8 Focus

Focus is a term borrowed from the world of photography, in which it represented a significant technical breakthrough. Early cameras only had pinholes. The photographer's emphasis was determined by where she was standing. If she was in front of the tree, the tree dominated the picture, even if William Howard Taft was standing next to it. The advent of lenses changed all that. The photographer could focus on a person, one flower in a bouquet, or even one petal. The relationship of the figure to the background could be controlled simply by making adjustments. Now the photographer could frame the world she wanted to portray.

In family therapy, focus can be compared to building a photographic montage. Out of a whole scene, the photographer decides that she wants to emphasize the house. Not the sky, the road, or the river; only the house. She begins to play with focus. She zooms in to make the door salient and takes a picture, then widens her focus to include the door and the window and takes another. She zooms in tighter, and shoots the doorknob. Out of this playing with multiple views of the same object, a multidimensional view emerges. It transcends mere description, to achieve the larger concept: the house.

In observing a family, the clinician is flooded with data. There are boundaries to be mapped, strengths to be highlighted, problems to be noted, complementary functions to be studied. The therapist will select and organize this data in some framework for meaning. But the organization ought also to be a therapeutic schema, one that facilitates change. The therapist will therefore arrange the facts she perceives in a way that both relates them to each other and has therapeutic relevance.

To do this requires, first, that the therapist select a focus and, second, that she develop a theme for work. At the same time, she screens out the many areas which, though interesting, do not contribute to her therapeutic goal at the moment. In the session, she selects elements of this family's transactions, and organizes the material in such a way that it fits her therapeutic strategy. By sifting out much of the information flooding her during the session, she is able to zero in on the data that are therapeutically relevant.

The therapist's schema includes both a structural goal and a strategy for achieving that goal. To challenge an extremely enmeshed family, for instance, the therapist may focus on the family's diffuse boundaries. How she does this will be determined by the content and process of the session. But the data will go through a transformation imposed by the therapeutic theme.

This is a hard lesson to learn. We humans are all content oriented. We love to follow a plot, and we are impatient to hear its end. But a content-oriented therapist can be trapped into operating like a hummingbird. Attracted by the many colors and tastes of affective disorder within the family, she flits from issue to issue. She gains a lot of information, satisfies her curiosity, and probably gratifies the family, but her usefulness in the session is limited to data-gathering. At its end, the therapist may find herself merely confused by the diversity of the issues. And the family may well experience the familiar discouragement of having told their problems to a therapist who "didn't help us at all."

By contrast, the therapist who develops a theme explores one small area in depth. Her data-gathering relates to the process of change, not to the family history and description. Instead of being transported from one plot to another while tracking the family content, she concentrates on a small segment of the family experience. And because family interactions tend to be isomorphic, exploring this small segment in depth will yield useful information on the rules that govern behavior in many other family areas as well.

There is an obvious hazard in focusing. The therapist develops a "tunnel vision," and she must be very aware of this. She must realize that once she has begun to develop a focus, she has programed herself. She begins to ignore information. Therefore, she must be supersensitive to warning indicators. She must hear the family if it tells her, "We are

not following you." She must pick up feedback that tells her, "You are relating to your theories, not to us."

The therapist must also be aware that focus leaves her vulnerable to the dangers of induction. As she accommodates to the family and selects data, she may be seduced into selecting precisely the data that the family feels comfortable presenting. The therapist's job is to help the family change, not to keep them comfortable.

Jay Haley describes the case of a family with a drug addict.[1] The identified patient has been struggling to control his addiction and has been drug-free for two months. The family comes for the next session, agitated and depressed.

Father: We have a sad group here.
Mother: That's because I'm not coming back anymore. First of all, I'm moving. I am separating. Eric can go on his own. He's already made a mistake.
Therapist: You two want to separate? Is that it?
Father: I think it's the best thing.
Eric: I am the problem. You said you should go your way and she should go hers because I am a dope addict trying to make it.

The content of this transaction is an alarm bell to any therapist. But it is also, quite conceivably, a red herring. Therefore, the therapist in the case does not allow himself to be seduced into pursuing the content. He insists that the parents postpone any decision. In effect, he says that their separating is not relevant at this point. The three of them are in therapy to help the identified patient with his addictive problem. Because the therapist is following Haley's theoretical schema of how to work with drug addicts, he is able to decide to continue focusing on the chronic problems of parent-son transactions instead of the acute problems of husband and wife.

The therapist must sometimes postpone or ignore the exploration of both process and content material, no matter how tempting, to pursue her structural goal. She does not pursue her own agenda, heedless of its relevance to the family. But while paying attention to what the family presents, she clusters their data in ways that are relevant for therapy and decides on the hierarchical significance of those clusters.

PITFALLS

The Martin family was referred to therapy by the courts because the father, a nuclear physicist, had been sexually molesting his 15-year-old

oldest son for two years. His wife of sixteen years had a good idea of what was going on, but she never confronted her husband.

The therapist begins work with several caveats in mind. He is especially concerned with avoiding a linear allocation of blame. The father has been abusing his child, but the wife has clearly been colluding, and by now the boy is a willing participant in the total process. The therapist also surmises that the husband's abuse of his son is at least partially an expression of problems between the man and his wife.

As a result, the therapist spends the early therapy hours dealing with the problems between the spouses. Since the family way of operating is to act as if the incest has not occurred and the spouses are quite willing to explore their difficulties as a way of avoiding the issue, the first few sessions are spent defining minor issues and helping the parents agree on them. At this point, the therapist and family are operating in a collusion of avoidance.

By the fifth session the supervisor suggests a reordering of therapeutic hierarchies. The therapist has to address himself to the child abuse rather than to the dysfunctional relationship between husband and wife. The therapist then enters the session and tells the parents: "You are a destructive family. I think you should consider whether you want to stay together, or whether you want a divorce." This question becomes the theme of the session. The couple now have to pull together to prove that they are not a destructive family. The problem affecting the boy is thus addressed, but in a way that also has the possibility of strengthening the parents' relationship.

The hierarchical reorganization of the family theme is another aspect of focus, for as the therapist highlights themes that she deems to be high priority, she often changes the family's idea of what is important. At times, the therapist focuses on a small moment of therapy and spotlights an interaction that is central to the family structure. The family, following her focus, experiences the transformation of the trivial and unremarkable event into a relevant theme. The very fact that the therapist has singled an issue out makes it important. The small, totally familiar interaction suddenly becomes unfamiliar; like breathing, it is only easy until you begin to think about it. From then on, the family reality that fit like an old shoe will pinch a little.

USE FOR CHANGE

In the Clatworthy family, the therapist weaves such small moments into a coherent theme. The family is composed of a single mother in her

early thirties and four children: Miranda, age 13; Ruby, 12; and Matt and Mark, the twins, 11. Mark is the identified patient, although both twins are presented as a problem. They fight constantly, and they have been suspended several times from school for vandalism. The mother, who is on welfare, suffers from renal disease and hypertension; she has recently been hospitalized for gallstones. Both twins are eneuretic. Mark is in a special class; Matt is hyperkinetic. All the children have been suspended at one time and another, and they are regarded by the school as virtually uncontrollable. They are constantly threatened with foster placement by the mother and the agencies with whom the family is involved. The mother once placed the twins in foster care for a month, then changed her mind and brought them home, hoping to keep the family together. She came to therapy "as a last resort."

The family reality, as described by the mother, is characterized by constant fighting, lying, and stealing. She says that the children do not wash or change their clothes unless she does it for them. Ruby once took her menstrual pad off in public and threw it at a neighbor's house. The children defecate in each others' clothes, to get revenge.

The dysfunctional structure is a consequence of the hopelessness of the mother's world of poverty and debilitating illness and her own sense that she cannot cope with the demands of life, conditions which are exacerbated by the demands of the agencies that regulate the lives of the urban poor. All these factors organize her to look at her children with an emphasis only on deficit. Within the family, boundaries do not differentiate sufficiently. The mother and the outside agencies lump all the children together as one mass of problems.

Since the social welfare institutions emphasize only a partial aspect of the family's reality—its deviancy—the therapist determines to focus therapy on another partial aspect of reality—the elements of competence in this family. The therapist challenges the distorted worldview that sees the children's relationship to each other, to mother, and to the school only in negatives. He focuses on the more complex reality, including the possibility of competence rather than the hopelessness of deviance, so that this family may be able to make it through the difficulties of their situation.,

After the Clatworthy family has been in treatment for several months, the therapist, John Anderson, asks Minuchin to see the family with him in a consultation. The goal of the consultation is to help the therapist pull the family members away from their insistence on negatives and move them toward actualizing their competence.

Minuchin: Have you been in this room before?
Matt: Not this one.
Minuchin: Okay, Now I want you to tell me, what do you see in this room that is strange?
Matthew: I see cameras.
Minuchin: How many cameras?
Matt: One, two—
Mark: I see microphones—
Ruby: I see one, two, three cameras.
Minuchin: Three cameras. How many microphones? How many—show me.
Mark: One, two, three.
Minuchin: Okay, there are three. Now, what else do you see in this room that is spooky?
Ruby: The mirror.
Minuchin: The mirror. What do you think about this mirror?
Matt: It's got no glass on it.
Minuchin: Do you know what a one-way mirror is?
Mark: No, I don't know.
Minuchin: Okay, come here, and I will show you. Do you all want to come?
Mother: No, I know how it works. I've been here before. (*Minuchin takes the children into the room behind the one-way mirror.*)

The consultant starts the session by joining with the children in an exploratory game. Behind the one-way mirror he continues the game of exploration, turning the lights on and off and showing how the direction of the one-way mirror can be reversed. The children's response is curious, alert, interested, and participatory, and their comments are intelligent. Since none of these characteristics are included in the family description of the boys, the consultant feels inclined to explore this unacknowledged part of their behavior as a challenge to the concentration on their destructiveness by the family and the school.

