useful to give a task to the husband to take care of the children for a period of one or two weeks as a way of experiencing the sense of belonging to the parental holon. It is also useful for the spouses to meet with the therapist without the children during this time to develop a sense of belonging to a holon larger and richer than each one of them.

Ernest Frederick Schumacher points out that if man ever wins the battle with nature, he will be on the losing side.[7] Similarly, family members must understand experientially that if they win the battle with the family, they will lose their belonging. To get this point across, the therapist must be able to expand the family members' focus of attention, teaching them to see not a movement, but the whole dance. They must experience not action, response, and counterresponse, but the whole pattern.

14 Realities

A family has not only a structure but also a set of cognitive schemas that legitimate or validate the family organization. The structure and the belief structure support and justify each other, and each can be a therapeutic point of entry. In fact, a therapeutic intervention will always affect both levels. Any change in the family structure will change the family's worldview, and any change in the worldview will be followed by change in the family structure, including change in the use of the symptom to maintain the family organization.

A family coming to therapy presents only their narrowed perception of reality. They may be defending institutions that have lost their utility, but in their worldview, nothing else is possible. They want the therapist to repair and polish their accustomed functioning, and then hand it back to them, as it were, essentially unchanged. Instead, the therapist, a creator of worlds, will offer the family another reality. She will use only the facts that the family recognize as true, but out of these facts she will build a new arrangement. Testing the strength and limitations of the family constructions, she will build upon their foundation a more complex worldview, one that facilitates and supports restructuring.

THE FAMILY'S WORLDVIEW

In 1952, Minuchin was in Israel interviewing a recent immigrant, an adolescent Moroccan girl, who had vague psychosomatic complaints. In

the middle of a question her muscles tensed and her eyes widened in terror. She got up, pointing to something or somebody behind my back, and yelled, "Mustafa!" Her panic was so contagious that I whirled around to see what was behind me. She was pointing to a butterfly.

Thinking she was having hallucinations, I turned back, ready to avenge myself by making a diagnosis and prescribing tranquilizers. But she told me that her father, four years before, had died with his mouth open. When that happens, the soul floats out of the body and is transformed into a butterfly. The girl, her family, her village, and the surrounding villages all knew that that was true. Was it real?

Richard Llewellyn describes the trial of a Massai warrior who had killed a white settler because the settler had killed and eaten the warrior's sister. That sister was a cow who, as a calf, had been nursed by the same cow that supplied milk for the infant warrior. Although the lawyer tried to convince the British court of the reality of kinship between the warrior and the cow, the warrior was found guilty.[1]

Llewellyn's descriptions of the Massai are extremely vivid. My son and I were so impressed with this book that for a while, in moments of recognition and respect for each other, we would spit on the floor and say, "I see a Massai," in what we thought was true Massai fashion. Spitting, a symbol of respect in desert countries, has, of course, a very different meaning in our culture. But is the reality of the British law more real than the reality of the Massai?

Sol Worth and John Adair, who were interested in finding out what people see, as opposed to what they say they see, trained a group of young adult Navajos to use a movie camera.[2] Their film seemed to me to be a disconnected series of shots: a loop, a road, horses, trees. For Navajos, it all connected with a Navajo myth of twins. In the late 1960s, Richard Chalfen and Jay Haley developed a similar project. A group of inner city black adolescent girls wrote a script for a movie, in which all of them acted. The result was a family drama showing arguments, drunkenness, caring, closeness, and a vivid human immediacy. In the same project, a middle-class white group produced a movie with wide lens shots of the sky, scenery, houses, and long shots at objects rather than people. Which view of the world is correct?[3]

What is reality? What is a rose? One could paraphrase Gertrude Stein and declare that a rose is a rose is a rose, hoping that repetition would bring intensity, redundance, and truth. But does everyone see the same rose?

Ortega y Gasset writes of reality: "This ash tree is green and is on my

right . . . when the sun sinks behind these hills, I shall follow one of the ill-defined paths open like an imaginary forest in the tall grass . . . then the ash tree will go on being green, but . . . it will no longer be on my right . . . How unimportant a thing would be if it were only what it is in isolation. How poor, how barren, how blurred! One might say that there is in each thing a certain latent potentiality to be many other things, which is set free and expands when other things come into contact with it. One might say that each thing is fertilized by the other; that they desire each other as male and female; that they love each other and aspire to unite, to collect in communities, in organisms, in structures, in worlds. . . The "meaning" of a thing is the highest form of its coexistence with other things . . . that is to say, the mystic shadow which the rest of the universe casts on it."[4]

Reality thus seems to be the rose, or the ash tree, *plus the order in which you and I arrange them.* It is the meaning we give to the aggregate of facts that we recognize as facts. And there is one more step. Reality has to be shared with others—others who validate it.

