Change in family therapy: Accomplishing authoritative and moral positions through interaction

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Abstract

A fundamental theoretical premise in structural family therapy (SFT) is that changes in individual members and improvements in intra-familial relations are realized by repairing the family structure. Problems in family relations are conceptualized in terms of individuals taking on inappropriate roles (e.g., children acting as if they were parents) and the boundaries between parental executive levels and the children/sibling level being unclear, too rigid or highly permeable. The therapist’s role is to temporarily engage (join) with the family members in a way that generates in-session interactions that may exemplify a more desirable family structure. While the theory supporting these interventions is well developed, there has been little work done on explicating how such tasks may be interactively accomplished in clinical practice.

We show how a master therapist in SFT accomplishes some of these transformations during a single therapy session with a mother and daughter. Drawing from the methods of conversation analysis (CA), we focus on the discursive resources through which the therapist is able to readjust the role relationships between the mother and her daughter (i.e., in such a way that the mother can adopt a more agentive position vis-a-vis her children) and how the therapist’s actions index core SFT principles of restructuring the family.

Keywords: affiliation; alliance; authority; conversation analysis; epistemics; structural family therapy

1. Introduction

The overarching goal of our research program is to examine how family therapy practices designed to effect changes in family structures are realized discursively through interactions in clinical settings. In this study we focus specifically on interventions aimed at altering the relational structure of a family unit and to create a new, more functional, ‘moral order’.

The goal of restructuring relationships in the intimate nexus of the client as a means of promoting change is most explicitly articulated in systemic therapies which are predicated on the premise that an individual’s therapeutic progress is contingent on shifts in their relational context (Watzlawick and Jackson 2010 [1964]). One of the most direct implementations of this concept is in structural family therapy (SFT), an evidence-based supported treatment frequently recommended for a variety of difficult-to-treat psychological problems, such as substance abuse and juvenile behavioral problems (Navarre 1998; Vetere 2001; Fishman and Fishman 2003).

Salvador Minuchin, the founding theoretician of SFT, argued that healthy individual function is facilitated by clear hierarchical familial relationships and well-defined but flexible boundaries between generations (Minuchin and Nichols 1998). He postulated that the ideal structure of...
moral order in such families operates in terms of parents functioning as agents at the executive level, establishing reasonable and clear boundaries that provide both limits and an appropriate degree of independence for the children. A lack of clear roles and responsibilities among family members (structure), poor, unclear communication or ‘boundary violations’ – that is, children assuming executive roles or parents vacating the executive role – are considered root problems that produce dysfunction and psychological distress for the individuals in the family system (Aponte 1992; Fishman and Fishman 2003). These structural relational problems are seen as primary targets for therapeutic intervention. The SFT therapist’s task, therefore, is to restructure the disorganized/dysfunctional family system and to promote clear communication and re-alignments, especially across the generations, that more closely conform to the moral order described above.

The family structure in SFT is seen as constructed and maintained by the everyday interactions between family members (Minuchin 1974). For this reason, family therapists pay close attention to and try to set in motion so-called dysfunctional family interactions that exemplify misalignments and problematic role expectations – displays that are termed enactments in SFT (Fishman and Fishman 2003). By witnessing these unproductive interactive scenarios in situ, the therapist is in a strong position to respond through interventions fostering relational re-alignments that work to destabilize or block the family’s usual relational patterns. While the theory supporting these interventions is well developed, and the goals of these interventions are clearly articulated, there has been little work done on explicating how such tasks may be interactively accomplished in clinical practice.

Drawing from the methods of conversation analysis (CA) (Sacks 1992; Schegloff 2007), our aim for this paper is to show how a master therapist in SFT interactively works in a therapy session at readjusting the role relationships between a mother and her daughter, in such a way that the mother can adopt a more agentive position vis-a-vis her children. In particular, we focus on how the therapist’s social actions may index particular stances with regard to who has primary entitlements to knowledge (i.e., epistemics), who has authority to direct the conversation (i.e., deontics) and the degree to which a family member’s talk is endorsed (i.e., affiliation). Our interest is in exploring how these stance-taking practices may open up possibilities for restructuring the family.

Following a brief literature review and a description of the data and methodology, we turn to our analysis by showing the interactional practices in which the therapist (a) directs the conversation between the family members, helping them to take up and negotiate different family role positions, and (b) endorses the mother’s entitlement to knowledge and parental authority.

2. Literature review: structural family therapy and conversation analysis

A number of techniques have been identified in SFT to bring about changes in family structure. One of the central tasks for SFT therapists – but also for family therapists in general – is to build alliances with family members (Sutherland and Couture 2007; Muntigl and Horvath 2016). For instance, therapists regularly adopt practices of joining by entering the family system to create a new therapeutic system that includes the therapist and is often achieved through affiliative practices of confirming clients’ distress. The SFT therapist also pays close attention to how families display dysfunctional interactional styles, problematic role expectations and inappropriate boundaries within family subsystems (e.g., parental, sibling, individual). These displays, as noted above termed enactments (Minuchin 1974; Aponte 1992; Fishman and Fishman 2003), are considered valuable because they provide therapists with opportunities, in the here-and-now of the therapy session, to unbalance or block the family’s usual relational pattern and to ‘search for competence’ in order that the family discover more desirable functional structures (Aponte 1992).

