

## An Intervention Study on Family Crisis and Communication Pattern: A Strategic Family Therapeutic Approach

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### ABSTRACT

**Background:** Family is the primary institution that nurtures every human being to socialize. But, problems occur when this process gets disrupted and family members exhaust their resources during a catastrophe. Communication is an integral part of the family that conveys an individual's expression to one another. Strategic family therapy directly addresses the complex communication pattern and coping in a crisis. The present study attempts to manage crisis and poor communication pattern through strategic family therapy on families without children. **Materials and Methods:** Ten families were selected through the purposive sampling method from the Institute of Psychiatry, Kolkata, following the inclusion & exclusion criteria. It was a pre-post intervention study. At first Family Communication Scale (FCS), Family Crisis Oriented Personal Evaluation Scale (F-COPES) were administered and strategic family therapy was provided as per the need of the family. After therapeutic sessions, post-assessment was done in the same parameters. Descriptive statistics and the Wilcoxon test were used for analysis. **Result:** In the post intervention analysis, a significant change was found in communication pattern, reframing and positive appraisal in family crisis-oriented situations. Strategic family therapy equipped the families to handle maladaptive communication and crises. **Conclusion:** The present study demonstrated the cogency of strategic family therapy by uplifting the communication pattern and crisis more efficiently as a family.

**Keywords:** Family communication, family crisis, strategic intervention, family therapy

### INTRODUCTION

Family is a social system that amalgamates one or more individuals who share their physical and psychological inclination with each other. It is considered as a natural and cultural heritage which yields a set of rules and attributes it with specific roles and rituals, consolidated with an organized power structure and the exchange of the communication pattern by the members. Under this structure of the family, members tie themselves in common thread or frame themselves in a way that evolves a specific tradition within them. Family organization commence through marriage, births and adoption. Change and growth of the family and family members occurs subsequently according to the individual and familial need. This equilibrium in the process remains productive until its members grow up with this process, but the problem occurs when the family members exhaust its resources and subsequently interrupt the family process. When family homeostasis gets disrupted with the influence of some external or internal stressors and the family burden they often fail to revert by their own and seek professional help.

Family therapy is a comprehensive term to describe a wide range of methods for working on families with different family pathology. There are various approaches of family therapy, which eventually focuses on a stable and adaptive family dynamics that help in resolving problems. Among various aspects of the family process, communication is that unparalleled bridge that binds family members with each other. Communication is a process, which builds

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the family structure in a significant way. It can occur in different level, verbal, non-verbal, direct and indirect. A faulty communication might lead to family dysfunction whereas a positive communication can maintain the equilibrium of the family functioning. This dysfunction might be resolved by bringing change within the family members and providing the required support to the family. The Circumplex Model of family functioning suggests that a balanced level of cohesion and flexibility are conducive of healthy family functioning. Conversely, unbalanced cohesion and flexibility create disequilibrium in the family functioning. According to Olsen (2001), the communication dimension is viewed as the facilitating variables which maintain the level of cohesion and flexibility in the family.

Strategic family therapy offers direct, active interventions, which aims in solving or reducing the problems in hand. It typically sets a series of intervention that brings the change in transactions patterns in the family. It also addresses different pragmatics of communication. In strategic family therapy, more focus is given in the punctuations that are used in different level of communication, coping strategies used in families and problem-solving abilities of the members. There are many studies on communication process (Smith et al., 2009; Olsen, 2004; McCubbin, 2001) but there is still a dearth of research that identifies the coping strategies of the family in a crisis that is associated with the communication. This study was aimed to assess the outcome of strategic family therapy on crisis orientation and family communication pattern.

## **MATERIALS AND METHOD**

The study was a cross-sectional, institution-based, pre-post intervention study which was conducted in West Bengal, Kolkata. Through purposive sampling 15 married couples without children who have attended the out-patient department of the Institute of Psychiatry, Kolkata was selected for the study. Ten married couples completed the pre-post intervention were finally included. Those heterosexual married couples who are married for at least 2 years without children, between 20-50 years of age were taken for study. Those families who have been referred for family therapy in the Department of Psychiatric Social Work were included in the study. Informed consent was taken from all the participants (family members). Persons who have an acute psychiatric illness, disability, chronic or neurological illness in the family were excluded from the study. After taking informed consent from the participants, socio-demographic and clinical details were taken using a semi-structured proforma. After that, Family Communication Scale (FCS) (Olsen et al, 2004) a 10 items scale that was used to assess the communication pattern within the family of the participants. Family Crisis Oriented Personal Evaluation Scale (F-COPES) (McCubbin et al, 1987) a 30 items scale with five sub-domains of acquiring social support, reframing, seeking spiritual support, mobilizing family to acquire and acceptable and positive appraisal was administered to assess the crisis evaluation of the family of the participants. As per the need of the family, strategic family therapy was provided and post-intervention assessment was done by using the same parameter. Data were analyzed by using the Statistical Package of Social Sciences version 25 (SPSS 25). Descriptive statistics were calculated and comparative profile in pre and post-intervention was done by using Wilcoxon signed ranked test.