DEVELOPING A WORLDVIEW

This socially validated worldview frames the reality that frames the person. The individual, in learning very early in life to apprehend the reality that is presented to her as objective, develops the filtering lenses that will be with her throughout life. Those who convey this reality to the infant, Herbert Mead points out, are "significant others," who impose on him their definition of the situation: "The individual experiences himself as such, not directly, but only indirectly from the particular standpoint of other individual members of the same social group or from the generalized standpoint of the social group as a whole to which he belongs. . . It is the social process itself that is responsible for the appearance of the self; it is not there as a self apart from this type of experience."[5]

Mead no longer focuses on a simple linear cause and effect, but on feedback. He is concerned with the dance. His is an organismic view: the self in context is also part of the context of the self's significant others.

Harry Stack Sullivan applies Mead's concepts of the dialectic exchange between self and context in his theories of interpersonal psychiatry: "The facilitation and deprivation by the parents and significant others is incorporated into the self. . . . Since the approbation of the important person is very valuable, since disapprobation denies satisfaction and gives anxiety, the self becomes extremely important. It permits mi-

nute focus on those performances which are the cause of approbation and disapprobation, but very much like a microscope, it interferes with noticing the rest of the world."[6]

Starting with the influence that significant others have on the child, Sullivan recognizes that the early self is a creation of self plus context. But hampered by the restrictions of an individual, linear paradigm, Sullivan moves away from the self in context to postulate the internalization of the significant others. It is as if the dance of life becomes introjected and can no longer encompass the continuing transactions with significant others in the task of reality construction.

How individual reality is constructed can be studied by looking at the way the context becomes internalized; or one can approach from the opposite direction, dealing with the way societal institutions affect the individual. Both points of entry present a problem at the interface. Sociologists remain too distant from the specific reality of the individual, addressing themselves only to the homogenized reality of the institution. Individual theorists get stuck in the tremendous idiosyncratic complexities with which an individual transacts in context. And both approaches may lose the rhythm of the dance.

To explore the organismic characteristics of the individual in context requires a smaller institution. The family is the matrix in which societal rules are tailored to the specific individual experience. The family therapist, therefore, is at the appropriate distance for exploration of the system of individual and societal context, without having to separate too far from either element. Being close to the specificity of the individual family members' experiences, but still having the system vantagepoint of the group, the family therapist can encompass the individual and the family holons as whole and as part.

VALIDATING A WORLDVIEW

The way the family develops its structure is analogous to the process by which society develops its institutions. So, too, is the way the family validates its structure. Thus the way in which society legitimizes its institutions gives the therapist a paradigm for understanding how the family's worldview is maintained, and how it can be challenged in therapy.

Peter Berger and Thomas Luckmann distinguish four levels of legitimation of societal institutions, a schema which is useful for the study of family validation. Level one is simple vocabulary, or the presentation of reality through language. A child learns that the thing she is holding is a spoon. This is rock-bottom reality, "the foundation of self-evident

knowledge on which all subsequent theories must rest." Level two of legitimation contains simple explanatory schemas that give facts their meaning. These schemas are "highly pragmatic, directly related to concrete action." Proverbs, maxims, legends, and folk tales are typical of this level. Level three of legitimation contains explicit theory, based on a differentiated body of knowledge, which provides the frame of reference for conduct. Because of its complexity, it is transmitted by specialized personnel. The fourth level of legitimation is the symbolic universe, which integrates different provinces of meaning into a totality.[7]

Each of these levels has an analogy in the development of a family worldview, and each offers a therapeutic point of entry for challenging the family validation of reality. The challenge need not be a confrontation. Instead, it may be a shift, or an expansion, which adds to rather than disqualifies what the family is accustomed to.

At level one, basic vocabulary, the therapist pays close attention to the way the family uses words and to the words that are important to them. But the therapist knows that the meaning of words is related to the family context. In a family where love is highly valued, the therapist says to a family member: "You are a prisoner. Your jail is love, but it is still a jail." At this point the word *love* takes on a whole new meaning for the family.