More recently, CA has been used to explicate how therapists and family members organize their social conduct to perform various kinds of therapeutic work. Buttny (2004), for example, has argued that problem-tellings, which form a central part of family therapy talk, implicate moral frames works that involve social sanction (e.g., blame/disapproval or praise/approval). Recent work by...
O’Reilly (2014) and O’Reilly and Lester (2016) has shown how blame and accountability arise in talk when parents work to display themselves as ‘good parents’. These researchers have found that parents would attribute blame to their children or would make a show of their appropriate parenting strategies. Family therapists, in response to such interactions, would work to reframe the issues of blame by focusing instead on empathy, feelings and praising the family members. When talk involves blame, the allegiances among family members and the alliance between family members and a therapist may be placed under stress (Sutherland and Couture 2007; Muntigl and Horvath 2016).

Applying CA analysis to SFT, it has been shown how a therapist may work to restore affiliation and a strengthened alliance by orienting to the blamed family member in various ways: identifying with the person’s distress, praising the person’s actions and disagreeing with self-deprecating talk (Muntigl and Horvath 2016; Horvath and Muntigl 2018). Problem-tellings involving conflict and blame may also lead to conversational impasses, but studies have illustrated how these impasses may also lead to ‘forward moving’ or change episodes in which family members may bridge their differences (Couture 2006, 2007). For example, in order to move the conversation forward during stuck events, family therapists can make use of interactional resources to collectively solicit family members’ points of view or to respond in ways that indirectly lure a family member to provide more information or consider an alternate perspective (Couture 2007).

In order to examine issues of alliance stress, blame and accountability and change from an interactional and discursive perspective, certain concepts within CA have proven to be especially useful. These are affiliation, epistemic authority and deontic authority. Affiliative actions are prosocial and work to uphold social relations (Stivers et al. 2011; Lindström and Sorjonen 2013).

Generally, responsive actions such as agreement, confirmation and compliance function in an affiliative manner. Studies in psychotherapy and family therapy have been examining how ascriptions of blame or certain client actions such as disagreement can work to disaffiliate and how therapists can respond in ways that re-establish affiliation between them and their clients (Muntigl et al. 2013; Muntigl and Horvath 2014; Muntigl and Horvath 2016).

Epistemic authority concerns how speakers may display entitlements to knowledge and experience (Sacks 1992; Heritage 2012). For example, parents may or may not position themselves as having specialized access and primary rights in relation to their personal experience, with the added implication that they are responsible for the difficulties that beset the family. Further, empathic responses from therapists may work to endorse parents’ epistemic authority, especially in cases where they have demonstrated uncertainty about the appropriateness of their actions (Muntigl and Horvath 2016). It has also been shown that children may use epistemic resources such as ‘I dunno’ as an avoidance strategy in which they resist attempts from counsellors to probe their feelings (Hutchby 2007).

Deontic authority is often realized in directive actions that propose what can or cannot be done, such as requests, offers, proposals and suggestions (Stevanovic and Svennevig 2015). Therapist proposals for behavioral change can be a delicate activity, and it is not uncommon for clients to resist such proposals (Ekberg and LeCouteur 2015; Muntigl et al. 2017). Within SFT, therapists regularly exert control on the conversation by rearranging the setting (e.g., determining who sits where) and by having family members enact transactional patterns (Minuchin 1974).

3. Data and method

For this study we have analyzed a 50-minute videotaped session conducted by Dr Minuchin. This session was recorded with volunteer clinical clients, currently in treatment, and subsequently used by Minuchin in a teaching seminar for professional family therapists. As well as Minuchin, the participants in the interview included Suzanne (35), a single parent and recovering alcoholic; her daughter Marcy (12); and Jenny, the family’s regular therapist. The vocal and non-vocal features of the complete session were transcribed according to the CA conventions from Hepburn and Bolden (2013) – see Appendix for transcription conventions used in this paper. One of the core issues of the session concerns family role relations: whereas Suzanne has difficulty in recognizing and carrying out her
that work to shape the family members’ interactional behavior. The second part illustrates his use of epistemic practices that reinforce the mother’s epistemic authority.