## **RESULT**

Table 1 shows, the age range of participatory family members was found to be between 20-40 years. Majority of the clients were hailing from rural (40%) and suburban area (40%) and rest 20% of the participants were from the urban area of West Bengal. Majority of the families were found to be Hindus (70%) and 30% of them were Muslims. 80% of married females were homemaker, 10% of them are self-employed and the rest of them were students. Majority of family earning (80%) were within the range of 5001-15000 INR and 20% of the

family earned less than 5000 INR per month. Half of the families, i.e., 50%, belong from a joint family, 40% from nuclear family and rest (10%) of the families belongs to extended family. The average number of family members who participated in the study were between 3-4.

**Table - 1: Socio-Demographic Profile of the Family**

Variables	Categories	Frequency (%) Mean $\pm$ SD (n=10)
Age		25.90 $\pm$ 6.81
Domicile	Urban	2 (20%)
	Suburban	4 (40%)
	Rural	4 (40%)
Religion	Hinduism	7 (70%)
	Islam	3 (30%)
Occupation	Self-Employed	1 (10%)
	Student	1 (10%)
	Homemaker	8 (80%)
Family Income (Monthly in Rs)	Less than 5000	2 (20%)
	5001 – 15000	8 (80%)
Type of Family	Nuclear	4 (40%)
	Joint	5 (50%)
	Extended	1 (10%)
No. of Family Member		3.90 $\pm$ .86

Pre and post-intervention comparative profile on family communication scale (FCS) and family crisis oriented personal evaluation scale (F-COPES).

**Table – 2: Comparative Chart on FCS and F- COPES**

Domains	Negative Rank	Positive Rank	Ties	Z
Family Communication	1	8	1	-2.318*
Acquiring social support	3	5	2	-.564
Reframing	1	6	3	-2.120*
Seeking spiritual support	2	5	3	-.171
Mobilizing family to acquire and accept help	1	6	3	-1.355
Positive appraisal	0	10	0	-2.810**
Family crisis oriented personal evaluation scale	1	9	0	-2.146*

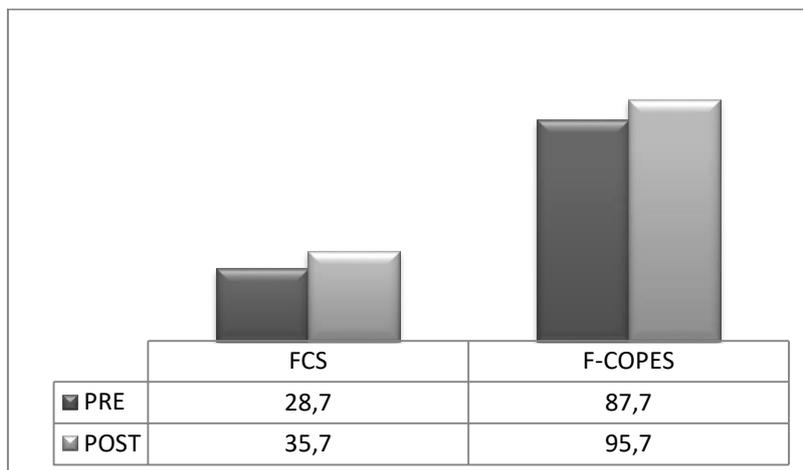
\*Correlation is significant at 0.05 level (2 tailed) \*\*Correlation is significant at 0.01 level (2 tailed)

Table – 2 shows the comparative chart on pre and post-intervention of family communication and family crisis oriented personal evaluation scale, which was done by using the Wilcoxon signed-rank test. Families found to have statistically significant difference (0.05 level) in communication pattern when assessed with family communication scale. In family crisis oriented personal evaluation scale statistically significant difference found in reframing at 0.05 level and in positive appraisal significant difference is observed at 0.01 level. The total score in the family crisis-oriented evaluation was found to be a statistically significant difference in the 0.05 level.

Figure – 1 show that the mean score of the pre and post-intervention of FCS and F-COPES. The mean of pre-assessment of FCS was 28.7 and post-intervention mean was 35.7. Mean

score of pre and post-assessment of F-COPES was 87.7 and 95.7 respectively. The higher score of the post-assessment of the communication scale was indicated a better level of communication between the spouses. In family crisis oriented personal evaluation scale scores of post-assessment were higher than pre-assessment in reframing, seeking spiritual support, mobilizing family to acquire and accept help, positive appraisal and overall scores of F-COPES. The higher score of each sub domain and overall F-COPES were indicated that family members acquired the strength to achieve better coping in a crisis of the family.