The session is led by the therapist for the next fifteen minutes. The family is told that in this way the consultant will be able to see how the family and therapist dance together. During this period the mother complains to the therapist about the twins' behavior, while they express a curiously polite agreement with her. After fifteen minutes, the consultant takes over, while the therapist moves his chair back, indicating a change in leadership.

Minuchin: Okay, I am a little bit confused. Let me tell you what I saw. (*To children.*) I see that you are very bright and very observant. You enter the room and, just like lightning, you saw everything. So I see that you are very bright kids. I also see you work well together. I hear you talk, and you sound polite and bright and soft, and so I asked myself, "What's the problem with this family?" But maybe you have changed a lot in the last couple of months since you have been in therapy? Is that what happened? Is it possible, Ruby, that in the last two months you have changed completely?
Ruby: Probably so.
Minuchin: That's beautiful. Who else has changed? You, Mark?
Mark: No. Thirty-five percent has changed.
Minuchin: What is the way in which you have changed? This thirty-five percent, what is it?
Mark: Well, I wear underwear. I wear socks. I'm trying to make myself be smarter and everything.
Minuchin: And what about you, Matt? When your mother says that you were looking like bums, what does she mean?
Matt: She means that our clothes are dirty, our socks are mismatched.
Minuchin (*indicating the boys' present attire*)*:* That means that you don't usually dress like that?
Mark: No, today I tried to get myself neat.
Minuchin: What about you, Matt? Would the teacher complain if you come dressed like that? How do you dress usually?
Matt: Sometimes I don't wear underwear—sometimes no socks.
Minuchin: And what is the problem with you, Ruby?
Ruby: Sometimes I wasn't doing my hair, and I wasn't wearing socks, or I used to wear dirty socks.
Minuchin: Then I am confused. You know, I really need a little bit of help, because you seem to be a very nice girl, a thoughtful and respectful child. So why don't you do what they expect from you?
Ruby: I just don't want to do it.
Minuchin: And Mother tells you that you should wear different clothing?
Ruby: She would say, "Wear the proper clothes."
Minuchin: And what would you say?
Ruby: I would just pay her no mind.
Minuchin: So, you are fighting with Mother. Not a real fight, but one in which you do whatever you want. Is that it?
Ruby: Yes.

Minuchin: Miranda, you are thirteen and you are the oldest. And you also look to me like a very well-put-together girl. What kind of issues did you have with Mom?
Miranda: Sometimes when she goes out and I see her house messed up or something, I do Ruby's job, or the twins' job. She'll tell me over and over again, "Don't do their job," and I don't pay her any mind. I just go ahead and do it.

There is a disparity between the children's demeanor, which is polite and cooperative, their dress, which is clean, neat, and esthetically pleasing, and their description of themselves, which emphasizes negatives. Even Miranda, the parental child, who has taken over many responsibilities because of the mother's illness, presents her responsible behavior in a negative framework. This single-parent family with a sick, depleted, hopeless mother has developed a structure in which the mother delegates functions to the parental child, but since the mother feels that it is wrong to do so, and that this constitutes a failure in her maternal role, she communicates a negative affect to a necessary structure.

Various social institutions support a negative framing for this family's reality. The Department of Welfare has threatened to cut off their income if the mother's boy friend of the past two years moves in with the family. The school sends continuous messages home about the teacher's difficulty with the twins, which frames the school problem as the mother's failure. And the therapist has focused on exploring the difficulties of control in the family and emphasized the mother's need to increase her executive functions.

The consultant, impressed by the general insistence on negative framing, is attracted by the family members and can spot positive qualities in their transactions. All of this reinforces his first impulse to challenge the family framing.

Minuchin: That means this house has two mommies?
Miranda: Um-hum.
Minuchin: Her and you? So, you are the good one. You are the responsible one.
Miranda: Not really.
Minuchin: I know that Mom is sick; and so, Miranda, you take over a lot of the things to help her.
Miranda: Yes.
Minuchin: And is it possible— I will ask you, Ruby. Is it possible that

you don't like it when Miranda acts like a second mother? Is she very bossy?
Ruby: Sometimes she is.
Minuchin: And do you like that?
Ruby: No, sir.
Minuchin: When Miranda is bossy, what do you say to her?
Ruby: When she tells me to do something, I tell her to mind her own business or get out of here or something like that.
Minuchin: So, you have a problem here between Miranda and Ruby.
Mother: I've always had a problem with them. I even had them separated for a while. Ruby is more introverted than Miranda. Miranda is outgoing and tomboyish. She used to be very tomboyish. Ruby used to be more domesticated and always playing with tea cups and dolls and everything, but she's been with the boys longer. And Miranda stays to herself a lot more than she used to.

The mother's description is highly differentiated; she is clearly a sensitive person who is observant of the children's individual developmental processes.

Minuchin: Brioni, you will need to explain to me. I think you have very beautiful children.
Mother: I do, too.
Minuchin: So, I don't understand. You see, I see them as beautiful and bright and respectful so I am just confused. What are you doing in a child guidance clinic?
Mother: Well, maybe because you're not with them all the time. The teachers aren't saying they're respectful. Mark got suspended from school last week for beating and stomping on his teacher, taking books out of class—
Minuchin: Hold it a minute. I am confused. Mark, Mom says that you are a terror in school. Is that true?
Mark: Yes, sir, I am.
Minuchin: So that means you are just conning me when you said, "Yes, sir." And you act like you are really respectful, and in school you are a terror.
Mark: Yes, sir.
Minuchin: What do you do in school?
Mark: I destroy school property.
Minuchin: You destroy school property? What does that mean?

Mark: It means that last month—
Mother: Last week.
Mark: Last week, I destroyed the boys' bathroom door and I destroyed the—
Minuchin: Why did you do that?
Mark: Because I didn't feel like opening the door, and I just kicked it and I cracked it.
Minuchin: That means you are a con man. I see you so polite and bright and kind of very, very much an all-11-year-old, but all of that is just a facade. You really are a gangster underneath. Is that true?
Mark: I'm not a gangster.
Minuchin: What are you?
Mark: I'm a little boy.

Mark accedes to the mother's request that he describe his "monster" behavior, presenting again a duality between the described and the manifest behavior: a gangster versus a little boy. Since Mark's behavior contains both parts, it behooves the consultant to select which aspects he will focus upon. In accordance with the therapeutic goal, he begins to develop a theme.

Minuchin: Do you know that story of Dr. Jekyll and Mr. Hyde?
Mark: I never heard about it.
Minuchin: Okay, it's a story about a very nice and gentle man who takes a medicine and gets transformed into a mean, evil man. Didn't you ever see that picture?
Mark: I never saw it before.
Matt: I know what you're talking about now. A man will turn into a wolf or something like that.
Minuchin: Are you just like that—very nice and gentle and sweet and respectful and loving and suddenly a monster, Mark?
Mark: Yes, sir.
Minuchin: You are like that. And now you are the lovely part, and when you go away, you become a monster. Is that the idea?
Mark: Yes, sir.
Minuchin: What kind of potion do you take? Do you take special things?
Mark: No, I don't. No, I don't take no pills or nothing.
Minuchin: And just on your own you become a monster.
Mark: Yes, sir.
Minuchin: Great! What a talent! Matt, can you do things like that?

Matt: I'm like The Hulk. When I get mad, I turn into a monster.
Minuchin: You also can change. Do you take any pills to change?
Matt: No.
Minuchin: Just on your own?
Matt: Just take your strength to change, that's all.
Minuchin: And you become a monster in school?
Matt: Yes, sir.
Minuchin: And at home, do you sometimes become a monster?
Matt: I never talk loud to my mother. I may get mad at her, but I don't call her names or anything.
Minuchin: Most of your monster act you reserve for school?
Mark: Yes, sir.
Matt: My mother said I won't be a survivor.
Minuchin: Why does she say so?
Mark: I don't know.
Minuchin: Can you ask her why she says so?
Mark: Yes. Why do you say I won't survive?
Mother: Because he's always manipulating people, beating them up, and it seems like he gets a high just manipulating people. And I've been telling him, one of these days I'm looking for somebody to knock him down from being a survivor.
Minuchin: I just want to tell you kids something. You know, your mom tells me bad things, and you are telling me that you become monsters, and so on, but I am mostly impressed by how bright you are.
Mother: Yeah, he's bright all right.
Minuchin: I am mostly impressed how clever and thoughtful you are. I am impressed with your brain.

By introducing the Jekyll and Hyde story, the consultant is accepting the family frame of the boy's destructiveness, but also expanding it to include the possibility of other transactions. Again, he focuses on the competence of the children.

Mother: Take him home. You'll find out.
Minuchin: No, I prefer them when they are the nice part of themselves. I am not interested in living with monsters. I like the way in which you are now. You are lovely.
Miranda: They are the same monsters—animals, too.
Matt: Like you are!

The mother challenges the consultant's emphasis, and this is a signal for the reappearance of the "correct" family behavior, a response that is designed to convince the consultant and the family that the consultant is, if not blind, at least myopic.