4.1. Directing the family members’ interactional conduct

Our analysis of this session revealed that the therapist made use of a set of practices that were directive, reflecting his deontic authority to help shape different aspects of the social interaction. The therapist (Minuchin) acted as a facilitator to initiate discussions between the mother and the daughter around conflictual topics involving the mother’s authority or a lack of authority, creating opportunities for them to respond to each other and to provide their views of the situation. The SFT therapist was found to guide the family members’ interactional conduct in the following ways: (1) modifying seating arrangements to facilitate dialogue between the mother and the daughter; (2) getting the family members to address each other in their talk; and (3) creating interactional space for responding to parental role descriptions. Taken together, these interactional practices worked to lead the family members into taking up and negotiating family role positions. In this context, the family members are obligated to engage with each other, creating enactments in which they display for the family therapist the ways in which the mother and the daughter tend to interact and how these interactions may be reflective of problems concerning role assignments, authority and competence.

4.1.1. Modifying seating arrangements to facilitate dialogue between the mother and the daughter

Just as spatial arrangements in a given setting have affordances that shape the ways in which we manipulate the material world (Kirsch 1995), so do bodily formations (e.g., positioning of and distance between people) foster certain kinds of interactions while hindering others (Kendon 1990). Recently, the term recruitment has been used to explain how embodied interaction can provide a context for bringing about or enlisting certain kinds of next actions from others (Drew and Couper-Kuhlen 2014). For example, placing your empty cup next to someone...
to a teapot may solicit someone’s assistance to fill
your cup. In Extract 1, the expert therapist in our
study utilized the affordances of different spatial
arrangements by directing the daughter, Marcy,
to sit on a section of the couch in which she more
directly faces her mother, thus allowing the mother
and the daughter to engage in a more focused
social encounter (Kendon 1990), in which both
participants must also attend to the visual aspects
of their interaction, e.g., whether the mother or the
daughter smiles or frowns as a response to what
the other has said. Minuchin (1974:142) refers to
this practice as manipulating space or geographical
rearrangement. For him, one of the main goals of
this discursive maneuver is to create enactments
by facilitating or blocking contact between family
members.

Extract 1: 7:16 (J = Jenny; Mar = Marcy;
Min = Minuchin; S = Suzanne)
01 S: that didn’t (right-) (0.3) That
02 S & Mar are sitting adjacenty.
03 (0.3) We have never really been in
04 side by side
05 a meeting together.
06 (0.6)
07 S: [ ( or w- ) talks, ]
08 J: [do- do you feel you ] can’t talk
09 to your mgm together. (-)
10 when you’re all by your selves. (-)
11 >“do you think that< works?*
12 (0.4)
13 Mar: u-no. (0.4) I can’t talk to her
14 marc: shakes head
15 when we’re alone like just me an
16 her.-I can’t talk to her alone.(0.9)
17 [if] there’s someone else there I=
18 Min: [m-]
19 (=can feel better. “right,“
20 Min: Marcy. (0.3) Maybe you can sit
21 here because the mic () is here.
22 (0.4) then- is- that way, (0.3)
23 Minuchin & Marcy switch places
24 you also- “you an your mom< can
25 (0.4) talk >Face to face<
26 this this kind of thing it’s not,
27 (0.3) it’s not good.
28 (3.3 — )
29 min: gestures with left hand to continue
30 Mar: well when me and my mom are
31 together just sittin alone in the
32 house we either start (') screaming
33 and yelling at- “yelling at each other,
34 (0.7) or we jus- (0.7) I just walk
35 away or something. = but when we’re

The room’s seating arrangements consist of two
couches that form an ‘L’ shape and a chair oppo-
site Suzanne and Marcy that is occupied by Jenny.
Suzanne and Marcy sit side by side occupying one
of the couches and Minuchin sits on the other,
closest to and partially facing Suzanne. When
Marcy discloses her inability to talk to her mother
alone, Minuchin in line 20 begins a turn in which
he directs Marcy to change places with him. At
first his account for issuing the directive is related
to structural reasons (Marcy is then closer to the
microphone), but then he elaborates by claiming
that the new seating arrangement places Marcy
and her mother face to face and is better than the
old side by side arrangement. We can thus infer
that this new spatial arrangement will create new
affordances in which more mother–daughter dia-
logue will be facilitated.

Minuchin’s directive may also be seen as
uniquely responsive to Marcy’s prior claim that
the degree of communication between Marcy
and her mother is limited. Thus, the therapist’s
directive may be seen as restorative, as the new
spatial arrangement is more conducive for getting
communication between them underway. This
arrangement also has implications for future align-
ments between the participants; that is, by now
sitting next to the mother, Minuchin may be in a
stronger position to align with her, especially in
contexts where her authority becomes challenged
by the daughter (see Section 5).

4.1.2. Getting the family members to address
each other in their talk

Interactions involving more than two people may
consist of multi-faceted alignments between the
participants. Drawing from Goffman’s (1981)
concept of participation frameworks and roles,
Levinson (1988) has shown that a speaker’s utter-
ance may address one interlocutor and yet target
another. For instance, speaker B may respond
to speaker A’s prior action (e.g., answering a
question) by also complaining about or blaming
speaker C who happens to be present. Thus,
although speaker B’s answer addresses the prior
action/speaker A, it also targets speaker C, making
it relevant for speaker C to respond to the complaint or blame.

