The ethics of change: *In conversation with structural family therapist Jorge Colapinto*

Tom Regel and Jorge Colapinto

For nearly 50 years, Jorge Colapinto has worked as a structural family therapist specialising in the support of families involved in the child welfare and foster care system. Based in the United States, he has worked as a consultant, supervisor, trainer and writer in the field, developing a deeply pragmatic clinical approach with a specific emphasis on the social responsibility of the therapist. In recognition of his contributions, The American Family Therapy Academy honoured Colapinto with its Distinguished Contribution to Social Justice Award. He continues to advocate passionately for the enduring relevance and efficacy of structural family therapy, arguing strongly against oversimplified critiques of the model and its application. In a career covering significant milestones in the development of contemporary systemic psychotherapy, Colapinto has been a privileged witness to some of the more important transformations in the culture of the profession and in his writing on the subject has critiqued the way larger systems and social conditions shape and influence our basic assumptions about therapeutic change.

Can you share how you came to family therapy and to training in structural family therapy specifically?

How I became a structural family therapist is a good example of how context organises us. I went to university in Buenos Aires in 1960 to study psychology. Many of my teachers were psychoanalysts who were more drawn to the British school of object relations than to Freud. They also were interested in cybernetics and communications theory. My classmates were not happy with this, complaining that they were there to learn psychoanalysis. One day they converged on the professor's desk: *"When are you going to start teaching us psychoanalysis?"* He responded, *"If I were your age, this is what I'd be studying"*. This was in 1960. Another professor, also a psychoanalyst, taught psychopathology by describing the communication styles characteristic of the various neuroses, and a different professor taught clinical psychology by focusing on the psychology of institutions – and so the context of the university already started to pull me in the direction of relational systems.

My student years and the years after graduation were a time of political turmoil and violence in Argentina and so, like everybody else in the country, I was experiencing directly the impact of an unstable larger context. After graduating, I worked as a psychologist both in private practice and in a community centre and I was teaching psychology. I got married and my wife and I had our first child. I was not satisfied with psychoanalysis and I became interested in other approaches. One of these was Jay Haley's strategic approach to therapy. Because of the political instability, the community work became increasingly unsustainable and so I wrote to Haley saying, *"I want to learn from you"*. He answered very quickly saying, *"Sure, but you need to get a job where I'm working at the Philadelphia Child Guidance Clinic (PCGC)"*. He added, *"By the way, the director is from Argentina"*. That was the first time I heard about Salvador Minuchin.

By the time I made it to PCGC, Haley was leaving and I stayed with Minuchin and dozens of colleagues that came from the United States and abroad to learn from him. Those are the contexts that made me a structural family therapist: it was the university that pulled me towards thinking about relationships and systems, the country that pushed me out, the Philadelphia clinic where the model was being implemented and taught.

How would you summarise structural family therapy?

Structural therapy strives to account for problems by reference to context. It's what my colleague, George Simon, named working from the *outside in*. In traditional psychotherapy problematic behaviours are explained by something that happens inside individuals. For example, if a child is refusing to go to school you might look for explanations in the child's psyche; your therapy then has to operate from the inside out, to work on the child's emotions that keep him from going to school. In structural therapy, on the other hand, we see the child's behaviour as one piece of a larger picture. What are the parents doing or not doing that keeps the child at home; what is the school doing or not doing that keeps the child away? We try to change that larger picture to make it more compatible with the child going to school.

While we look for contextual explanations, we also take the inside of the individual into account. Other systemic models, like the early strategic approaches said, *"The individual is a black box, we don't know what's there and it doesn't matter, it's all an interaction, like billiard balls hitting each other, and we don't care what the balls are made of"*. Well, in structural therapy, we do care. Except the individual we imagine is different from the one imagined by traditional psychotherapy, which I compare to the slice of an onion with concentric circles. The outside circle is the visible behaviour and then underneath you may have emotions, cognitions, neural circuits. Then you go deeper trying to get as close as possible to the core of the person; your therapy will then try to change the inside of that person so that the outside – the behaviours – can also change. To think structurally, on the other hand, we need a different image. The image I use is a pizza. Imagine the self as a circle with different slices; a parent and a child may be connecting with the less helpful parts of themselves, but we place our bets on the idea that they have better parts of themselves with which they can also connect.