Matt (*getting up threateningly*): You're a zombie.
Minuchin: Are you going to give me a little bit of the act? Can you become a monster so that I can get a feeling?
Mark: I can't turn into nothing.
Miranda: Just ask them to get to fussing and fighting with one another and you'll see.
Minuchin: Hold it, Little Mom! Let the big Mom do it. Brioni, can you help them to become monsters so that I can see it?
Mother: The windows got broke Sunday when Mark tried to throw Matt out the window. (*Mark gets up and pushes Matt, who pushes back.*)
Minuchin: You're doing fine. You're doing fine. Make them do their act. I'd like to see it.

By asking the mother to help the twins become monsters and by making it into a game for 11-year-old children, the consultant emphasizes the possibility of control and self-control, keeps the focus on the interpersonal nature of behavior, and brings levity to an overheated area.

Mother: Well, Matt and Mark, every day they're fighting. At least once a month one of them is suspended. The school is telling me—
Matt: I didn't get suspended at all this month.
Mother: Not this month, but you were suspended last month.
Matt: For what?
Mother: Matt, you were suspended for hiding in the bathroom for a whole week, cutting class for a whole week.
Matt: But I didn't get suspended.
Mother: The problem with them is that they're slick. They know the rules and regulations of the school—what they can do and what they can't do—and they're using it to their best advantage.
Minuchin: That means that they are very bright.
Mother: The teacher told me they are too bright, but they're bright in a negative form. She said they're bright, and she said they're always trying to make somebody think they're being martyred, that somebody's picking on them. She said the principal will be so glad when June ends and they can get these twins out of this school.

At this point in the session an argument has developed between the consultant and the mother, since his emphasis is challenging the way in which the family members experience their reality. The consultant has become stubbornly wedded to the theme of competence and wants to "convince" the family members of the possibilities of an alternative framework.

Minuchin: Tell me, who is the better monster?
Mother: They can answer that. (*The boys begin to fight.*)
Mark (*pushing at Matt*)*:* You don't have to stop.
Matt: Shut up, or I'll bop you in the mouth.
Minuchin: That's good. Go ahead. I want to see the monster act. Don't stop now. (*The boys start pushing and shoving, first lightly, but the intensity of their fighting increases.*) Okay. So that's how you are when you are a monster. That's excellent. And you do that frequently? At least I know now. So, that's their monster act.
Mother: Worse. That's a mild form of it.
Minuchin: Okay, so now you have two kids who are beautiful, bright, handsome, and—
Mother: I wish they had handsome behavior. I'd rather have ugly looking children and have children that at least act like human beings.
Minuchin: Hold it a minute. You see, you have two kids who are half beautiful and half monster, and they just happen to show more frequently their monster part. (*To the children.*) I am impressed with how bright you are, and also I saw a little bit of your act, and I think that you do it very well. Like two gangsters, looking mean like you are going really to kill each other. That was very good. Now what happens with Ruby and Miranda? Are they helpful?

The family is clearly puzzled at the consultant's lack of response to the reality that they perceive, and he has been receiving messages that he had better accommodate to them, or he will not have much leverage as a leader. He therefore changes his focus, moving to the behavior of the girls.

Mother: Miranda and Ruby are scared of the boys. When the boys get to arguing and fussing, the girls go somewhere and hide. Ruby will be with them more; Miranda will stay to herself. She's getting to the point now where she just ignores them.
Matt: We aren't the only ones in the house that fight.

Mother: I didn't say that, Matt.
Minuchin: Matt and Mark, do you gang up together against Ruby? Do you fight against her together?
Mark: I fight her by myself if she gets in my way.
Minuchin: Is he stronger than you, Ruby? You look like a strong girl. You are very tall.
Ruby: He's stronger than me. Sometimes Mark starts punching on me, and then I hit him back.
Matt: Tell him what you did yesterday.
Ruby: What did I do yesterday?
Minuchin: Hold it a moment. Hey, Matt, are you your brother's keeper? You see, just now she was fighting with Mark, and you entered to defend him. So, you work together.
Matt: Some of the time I don't.
Minuchin: That's what you just did. I think it's nice. Twins should work together.
Matt: I just told her, "Tell him what you did yesterday."
Minuchin: You were defending Mark. I see that you are on Mark's side.

When Matt intervenes, the consultant considers two options: he could maintain the boundary between Ruby and Mark, insisting on the need for dyadic transactions in an enmeshed situation. This intervention, while correct in the long perspective of treatment, would not be related to the present theme of positive alternatives. The consultant decides instead to emphasize the collaborative aspect of the transaction, transforming a usual gang-up in a sibling argument into a positive transaction. At this point the television camera moves, and the boys ask questions about the functioning of the camera. The consultant answers their questions and again focuses on their curiosity and competence.

Minuchin (*to mother*)*:* I think that these are bright and exploratory children that somehow or other missed the boat and are thinking that the best part of them is the Mr. Hyde part. (*To the children.*) Even though you show me your monster act, I am still interested in the fact that you can be different.
Mother: They sure can. It seems to me that they go out of their way to do just the opposite. Even the teacher says they go out of their way to do what they want to do.

To the therapeutic organization of positives, the mother again brings the image of deficits, reinforced by the school labeling.

Minuchin: Mark, I am going to talk with Matt, and later I want your opinion. Okay? Matt, since you can be very gentle and bright and curious and you can also be a Mr. Hyde, an evil, monsterlike figure, I want to know what happens in the family, just in the family, that moves you from your angel face to becoming a devil. Who and what moves you from being an angel to being a devil?

The consultant takes the internalized label that has been programed by the family and the school and transforms it into an interpersonal issue, normalizing the monster.

Matt: Sometimes Ruby—
Mark: Miranda.
Matt: Sometimes she doesn't even mind her own business. She comes in our room every single day just to get her clothes, and she comes in there trying to be slick and saying, "Guess what you are in school," and she'll be easing her way in and we always tell her to get out, but she doesn't ever get out, so we go in her room and she says—(*The camera moves. Mark signals Matt to watch it.*)
Minuchin: Hold on! Did you notice also that while you are talking, Mark is helping you?
Matt: How?
Minuchin: Just a minute ago, when you were talking, he reminded you not to forget that the camera is following you. Continue, but I just wanted to show you that you two are really kind of nicely tuned in.

The consultant has two alternatives: to continue exploring the theme of the family as a context for the transformation of Mr. Hyde, or to focus on the support between the twins. He chooses the second alternative, building another element of the same theme.

Minuchin: So what you're saying is that you change from being nice to being a mean kid mostly when Miranda is turning you on. What about Ruby?
Matt: Um, Ruby doesn't give me cause.
Minuchin: Do you and Mark get on each other's nerves? (*Matt nods.*) You do. And then you can become mean also. So first is Miranda and then Mark? What about your mom?
Matt: Like yesterday, my mother wanted to be in her room and she doesn't like anybody in her room, and I was sitting in the hall and she

told me to get in my room. I got mad because I didn't do anything.
Ruby: Yes, you did. You got mad with my letter from my pen pal.
Matt: I didn't get mad over that.
Mother: Yes, you did. That's how it started. Ruby got a pen pal letter yesterday, and Matt got mad because Ruby wouldn't let him read it before she read it—
Matt: No, I—
Mother: Wait a minute, Matt. And I said, "Matt, when you got your pen pal letter, Ruby didn't read yours." He got so mad I had to ask Ruby to come in my room to read the letter because he wouldn't leave her alone.
Minuchin: I saw just now something important. You were talking, and then Matt wanted to jump in and you told him, "Wait a moment," and he did listen. Does that happen infrequently? Because just now you told him to stop and he did stop.

Again the therapist interrupts and establishes a point to build on the theme of competence. The focus moves to the mother and Matt's harmonious transaction in the area of control. Since the mother has been focusing only on her helplessness with the twins, the therapist brings this different transaction into focus.

Later, the consultant states a challenge to the family.

Minuchin (to boys): I just want to tell you again. You know, your mom and your sisters and the teachers all say that you two are monsters. I am a stranger, but what impresses me is your ability to reason, to think, to be thoughtful, to work together. I don't understand, because I am impressed with how good you are and everybody else is impressed with how mean you are. So I am very confused. You two confuse me and the school confuses me. Am I so dumb that the only thing that I see is the part of you that is nice?
Matt: If you were dumb, you wouldn't be here right now.

The therapist challenges the reality of the family, saying that there are aspects of themselves that are being short-changed. He joins and validates those unattended and unrewarded parts of the twins against the combined efforts of their significant others.

Mark: Shut up!
Matt: I can say anything I want to! Like, you behave like an angel? You aren't any angel.

Mark: I know it.
Matt: Then shut up!
Mark: No.
Miranda: It's only when you stay here, you're nice. When you go home, you act like animals.
Matt: Yeah, like you are.

Against the therapeutic framing of positives, the children bring back the focus on destructive competitiveness; but at this point the theme that the consultant has been developing is organizing his own perceptions and cognitive processes. This inductive process may be extremely helpful in therapy, because it helps a therapist to maintain focus. From the wealth of data he experiences, only those bits that are relevant to the development of the theme gain salience. So instead of being pulled or distracted by the routine truth of this family's competitiveness, which is irrelevant to the therapeutic goal, the consultant remains wedded to the theme of cooperation.