Level two of legitimation, explanatory schemas, includes in family terms the myths and family history that organize both present and future. In families, the members are seen by each other in set ways, and these views endure, even though the reality as seen by the extrafamilial observer may be quite different. The therapist does not have to challenge the family myths outright, but she may rearrange them or expand them, for example by explaining to a child whose father is billed as all-powerful that true respect for such a father implies and dictates the need to disagree.

Level three of legitimation is the body of knowledge entrusted to experts. The family therapist assumes this expertise and possesses the credentials to frame the normal and the deviant in family terms. A therapist's interventions have the support of a body of theory and a professional group.

Level four of legitimation deals with the universal issues of the family's intersection with the larger world. This includes the universals of life, such as that family members are born, grow, and live in social contexts, and that they are independent and also belong to family holons imbedded in larger holons. These universal realities can be used by the

therapist to challenge the loyalty that family members have to their own idiosyncratic reality.

CHALLENGING A WORLDVIEW

Validation inevitably raises the related issue of deviance. Legitimation is in fact an ongoing dialectical process. As Berger and Luckmann remark, most societies do not accept a monolithic validation, so that there is a constant interaction of alternative definitions of reality: "Most modern societies are pluralistic. This means that they have a short core universe taken for granted as such and different partial universes co-existing in a state of mutual accommodation."[8]

The family's short core universe gives the family members the security of inhabiting a known territory. Unfortunately, it may also impose limitations that do not have to be there. It sends family members to the defense of flags that they do not really support, and to the attack of bastions that are not really manned by their enemies. Worse, it keeps them in ignorance of things that they know, or could know, inhibits their curiosity about the world they inhabit, and prevents them from exploring worlds they could populate.

The therapist seeks to present some of the different partial universes that are outside of the family's short core universe and which the family members are closed off from. She knows that the family reality is interpreted by its members from the perspective of the holons they inhabit. Therefore, the interpretation of the transmitted universes, and of deviation, is a matter of perspective. And perspective can be changed.

When my children were young, I used to tell them bedtime stories in which a child, named Yankele Mehesforem, visited different countries with their different rules, customs, and myths, and tried to interpret these cultures through the eyes of an American middle class child. The stories were full of the humor of the clash of cultures and the confusion when one reality challenges the truth of another. For the plot, I drew from my experiences in different countries. What I was trying to do with my stories was to introduce my children to a pluralistic view of reality. This is the view the therapist must also learn, so as to offer the family alternative worldviews.

Alternatives should not be framed as another world; people are afraid of new things. Besides, few would abandon, like an old shoe, a reality that has served well, and which has many legitimations supporting it. Instead, the therapist offers, en passant, an expansion—a hint of an alternative—something that modifies the boundaries of the known. The

therapist has a variety of techniques with which to challenge the way a family legitimizes its structure. These techniques are the use of cognitive constructs, the use of paradoxes, and the search for strength in the family.

To sum up, I cannot resist sharing the remarks of Captain Mallet at the annual convention of the Identity Club: "Gentlemen, this is an historic moment. For more years than I can remember we have spent our lives in the seclusion of our London quarters toiling at the great theory which is the unifying factor of our lives. It was ever our belief that this theory could be perfected best in isolation: we have known from experience that once a theory is exposed to the knockabout of daily life it loses the bloom on which its beauty depends. Most clubs—and there are many nowadays—ignore this precaution; they pitch their theory into the outside world against all rivals, thus leaving it dependent upon nothing but the hysterical pugnacity of its supporters. This is all very well, but it has always seemed to us that as all clubs are closed circles, permitting no deviations whatever, it is senseless to expose loyal members to the rough-and-tumble of debate. Why argue with a member from another club when we know that both he and you are so inextricably identified with opposing theories that for either to yield a point is like losing an arm or leg? No, gentlemen, since it is the aim of every club to be the only club and of every theory to be the only theory, the way of *our* club is surely the best. We actually do live in isolation from the world—which is to say that we live in exactly the same way as all other clubs except that we do so more comfortably and don't have to pretend that we have open minds. Our beloved theory, the only true one in the world, is the only one we want to hear about. Identity is the answer to everything. There is nothing that cannot be seen in terms of identity. We are not going to pretend that there is the slightest argument about that. . . We of this club excell all other clubs in that we give our patients the identities they can use best. We can make all sorts of identities, from Freudian and Teddy Boy to Marxist and Christian.