Let me give you an example from a Minuchin consultation with the family of a 15-year-old boy diagnosed as depressed. The father says that the son cannot be left alone in the house because he'll cause mischief. Minuchin reframes the problem from a child who won't get out of bed or take responsibility for things because he is depressed into the concept of a baby who doesn't need to take responsibility because his mother does it for him. Minuchin asks the father and the son to talk, expecting that the conversation will be between a judgmental father and an immature child, and on the lookout for their better parts. Sure enough, the father brings up examples of mischief and the child says, *"But when was the last time I did that? It's been a long time, I haven't given you any reason to worry"*. Minuchin interjects, *"That was very good!"*, and shakes the son's hand: *"Now you are talking like a 15-year-old. What I'm hearing is not just that you are a baby but that they – mum and dad – are keeping you a baby; that sometimes you change, but they don't recognise it. Keep talking to your dad about that"*.

Jorge Colapinto

Structural family therapy is change oriented. It shares this with other approaches, but the change that structural therapy pursues is in a specific direction, towards growth. This is probably because structural therapy was developed within institutions where the identified client was a child. It started at the Wiltwyck School, a residential placement for delinquent children from poor areas of New York and continued in the PCGC where an affiliation with the Children's Hospital led to the application of the model to families with diabetic, asthmatic, anorexic children, etc. Those contexts called for a family-centred, child-focused approach – it helped that Minuchin's wife, Patricia, was a developmental psychologist. The focus is on what the child needs from the family

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to grow. The young delinquents at the Wiltwyck School needed more cohesive families; the children at the PCGC suffering from psychosomatic illnesses needed more space to gain control of their own lives.

You've written about the idea of the 'passion to change' and the value of what you call 'change oriented' therapy and how this has been replaced with a more reflexive and conversational style of therapy. Can you say more about that?

The change we are passionate about is the change that will help children grow, or rather help the family to help the child grow. That kind of goal-oriented directedness began to be questioned in the 1980s. Critics claimed it was manipulative and advocated instead for a more neutral, conversational approach, where everyone shares what they're experiencing but nobody pushes to change anything. In family therapy, there is an incentive to be non-directive because being directive with a family means questioning the mutual accommodations that the family has developed. You say to parents things like, *"For your son to change, you two need to change"*, and you raise the emotional intensity in situations where people have become too comfortable maintaining the status quo. This goes against a long tradition of psychotherapy as something that provides a calm space for reflection.

I recall a practitioner of this more conversational kind of therapy saying in a panel once, when asked about outcome measures, *"Out of the talk will come whatever comes out of the talk"*. Well when children are involved, a structural therapist cannot just *"be in conversation"*. I was asked for a consultation once with the family of a woman who had graduated from a drug rehabilitation programme. She was being helped by a social worker to recover the children she'd lost to foster care. The mother says that she wants her seven-year-old daughter – the first to return – to go back into care because she felt the girl was jeopardising her recovery. The social worker and I met with the mother and her five children, three of whom were still in care. The mother begins to complain that the girl was very independent when she returned from care but was now demanding that she do everything for her: *"I have to brush her teeth, dress her up, take care of her hygiene. It's too much"*. The little girl sits downcast across the room. The social worker suggests, *"Maybe she needs more attention from you"*. The mother answers, *"But I do. Sometimes she tricks me into babying her"*. Then, two questions are asked simultaneously: the social worker says, *"and how do you feel about that?"* I ask, *"Can you show us how you baby her?"* Now, this mother had been receiving individual psychotherapy to work on her feelings, on the "inside-out" theory that she could not attach to her children because she had been raised in foster care herself and had not attached with her own foster mother. The question of the social worker comes from that way of thinking; my question, a request for action, comes from the "outside-in" belief that enacting attachment will help mother and daughter feel attached.

She says to the girl, *"Come here"*. The girl runs across the room and climbs into the mother's lap. She is demonstrating: *"I caress her, I play with her ears. I let her come to my bed"*. The social worker makes another attempt to explore mother's feelings, *"How does this feel?"* I don't want the mother to be distracted from her daughter, so I block my colleague. Now the other children join, surrounding the mother and daughter. They start reminiscing about the time when they were together as a family, something that the mother resisted in her individual psychotherapy. The sequence ends with the children laughing and pushing the mother on the chair – the chair has wheels. *"Why are you doing this?"* she says. *"Because you are our mother!"* I see this as an enactment of family reunification.