Minuchin: Matt, no, no, no. You see what she did just now? I am seeing the nice part of yourself, but she's not, because she knows the other part of yourself, and what happened just now is that she pulled out from you the mean part and you became mean. Did you see that? She laughed when I was saying you are nice kids. She laughed because she knows the other part of you, the Mr. Hyde, and immediately (*snaps fingers*) you became Mr. Hyde. (*To mother.*) You see, you have also done something for them that people do not tell you. You have been helping them to be curious. They are curious people.
Mother: I try to encourage them with books and things—take them to plays and libraries. Ever since they were little I tried to do that.
Minuchin: You have encouraged in them the ability to think. I just want to tell you, you have been very successful. (*Stands up and goes to shake mother's hand.*)
Mother (*crying*): You are the first one who tells me this. I see the positive side of them, but everybody else is telling me they are bad. The school board is telling me, "If you don't do anything about it, we will not keep them in school." It's hard to handle that all the time. I get tired of people telling me, "They're bad, they're bad." I know they're not that way all the time.

At this point the affect in the room changes. The consultant's support for the mother's efforts creates, for a small moment, a haven from the

continuous criticism that she experiences. His acceptance of her efforts moves her to a recognition and support of the twins' unrecognized behavior.

Minuchin: Mr. Anderson, we will need to think together about how to help Matt and Mark get out of this rut because I see tremendous potential in both of them, because this mother has done a lot of things that she really does not acknowledge. You see (*to mother*), there is a lot of niceness in your family, and since you have been sick for a long time, there is a lot in them that is helpful and supportive.
Mother: Yeah, you know they can be that way. This has to be said, because I see the side of them that the teachers and people on the block don't see, and it makes it seem like I am looking—and they are telling me I'm looking—through rose-colored glasses.

At this point there is a neutral exploratory mood in the family members' transaction, and the session continues with an exploration of all the children's work in school. By the end of the session, the theme of Dr. Jekyll and Mr. Hyde has become part of the family's framing of the boys' behavior. This theme includes the idea of the good as well as the bad, but more important, it frames their "mean" behavior as part of the family transactions and gives the boys a tool for looking at their being a systemic "part" of the family organism. The therapist will need later on to deal with a whole series of significant issues that maintain the family dysfunctional transaction. But the focus on the boys' ability to use their Dr. Jekyll skills challenges the family's dysfunctional framing and gives leverage to the therapeutic system.

9 Intensity

A farmer had a donkey that would do anything he was asked. When told to stop, the donkey stopped. When told to eat, he ate. One day, the farmer sold the donkey. That same day, the new owner complained to the farmer. "That donkey won't obey me. When you ask, he will sit, stop, eat—anything. For me, he does nothing." The farmer picked up a two by four, and walloped the donkey. "He obeys," the farmer explained. "But first you have to get his attention."

Families are not donkeys any more than therapists are farmers. But the old joke has a familiar ring to therapists. In enacting the family scenario and in intervening to produce change, the therapist has the problem of getting his message across.

The therapist's intervention can be compared to an aria. Hitting notes is not enough. The aria must also be heard beyond the first four rows. In structural family therapy, "volume" is found not in decibels but in the intensity of the therapist's message.

Family members have a discriminating sense of hearing, with areas of selective deafness that are regulated by their common history. Furthermore, all families, even those consisting of highly motivated people, operate within a certain range. As a result, the therapist's message may never register, or it may be blunted. The therapist must make the family "hear," and this requires that his message go above the family threshold of deafness. Family members may listen to the therapist's message, but

they may not assimilate it into their cognitive schema as new information. If new information requires the acknowledgment of "difference," family members may hear what the therapist says as if it were identical or similar to what they have always heard in the family. Thus the therapist may have gained their attention, and they may even listen, but they do not hear.

Families differ in the degree to which they demand loyalty to the family reality, and a therapist's intensity of message will need to vary according to what is being challenged. Sometimes simple communications are intense enough, whereas other situations require high-intensity crisis.

The characteristics of the therapist are a significant variable in the development of intensity. Certain therapists can develop great drama with very soft interventions, whereas others require a high level of involvement to achieve intensity. Families also have different ways of responding to the therapist's message. Families who are ready for transformation may accept the therapist's alternative as a supportive push in the direction that they are willing to go anyway. Other families may seem to accept the therapist's message but in fact absorb it into their previous schemas without changing; while still others openly resist the change. A therapist who has been schooled to pay attention only to the content of messages may be so impressed by the "truth" of his interpretation that he fails to recognize that the family members have simply deflected or assimilated his message without gaining new information.

Cognitive constructions per se are rarely powerful enough to spark family change. Nonetheless, therapists are frequently satisfied that a message has been received just because it has been sent. But a therapeutic message must be "recognized" by family members, meaning that it needs to be received in such a way that it encourages them to experience things in new ways. Therapists must learn to go beyond the truth of an interpretation to its effectiveness. They can do so by actual observation of the feedback from family members, indicating whether the message has had a therapeutic impact.

Even when therapists recognize the ineffectiveness of their interventions and want to change them by increasing their intensity, they may at times be handicapped by rules of courtesy. Therapists, like their clients, have been trained since childhood in the appropriate response to people: respect and acceptance of their idiosyncrasies. Besides, therapists and family members belong to the same culture. They respond to the implicit rules of how to behave in situations in which people transact with

other people. Therefore, when family members show in a session that they have reached the limit of what is emotionally acceptable and signal that it would be appropriate to lower the level of affective intensity, the therapist must learn to be able not to respond to that request, despite a lifetime of training in the opposite direction.

Once the therapist has observed a family's transactions and learned their accustomed patterns, the goal is to make the family experience the how of their interaction as the beginning of a process leading to change. The question is how to make the family "hear" the message. There are many techniques for making oneself heard.

Interventions for intensifying messages vary according to the therapist's degree of involvement. At the lower level of involvement are the interventions having to do with a therapy of cognitive constructions. At the higher level of involvement are the interventions in which the therapist competes for power with the family. In training, the middle levels of involvement are emphasized: the techniques of creating scenarios that increase the affective component of the transaction. These techniques may include a repetition of the message, repetition of the message in isomorphic transactions, changing the time in which people are involved in a transaction, changing the distance between people involved in a transaction, and resisting the pull of a family transactional pattern.

REPETITION OF MESSAGE

The therapist repeats his message many times in the course of therapy. This is an important technique for increasing intensity. Repetition can involve both content and structure. For example, if the therapist insists that parents agree on a set bedtime for their child and the parents have trouble arriving at a decision, then the therapist can repeat that it is essential for the parents to agree (structure) on a bedtime (content).

The Malcolms are the family who were referred for family therapy because Michael, 23, had been hospitalized for two months following a psychotic break during his senior year at professional school. During that period his wife, Cathi, lived with his parents.

At the initiation of family therapy, the young couple set a date to move out of Michael's parents' home into their own apartment. On the day of the move, with their new apartment entirely furnished, Michael slept until two in the afternoon. Cathi, testing her husband's commitment to her as compared with his loyalty to his parents, let him sleep. The session with the couple takes place the next day.

Fishman begins the session by asking why the couple did not move. The man lightly passes off his oversleeping: "We didn't move out because I overslept. I forgot we were going to move."

The therapist views the man's failure to move and his nonchalant attitude as a repetition of a life pattern that has organized him as controlled by the other family members—first the parents and now the wife. The move was something that had been planned for months. Furthermore, the couple and his parents had been busy readying the place for two weeks. For Michael to say blithely, "I forgot," is to abdicate responsibility for his actions while organizing the behavior of the rest of the family members. This is directly contrary to the goal of therapy, which is to increase Michael's autonomy and responsibility, so that he is not forced to use madness as a way of achieving desired change in his environment but instead can act directly, as a normal person, to produce whatever change he desires, whether it is to increase his closeness to his wife or to get out of an extremely tumultuous relationship. Either way, the normal behavior would be for him to take responsibility for the change, rather than to become symptomatic so that the changes in his relationship result only as a by-product of his madness.

The therapist, supervised here by Jay Haley, intervenes by asking Michael, in his wife's presence, why he did not move. At first Michael responds with vague answers in which he abjures any responsibility. The therapist then decides that increased intensity is necessary in order to get Michael to "own" his action. So he sets about asking Michael, repeatedly, "I wonder why you didn't move out." In the course of the session, which lasts about three hours, the therapist asks Michael about seventy-five times, "Why didn't you move out?" Michael continues to deny any responsibility.

The session lasts so long because the therapist needs to generate enough intensity to force the issue of why Michael has not committed himself either to living closely with his wife in their own apartment or to saying that he does not want to live with her because he is unsure about the relationship or unhappy with her. It takes three hours for both Michael and his wife to see the matter, not just as some anomaly that Michael did not get up in time to move out, but as a grave issue that is central to them both and which requires an answer.

As the session goes on, Cathi comes to regard her husband's failure to move out of his parents' house as more and more significant. She begins speaking of him as unable to leave his parents. Finally, she says that she

wants to move out alone. Michael starts to cry: "No, I won't let you move out alone. I want to go with you." Cathi replies, "No, you didn't move when you had a chance, so now I'll go alone."

Michael is in a dilemma. To let Cathi move out alone would leave him home with his parents without Cathi to act as a buffer between him and his mother. Yet he cannot forbid Cathi to move. It is her apartment, too, and as she has the only job between them, she can afford to maintain the place. For the purpose of this particular therapeutic strategy, Michael is treated temporarily as if he were the beginning of the circle, or in control of the situation which clearly he is not. Finally Michael says, "Okay, you can move out." Now Cathi begins to indicate that she really does not want to move alone. Two days later, the couple move together to their new apartment.

