

1 Spontaneity

The word *techniques* implies craftsmanship: attention to detail, concern with the product's function, and investment in results. It brings images of a well-joined corner, a smooth-running drawer, the delicate mother-of-pearl inlays in a medieval doorway, the intricacy of Greek mosaics, or the harmonious filigree work of the Alhambra. But the phrase "techniques of family therapy" poses problems. It brings images of people manipulating other people. Specters of brainwashing, or control for the sake of personal power, hover. The moral concern is absolutely justified. Furthermore, technique alone does not ensure effectiveness. If the therapist becomes wedded to technique, remaining a craftsman, his contact with patients will be objective, detached, and clean, but also superficial, manipulative for the sake of personal power, and ultimately not highly effective.

Training in family therapy should therefore be a way of teaching techniques whose essence is to be mastered, then forgotten. After this book is read, it should be given away, or put in a forgotten corner. The therapist should be a healer: a human being concerned with engaging other human beings, therapeutically, around areas and issues that cause them pain, while always retaining great respect for their values, areas of strength, and esthetic preferences. The goal, in other words, is to transcend technique. Only a person who has mastered technique and then contrived to forget it can become an expert therapist. The effortless

jump of a Nijinsky is the product of years of careful study that have culminated in a control related to art, not technique.

What is the art of family therapy? It means to join a family, experiencing reality as the family members experience it, and becoming involved in the repeated interactions that form the family structure and shape the way people think and behave. It means to use that joining to become an agent of change who works within the constraints of the family system, intervening in ways that are possible only with this particular family, to produce a different, more productive way of living. It means to enter the labyrinth that is the family, and produce Ariadne's thread.

THERAPEUTIC SPONTANEITY

Family therapy requires the use of self. A family therapist cannot observe and probe from without. He must be a part of a system of interdependent people. In order to be effective as a member of this system, he must respond to circumstances according to the system's rules, while maintaining the widest possible use of self. This is what is meant by therapeutic spontaneity.

In common use, the word *spontaneity* suggests "unplanned." Therefore, "training for spontaneity" sounds like a contradiction in terms, a conclusion confirmed by the Webster's definition of spontaneity as "proceeding from natural feeling or native tendency without external constraint." But this difficulty is related to a cultural set. In modern times in Western culture, people are used to thinking of human beings as individuals independent of the constraints of context. As a result, they define *spontaneity* as sparsely as Australians define *snow*. Eskimos have several words for snow, describing the different varieties of the substance. So do skiers. But to Australians, who have never seen snow, much less tried to label its varieties, snow is merely *snow*. And that is how common usage defines *spontaneity*.

But when therapists look at human beings in their social context with an understanding of the constant interplay between person and context, the word *spontaneity* takes on richer meaning. It then comes closer to its root definition: "of its own motion (like a river following its course)." In this sense, a spontaneous therapist is a therapist who has been trained to use different aspects of self in response to different social contexts. The therapist can react, move, and probe with freedom, but only within the range that is tolerable in a given context. Like the term *dependency*, a nineteenth century pejorative which in the twentieth century has be-

come a recognition of ecological fact, *spontaneity* gains richness in relation to context.

Study a de Kooning painting from close up. The individual strokes seem unrelated to each other, crossing and combining at random. Then move back and observe them from a distance. Now the women from Acabonig or the women from Sag Harbor appear on the canvas. The undulating line that seemed unrelated to the others is part of a woman's breast. Even in the most abstract of his paintings, after a while the lines begin to play with each other. Each line responds to the other lines, each organized in relation to the others. The painting, bounded by the frame, is a system of harmony, and each line relates to the whole.

The freedom of the painter is restricted by the first line on the canvas. Writers, too, know that their characters take on a life of their own, developing an autonomy that demands a particular unfolding. Pirandello's *Six Characters in Search of an Author* is a metaphoric statement about the demands a production makes on its author. Spontaneity, even the spontaneity of the mind, is always constrained by context.

The therapist's spontaneity is constrained by the context of therapy. The therapist, an influencer and changer of people, is inside the field that he is observing and influencing. His actions, though regulated by the goals of therapy, are the product of his relationship with the client family. The therapist is like the continuo player in a Baroque suite. He is free to do whatever feels right, as long as he remains within the harmonic structure. That is how things are.

But look at the advantages that contextual constraints bring to therapy. Because the therapist experiences the family reality, and because the rules of the family structure him from within the field, his interventions fall within a tolerable range. Interventions that are ineffective do not become chaotic or destructive; they are merely assimilated by the family without producing change. In a way, it is the constraints of the situation that give the therapist freedom. Because he is dependent on the field in which he is participating, his spontaneity is shaped by the field. Therefore, he can be comfortable in the knowledge that he does not have to be correct. In this situation, he will at least be approximate. He can allow himself to probe, knowing that at worst his responses will yield useful information. If he goes beyond the threshold of what is acceptable, the system will correct itself. He can be spontaneous precisely because he is reacting within a specific context.