"And what we like about ourselves is the frank way we go about our work. Other clubs stubbornly deny that they try to supply their patients with new identities. They insist that they merely reveal an identity which has been pushed out of sight. Thank God, gentlemen, we shall never be like them! We are proud to know that we are in the very van of modern development, that we can transform any unknown quantity into a fixed self, and that we need never fall back on the hypocrisy of pretending that we are mere uncoverers."[9]

15 Constructions

The family has constructed its present reality by organizing facts in a way that maintains its institutional arrangements. There are alternative ways of seeing, but the family has chosen a certain preferred explanatory schema. This schema can and should be challenged and modified, making new modalities of family transaction available.

The therapist begins by shaking the rigidity of the preferred schema. He also dismisses many of the facts that the family presents, selecting the "therapeutic reality" in accordance with the therapeutic goal. This is a heavy responsibility; the therapist must recognize that his input organizes the field of intervention and may change the family explanation of their reality. The concept of interpretation detours around this responsibility, framing the therapist's task as merely exploring the truth. But when the therapist's position within the therapeutic system is examined, this more comfortable framing is no longer possible. The family's reality is a therapeutic construction.

The therapist's freedom as a constructor of realities is limited by his own biography, by the finite reality of the family structure, and by the idiosyncratic way the family has developed its structure. The therapist is therefore a constrained changer. The family has the capacity to control him by determining his complementary responses. It may also induct him into supporting the family reality. Nevertheless, his input is a factor in defining this field.

There are a variety of techniques to carry the message that families

and family members have more alternatives available to them than their preferred modes of transacting. The goal is always the conversion of the family to a different worldview—one that does not need the symptom—and to a more flexible, pluralistic view of reality— one that allows for diversity within a more complex symbolic universe. The techniques of changing the family reality fall into three main categories. They are the utilization of universal symbols, family truths, and expert advice.

UNIVERSAL SYMBOLS

With this technique, the therapist presents his interventions as if supported by an institution or consensus larger than the family. He therefore seems to deal with objective reality.

With some families it is possible to decree that a moral order—god, society, decency, or whatever—prescribes the right way. Ivan Nagy's exploration of mutual commitment among family members falls into this category of intervention, in which the therapist assumes a moral position and becomes the representative of morality.[1]

In the West family, who came to therapy because the father, a minister was having difficulties controlling his two adolescent daughters, Mr. West refers to his wife and daughters as "the three girls." The therapist rises, "stopping the clock," and points up a moral: "You must have difficulties in your relationship with God, since you don't understand that He created hierarchy in the family. There is a right place for the parents and a right place for the children." By choosing universal constructs that fit with the family worldview, the therapist suggests a rearrangement of holons.

The therapist can do the same thing by drawing on common sense or common experience. "Everybody knows" there is a certain shape to things; reaching agreement on the shape is not necessary. There is a time to be playful, and a time to work. Older children are expected to be more responsible than younger. In some families, it is useful to point out that, "since you are older . . . younger . . . the oldest daughter . . . the breadwinner . . . you should . . . and the rest of the family should . . ." The therapist brings the power of group persuasion to buttress his ideas.

It is also useful to decree that tradition prescribes a certain course. Every society trains its people to respond to the magic of correct sequences, and every individual has experienced order in his own development. Therefore, constructions that are built on temporal rituals may partake of the power of magic in effecting transformation.

The power of universal constructions resides precisely in the fact that

they deal with things "everybody knows." They do not bring new information; they are immediately recognized as common reality. The therapist uses this consensus as a platform on which to build a different reality for the family.

In the Mann family, the family reality is that a 28-year-old son Bill, who has been working abroad for the last five years, returns home with a psychotic episode of agitated depression, apparently triggered by a friend who conned him out of $1000 in a relatively simple deception involving oil and Arab shieks. The rest of the family—his parents, Paul and Mary, and his 23-year-old brother, Rob—respond with concern, protection, and anxiety to the disorganized behavior of the identified patient.

The dysfunctional structure is the overinvolvement of the family members, especially the father-older son holon. The son relates to the father with a loyalty and respect bordering on awe, but also with a deep-seated and unexpressed resentment. The mother and younger son cannot modify or indeed participate in the overinvolved dyad.