Fishman here focuses on both structure and content to increase intensity. The content is, "Why didn't you move?" The structure is the powerful implication that Michael's decision not to move is tied to his relationship with his wife and parents. Evidence that the therapist's message has been effective comes from the fact that Michael makes a decision. He moves out with Cathi to their new apartment.

For the therapist to talk about nothing else for an entire session suggests that the topic must be very important. Furthermore, the therapist produces intensity in terms of process. If the therapist refuses to move, the family is forced to move; that is, there is a rearrangement around the static therapist. Patterns that in the past have been inflexible must now be modified in order to accommodate to the immovable therapist. Had the therapist allowed himself to be moved, he would have acted like the other members of the Malcolm family. In this family, all members have a lower threshold for modifying their behavior than Michael does. This allows Michael to remain static, while all around him change. By being unmoved, the therapist changes this pattern, forcing Michael to move.

The therapist can secure unwavering attention to a single issue by describing it again and again in the same phrase, like a litany. Or he can use a variety of ways to describe the same issue, using his capacity for metaphors and imagery like a poet or painter, focusing on a variety of transactions in such a way that every new description highlights the sameness of the transactions. Using repeated concrete images to give clarity and intensity is frequently necessary in working with families with young children and with retarded children or adults.

The Lippert family have been referred to the clinic because their 20-year-old moderately retarded daughter, Miriam, has anorexia nervosa.

During the six months of treatment, the family have done well. The parents have pulled together, and Miriam has gained weight as well as making progress toward becoming more autonomous. But in spite of Miriam's improvement, the family's attention has continued to be riveted on her eating. Their failure to leave this issue has made mealtimes the continued scene of a power struggle between parents and daughter. This past week Miriam lost four pounds. The family is very worried, and Sam Scott, the therapist, has requested a consultation.

The consultant decides to remove eating as a bone of contention so that the power struggle over it can stop. He tells the family that the issue of Miriam's weight will be between Miriam and the therapist, who will weigh her every week but tell the parents her weight only if there is cause for concern. Otherwise her weight will be her business, and the therapist will be the only other person to know what it is. Although the parents agree with the consultant, he knows from experience that he also needs Miriam's help to make possible the transactional change. This requires a systematically slow repetition of the message in terms that Miriam can hear and in such a way that it will also frame the behavior of the other family members.

Minuchin: Let's jump out of the groove. (*Touches Miriam's hands.*)
Miriam, are these your hands?
Miriam: Um-hum.
Minuchin: They are not your father's hands?
Miriam: They are not.
Minuchin (*touching her biceps*)*:* Is this your muscle?
Miriam: Yeah.
Minuchin: Are you certain?
Miriam: Yes.
Minuchin (*touching her nose*)*:* Is this your nose?
Miriam: Um-hum.
Minuchin: Not your father's nose?
Miriam: Yeah.
Minuchin: Are you certain? Absolutely certain?
Miriam: Yes.
Minuchin: Is that your mouth?
Miriam: Um-hum.
Minuchin: Who eats when you eat ?
Miriam: Me.
Minuchin: Where does the food go?

Miriam: In me.
Minuchin (*gently pinching some skin on Miriam's arm*): Is this fat your fat?
Miriam: Yeah.
Minuchin: Yeah. So why do they tell you what to eat? Is it right that your father tells you what to put in your mouth?
Miriam: I guess it is right.
Minuchin: No. It's wrong. It's wrong. It's your mouth.
Miriam: Yeah.
Minuchin: Can you open your mouth? Open it. (*Miriam slowly opens, closes, then opens her mouth.*) Close it. Open it. Can you bite your lips? (*Miriam does this.*) It's your mouth. When you eat, will you eat by yourself the food that you want? And then when you come here, you will go with the therapist to weigh yourself. (*Picks up father's hand.*) Who's hand is this one?
Miriam: My dad's.
Minuchin: You are certain it's your dad's? (*Lifts Miriam's hand.*) And whose hand is this?
Miriam: Mine.
Minuchin: You are certain? Okay, so it's your body, you will feed it. How old are you?
Miriam: Twenty.
Minuchin: Does your father need to tell you what to eat?
Miriam: No.
Minuchin: Does your mom?
Miriam: No.

This is an example of increasing intensity by repetition of the content. The therapist, at the same time, asserts and reasserts the boundary between Miriam and her parents, challenging the family structure. The message is graphic, unambiguous, and powerful. In this example, gentle humor is used to make a high-powered point to a frail, retarded girl and a rigid family system. The humor adds intensity to the message.

A similar technique is used in the Hanson family when the therapist asks Alan if he has two hands. However, in that case, instead of accompanying the repetition with gentle humor, the therapist stands up, decreases the distance between himself and the father-son dyad, and adopts a serious tone of voice to convey that the situation is one of the utmost gravity. The same technique is used in a way that is appropriate for the particular situation.

REPETITION OF ISOMORPHIC TRANSACTIONS

A different kind of repetition involves messages which superficially appear varied (unlike the single "Why didn't you move out?"), but which are alike on a deeper level. Although their content is different, they are addressed to isomorphic transactions in the family structure.

Family structure is manifested in a variety of transactions that obey the same system rules and which are therefore dynamically equivalent. A challenge to these equivalent [*iso*] structures [*morphs*] produces intensity by the repetition of message in process. This intervention can focus on therapeutically relevant transactions and bring seemingly disconnected events into a single organic meaning, increasing the family members' experience of the constraining family rule.

In the Curran family, consisting of an enmeshed dyad—a widowed mother and her only son—the therapist makes various interventions. Fishman insists that Jimmy look at him and not his mother when they are talking. He encourages Jimmy to learn to drive and to start dating. He praises the mother when she mentions joining a Great Books group, and he convinces the two that Jimmy, age 18, should be able to sleep with his door closed and be responsible for waking himself in time for school. The content of these interventions is different, but they are structurally equivalent, and hence identical in process.

Single interventions, no matter how inspired, are rarely effective in changing patterns of interaction that have usually gone on for years. Systems have an inertia that resists change, and repetition is required for repatterning to occur. Therapy is a matter of repetition, in which desired structural changes are pursued in many different ways. The therapist's goal, new and more functional transactional patterns for the family, is kept in the therapist's mind throughout the session. It guides his repetition of therapeutically relevant interventions.

The Thomas family has been in family therapy for over six months because Pauline, 11, is asthmatic. Her asthma started when she was three years old, and during the last few years she has been hospitalized in intensive care as frequently as four or five times a month. The participants in the session are the mother, in her late thirties; Pauline; her brother, David, 13; her grandmother, in her early fifties; the mother's older brother Jim, who lives with his girl friend in the same house; and Tom, a younger uncle in his twenties.

The therapist, Kenneth Covelman, introduces Minuchin to the family as a consultant. Minuchin shakes hands with every member of the fam

ily. Pauline says that she does not shake hands. The consultant introduces himself to the mother, who shakes hands. Then Pauline says that she can shake hands with him also, which they do.

Mother: I don't usually shake hands, and I think she took after me.
Minuchin (to Pauline): How old are you?
Pauline: Eleven.
Minuchin: And you talk?
Pauline: Yes.
Minuchin: But your mommy talks for you sometimes?
Pauline: Sometimes.
Minuchin: Like just now?
Pauline: Yes.
Minuchin: Now, I will ask again the same question. Why did you shake hands with me now?
Pauline: Well—
Minuchin: Why?
Pauline: Because my mother did.

The therapist takes a small incident at the opening of the session and frames it in such a way that it becomes a significant event. The closeness between the mother and the identified patient is highlighted; the boundaries between the familial and the outside world are underlined; and at the same time, the therapist begins to focus on the identified patient, activating her. This small incident represents a theme that will be repeated throughout the session in a variety of isomorphic transactions, giving it intensity, until it is defined as the real problem in the family. The therapist begins to track this issue.

Minuchin (to Tom): I noticed how close Pauline is to Mother and how close Mother is to Pauline. Is that true in other situations?
Tom: Yeah. Even at home, they're very close.
Minuchin: To the point at which Pauline behaves like Mother behaves?
Tom: Somewhat, yeah. Because if, say, her mother's upstairs asleep and Pauline hasn't been downstairs for a long time and she hasn't seen her mother, or what not, she'll want to know if the mother's upstairs or did she go to the store, or vice versa.
Minuchin (to David): How old are you?
David: Thirteen and a half.

Minuchin: Is the situation between David and Mother different, or is it also close?
Tom: It's close. Not as close, but it's close.
Minuchin: Do you think that David is too close to Mother? As a boy of thirteen, do you think that he should be more independent?
Tom: Well, you know, he's basically independent, but he tends to stay close to his mother now, basically, because of her having a baby, and then, on the other hand with Pauline, because he tries to watch his sister.
Minuchin: His mother watches Pauline, and he also watches her?
Tom: David watches both of them. He tends to watch his sister a little closer because he, in a sense, can tell when she's having these attacks. 'Cause she won't say anything to anybody else.
Therapist (to Pauline): And you will tell your brother about your attacks?
Pauline: Sometimes.
Minuchin: Jim, what's our feeling about the question of closeness between Pauline and her mother?
Jim: They're very close. Sometimes their affection is a little bit too much affection.