The training of family therapists has similarities to the ancient train-

ing of samurai warriors. Miyamoto Musashi, a master samurai of the fifteenth century, described the techniques of survival in combat, some of which are startlingly close to the techniques of family therapy. He talked about "soaking in": "When you have come to grips and you are striving together with the enemy and you realize that you cannot advance, you 'soak in' and become one with the enemy . . . you can often win decisively with the advantage of knowing how to 'soak' into the enemy, whereas, were you to draw apart, you would lose the chance to win." When the samurai cannot see the enemy's position, he must "move the shade": "You indicate that you are about to attack strongly to discover his resources. It is easy then to defeat him with a different method once you see his resources."¹ Comparing these techniques with therapeutic joining shows that, although therapy is not a martial art, the therapist, like the samurai, must let himself be pulled and pushed by the system in order to experience its characteristics.

The training of the samurai, too, was a training for spontaneity. Only if the sword was a continuation of the arm could the samurai survive. The attention to detail that the samurai considered essential for achieving spontaneity was extraordinary. To become a master, he had to train as a warrior for three to five years. Then, having become a craftsman, he was required to abandon his craft and spend a number of years studying unrelated areas, like painting, poetry, or calligraphy. Only after achieving mastery in these different intellectual endeavors could a warrior go back and take up the sword, for only then had the sword become a continuation of the arm. He had become a samurai because he had forgotten technique. This, clearly, is the meaning given to the concept of the spontaneous therapist.

Technical expertise does not admit uncertainty; a skilled craftsman is certain of his craft. Therefore, a therapist invested in mastering techniques must guard against becoming too much the craftsman. He could become so enamored of his ability to join two pieces of beautiful wood that he failed to realize they were never supposed to join. Fortunately, the therapeutic system inhibits craftsmanship by pushing the therapist to experience and respond from within. Reality can be seen only from the perspective that the therapist has in the system. As a result, reality is always partial, and any truth a half-truth. Techniques so painstakingly learned must therefore be forgotten, so that, finally, the therapist can become a healer.

METHODS OF TRAINING

The spontaneous therapist has to have knowledge about the characteristics of families as systems, the process of their transformation, and the participation of the therapist in that process. These are theoretical constructs, which are learned deductively. The specific skills of therapy, on the contrary, are transmitted inductively, in an apprenticeship process. The therapist learns the small movements of therapy and uses these in a building block process in repeated sessions, under supervision. In time, he learns to generalize.

By these means, the therapist finds himself with two different sets of information. One is the dynamics of the human situation. The other is the specific operations of the therapeutic encounter. It is as though he had a list of words on the one hand, and an epic poem on the other. The training process must connect the two levels. The theoretical constructs must suggest the therapeutic goals and strategies, which in turn govern the therapist's small interventions. The methodology of teaching the difficult art of family therapy has to be harmonious with both the concepts and the practices taught.

The development of a spontaneous therapist rules out several popular methods of teaching and supervision. It does not make sense, for instance, to supervise a therapist by asking him to describe a session if he is unaware of being inducted into the family system. It seems ineffective to train a therapist by having him role-play his position in his family of origin at different stages of his life, if what he needs is to expand his style of contact and intervention so that he can accommodate to a variety of families. And it seems inadequate to require a therapist in training to change his position in his family of origin, when his goal is to become an expert in challenging a variety of diverse systems. Although all these techniques may be useful for the therapist as a person in understanding his position in his own family system and achieving insight into his own and his family's functioning, they are not necessary or sufficient to become a spontaneous therapist. For that purpose, inductive methods of teaching and working with families from the beginning of training are more effective.

Ideally, a small group of five to eight students is placed in the charge of a supervisory teacher. There must be available to them a sufficient number of treatment families to provide a variety of therapeutic experience, as well as additional teachers to provide input at a more generic, theoretical level. The training also requires specialized equipment: a

library of videotapes of the work of experienced therapists, a room with a one-way mirror for live supervision, and a complete videotaping system to record the students' work for subsequent analysis.

There are two phases of training, one devoted to observation and the other to practice. In the first phase, the teachers demonstrate their therapeutic style in live sessions, which the students observe. While one teacher does family therapy before a one-way mirror, another teacher behind the mirror gives the students a running commentary on the movements of the therapist. In the process of observing an experienced therapist, the students often become discouraged. They feel that they will never achieve the degree of knowledge and level of skill that are necessary for this magic intervention. They begin to attribute to the expert therapist a native wisdom unrelated to training and skill. But the teacher behind the mirror encourages them to concentrate on techniques, teasing out the specific operations for discussion and analysis.

