationships between the girl, the mother, and the father. It turns out that the 5-year old is "uncontrollable" by the mother, but not by the father; and that the mother/daughter relationship itself complemented by the allegedly super efficient father, who comes to mother's "rescue" when she is struggling with the daughter.

The family's view is that the father's intervention is needed because the mother fails to manage the girl. But if the mother's and father's contributions are seen as complementary, it is possible to reverse the direction of causality and say that the mother fails to manage the girl because the father intervenes before she can succeed. To test this hypothesis, the consultant asks the mother how she would like the situation in the room to change. She says that the children should play with the toys in one corner, so that the grownups can talk. "Good, make it happen," says the consultant.

The mother resumes her half-hearted efforts to direct the girls. On cue, the father adds his own, more forceful voice. The consultant stops him: "Let your wife do it. She does it when you are not home, right?." The mother keeps trying, still from her chair, and still unsuccessfully. At times she appears to give up and turn to the consultant, who invariably responds: "It's not happening.

What you wanted to happen is not happening." After a few minutes of not being "rescued" by her husband nor by the consultant, the mother does get up from her chair, and in a gentle but decisive way organizes the two girls to play in a corner of the room.

References

Laozi, & Mitchell, S. (1988). *Tao te ching: A new English version* (p. 2). New York: Harper & Row.

Minuchin, S., & Fishman, H. C. (1981). Family therapy techniques. Cambridge, MA: Harvard University Press.