The theme of the closeness between the mother and Pauline is expanded to a closeness between the mother and son and then to a closeness between the brother and sister. By tracking and questioning in a single area, family closeness, the therapist has moved very fast from the observation of one family member, the identified patient, to an elaboration of a problem that the whole family has. The mother then takes out something from her coat and gives it to Pauline.

Minuchin (standing up and walking over to Pauline): What did you just do, Mother?
Mother: Oh, I just gave her her barrettes to hold so I won't forget them because they were in my coat pocket.
Minuchin: What are those?
Pauline: Barrettes.
Therapist: I am looking at what is making Pauline have these attacks. I am watching how close, Mom, you are with Pauline. It seems, Mom, that you don't finish and Pauline begins, that you and she are like one body.

The therapist again takes an apparently meaningless incident that occurs in the transaction between mother and daughter and reinterprets that incident in terms of the closeness between mother and daughter. He is reinforcing a theme that he has constructed by utilizing observations of concrete events in which he and the family members have participated jointly and in the present. At the same time, the therapist is tying the observation of closeness to the asthma attacks of the identified patient. Ten minutes later, while Jim is telling about an incident in which he took Pauline to the intensive care unit, the mother begins to talk about Pauline's hairdo, and the therapist again focuses on this particular transaction as another instance of the mother's encroachment into the patient's self-definition.

Minuchin: What happened just now?
Mother: I asked her why she didn't have those rollers out before she came down.
Minuchin: And what did you say, Pauline?
Pauline: She said she was going to do it.
Minuchin: Did you roll up your hair?
Pauline: No, my mother did it.
Minuchin: Your mother. And you like her doing that?
Pauline: It's all right.
Mother: You don't like the way I roll your hair up?
Pauline: It's all right.
Mother: "All right" means you don't like it.
Minuchin: Ask again. Go ahead, Mom.
Mother: All right! Maybe it'll do, but it wasn't exactly put the way you want it, huh?
Pauline: It was put the way *you* wanted it.
Mother: Well, you didn't say anything was wrong when your hair was rolled up.
Pauline: Because *you* were rolling it up.
Mother (*laughing*)*:* I'm going to punch you in the nose.
Pauline: No, you're not. (*Laughs.*)
Minuchin: No, no, no, no. This is not a laughing matter. This is important. It's important that you did let your mom roll up your hair the way *she* likes it and you didn't tell her that you didn't like it like that. Why didn't you tell her?
Pauline: Because she wanted to roll my hair up.
Minuchin: Yeah, but you don't like it. Okay, I am talking about Pauline having a voice and a mind and then having a body. If Pauline has a voice and a mind, then she will control her body.

While the theme in the session remains pretty much restricted to the nature of enmeshment in the family, the therapist centralizes the identified patient and works through her. His interventions are slow, accommodating to the lack of initiative of the identified patient, but insisting on a dialog with her that at times seems almost like an echo. The results of this type of support for the girl's initiative and of challenge to the family's enmeshed style of transaction are evident when the identified patient is able to challenge her mother. This change in the identified patient's style of transacting with her mother is feasible only because of the insistence of the therapist on the same theme for the last twenty minutes.

Minuchin: Now, be straight with me, Pauline. Do you like your hair like that?
Pauline: Yeah.
Minuchin: Are you certain? Are you certain that's what you want? Look straight in this mirror. It's not that Mom likes it like that?
Mother: Do you know what he means?
Pauline: No.
Mother: He means—
Minuchin (*to mother*)*:* Hold it. Hold It. (*To Pauline.*) You don't know what I mean? I will tell you that. Ask me.
Pauline: I don't know what that means.
Minuchin: You still don't understand? Very good. Now, Mommy didn't talk for you, you talked for yourself. That's good. (*Shakes Pauline's hand.*)
Pauline: What did you shake my hand for?
Minuchin: Because I shake hands when I like something. That's my way of saying I like that. It's good that you're beginning to think separately from your mommy. Your mom is learning not to talk for you. And one of these days you will talk for yourself. (*To mother.*) Do you think she will be able to talk for herself?
Mother: I hope so.
Therapist: But, for Pauline to change, you will need to change.

The therapist is continuing the same theme in the same slow movement. The therapist is concrete and repetitive; he establishes contact

with the girl at a very concrete level, which is necessary to activate someone who has been made the recipient of the family's support, protection, and control. When the girl fails to understand his statement, the therapist does not respond to her lack of understanding but instead interprets her request for information as an act of autonomy, confirming the patient instead of stressing her difficulties. In this episode, the therapist's use of isomorphic transactions gives intensity to his message that the pattern of overprotection of the identified patient is contributing to her manifest symptomatology. The technique that the therapist uses here is to work through the child, producing by his strategy an increase in the child's ability to initiate actions, request information, and differentiate herself from her mother.

Grandmother: I've had Pauline on the weekends with me, and she'd get attacks. Well, my nerves are bad anyhow, and this would scare me half to death, and I'd have to rush her to the hospital or call the police. But that's another reason why we've been so close to her. Now, what would be the cause of Pauline not to tell when she's coming with one of these attacks?

Minuchin: Pauline is here. Ask her.

Grandmother: Pauline, what is your reason for not telling us when you knew these attacks were coming on? Was it that you didn't want to go to a hospital and be stuck so much like they used to stick you?

Pauline: Yeah.

Grandmother: These needles would frighten you?

Minuchin: The thing that I'm trying to do here is for Pauline to learn to talk for herself, to think for herself, to feel what she feels in her own body. I think that because the family is so loving, Pauline is not caring for her own body. First you asked her, "Why do you get upset?" And then what did you say?

Grandmother: And then I asked her why she would tell us because—I said, "Why do you think, because the doctors are sticking you with these needles?" But she had told me that before.

Minuchin: You asked her a question and you gave her also an answer. So this young girl did not think. She did not think of it, because she could say yes, and that's it. And what I want to help you with, Pauline, is to think on your own, because in my experience—and I have seen many children with asthma—when children with asthma learn to have their own minds, a mind of their own, they also learn to control the asthma.

The mother's overprotectiveness of her daughter is presented as being repeated by different participants. The grandmother deals with the granddaughter by supporting her passivity and not requiring from her the kind of response that would be expected from an 11-year-old of normal intelligence. The therapist challenges the grandmother, who responds to the criticism with anger. Her mood then elicits nonverbal signals on the part of other family members which are supposed to instruct the therapist not to cross the grandmother. Yet the ability of the therapist to challenge the grandmother and maintain his position is an important example of differentiation for this family.

CHANGING THE TIME

Family members have evolved a system of notation to regulate the tempo and time of their dance. Some of these notes are conveyed by small, nonverbal signals that carry the message, "We have reached a dangerous threshold, or an unused or unusual pathway. Beware, slow up, or stop." This signaling is so automatic that family members respond without being aware that they have reached forbidden territory and have been brought up short by the reins of the family system. Like a well-trained horse, they respond before the rein is shortened and thus do not feel the bit in their mouth.

One of the techniques for increasing intensity is for the therapist to encourage the family members to continue transacting after the rules of the system have indicated a red or yellow light. Although the prolonged transaction is done hesitatingly by the family, their move from the habitual into the unfamiliar opens up the possibility of their exploring alternative modes of transaction. Similar results can be achieved by reducing the time in which people are usually involved in a transaction.

For instance, in the Kuehn family, after the family has transacted the steps that regulate their usual patterns for control, the therapist creates a scenario where the mother and daughter play with puppets making Christmas cookies. After a while, the father joins the game. This scenario is kept going for around twenty minutes, long after the family members indicate that they want to stop it. The long transaction around pleasure and nurturance involving the father as well as the mother carries in itself, without any verbal commentary by the therapist, the message of the unused but available possibilities in the family system: the father has the capacity for softness and nurturance.

In the Jarretten family, the therapist has difficulty in helping the

mother and daughter to continue negotiating around issues of mutual respect as adults beyond their usual threshold of negotiation. The family comprises a widowed mother and her 18-year-old daughter Julie, who has left school in the middle of her first year and returned home. The mother and daughter are trying to work out some kind of coexistence.

Mother: I am changing my mind. I was not going to ask Julie for the money that I am giving her, but I am.
Fishman: I don't think you can change your mind every week.
Mother: If you want to kick us out, then kick us out. I am changing my mind as a result of her behavior.
Fishman: You let her down, too. You promised to pay her at a given time, and you promised that her money is to spend the way she wants to. I think the two of you have to work out a way. You are two adults. She is not your little girl anymore.
Mother: Do you know what the money is being used for?
Fishman: That's her business. She is not your little girl anymore. She is growing up.
Mother: She bleached her hair. All she uses the money for is for herself. The least I can get is a little respect.
Fishman: I want you to look at Julie.
Mother: I don't want to look at her. I'm tired of looking at her!
Fishman: I want you to do it anyway. Look at her. She is not a little girl anymore. She's very pretty. She's a grown woman. Now I want you to talk to her, not like she's a little girl, but like she's another adult living in your home. Because that is really how it is.

The mother and daughter's pattern of mutual negotiation is very short, interrupted whenever one of them stops it by introducing a complaint about the unfairness of the other. The therapist helps the mother and daughter to begin to negotiate issues within the frame of "mutual respect," and he frames the mother's beginning complaint in terms of a continuation of the same need for respect. He repeats and rephrases over and over the theme, "Your daughter is an adult, not a little girl." When the mother resists giving up her grievance, the therapist does not get involved with its content but simply repeats his message, "Treat her as an adult."