This kind of observation is intermingled with observation and analysis of the tapes of other master therapists conducting therapy in different situations. The goal is to emphasize the therapist as a specific instrument. Teachers and students need to rely on their best utilization of themselves. By observing the style of the experts, the students are encouraged to examine their own therapeutic style.

An observer of Salvador Minuchin learns to focus on my concern with bringing the family transactions into the room, my alternation between participation and observation, my way of unbalancing the system by supporting one family member against another, and my many types of response to family members' intrusion into each other's psychological space. In families that are too close, I artificially create boundaries between members by gestures, body postures, movement of chairs, or seating changes. My challenging maneuvers frequently include a supportive statement: a kick and a stroke are delivered simultaneously. My metaphors are concrete: "You are sometimes sixteen and sometimes four"; "Your father stole your voice"; "You have two left hands and ten thumbs." I ask a child and a parent to stand and see who is taller, or I compare the combined weight of the parents with the child's weight. I rarely remain in my chair for a whole session. I move closer when I want intimacy, kneel to reduce my size with children, or spring to my feet when I want to challenge or show indignation. These operations occur spontaneously; they represent my psychological fingerprint. My therapeutic maneuvers are based on a theoretical schema about families and

family transformation, and on my own style of using myself. I am comfortable with pushing and being pushed by people, knowing that if both I and the family take risks within the constraints of the therapeutic system, we will find alternatives for change.

The other phase of training consists of both live and videotape supervision of the students conducting their own therapy sessions. The context of live supervision is the interviewing room with a one-way mirror. The teacher-supervisor and the student group watch one student as he works with a family. A telephone connects the two rooms, allowing direct communication between the trainee and the supervisor. As the student interviews, he knows that the supervisor will telephone if necessary. This kind of training assumes that the students are already professional mental health practitioners, such as psychologists, psychiatrists, social workers, nurses, or ministers. The training of nonprofessionals requires a different, more intense format.²

There are different levels of supervisory intervention. For example, if one family member is remaining silent and the student therapist is responding only to the more active family members, the student may receive a call suggesting that he activate the family member who is withdrawing from the session or showing restlessness. If the supervisee gets stuck in an operation, the supervisor may ask him to come behind the one-way mirror for a conference about what to do in the rest of the session. The supervisor may enter the therapy room and consult with the student on the spot, or may remain in the room for a kind of cotherapy transaction. These kinds of intervention can occur at any point in the training. As the student becomes more knowledgeable, however, the more direct forms of intervention may lessen, until the supervision remains at the level of discussion prior to or after the session.

This kind of supervision might suggest an experience of intrusiveness. But in fact the student therapist develops a comfortable dependence on the supervisor, relying on his help to finish a session appropriately or to work through difficult moments. The student knows the supervisor will get him out of trouble.

Behind the mirror, the rest of the group observe their colleague and discuss the session with the supervisor. Thus, while a beginning therapist works directly with one family, he also follows the therapy of several other families, learning the difficulties faced and solutions found by each of his colleagues in developing an effective style of intervention.

Live supervision is, by design, a special form of cotherapy. The re-

sponsibility for the outcome of the interview falls on both the student and the supervisor. This method has several advantages. Students can start doing therapy before they feel ready, with the supervisor's backup. Because the supervision occurs in a real situation, it focuses on the idiosyncracies of the session. Understanding the dynamics of the family and the therapeutic system becomes ground; managing the immediate therapeutic transactions is figure. Teacher, student, and observers are concerned with the small brushstrokes necessary for the successful handling of the hour. The student's accumulated experience of his own and his colleagues' sessions will eventually allow him to reach the critical point at which the specific movements of therapy generalize into a method.

Throughout training, every session is videotaped for subsequent review. The focus in this form of supervision shifts to the student therapist. Because the supervisor is no longer responsible for the family, the family recedes to become ground; the style of the therapist is now figure.

The tape can freeze any part of the session, enabling the student to select a segment and explain his therapeutic goals during that segment. The tape thus shows the relationship between intention and result, between goal and skills. From it emerges a profile of each student's style: his strengths and difficulties, the particular way in which he turns his therapeutic concepts into strategies, and the means by which these strategies are implemented. The supervisor then prescribes measures to expand the student's skills. Within his own style, the student may work to become less central, to shorten speeches, to activate or deflect conflict, to emphasize family strengths, and so on. The teacher relates the prescriptions as specifically as possible to the student's observed behavior. During the next live supervision, the student is evaluated with respect to his implementation of the changes proposed. Before the session, the supervisor reminds the student of his task. During the session, the supervisor intervenes to help the student implement the change.

To expand a therapist's style is a difficult task for both teacher and student, since the student may lose confidence in his automatic way of functioning and become overdependent on the teacher for direction. The student usually becomes a less skillful therapist during this transitional period, since he no longer relies on his habitual responses and does not yet have new ones.