The therapeutic construction, arrived at in the initial session, focuses on the acute symptomatology of the identified patient. The therapist normalizes the identified patient by explaining and justifying his behavior in terms of the universal meaning of growing up: a narrowing of alternatives and a partial dying. The therapist then suggests a mourning ritual to shed the old self and accept the new reality as an older person. The younger brother and the mother are given specific functions in the ritual, while the father is kept apart. The construction supports a modification in the family structure, strengthening the differentiation of the older son, the development of a sibling holon, and the distancing of the overinvolved father.

Minuchin (to Bill): How are things? Your father called me yesterday about you. Today, your mother also talked to me on the phone because they are concerned.

Bill: Well— (*Starts to cry.*) I don't want to be upset. (*Looks at father, who is also crying.*) I'm sorry, Dad, really. I'm sorry. I don't wanta—I don't know how to get it out. I'm sorry— (*Continues to sob.*)

Father (crying): That's all right. No problem.

Minuchin (to father): Paul, if you cannot be helpful, then you go out of the room. It is not right for Bill to be concerned with you if he wants to cry, because then he cannot be free. Bill has some need, or some wish, to cry at this point, and he should be free to cry without being concerned with protecting you. (*To Bill.*) So go ahead, cry. If you need to cry, cry—and when you have finished crying, we can talk. But go ahead and cry. (*To wife*). Why must Paul cry?

Mother: Well, he's that way.

Minuchin: That's very unhelpful, as you can see, because then your son finds himself involved in protecting Father. There are times in which people feel like crying. Do you feel like crying sometimes, Rob?

Rob: Sometimes I do. Not too often, though.

Minuchin: Well, you are a young chap. How old are you?

Rob: Twenty-three.

Minuchin: What are you doing now?

Rob: Going to school at the university.

The therapist begins with a construction about the freedom to cry. Crying is framed as a right that people have. He challenges the father's constraining effect on Bill, normalizes crying as a wish or a need, and by giving Bill permission to cry, implies that the crying is under the therapist's control. The therapist then turns away from Bill and talks with Rob about neutral issues, waiting for the crying to diminish so he can return to Bill, which he does a few minutes later.

Minuchin: Bill, how long have you been back home?

Bill: Three weeks.

Minuchin: And you have been a year in Venezuela?

Bill: I've been in Venezuela all told maybe two years off and on.

Minuchin: Where in South America besides Venezuela?

Bill: In all of South America, I was working in Colombia, Equador.

Minuchin: Do you speak Spanish?

Bill: Yeah.

The conversation continues in Spanish for five minutes, during which Bill says that he was burned in a business transaction with a "friend." Although he knew that he was being taken, he invested $1000 because he did not know how to get out of the situation. The therapist uses the opportunity to speak Spanish as a boundary-making maneuver, increasing his proximity with the patient and separating the patient from the family. Then Bill begins to cry again.

Minuchin: I want Bill to cry when he needs to cry, and then when he is feeling able to talk, he talks again with me. Paul, what do you think is going on with your son?

Father: His family means everything in the world to him. In my opinion, though—I don't know if my wife agrees—he would do anything for his family. (*Begins to cry.*)
Minuchin: Then why are you crying? I would like you to leave the room, and return when you can organize yourself. (*To wife.*) Your men tend to cry easily, don't they, Mary? (*Father gets up to leave. Bill extends his arms as if to stop him, but therapist blocks the movement. Bill then sits down sobbing.*)
Mother: They are softies, that's why.
Minuchin: Okay. You see, I need to have some people with whom I can talk. Neither Paul nor Bill is able to communicate, so I wish you could move here so I can talk with you, Mary. (*Mother takes the seat husband has vacated.*) Bill, you cry until you are ready to talk with me. Mary, what's your idea about what's going on?
Mother: I think that he was mentally burdened. He got this wonderful job six years ago, and he was always traveling.

The therapist increases the intensity of his construction about freedom by sending the father out and supporting Bill's crying while labeling the father's crying as deviant. The therapist continues talking with the mother and Rob.