My direction was based on an ethical choice. I believe children need stability. The girl was in foster care for five years until the system decided to reunite her with the mother. I didn't know if that was a good decision or not – I was called after it was made – but what I knew was that if the girl went back into care it would not be to the same home that she came from. For this child to go back into care now would be bad. So, for the sake of the child, I need to favour the part of the mother that wants her. I also had experience as a consultant for a drug recovery programme and so I had seen how children can be a powerful asset for recovery, rather than an obstacle.

What role does self-reflexivity and the therapeutic self play in your thinking and in structural therapy?

It is good to reflect on one's identity outside of the therapy room, in discussions with colleagues and supervisors, or the way we did in this conversation. But in a session, the more you are focusing on yourself the less you are focusing on the family. When I am working with a family, I don't look inside of me; I look at their interaction and at my interaction with them, at how what they say or do impacts me, and how what I say or do impacts them. If I have a negative emotional response to something someone says or does, I don't pause to reflect on how my history explains my reaction, I think about how the family and larger social context account for that person's behaviour, and I actively look for something else in that person that can contribute to the therapeutic goal.

In structural therapy, we do not so much reflect on the self, we use it – whenever we join the family, whenever we signal approval by shaking hands, whenever we change physical distances in the room, whenever we help two family members interact without the others intervening. I can work in close proximity with the family, both physically and emotionally, or at a distance, depending on my reading of what can help the family change. I now have more varied ways of interacting with families than when I started, and there is still room for more.

The model arose out of this context of working with marginalised inner-city working-class families. How has work in this area changed since you started practising?

I will speak specifically about the child protection system, because that is the one I know. What has been happening is sort of a pendulum movement. On the one end, there is too much intervention in the lives of families, too much control, and then at the other end there is this view that we have to leave them alone, and that pendulum movement is usually punctuated by bad news. For instance, a child in foster care may die. So, the pendulum goes back to thinking we have to keep the children with the family. A child dies there, and the pendulum swings the other way. When I'm teaching social workers I draw a map of the whole system, and one of the pieces of the system I include are the newspapers, particularly the sensationalist newspapers, for this reason.

Minuchin had this idea about foster care. The way that the care system has been working is that the state finds out a family is not doing a good job with the child and

so the family is identified as a "bad" family and the child is moved to a "good" foster family. The biological and foster parents are kept at arms' length and the idea is that the child will return to the parents once they rehabilitate. Often this happens very late, if at all, and when it happens the reunification can be very difficult. Minuchin thought, how about instead of thinking that this family is "bad" and needs to be replaced, we think that this family is imperfect; they are not good enough. We do something to help the family become good enough for the child. In some cases, that means to keep the child with the family and to work with them to improve; in others, it might be necessary to take the child temporarily to another place, but that doesn't mean the two families have to be two different universes.

What you're seeing today is a more atomised approach to dealing with the problems these families are experiencing?

That's what we said when writing *Working with the Families of the Poor* (2007) with Patricia and Salvador Minuchin: the child welfare system is full of good intentions and bad outcomes. The good intention is that people want to help children; the bad outcome is that family connections are weakened because help is provided in a fragmented and often adversarial way. For example, you have a child being placed in care and the official goal is reunification. The child is placed in a safe place while the parent, usually a single mother, does whatever the system requires of her. Most mothers, regardless of their specific needs, get the same cookie-cutter combination of services: substance abuse treatment, parent-skills training, anger management, and housing. So there is a plan for the child and a plan for the mother; there is no plan for the *relationship* between the child and the mother. At most, they have a visit – once a week, for an hour, in the agency – where mother and child play together, or the mother chats with the social worker while the child plays alone. That is the status of the system here.

I remember a grandmother, her 16-year-old daughter, and the daughter's baby all living in the grandmother's home. There is an argument between the grandmother and the mother; the young mother is threatening her own mother with a knife and she is holding the baby in her other arm. Child protection services remove the young mother and the baby from the home, sending the mother to a group home with other young people and placing the baby temporarily in foster care. Now, we have this family of three divided in three.