Every therapist needs certain specific skills in order to achieve the goals of family transformation, but each therapist has a different way of

using himself in implementing these techniques. Supervisors must be alert to the different characteristics of the student therapists as well as of the families. Some therapists are excellent leaders from a down position. These people encourage families to teach the therapist how things are done. Other therapists find it more comfortable to assume a position of leadership from a power base. They are good at being the expert and operating from somewhat outside the family system. Both possibilities are different ways of using oneself well; there is no one correct way of achieving leadership. Etymologically, the word *education* means a drawing out, and training in family therapy is in many ways an education.

It is essential that training start with an overview of theory and that theoretical seminars accompany both of its phases, thus enabling the student to integrate practice with theory. The student should not be a technician, but a therapist. For a number of years the authors thought that to reach this goal, and to avoid the dangers of "teaching to the head" that characterized most traditional training in psychotherapy, we should emphasize the "steps of the dance": the specifics of therapy. Through an inductive process the student, in "circles of decreasing uncertainty," would arrive at the "aha!" moment: the theory. Emphasis on the student's own style would give him an understanding of the self as an instrument of therapy, as well as an expansion of his style that would really be a widening of his own life repertory. And all of this would be accomplished without burdening the student with a load of theory that would slow him down at moments of therapeutic immediacy and act as a barrier to the process of joining with the family. Although we disagreed with Carl Whitaker's contention that what family therapy needed was nontheory, in effect we joined him and Jay Haley in their suspicion of "large doses of theory," particularly for the beginning therapist.

But twenty years of teaching have shown us that there has to be a middle ground. The field of family therapy is full of clinicians who change chairs à la Minuchin, give directions à la Haley, go primary process à la Whitaker, offer paradoxes in Italian, tie people with ropes à la Satir, add a pinch of ethics à la Nagy, encourage cathartic crying à la Paul, review a tape of the session with the family à la Alger, and sometimes manage to combine all of these methods in one session. Probably this salad of techniques, if condimented with wit, can produce an immediate salutary flight into health in some families. But this is not an easily reproducible feat, and it will fall in the hands of the average therapist.

Training, then, requires not only a set of clearly differentiated techniques but also a few umbrella concepts to give them meaning.

Unfortunately, the teaching of new skills often disorganizes a beginning student. As in any learning or relearning process, the student finds himself concentrating so much on the trees that he misses the forest. The goals of therapy lose focus, becoming ground, while the techniques become figure. As in the training of the samurai, the student needs a number of years to achieve expertise and many more to achieve spontaneity.

True training for wisdom would require the student to disengage from the techniques of therapy and engage with the difficulties of life. Too many young therapists go into healing without the life experience necessary to understand the problems with which they are intervening. Ideally, they should exclude from their caseload families who are at a developmental stage that they have not yet experienced themselves. If that is impossible, they should acknowledge their ignorance and ask the families to educate them in these matters.

But as the student therapist increases his practice and experience, he begins to find that he does certain things well. Eventually a disconnected cluster of skills becomes an integrated style that fits with his person. He begins to find that certain metaphors, once used effectively with a certain family, come back to him in similar situations with a very different family. He begins to recognize that beneath the superficial discontinuities of family transactions, there are many similarities. He begins to thread together operations that at first seemed diverse. He begins to ponder whether a mother asking a child questions that require only a yes or no is isomorphic with the father taking an adolescent's coat off. On the way to becoming wise, the therapist finds himself moving from observations of particular transactions to generalizations about structure. He develops ways of transforming his insights into operations that have the intensity necessary to reach the family members. In this process of achieving a wisdom beyond knowledge, the therapist discovers that he has a repertory of spontaneous operations. Now he can begin to learn for himself.

2 Families

There is a tendency for living things to join up, establish linkages, live inside each other, return to earlier arrangements, get along whenever possible. This is the way of the world.

Lewis Thomas

In human terms, joining up in order to "get along" usually means some sort of family group. The family is the natural context for both growth and healing, and it is the context that the family therapist will depend on for the actualization of therapeutic goals. The family is a natural group which over time has evolved patterns of interacting. These patterns make up the family structure, which governs the functioning of family members, delineating their range of behavior and facilitating their interaction. A viable form of family structure is needed to perform the family's essential tasks of supporting individuation while providing a sense of belonging.

Family members do not ordinarily experience themselves as part of this family structure. Every human being sees herself as a unit, a whole, interacting with other units. She knows that she affects other individuals' behavior, and that they affect hers. And as she interacts within her family, she experiences the family's mapping of the world. She knows that some territories are marked, "Do as you please." Others are marked, "Proceed with caution." Still others are marked, "Stop." If she