



Application of system theory of family therapy to family having Intellectual Disability

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Abstract

Families with children who have intellectual disabilities can benefit from structural family therapy. Families with individuals who have intellectual disabilities are too close knit or integrated. Within the family, they have rigid boundaries. A system therapist concentrates on the relationships that occur within a family unit and works to enhance functioning by restructuring family dynamics. This is the way that systemic family therapy may be employed in this scenario.

Key words: Structural Family Therapy, Intellectual disability

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Introduction

In the last 20 years, family therapy researches and practices have evolved into full scale and well accepted approach in dealing with human problems. Out of several models of family intervention psychodynamic structural model become more common between therapist and practioners.

Only recently have attempts been made to apply family therapy specifically to families with intellectual disability (Sunderland et al 2023, Pushpa Rani et al 2018). Therapeutic intervention have progressed from a emphasis on child to the mother child dyad and lastly to others inside the household particularly father and siblings. In studies made by Hastings, Beighton & Wills

2019 , they found many families having member with intellectual disability reported positive experiences such as personal growth and viewing their family member as a source of happiness and fulfilment and many also experience psychological and family difficulties(Buckley et al 2020. Bougeard et al 2021 compared families having typically developing child with households that have kids with cognitive impairment, they found that families having intellectual deficit child have extra problems with mental health than typical developing child families . The latest study made by Pushpa Rani et al 2018 revealed that family dysfunction in the areas of emotional status, role functions, support and social function is more prevalent among special families with mental retardation. These results indicate that the entire family is impacted when a family member has a mental retardation, and therefore, family system based intervention will be crucial in helping such family.

System theory of family therapy

The significance of system theory of family therapy lies in the ideas that have been introduced to the field. It includes

Family life cycle development:

Life cycle theories have been well established as model for describing and understanding development and change in families and individual. Fremen (1983) outlined family life cycle pertains to the following seven life stages.

1. Courtship
2. Early marriage (no children)
3. Child bearing (0-6 years)
4. Children in school
5. Reduction in family size
6. Empty nest
7. Retirement

Children with cognitive impairment will be slower in accomplishing certain lifecycle and some may never achieve them. As child approaches critical period, parent may experience renewed anxiety and sadness. Rolland (1987 as cited in Elman, 1991) developed a model of interaction of family life cycle with the course of illness. The researcher categorized disease development into onset, course, outcome, and incapacitation extent, examining interpersonal and family involvement at different stages and illness modes.

Whether one considers a normative family transition or one that is atypical, each developmental transition creates a certain amount of stress and requires shift in family roles, function and relationship. Thus, attention to the family life cycle and its interaction with specific developmental requirements of child's disability are major perspective for organizing family therapy.

Family organization

System therapist invariably construct a map defining the organization, roles and rules of the family they treat. Every life system is made up of of sub-system. So if a family is the system under study, there will be various individuals or group of individuals which function as sub-system.

Turnbull et al (1986) had elaborated on four sub-system within a family. That is

1. Marital (husband and wife)
2. Parental (parent and child)
3. Sibling (child and child)
4. Extra familial interaction (with extended family members)

In special families, specially, where the family is having difficulties in adapting, it is predicted that mother is less enmeshed or over enmeshed as a result to child.

Holistic understanding of family boundaries

System therapist posits that every system has a boundary, which marks it off from its surroundings. Boundaries are regulations that specify membership in a system or sub system. They specify who is allowed to engage in the system and how. Certain households have relatively impervious boundaries so that they are quite highly permeable boundaries and so may unduly susceptible to events and changes in their wider social environments. Darling (1979) found households with children with disabilities too enmeshed or too cohesive which tends to be over reactive and have rigid boundaries among the family unit and the outside world.

Minuchin (1978) described a family with disabled child resembling the psychosomatic family having following interacting transactional pattern

1. Enmeshment
2. Over protectiveness
3. Rigidity
4. Lack of resolution

Intervention strategies

Family intervention process as suggested by system theorist involve four phases

1. **Assessment:** Initial joining of professionals with family requires that a specific assessment be made of family's functional and emotional situations. It includes
 - Has the disability been present from birth or was the onset later
 - If later how did it occur and what explanations or belief does it has for the onset
 - To what extent does the disability impair the child functioning, especially in the areas of learning, mobility, self-care and responsibility
 - To what extent child's sex may be a factor in family's reaction

- What effects does the disabled child's age and sibling status have on the functioning of the family?
- It is crucial to inquire about and observe specifically the structure, functioning and other family process viz. communication pattern, problem solving skills

2. Goal selection

After the detailed assessment, important task of therapist is to determine whether family needed treatment. The therapeutic goals need to be specified.

Power & Burney (1988) as cited in Street et al 1988 have outlined following specific goals with families having disabled child

- Facilitating a healthy response to initial diagnosis.
- Facilitating functional forms of organization especially addressing boundary problems and subsystem functioning.
- Facilitating the development and maintenance of social network including both extended family and family based support system.
- Facilitating service access and coordination including the family about available resources for services and functioning as liaisons in coordinate services facilitating the development of advocacy skills and empowering the family in the method and process of advocacy perhaps including assertiveness skills.

3. Intervention planning

Once the initial contact for intervention session is established and the assessment of the family's situation and goals have been determined, the actual work of intervention session can proceed.

Develop tailored intervention plans that address both the child's needs and the family's overall functioning.

4. Length of treatment

Therapist should estimate the length of treatment necessary and to determine whom to include in the treatment. The length of treatment will depend on the service setting family's current level of functioning and their expectation and motivation. The question of whom to include in the therapy session will depend on therapeutic strategies adopted and willingness of the members of family.

Family therapy techniques

The following techniques have been generally used in family therapy system

1. Paradoxical intervention-Many therapists have outlined the use of paradox in therapy going back to long before the advent of family therapy (Barker, 1992). There is nothing new about the use of paradox in human communication. Children in play ground who want to be

chased and caught can be heard telling each other you can not catch me. Hayley (1976) cited in Barker (1992), suggested 7 steps in giving paradoxical directives:

- Relationship must be established with the client. This should be defined as one directed to produce change.
- Problem must be clearly defined.
- Clear goals must be set.
- A plan must be offered. It is helpful to offer some rationale for the paradoxical directive
- Anyone who is an authority on the problem must be disqualified
- Paradoxical directive should be given
- Response is observed and counsellor continues to encourage the undesired behaviour especially if the behaviour shows sign of improving.

2. Prescribing rituals and other tasks-

Rituals are a powerful component and is central to the family identity of rituals such as family celebrations (weddings, Mundan), family tradition (such as visits to relatives, family re-unions, birthday, wedding anniversary) and patterned family interactions (such as regular dinner timer, bed time routines for children, customary treatment of guests and weekend leisure activities). The modification or prescribing of rituals in given categories may be used to facilitate change.

3. Declaring therapeutic impotence-

Here therapist declare their impotence without blaming anyone. This can be effective when the family and the counsellor have become locked in symmetrical relationship. In such a situation every intervention the therapist attempts to make is in some way blocked or disqualified. The timing of this intervention is important. Palazzoli and her colleagues (1978) emphasized that it should not be done too soon. It might seem to be one where the therapists are giving over control to the family but in reality they are taking control.

Conclusion

Although family therapy arose out of family research especially research into the families of schizophrenia but later it shifted its focus to other wider range of family issues. There has been advancement in different areas such as assessment and classification of families, process of therapy but much remains to be done. As far as application of family therapy to families having disabilities are concerned attention to the interactive functioning within the total family system and between the family and other systems have been seen crucial.

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