These contexts are typical of family therapy interaction. Minuchin (1974) discusses how family members often use therapists as listeners to talk about the behavior of other family members. To counteract this tendency, he suggests that therapists ‘recreate communication channels’ by directing these family members to directly address the one who was talked about. For example, a family member may address the therapist, while at the same time complaining about another family member. Although this practice may serve a pro-social function by allowing a family member to say something face threatening to another without having to address them directly, it may also realize a form of avoidance; that is, by addressing the therapist, the family member passes up an opportunity to engage with a significant other on an important topic.

Just prior to Extract 2, Suzanne had mentioned that Marcy’s father, who lives in a different city, had invited Marcy to his wedding. Suzanne had already expressed her reluctance to allow Marcy to go. In this extract, we see that Marcy is upset with Suzanne’s decision. Thus, a dialogue about this issue could allow Suzanne to display her entitlements to make decisions for Marcy and, if Mary accepts the mother’s rationale, would help to restructure the family by endorsing the mother’s authoritative role.

### Extract 2: 27:31

01 Min: so you had. (0.3) a very hard
02 tilt. (0.8) both of you. (2.7)
03 it continues being hard now
04 Marcy.
05 (1.2)
06 Mar: yea.
07 (0.7)
08 Min: why.
09 (1.4)
10 Mar: well um, (1.0)
11 mar: gazes at Minuchin
12 s: gazes downwards
13 i really do wanna see my dad.
14 =i mean, (0.7) my mom may not wa-(.)
15 want me to see em. c'mon. (0.6)
16 but i mean, i haven’t seen him in about a
17 year =so i thin-k, (0.3) ye know
18 ~i have a right to see my father=<
19 (0.4)
20 Mar: ~right?

In responding to Minuchin’s ‘why’ question is line 08, Marcy formulates a complaint that she wants to go and visit her father, but her mother will not allow it. Thus, although Marcy is responding to Minuchin, the complaint aspect of her turn, and especially the distress conveyed through her tremulous voice (Hepburn and Potter 2007) in line 18, is more directly targeting her mother as an addressee. But when Marcy in line 20 explicitly seeks confirmation from Minuchin that she has a right to see her father, Minuchin refrains from giving confirmation and instead topicalizes the actual target of Marcy’s complaint. Through this move, Minuchin provides Marcy with the option of redirecting her talk at her mother. However, Marcy’s response in line 24 weakly claims that she is addressing both of them, which leads Minuchin then to assert unequivocally that her wanting to see her dad is directed at the mother. As a response, in lines 22–25 Marcy continues in the same vein by uttering a distress-laden
complaint. But Minuchin again refrains from
taking up the role of respondent and instead offers
the turn to Suzanne by stating in an epistemically
downgraded form (‘I think’; ‘>I don't know<
what.’) that she is the target of Marcy’s talk. In
claiming not to understand Marcy’s remark, he
not only blocks the possibility of indirect commu-
nication, but also rejects epistemic authority on
Marcy’s entitlements, which affords an opportunity
for Suzanne to assume an expert moral position of
‘what is right.’ Suzanne then takes the turn but does
not direct her gaze at Marcy, which may also make
it ambiguous as to whether she is addressing the
therapist or her daughter. Minuchin, however, is
quick to intervene by verbalizing that they should
engage in a dialogue (‘but t-talk’) while gesturing
for them to direct their focus at each other. This
then leads to subsequent talk in which Suzanne
explains her reasons for not wanting Marcy to go
and visit her father. Thus, Minuchin helps to create
an interaction in which parental roles and authority
are discussed and negotiated.

4.1.3. Creating interactional space for
responding to parental role descriptions

There are also situations in which family members
do not respond to prior actions, although it may be
relevant for them to do so. Certain initiating
actions of sequences such as questions, blaming
and assessments strongly mobilize a next response
to addressees (Stivers and Rossano 2010). Other
actions, however, are more implicit and thus do not
directly recruit another’s response. In these
situations, family therapists may be called upon
to enlist a response from the family member who
is being implicitly addressed – especially if certain
moral positions or familial moral orders are being
carried through talk. Getting family members to
respond can be very important in these cir-
cumstances, because it reveals how they position
themselves with respect to the moral positions put
forward – whether they agree, oppose or espouse
alternative positions. Consider Extract 3, in which
Suzanne provides a detailed account to her daugh-
ter of what it means to be a parent.