Mother: But she is not acting like an adult.
Fishman: I don't think this is Julie having a little girl's tantrum. This is a grown woman who had a contract with you.

Mother: I just don't want you hanging around the house and waiting f your boy friend. I would like you to get a job in the interim until y start school again—if you want to start school. (*To therapist.*) T reason I have been so inflexible is because I have made up my mi about something before we came in—
Fishman: Unless it is relevant to this topic, tell me later.
Mother: Okay, I will tell you later.
Fishman: Now, this is going to call for more flexibility.
Mother: I am sick and tired of this flexibility. I have had 18 years of th and that is about enough. I don't want anymore. I want her out of t house. I don't want her in the house anymore.
Therapist: Talk to Julie about that.

The therapist resists the induction by other "juicy themes" that t mother dangles in front of him—"Unless it's relevant, tell me later"- and then activates mother-daughter transactions. His previous cha lenge to the mother gives the daughter space to respond to her from position of being supported, which may allow for beginning of change the transaction.

Julie: I want her to see my side. You said I could say my side—
Mother (interrupting): Julie, you—
Julie: I'm talking now. My boy friend and I were messing around in m room. I don't have to go into details to explain what we were doing, how we kid around, or what kind of relationship we have. My moth knocked on the door harshly, and she embarrassed me no end. Sh said, "Bob, leave Julie alone, or I am going to beat you up." It was e tremely humiliating. I needed the money that day, I needed every cen of it. I was counting on the money and I needed it that day. I wanted borrow the car and I asked my mother for the car and she said sh wouldn't give it to me, and I cursed at her. I had every right to curse her. I was rip-roaring mad. I have every single right to curse at her-
Mother (interrupting): Before she went—
Julie (shrieking): That is none of her business. She is interrupting m and it is none of her business where I go or where I have my hair don It is my hair.

When Julie responds to her mother, the response is the complemen tary side of the mother's coin: she is petulant, demanding, and childish and pretty soon mother and daughter are back on square one. Th

therapist is now in a position to request that Julie respond to her mother as an adult and negotiate from a position of mutual respect. This theme is played for thirty minutes, and whenever the dyad tries to change the theme, the therapist reframes it in terms of mutual respect. In order to resist the family pattern of cursorily dropping topics, he deliberately increases their duration or treats them as isomorphic—"You need to resolve it within a frame of mutual respect."

In the Poletti family Gina, a 14-year-old anorectic girl, vomits and takes laxatives to maintain herself at her pitiful weight. She was previously a "good daughter," and the parents feel helpless to deal with the strange behavior that the sickness imposes on their daughter. The family is composed of the father, 40; the mother, 30; Gina; John, her six-year-old brother; and the maternal grandmother.

The therapist moves the family away from the symptom and lengthens the transactions in which they talk about what they do to each other. His goal is to convey the message that the daughter's position is systemic and that she is caught in a conflict of loyalties between the mother, father, and grandmother. To transform the family diagnosis from "we are a helpful family trying to help a sick daughter who is possessed by a mysterious illness" to "we are all involved in a dysfunctional dance that is manifested most visibly in the daughter's symptom" is not a simple task. After thirty minutes into the first session, the therapist succeeds in eliciting from the mother a description of a conflictual transaction between herself and her daughter. This conflict offers the possibility of freeing the daughter from her triangulated position and thus becomes the frame for the therapist's interventions over the next hour. Keeping the family members involved in the nature of their conflictual transaction gives clarity and intensity to the therapeutic message.

Mother: When I dumped the garbage, there were two empty bottles of Ipecac after she had promised that she wouldn't take that for emetic purposes. I had some appetite depressant pills that had been prescribed for me by my doctor, and there were pills missing from the bottle. The salt shaker periodically disappears because she takes it in the bathroom and uses it to vomit with. She went through my drawers after I confiscated an infant syringe that I had to use to give herself enemas, and I found that hidden again in the bathroom.

Minuchin: What do you do when your lovely daughter does crazy things like that?

Mother: I—it makes me feel very angry, and then I try very hard to remember that she's sick and she's not really doing it to me on purpose, but then it makes me feel sad, so it's like going from anger to sadness.

Minuchin: You don't think she's doing that to you on purpose?

Mother: I think some of the things that she does, she does to manipulate me. I let her get away with a lot.

Minuchin (to Gina): Your mother says—and you know, it's a very interesting hypothesis—she says you do that on purpose to make her angry. Could that be true?

Gina: I don't do it on purpose.

Minuchin: Why does she think so? Talk with her—talk with her about her persistence that you are willfully doing certain things to get her mad. Talk with her about that.

The therapist moves the family's frame from their concentration on how to help a sick daughter to the question of how the daughter behaves and affects them. This issue has disappeared before the dramatic shadow cast by the serious symptom. For the next hour, the maintenance of this focus brings out hidden family dynamics.

Gina: Well, I didn't do it on purpose just to get you angry.

Minuchin (to mother): I want you to explore the way in which she does it against you, because I think that a lot of the things that she does are related to you.

The therapist maintains the focus. The mother then accommodates the therapist.

Mother: Ah—I'll tell you one thing that really bugs me is when I knock on your door and you're on the other side of the door and you purposely don't answer. I use the word "purposely" on purpose, because that's the message that I get.

Gina: Because I know that you are going to knock and open the door.

Mother: But I don't. I stand out there and I wait for you to answer the door.

Gina: Yeah, but when I go "what," you open the door. What good is that?

Mother: We knock on the door, Gina, and we ask if you are there, and when you don't answer, we knock a second time, and then we open the door. Do you know why?

Gina: Still, when I say "what," you open the door. I might be dressing or something. I like to have my privacy, you know.
Mother: The reason why we come in after we knock the second time—and I say "we" because Daddy does the same thing—is because one morning the window was open and you were gone.
Minuchin: Do not include your husband because he has his own voice.
Mother: Okay, that's the reason why I do it—and because a couple of weeks ago, you were talking about doing things to yourself—suicidal tendencies. I never know what to expect behind that closed door because I feel that you have manipulated me into a corner of fear, and I resent you for doing that, and I—I get the feeling that I am helpless, at times, that I'm at your mercy, and that's not right—not the way parents should be—mothers and daughters should be.
Minuchin (to mother): You are being very helpless, and you are giving Gina a lot of power that she doesn't know what to do with. Continue talking about the kind of things that she is doing to you that you don't like, that you find disrespectful, and that disturb you.

The therapist's intervention serves to ensure the continuity of the focus. He sees the mother's attempt to bring her husband into the transaction as one of the signals that the family members send when a transaction reaches a dangerous or stressful threshold, and thus he frames the father out, maintaining the mother and daughter in this transaction longer than is their habit.

Mother: One of the things that bothers me very much is the way in which you curse. I don't like that at all.
Gina: I get mad. Kids do it in school, so I get it from them.
Mother: I don't care whether they do it in school or not. I don't want you to do it at home.
Gina: And you do it, too, so why—
Mother: So what! I'm not 14 years old.
Gina: Well, you still do it.
Mother: That has nothing to do with what we are talking about. I don't like it when you do it at home; I don't like when you answer me back. Did you like it last night at the table when I hit you? Was that nice?
Gina: I don't care!
Mother: Well, I'm telling you that as long as you pursue a course of being disrespectful, that you're going to expect some kind of flack, because I'm not going to do that. It's fine for you to have privacy and rights of your own—I believe in that—but when you step on other people's rights and when you are disrespectful, then you'd better be tuned into the idea that there's going to be some flack because there will be.
Minuchin (to Gina): Can you defend yourself?

The therapist challenges the daughter to continue in the conflict.

Gina: Well, you don't have any respect for me. You expect me to have respect for you, but you don't have any for me.
Mother: That's not true. That's an absolute, outright lie.
Gina: Then why can you call me all those obscene names and everything, but I can't call you anything?
Mother: Because I'm not 14 and I 'm your mother.
Gina: I don't see that that makes a difference.
Mother: You don't think that makes a difference? Then in other words, the message I'm getting from you is that you could really operate in this whole family structure without a mother. Is that right?
Gina: I didn't say that.
Mother: Well, if I'm just going to be something that can be answered back and something that can be cursed at and so what, etc., etc., the message I'm getting is that you could care less whether I'm here or not. And I have been vehemently screaming about the fact that I feel that you're trying to take my place in this family.

The continuing conflict shows the mother and daughter moving through a series of isomorphic themes locked in the same symmetrical transaction. The last statement, where the mother defines the daughter as being the challenger and the winner, shows the mother to be in a strange and powerless position. There has been a shift from the daughter as a victim of her illness to the daughter and mother as locked in a conflict for control. The therapist can posit, at this point, that the daughter is supported by the father or grandmother, or is in a coalition with both, against the mother. By maintaining the focus of the mother-daughter conflict beyond its usual threshold, the therapist highlights the position of the daughter as a puppet in the midst of a complex conflict.