Minuchin: Rob, you can invite your father to come back if he can. Tell him that if it will be stressful, I prefer he should not return. (*To Bill.*) Are you ready?
Bill: Yeah.
Minuchin: I feel that sometimes people need to cry. So whenever you feel like crying, you cry, and then I will talk to them and talk with you later.
Bill: Okay.
Minuchin: I still don't understand what your situation is at this point.
Bill: I'll explain—
Minuchin: But when you need to cry, you cry, and I will move to them.
Bill: Okay. About a month ago—no, about six weeks ago, I was in the office and I had a lot of pressures—maybe self-imposed—well, one day I went into the office and then all of a sudden it was like something snapped in my brain. I don't know what it was, but it just snapped (*begins to cry*), and after that day—
Minuchin: If you need to cry, you cry. Okay? I will come back to you whenever you get— (*Turns to talk to mother.*)
Bill: I just—

Minuchin: No, no, no, I don't feel you can.
Bill (*taking a deep breath*)*:* I'm okay.
Minuchin: Okay.
Bill: And then all of a sudden there was like a sense of unreality. I became disoriented. I couldn't sleep, and like I would take a trip— (*Begins to cry again.*)
Minuchin: Rob, maybe you can get some tissues from the front desk. (*To Bill.*) You just relax, and I will come back to you. I want you to cry until you are finished.

The therapist turns away from Bill and talks with the rest of the family members. He has normalized crying: it is an event that handicaps talking, but it can be accommodated to by waiting. He has also placed the control of crying on Bill while reducing the symptom's effect within the system. Five minutes later, while asking Rob if he has a girl friend, the therapist sees that Bill is listening again.

Minuchin: Bill, do you have a girl friend?
Bill: No.
Minuchin: Did you ever have a girl friend?
Bill: Yeah, I had a couple.
Minuchin: For how long?
Bill: Well—for a few months. You see, my job doesn't provide me the opportunity to have a steady girl friend because I was always traveling.
Minuchin: When you say you were always traveling, what does it mean?
Bill: I would travel every two weeks of every month. For the first year or fifteen months, I was in Latin America. Then I was transferred to the Far East and Australia, and then I would travel—
Minuchin: The Far East and Australia! My goodness, that's quite spread out.
Bill: Then I spent two and a half years in the Far East traveling all the time.
Minuchin: That was also every two weeks?
Bill: Oh, sometimes I would be in a place for a month and a half.
Minuchin: You don't have a home then.
Bill: Here. That's my home.
Minuchin: You don't have any home. You have been five years away from here and you have not established any roots in any other place.
Bill: Yes.

Minuchin: How old are you now?
Bill: Twenty-seven. (*Begins to cry.*)
Minuchin: Okay, I'll come again to you. I want to talk now about something else.

The therapist talks with the family until he observes that Bill has stopped crying.

Father: Doctor, can't you let me say one thing about what happened the last time he was home—
Minuchin: No, no, I don't want you to talk about Bill when Bill cannot talk about himself.

The therapist thinks that although the depressive episode was triggered in Venezuela, the symptomatology is at this point maintained by the close reverberation between son and father. The therapist does not have much information about their dysfunctional transaction, but he operates with a rule of thumb: challenge overinvolved structures. This boundary-making technique is repeated to support the therapist's message that the identified patient has resources that he has not yet utilized fully.

Bill: The only thing is—
Minuchin: Are you ready?
Bill: Yeah.
Minuchin: Are you certain, because if—?
Bill: That's all right. One day I walked into the office and this thing in my mind just snapped and then I had like a sense of unreality, disorientation, and I couldn't sleep, and one night I was coming home from work with a friend and I wouldn't let him leave me, and then my mind spilled out and then I was running around like—
Minuchin: Okay, do you want to stop?
Bill: I couldn't control myself—it was like I was outside my body, you know, and I just—my mind just spilled out like—you know—I didn't know where I was. I have this feeling, this constant feeling of not being able to control myself. I have a sense of unreality. I know I'm at home, but I can't—I have a constant pressure inside my mind—it's like a knot—just this constant pressure. At night I can't—everything begins to choke me like, and I have pains in my—I get constant pressures

here, and I just can't sleep and can't—I'm not myself. I just want to feel normal.
Minuchin: No, you cannot become normal yet, because first you need to face some realities about yourself that are connected with this experience. Your sense of trust of yourself has been shattered. Maybe you need to take a second look in the mirror. (*Gestures toward the one-way mirror.*) You have been having a strange idea of who you are, and this guy made you look like a schlemiel, and you don't like that a bit. So, you are feeling now a tremendous sense of uncertainty.