Extract 3: 31:10
01 S: >I grew up with my grandmother
02 s: gazes downwards
03 an her second husband, < my
04 Igrand [father- ]
05 Min: [you are ] talking
06 min: points arm towards Marcy
07 Min: (.) with [ (Mar- )]
08 S: [Iyeb. ]
09 s: returns gaze to Mar, nods
10 my grandfather knew my father. (.)
11 my Ty real father=the one, hh (.)
12 that- (0.3) that got my mother
13 pregnant. (0.9) an he said to me.
14 (0.9) would you like to see your
15 real dad. (0.8) ye- know what I
16 said. (1.3) I said no: (0.6) he is
17 not my 1dad. (.) I don’t know him
18 as a dad. (1.2) a nd. (1.9) ↓ I was
19 fortunate–my grandmother remarried
20 an- an a- (.) a man did adopt me
21 and he was my father as far as I’m
22 concerned. (0.8) an one thing that
23 () gives me a lotta ↑ that you
24 does not have a father. (0.5)
25 but that is the reality of it. (0.8)
26 the reality ↑s. (0.4) that you
27 do you ngt have a father= (.)
28 an I want you to see that reality.
29 because it’s important te ↑ you:
30 (1.6) it is <very important to ↑ you.
31 (0.5) that you ↓ see that reality.
32 (2.0)
33 S: because a Fother↑ as far as
34 I’m concerned an a mother, (0.5)
35 is somebody, (0.4) that. (1.8)
36 parents you.
37 (1.7)
38 S: an brings you up.=.
39 and teaches you right from wrong
40 (4.4)
41 S: and cares about you. (0.6)
42 and really cares about you.
43 (0.8)
45 Min: ↑let Marcy answer.°
46 ((several lines omitted))
47 Mar: ~if you ↑ cared about me
48 you’d show- you’d know
49 how I feel↑ about my ↑father.~.shih.
50 (1.4)
51 mar: wipes eyes with tissue, sniffs,
52 sides of mouth turned down
53 S: I ↓ know how you feel
54 about your father.↑ Marcy,
55 (1.4)
56 S: a nd,
57 (2.5)
58 S: and I’m working >that gut.=I never
59 s:< (2.5) ↑ you have to work it out.
60
At the beginning of her turn, Suzanne is gazing
downwards yet addressing Marcy. Minuchin in

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line 05 then intervenes with overlapping talk by pointing out that she is speaking to Marcy, which leads Suzanne to redirect her gaze at her daughter. Suzanne then begins her narrative about not having grown up with her biological father and continues by drawing a moral implication from her early life: that the man who raises you has entitlements to being recognized as a ‘father.’ Thus, because the children’s biological father is not involved in their upbringing, they (Marcy and her brother Travis) do not have a father.

In effect, Suzanne makes an attempt to assert her epistemic authority – she has first-hand knowledge about who qualifies as a parent (lines 10–32) – and this relates to her deontic authority of being able to make decisions on Marcy’s behalf (lines 58–59). This is certainly a difficult viewpoint to convey to a child of twelve and it is probably even harder to solicit a child’s agreement in this matter, as evidenced by the two-second pause in line 33 in which Marcy still has not reacted to Suzanne’s reasoning.

This is most likely why Suzanne proceeds to do further accounting work. Her account, in lines 34–44, appears in a three-part list format (Jefferson 1991) and provides a catalog of some of the most salient parental attributes such as parenting, teaching and caring. Suzanne withholds from speaking after each list item, but Marcy does not take up a turn at any of these points that would mark potential transition relevance places (Sacks et al. 1974).

Marcy’s witholding may be construed as disagreement implicative (Schegloff 2007), and thus that she does not affiliate with the mother’s views. Further, Marcy’s withholding plays an implicit yet central part in completing the three-part list, for had she answered already in lines 38 or 41, Suzanne would most likely not have continued with her accounts. As a result, Suzanne ends up constructing a strong argument for what constitutes a father and, by implication, who would not pass the ‘fatherhood’ test (i.e., Marcy’s biological father). Jefferson (1991) has argued that the completion of three-part lists often makes speaker transition relevant, and so it would seem that Minuchin orients to this practice by explicitly giving the floor to Marcy (line 45), allowing her to take up a position on what Suzanne had just said. As might be expected, rather than endorse Suzanne’s position, Marcy disagrees that her mother is caring towards her and, further, resists the implication that her biological father is not her real father through the possessive pronoun construction ‘my father.’

4.2. Epistemic positioning to support the mother’s authoritative role and to contest contrasting viewpoints

The enactments brought about by Minuchin’s directive actions provided a context for another set of practices. This involved Minuchin’s use of differential epistemic positions to either affiliate with talk that supports the mother’s epistemic authority or oppose talk that undermines the mother’s authority. These interactional practices helped Minuchin to construct a certain familial moral order (Hutchby and O’Reilly 2010) and, thus, to provide opportunities for changing the existing family structure: from the mother as bearer of the stigma of her alcohol addiction and thus lacking agency, to the mother as authoritative and agentive; from the daughter as displaying a lack of confidence in the mother’s abilities, to the daughter’s recognition that changes have taken place and that the mother has entitlements to authority.

Three epistemic practices were identified: (1) endorsing the mother’s epistemic authority; (2) displaying lesser epistemic entitlements to promote reflection and affiliation; and (3) contesting viewpoints that undermine the mother’s authority. Each of these practices will be considered in turn.