Gina: I'm not trying to take your place.
Mother: Well, that's the feeling I get—like when I can't find anything because you go around and rearrange my kitchen.
Gina: Well, you never clean it, so I'm the only one that cleans it—

Mother: But that's not your business. The way in which I run the house—
Gina: Well, me and Nanny do it, too, so you can't always blame it on me.
Mother: And Nanny has her own place to take care of.
Gina: I know, but sometimes you put things away and you blame me for it.
Mother: I would prefer that both of you stay out.
Gina: Then it would look really sloppy.
Mother: Well, that's my—that's my affair, not yours. Just like it's my affair what I should be feeding your brother.
Minuchin (to father): Let me ask you, what do you do when two members of your family are having an argument?
Father: I am not sure—I am not sure what to do—
Minuchin: No, don't tell me. You intervene in that situation. Go ahead. Just do something.

The therapist maintains the same focus but expands the number of participants, asking the father to enact his part in the drama. The temptation is great to explore the depth of the mother-daughter dysfunctional relationship, but paradoxically, an exploration of this issue would decrease the affective intensity and bring the therapist in as a member of a triangle and a conflict diffuser. By maintaining himself as a time gatekeeper and introducing the father into the conflict, which now also includes Nanny, the therapist keeps the conflict alive.

Father (to wife): All right, I'll tell you. I can see Gina's point about calling her names and swearing. I can see that, and I'm just as guilty as you are, maybe more so.

The father takes Gina's position in the conflict.

Mother: Then how come you don't get the same kind of flack I do?

The wife extends the conflict to the spouse dyad.

Father: Ah—for some reason, and I don't—
Gina: Because you don't let me get your goat, that's why.

The daughter affiliates with the father.

Father: Well, I don't know. Maybe, I don't know, but that's not the point—
Mother: What about all the times before when your father was very quick with his hand? Who was the person who had the long fuse then?

The mother requests that Gina shift loyalties.

Gina: Well, sometimes you don't have short fuses.

The daughter accepts the mother's message.

Father: Yeah, but this doesn't alter the fact, you know, you're saying things about a sloppy house and everything else which are not true. Okay?
Gina: But—
Father: Your mother works all day long, and you can't expect her to come home and cook and clean and have everything nice and neat. There are many times when you have been asked to do something and you give us a big hassle about it. Yet when you feel like cleaning something up that Mommy doesn't necessarily want you to clean, you go ahead and do it anyway. I think this is the kind of thing that annoys her—and it annoys me.

The husband affiliates with the wife after the daughter shifts loyalties.

Minuchin (to grandmother): Mrs. Sansone, you have a certain wisdom because you are older. What do you think about the happenings in your family?
Grandmother: Um-hum. Well, I would say to Gina that she should try a little harder to show respect to her parents, because if I did what you are doing to your parents now, we would have got the back of the hand.
Gina: That was then. This is now.
Grandmother: No, honey, respect is respect, and you don't say it was then, or now, or tomorrow. If you want respect from your parents, you have to show them respect, too. (*To mother.*) Now that starts with you, Mara. All right? (*To therapist.*) Mara does bother me when she loses her temper, and a couple of times I said to her when she called Gina names, "Don't say that." Correct, Mara?
Mother: Um-hum.

Now all the participants have played their part in the family drama. The father enters into the conflict by first disqualifying his wife and then taking her side. The grandmother first challenges the granddaughter, but then sides with her and criticizes her own daughter's functioning as a mother. The therapist, by keeping himself out of the transactions, maintaining the focus, directing the entrance of the participants, and lengthening the time of their involvement, has increased the intensity of conflict in a family of conflict diffusers. Half an hour later, after several repetitions, Gina's position as the family weathervane has become clear.

Minuchin: So you are acting, really, in strange ways, Gina. You're acting as if you are six, and you're acting as if you are over 60, like your grandma. And both of your parents accept that, so it's not your fault. It's absolutely not your fault if you are running this household. But, Gina, you are caught because you are saying to your father the kinds of things that you think your mother wants to tell your dad, so you amplify Mother's voice. You are saying to your mommy the kind of things that you know your grandma and your father say to your mother. So you are just the voice of everybody in this family. You don't have your own voice. You are the puppet of the ventriloquist. Have you ever seen a ventriloquist? Sit on your mother's or your grandma's lap. Just for a moment, sit on her lap. (*Gina obeys.*) Now tell your mother the way in which she should change, thinking like grandmother.

Gina (using the disembodied voice of a ventriloquist's puppet): You should be a lot less sloppy.

Minuchin: Say to your mother the kind of things that your father wants to say.

Gina: Pick up your clothes off the floor.

Minuchin: Okay. It's extraordinary, Gina. You have developed into the ventriloquist's puppet in this family.

After the family presents their way of transacting, the therapist creates a dramatic scenario. He gives the family a powerful metaphor of the way in which they are interlocked—a way that is manifested openly in Gina's symptomatology.

CHANGING THE DISTANCE

Family members develop through life a sense of the "appropriate" distance to keep from each other. There is an apocryphal story about

a meeting between two family therapists, Braulio Montalvo and Paul Watzlawick—in which Montalvo, who feels more comfortable when he is close to people, would take a step closer to Watzlawick who would withdraw two steps, to be followed by Montalvo's three steps forward, to be again followed by Watzlawick's retreat. By the end of their chat, they had gone around the room three times. Reportedly, their chat was about appropriate distances among people.

The movements back and forth that the two therapists did to maintain themselves "correctly" spaced were done automatically and out of awareness. The same experience can be undergone by the reader at any party where he gets closer to a person than feels appropriate to him.

This is true not only of measurable physical distance but also of less visible psychological distances. Changing the automatically maintained distance may produce a change in the degree of attention to the therapeutic message.

The utilization of the office space is a significant tool in the delivery of the therapeutic message. If the therapist talks with a small child, the child will listen and hear better if the therapist becomes shorter and physically closer, preferably touching the child. If the therapist wants to emphasize a serious message, he may get up, move toward a family member, stand up in front of him, and talk with the appropriate pitch and tempo, using silences for emphasis. He may do all that without being aware of his movements, just letting himself be directed by his sense of the need for intensity in the therapeutic message and his trust that the family members will direct his movement by their feedback.

The therapist can also increase intensity by changing the position of the family members vis-à-vis each other, making them sit together to highlight the significance of their dyad or separating a member to intensify his peripherality. In the Hanson family, the therapist asks the son to sit near his father, recreating the situation of overprotective enmeshment that characterizes their dyad, and then delivers his message about autonomy while getting physically closer to them.

RESISTING THE FAMILY PULL

Sometimes "not doing" can create intensity in therapy. This is especially true when the therapist does not do what the family system "wants him to do." Therapists are necessarily and unwittingly inducted into the family system as members of the therapeutic system. Sometimes this induction serves to maintain dysfunctional family homeo-

stasis. By resisting the system's induction, a therapist brings intensity into therapy.

Some of the techniques used by Carl Whitaker as an unmovable therapist are in this vein, as is his concern at the beginning of therapy about winning the battle for leadership. This battle can start even before he has seen the family, in the discussion over the telephone about the number of participants in the session. Although instances of not being pulled by the family system are sometimes heroic or dramatic, they are also frequently of the most undramatic nature, since the resistance of the therapist to this pull is continuous throughout therapy.

For instance, the Williams couple were in therapy for two months, during which time they made considerable progress in dealing with their difficulties. They were able, in fact, to get beyond the point where in the past they usually diffused their difficulties by involving a third person, and could now bring some of their disputes to the point of resolution.

Then one week the wife calls the therapist and says she would like to speak to him alone at the beginning of the next session, and the therapist agrees. The wife and therapist retire to his office at the start of the session while the husband waits in the lobby.

Wife: Frank doesn't understand me. Every time I mention my concerns about my mother, he gets mad.

Fishman: This is between you and Frank. He needs to be here to respond.

The goal is to strengthen the relationship between the spouses. To allow the wife to complain about her husband to the therapist would not only involve the therapist inappropriately in their marriage but would also lose an opportunity for the husband and wife to resolve their differences themselves. By refusing to listen to the wife about the husband, the therapist gives intensity to the therapeutic message that the couple's transactions are complementary.

The Genet family consists of the mother, an artist in her mid-thirties, and three children, ages 15, 14, and 12. The husband left two years ago, and since then, life has been extremely chaotic for the family. The children stay out to all hours and attend school sporadically; the dishes pile up, with no fixed duties or rules for anyone.

The mother, a young-looking woman dressed in jeans and a tee shirt which says "Grateful Dead," sits slouched in her chair like the children. In fact, one has to do a double take to ascertain that she is not just one of

the kids. The therapist sees that this is a "left-bank" family in which the mother, who has a Bohemian life style herself, is very uncomfortable setting rules for her kids. The therapeutic goal is to help to create a generational boundary in this family so that there is an executive subsystem.

Throughout the course of therapy the children and especially the mother invite the therapist to intervene and set limits. The pressure is tremendous for the therapist to activate and "help this family into shape." The therapeutic goal remains, however, to get the mother to assume the role of the leader for her family. For the therapist to assume this job would only allow the mother to continue as a helpless person. The correct intervention for the therapist in this situation consists of resisting the induction into the role of "helper" for the family. Otherwise, he will only contribute to the mother's displacement from an executive role.

Enactment is like a conversation, in which therapist and family try to make each other see the world as they see it. Intensity can be likened to a shouting match between the therapist and a hard-of-hearing family. Therapeutic efficiency can be drastically undercut by a therapeutic orientation that lets a therapist assume a correct message has been heard just because it has been sent, and by the rules of etiquette that incline people to fake understanding rather than appear rude. The family must truly hear the therapist's message. If they are hard of hearing the therapist will have to shout.