A week later, the young mother requests that the baby is placed with her mother. Then there is a meeting. The agency is nervous about having the mother and grandmother in the same room. I'm consulting. At one point, I asked this grandmother about the plan. She says, *"Well, I know we have to go to anger management"*. *"Together?"* I ask. The social worker says they must go to different classes. So, I ask the grandmother, *"Who else are you angry at?"* She replies, *"Nobody. I am not even angry at my daughter anymore"*. I ask the daughter, *"Are you angry with your mother?"* She says, *"Yes, because she is too nosy!"* She goes on to say she's not angry with anybody else. I tell the social worker that they need to go to anger management together because they don't have any other anger to manage. In the end, we find a place that will take both of them. It's just one example of how ridiculous it is to deal with a relational problem by dealing with individuals separately.

Any model that describes some kind of collective accountability for problems and solutions is, at least in the United States, counter-cultural. Structural family therapy prospered in the 1960s and 70s when there was a lot of social questioning of this individualistic philosophy. There was also public and government support. Later during the Reagan era, when America went back to prioritise individual responsibility over social responsibility, structural family therapy and systemic models lost ground. I remember when the *Family Therapy Networker*, an influential journal at the time, titled one of its issues 'The return of the individual' and not much later changed its name to the *Psychotherapy Networker*.

Are you currently encouraged or inspired by any specific developments in the field of family therapy?

I've been looking mostly at developments outside of mainstream family therapy. One of these is the work of Haim Omer. He's not a structural family therapist, but he thinks like one. He has created interventions where parents, using non-violent resistance (NVR), are directed how to interact with destructive and self-destructive children. When I consult with therapists who are dealing with that kind of problem, but are not training in the structural model, I recommend his books.

I'm also interested in the work of the neuroscientist Antonio Damasio. One of his most interesting ideas is the distinction he makes between emotions and feelings. Emotion is the organism's reaction to stimulus; feeling is the brain's reading of the state of the body at any one point. He then describes experiments where they show the subject subliminal stimuli – threatening birds of prey, etc. The subject is connected to a monitor and asked to announce when they experience a feeling. What the experiment shows is that the body reacts with an emotion of fear – as detected by the instruments – before the subject reports feeling afraid. First comes the emotion, then comes the feeling. It is consistent with the "outside in" explanation of behaviour, and of change. Enactments elicit emotions that are experienced as feelings. It supports our claim that when people interact better they feel better.

What difference has being a structural family therapist made to your life?

I think the most important things for me have been the "outside-in" view and the diversified self. I became less judgemental of people in my relationships in and outside of work. I don't speculate about motives and I know that I can interact with people in more ways than one and that I have something to do with how they relate to me. But your question also makes me think about how my becoming a structural family therapist may have influenced my family; or perhaps what happened, rather, was that my interest in patterns, triangles, boundaries etc. made some family stories especially meaningful for me. When our first child was five, one day, from another room, he called out, *"Dad, where is my sweater!"* My wife answered, *"It's on your bed"*. There was a pause and my son replied, *"I said '**Dad**, where is my sweater'"*. And so while the children of my psychoanalyst friends were creating Oedipal stories, my son was creating a structural story. On our second son's fourth birthday, when he was about to blow out his candles, he said, *"I know it is my birthday because everybody is singing Happy Birthday to you and I am not"*. Structural therapists share the view held by some philosophers that the self exists only in a relationship – well, my four year old knew that – and when our daughter was about eleven or twelve, many mornings

before going to school there would be an argument between her and my wife about clothes. It could start with my daughter saying, *"I don't have anything to wear to school"*, or my wife saying, *"You are not wearing that to school"*. One morning, at breakfast, I needed to show how smart and observant I was and I said, *"Did you notice that every morning there is this argument"*. In a mirror of what my first child had said, my daughter replied, *"Dad, you stay out of this. This is how mothers and daughters bond"*, and so, my children also taught me structural family therapy.

References

Minuchin, P., Colapinto, J. & Minuchin, S. (2007) *Working with Families of the Poor* (2nd Edition). New York: Guilford.

Tom Regel works with children and their families for a local authority edge of care team in London and is currently training on the qualifying level course at the Institute of Family Therapy. He first encountered Jorge's work in the foundation year systemic training at the Prudence Skynner Family and Couples Clinic in south London and was compelled by Jorge's practical application of structural theory in the context of working with families in crisis. Tom approached Jorge via email to discuss some of these ideas via video call and what appears here is a small part of a much longer conversation across two separate evenings and over different time zones. Tom would like to thank Jorge for his time and commitment in the development of this idea and for his careful reflections and suggestions throughout the editing process.