4.2.1. Endorsing the mother’s epistemic authority

Throughout the session, the mother reported on parental decisions that she had recently made, such as whether her six-year-old son should have attended family therapy with them or whether Marcy should visit her father alone. Although Suzanne did at times use language to express certainty when formulating opinions and decisions, there were instances where her language became less certain and indexed low epistemic authority. Just previous to Extract 4, Minuchin wondered whether the family situation sometimes led Marcy to conduct herself in ways more typical of an 18 year old (i.e., a grown up) and, moreover, whether Marcy’s resistance to parental authority may be related to that. This was then followed by Suzanne reflecting on the difficult life she had growing up.
and if this bore any relation to Marcy’s life and her being 12 years old.

Extract 4: 14:12

01 S: well, I don’t know I was on my
02 own, (0.5) in a big city.
03 (0.8) workin’ (0.9) at fifteen years
04 old. (1.0) and makin’ my own way
05 in life. (0.8) and I don’t see where
06 I- I: 11 was, (1.0) fifteen years
07 old. (2.1) I: I can’t I can’t say
08 that you can say that this is the
09 times, an this is the way it is: =
10 I don’t see that point. = at all.
11 (0.7) I jus- I just believe that
12 we’re human beings an- (0.5) and
13 () a twelve year old. (3.8)
14 does ! Not- (1.1) well, twelve year
15 old- 11: don’t know. = a twelve year
16 old’s a twelve year old, an whatever
17 you 1are an whatever you grew up
18 an ‘learned.’ = that’s what you, (0.7)
19 you 1do.
20 (2.0)
21 (2.0)
22 21 S: I don’t know. =11’m not making any
23 22 s: gaze moves up, hands to head,
24 adjusts herself in the seat
25 sense. [1- I’m ] (). I don’t=
26 Min: [you make,]
27 min: reaches out and touches B’s arm
28 S: = [know,=1-]
29 28 Min: ‘[you rilly]’ make, you make a
30 lot of sense [to me:]
31 30 S: ‘[1 don’t know.’
32 31
33 32 Min: you make a lot of sense to me.
34 33
35 34 Min: uhh. < (0.5) does she make ↑
36 sense to you,
37 35
38 36 (1.1)
39 37 Mar: yeah.
40 38 (1.3)
41 39 Min: but 1mom doesn’t feel frequently
42 40 that she has, (0.5) the right (1.4)
43 41 to, (1.2) to make rules for you.=
44 42 is that true?
45 43 (0.5)
46 44 Mar: well:.
47 45 (0.9)
48 46 Mar: I think she has the right to
49 make rules for me:, = > but I jus<
50 don’t like the rules she makes.

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After Suzanne finishes her comparison between her life at 15 and what a 12-year-old may be experiencing at the present time, there is a two-second pause (line 20). This creates an opportunity for Marcy to take up a turn and engage with the mother’s implicit claim that she, in comparison, may have had a more difficult time growing up than Marcy and, as a result, has acquired much experience and knowledge in the process. In responding, Marcy could have confirmed or challenged the mother’s claim, but instead remains silent, thus passively resisting Suzanne’s authority as someone who has ‘made her own way in life.’ Subsequently, Suzanne continues by making numerous displays of uncertainty (‘I don’t know;’ ‘I’m not making any sense!’) and nonverbal displays such as shifting around in her seat and placing her hands to her head, which may be conveying discomfort or distress. From the daughter’s perspective, this can be interpreted as a confirmation of ‘weakness,’ in which the mother appears uncertain – as someone who is unable to confidently appropriate a position of epistemic authority.

It is interesting to note that the therapist immediately aligns with the mother by showing strong endorsement of the mother’s epistemic status and her ability to make perfect sense to others (‘you make a lot of sense to me’ line 32). Minuchin also strongly affiliates with Suzanne by using intensifiers such as ‘rilly’ and ‘a lot of’ that upgrade his endorsement of the mother’s epistemic status and next asks Marcy whether she is of the same opinion. Through this move, Minuchin works to gain Marcy’s endorsement of her mother as someone with epistemic entitlements and as someone whose talk is transparent and logical. When Marcy voices agreement in line 37, Minuchin then leverages her response in order to draw Marcy’s attention to the implied paradox of having parental authority, while at the same time not having rights to make rules for one’s children.

From an SFT perspective, the sequence between Marcy and her mother in which Marcy refrains from responding and supporting the mother as an authority on salient experiences (i.e., overcoming/surviving hardships) may be demonstrating a breakdown of the appropriate structural hierarchy between parent and child. Suzanne (mother) depends on Marcy’s (daughter) endorsement of her status as a mother/executive. From an SFT theoretical perspective, this reversal of roles or
'parentification' can be understood in the context of the family's history, when the mother was drunk, Marcy had to step in and assume a more adult, executive role. Thus, Suzanne's uncertainty and Marcy's subsequent silence could be viewed as an enactment in the sense that it illustrates that Susanne and Marcy are still confused about their 'appropriate' respective roles. What the SFT therapist attempts to do in these contexts is to reverse the old pattern by forming a strong alignment with the mother to support her role as someone who has legitimate parental authority.