**Figure – 1 Pre and Post Intervention of FCS and F-COPES**



## DISCUSSION

The literature on the family communication process and the crisis orientation highlights the need for family therapy in a specific domain of family dynamics. The purpose of the study was to assess the efficacy of strategic family therapy on communication and crisis management in which it was revealed that participatory families have communication problem among each other. Whether they live in the nuclear or joint or extended family, whenever a problem occurs between the spouses it affects the communication pattern of the whole family. The pattern of communication can be measured at three levels, i) channels/ noise level/ equality of participation/clarity of communication, ii) direct – indirect; verbal – non-verbal, iii) ambiguous/paradoxical/switchboard. Lennard and Bernstein (1969) operationally used the term channel of communication that defines “who speaks to whom”. Indirect communication defines the communication which is unclear and violates the pragmatics of the sentences that was sent (Epstein, 1978). Switchboard communication refers to that communication which is communicated via third parties to avoid each other which creates the risk of misinterpretation and develops a communication gap between family members. In Indian culture, a child plays a huge role to keep a family's cohesion intact. Children behold the attention of the family member to the fullest and often, directly or indirectly, regulate the whole family structure. Keeping that in mind, only those families were chosen for this study where there was no child in the family, so that they do not influence any of the family dynamics. During the time of assessment in the pre-intervention period, the score found to be lower which indicates the poor level of communication. It was observed in the present study that many of the participatory families, especially the spouses often fall in a communication pattern that leads to symmetrical escalation. Symmetrical relationship sprinted the risks of being competitive and the ones spouse actions influenced the reactions of another spouse at a greater level. The partners often quarrel meaninglessly which creates conflict between them due to trivial issues. Various grounds for problems in communication were identified such as excessive anger outburst leading to verbally abusing each other, lack of listening skills, misuse of nonverbal communications etc. Strategic family therapy was

used to bring changes in communication by attempting positive directives. Along with that, first-order change was attempted to make some superficial behavioural changes within the family as an immediate solution. While they do not change the structure or the hierarchies of the family functioning, they help to make temporary rectification. Followed by this, improvement of the family members the second-order changes implemented to strengthen the basic changes in the communication. Second-order change is beneficial equipment for strategic family therapy. Through this strategy revision of the system's structure and function were attempted. It helped in reorganizing the system of the participatory families to achieve its functional level at its best fit. It was noted that family members started putting more effort to understand one another, communication gap lessened and basic pattern improved which was reflected in the post-assessment score between them. The post-assessment score was indicating better functioning in the communication level of the family members. In an intervention study by Santisteban et al. (2003) who has used brief strategic family therapy found to be effective in family functioning. After post interventions, the researchers revealed that those families were taken the family therapy they tended to maintain their function at a greater level than the family who stopped taking the family therapy. This therapeutic use of strategic intervention results in a positive outcome in the communication pattern of the family.

While in a crisis it was seen that the participatory families found to face trouble in acquiring social support, reframing their coping abilities, mobilizing them to acquire help, positive appraisal and seeking spiritual support. To address these domains positive behaviour was tried to be instilled in the family members. A change in coping strategies due to incorporation of positive behaviours was found to effective in another study as well (McCubbin et al., 2001). The F-COPES measures based on a model that assumes that positive behaviour can enrich the coping strategy of the family to deal with the stressors like mental illness. The next stepping stone of strategic family therapy was incorporating reframing to modify faulty coping strategies and seeking social support of the client for the betterment in those areas. Through reframing the existing frames of the family system was targeted through the changes of the directives. In this study, it was found that some family members face hurdles to discuss their stressful situation with the other family members. Some families fail to accept the distressful situation they are facing as a fact of their life; rather they like to live in denial. Some of the families were found to be unsuccessful in taking a firm decision in a crisis; they often could not set a frame of mind that made them able to see things from a different perspective. Thus, reframing attempted to target these areas. In the sessions, these families were equipped to reframe their cognitive process to analyze a situation that can lead them to handle the stressful situation in a better way. The post-intervention score indicates a positive outcome for family functioning. These were the common strategies that were implemented to address the communication and coping strategies in a crisis for the families who have participated in the study and proved to be successful for them. In a study by Crowe and Lyness (2013), it was suggested that better positive appraisal could lead a family in better coping to face a crisis. This redefined coping strategy can uplift the family process and functioning. Though, this finding did not match with the overall result of the current study, yet it supports the findings partially. Another study by Young (1995) similarly hinge that reframing coping can be positively lighted up a crisis for a person and that can build the family functioning more effective.

The present study reflected a positive outcome in managing crises of family and improved family communication in strengthening overall family functioning through Strategic family therapy.

**Limitation:** The sample size was relatively small and a larger sample would have represented a broader spectrum of the population.

**Future Directions:** It was further recommended that to imply this therapeutic intervention of strategic family therapy on a larger representative of samples. That approach would allow a better theoretical direction of strategic family therapy and the relationship between other domains of family functioning.

## CONCLUSION

This study is among very few intervention studies in the western region of India that focused on the crisis-oriented family situation and family communication on families without children. It showed progress on some of the crucial part of family functioning and among very few documented intervention-based study on strategic family therapy in Indian families. This study considerably contributes to the current literature and it is suggested that there is still much have to bring light on in this field.

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**Conflict of Interest:** None

**Ethical Clearance:** Taken

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