4.2.2. Displaying lesser epistemic entitlements to promote reflection and affiliation

Drawing attention to role relations and how they construct a certain familial moral structure can be a very delicate business. For example, in Extract 4, when Minuchin pointed out Suzanne's feelings of not having rights to make rules for Marcy, there is an implication that Marcy is in some way contributing to her mother's downgraded authority. In order to offset any allocation of blame, Minuchin often formulates a stance that downgrades his epistemic rights and access. Extract 5 continues on from this.

Extract 5: 15:18

46 Mar: I think she has the right to
47 make rules for me, but I just do it
48 don't like the rules she makes.
49
50 Min: but you know
51 what I hear, (0.5)
52 is that mom feels very frequently,
53 that she needs (.) to, (0.8)
54 apologize to you for being your
55 mom.
56
57 Min: is that true.
58
59 Min: does she do that?
60
61 Mar: mm hmm.
62 mar: multiple shallow nods
63
64 Min: an what do you think.

In line 51, Minuchin prefaces his turn with an evidential expression ('what I hear') that displays his lesser access and knowledge about what Marcy’s mother is actually feeling. Thus, the ensuing claim that the mother needs to apologize to Marcy when acting like a parental authority is put on record as based on hearsay and is thus presented as a possibility that seeks confirmation from Marcy. This epistemically downgraded turn design allows Marcy not only to take up a position of epistemic authority by confirming the veracity of this claim, but also to reflect and elaborate on the reasons why this may be so. Although Marcy does not immediately respond, she does, after a couple of confirmation seeking prompts, provide verbal and nonverbal affiliation.

After having gained Marcy's confirmation, Minuchin proceeds to probe into the reasons why the mother may have trouble taking up authority, by asking for Marcy’s opinion ('an what do you think'). With this question, Minuchin is able to upgrade Marcy’s epistemic status, i.e., that she is knowledgeable and her knowledge matters. These sequences also reveal the SFT technique of unbalancing at work: first Minuchin affiliates (joins) with the mother, then shifts the balance of epistemic status towards Suzanne as mother, and Marcy as child with lesser privileges. He then he upgrades Marcy's status as someone who is able to display knowledge about the appropriate familial moral order pertaining to mother–child relationships.

The conversation continues in Extract 6. Here we see that Marcy provides Minuchin with an in-depth report on the mother’s actions, but also how she is unable to apologize to her mom when it is clear that the mother is not at fault.

Extract 6: 15:38

64 Min: an what do you think.
65 (1.3)
66 Mar: well I told the counselor
67 that I’m seeing, (0.5) that um,
68 (0.8) uh () me and my mom, (0.5)
69 like if um an my mom get into a
70 fight right?
71 (0.6)
72 Mar: it’s almost all the time=
73 or it used to be at um at least, (0.4)
74 >that she’d come up I’d go
75 up into my room or something. ()
76 and she’d kept on (-) come up
77 an apologize.
78 (0.7)
79 Mar: an most of the time I
80 don’t think it was even her fault.
81 (0.4)
After having heard both sides, Minuchin begins in line 90 to summarize the family's dilemma: Marcy needs a parental figure who does not apologize for exercising her entitled authority but Suzanne does not feel entitled to take up this authoritative position. Then, in line 101, Minuchin frames the dilemma as a puzzle (‘it’s- it’s an interesting thing’), which does a range of epistemic work: it implies that Minuchin does not have special insight into why this problem occurs; it suggests that further reflection and exploration may allow the family to ‘solve the puzzle’; and it operates as a fishing device (Pomerantz 1980), because it targets the family members’ personal epistemic domains to which they have greater rights and access.

But after a silence in line 102, Minuchin directly pursues a response from Suzanne by asking a why question. When Suzanne again refrains from responding, Minuchin resumes by pointing out the legitimacy of Suzanne’s rights (‘after all you are the< mom’). Thereafter, Suzanne responds by indicating that she is beginning to take up these rights, thus implying that she is willing to adopt the moral family structure that Minuchin endorses.

4.2.3. Contesting viewpoints that undermine the mother’s authority

When family members produce utterances that undermine the mother’s parental authority, Minuchin tends to respond with disaffiliation through overt disagreement. This is shown in Extract 7.

Extract 7: 49:51

01 Min: yeah but you’re (. ) you’re l'vgy
02 lovely people. .hh a - bgh of you.
03 (0.6) “you know, and uh,“ (0.4)
04 uh- uh,
05 (0.3)
06 S: >well I-
07 (0.3)
08 Min: maybe,[ maybe th- ]
09 S: [for that reason, ]
10 S: I see, (. ) she’s very beautiful.
11 (0.3) wh- what I see in myself
12 and I be'tligeve she will, (0.3)
13 get on with life and be loka:y
14 but, (0.4) I really l'vge her.
15 (1.2)
16 S: >an I want her te< go:.= and
17 get the right help that she l'neds.
18 [(in time) ]
19 Min: [no: no, no no] ‘no.’ (0.6)
20 min: adjusts in his seat to face
21 no you’re wrong there.
22 min: Suzanne and Marcy more directly
23 (1.1)
24 Min: the- (0.3) right! (0.3)
25 help that she l'needs.
26 (1.7)
27 S: >well I’m l’here.<

In line 09, Suzanne responds to Minuchin’s positive assessment of the family with an upgraded appraisal of her daughter (‘she’s very beautiful’) and then goes on to avow her deep affection for Marcy. She then, in line 16, however, reveals her wish that Marcy receive ‘the right help that she l'needs’ which suggests that Marcy should get support from someone else and not her mother. The implication is that Suzanne does not have the appropriate competence and authority to execute her role as parent adequately.

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4.3. Summary

The first part of the analysis revealed the different strategies in which an SFT therapist demonstrates deontic authority by directing the family members’ interactional conduct. These practices index SFT principles of enactment, in this case used to bring a mother and her daughter into dialogue with each other. By observing these family interactions, Minuchin was able to witness how familial roles are constructed and how the mother may find it difficult to take up a position of (and account for her) parental authority or how the child is unable to recognize that the mother should have these entitlements. The second part of the analysis showed that it is during these kinds of moments of disaffiliation between the mother and the daughter that Minuchin was able respond by affiliating with each of the family members, not only to build up an empathic relationship with them, but also to endorse family member talk that indexed, from the therapist’s perspective, productive mother–daughter role relations.

5. Discussion and conclusion

Family therapy involves talk about family-related problems, and this focus brings in moral frameworks that implicate blame and accountability (Butny 2004). Further, being referred to family therapy may generate a view that parents are at fault, making them accountable for the difficulties occurring in the family (O’Reilly and Lester 2016). Although it has been shown that parents often do accounting work that positions themselves as good parents and that places blame on children (O’Reilly 2014), our focus has been on a parent who tends to blame herself and has difficulties in taking up positions of parental authority.

We have taken a discursive view in which family members come to therapy by co-constructing their relationships in the presence of a therapist. The therapist, as witness, is thus able to formulate generative hypotheses about what is problematic about the relationship through the family members’ created enactments, and hence actively intervene by affiliating with views that endorse role relations and hierarchies grounded in SFT principles. Through the lens of CA, we have shown how an SFT therapist, working interactively with a mother and a daughter, effects changes in role relations.

Early on in the session, Minuchin acted to direct and shape the family members’ interactional conduct. In doing so, he modified the affordances of participation in such a way that the mother and the daughter would be more inclined to interact with each other to negotiate delicate and distressing topics, rather than simply talking about the other’s behavior to the therapist. By facilitating these enactments, Minuchin was in a strong position to respond to, and thus shape, the family members’ conduct. He would draw from epistemic resources to adopt a position of not knowing to foster further discussion and exploration of the mother’s rights and responsibilities. But he would also contest claims that positioned the mother as having low parental authority. Throughout the session, Minuchin would flexibly affiliate (i.e., join) with each of the family members, not only to build up an empathic relationship with them, but also to endorse family member talk that indexed, from an SFT perspective, productive mother–daughter role relations.

We used a CA perspective to provide a systematic examination of family therapy as an unfolding praxis in an institutional context. CA is able to address the gap in knowledge of how theoretically informed interventions dynamically unfold in clinical practice, and how these interventions work towards inducing changes in the relational matrix of the family. With CA, we can show how important therapeutic constructs such as alliance, role relations and authority are realized and managed from one interactional moment to the next. In exploring change, we drew from Couture’s (2006, 2007) CA-informed work that explored how forward movement may be achieved discursively.
unblock conversational impasses. In our study, the mother seemed unable to take up her entitlement to exercise parental authority and the child did not endorse her mother in this role of authority. The therapist’s discursive practices functioned to balance the epistemic rights and privileges of both the mother and the daughter, by getting them to focus on these relational issues and address each other directly in their talk, and also by inviting them to consider the other’s viewpoint and to gain a systemic and mutual perspective on what is besetting the family. In conclusion, we argue that the CA perspective provides clinically useful insights for understanding how change may be accomplished in family therapy interactions.

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Notes

1. By ‘moral order’ we refer to parents taking an agentic role through which they are accountable in guiding and protecting their children, and to children having age-appropriate privileges and responsibilities.

2. All names (except that of Dr Minuchin) and information that might identify the participants have been altered to protect the anonymity of the individuals involved.

3. These nonverbal features have been shown to often co-occur with client distress displays (Muntigl 2020).

References


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