The therapist takes an event in the description and makes it the initial step in a series of constructions that will build on each other to challenge the depressive psychotic organization of the identified patient's reality. This process is carefully planned: the therapist starts his challenge to the identified patient's reality by asking him to look at his image, narrowing his focus of attention to what the therapist will tell him about himself.

Bill: Yes, and I think of crazy things and I can't—I don't know where I am, really, you know, and it frightens me—
Minuchin: Yes, that happens with people at the point in which their sense of trust in themselves is shattered. They go back home and, because you are an adult, you don't find your own place at home either. It is true you are a close family, but this is not your home. For the past five years, you haven't had one.
Bill: I want to make it my home now.

The identified patient's reality of frightening ghosts is not challenged, just explained in terms of accepted "objective" facts known by everybody.

Minuchin: What you are describing is a sense that your old life has been shattered, and now you want to create a new life. But you cannot do that quickly. First you will need to cry for the last five years—for the opportunities you didn't have, for the friends you didn't make, for the dreams that didn't come true, for your being conned probably more than once and not only this time, for the hopes that you thought you would have, for the girls that you didn't go out with, for the friends that you almost made but didn't. I think you need to cry for them and I think you are crying for that. You are crying for your life as if these

last five years were a waste, and if that's how you feel, you need to cry. You know, I could give you some pills to calm you, but I am concerned that if I give you these pills, you will not cry. I want you to cry.

The therapist introduces a universal construction. Everyone has "a road not taken." The therapist does not have much information about this patient, but he knows that the sense of missed opportunities is there. He builds his construction carefully from the specific facts that the patient has given him, ensuring that the patient will recognize his own reality. At the same time, the therapist uses a quasi-ritualistic repetition that establishes both proximity and authority, facilitating the patient's acceptance of the suggested task.

Minuchin: I am going away for four days and I want to see you again on Monday. For the next four days, I want you to stay home in your room. Have you ever had a relative that died?
Bill: Yes, my grandfather.
Minuchin: Did you sit Shiva [a Jewish mourning ritual]?
Bill: Yes.

Again the therapist builds into his universal symbolism elements of the patient's life that will make this prescription feel specifically related to the patient's reality.

Minuchin: I want you, for four days between tomorrow and Monday, to sit in your room. You can read, but mostly I want you to cry and to remember your last five years and cry for every opportunity in which you had hopes and you let it drop. Do you understand what I want? I want you to look back at your life and look again in terms of what you could have developed that you didn't. I want, very, very carefully, that you should see that you could have created a home or a friend in Venezuela and you didn't, that you could have had a girl friend that loved you in very special ways in Australia and you didn't, and I want you to think that all of these are missed opportunities, and I want you to go over carefully—four days is not too much to remember five years. Here and there, when you feel that you need to tell something to somebody, I want you to call Rob. Not your father or your mother, because they are too old, but Rob. Rob, do you have classes tomorrow?
Rob: Yes.

Minuchin: And on Friday?
Rob: No.
Minuchin: Can you skip the classes tomorrow?
Bill: I don't want him to miss them.
Minuchin: I am not asking you. This is a prescription. Can you miss the class tomorrow, Rob?
Rob: Yes.
Minuchin: I want you to stay home, also. Don't enter into Bill's room except when he asks you to. Do you have the same room, or what?
Rob: No, I have a room of my own.
Minuchin: So, Bill, you will know that in the house Rob is there, available—because that is important—at any point in which you want to tell about an experience that happened that you had three years ago, two years ago in Australia, in New Zealand, and you will listen, Rob. You will be sympathetic, and he will cry. You will not make any attempt to stop him from crying, because I want him to cry. It is important that you should think about these missed opportunities and feel sad, and it's important that Rob should respect that. He should respect your need to feel sad. You see, I think that in your family they don't respect people's privacy, the privacy of being sad, the privacy of being ashamed because you are so shamed. You are embarrassed, and this is perfectly okay. People should have that right also; people should have the right to feel sad, to feel embarrassed, to feel crazy sometimes.

The therapist organizes the rest of the family around the mourning ritual. The mother is to go out and buy a bottle of good whiskey and, like a traditional Jewish woman in these rituals, prepare food and drink. She is also given the function of keeping the father busy and away from Bill and his pain, since the father's sharing handicaps Bill's crying. And Rob will be available and sharing when needed. This ritual is organized around the reality of one member, since the intensity of his symptom requires an immediate response. Nonetheless, the participation of the family around the identified patient, sharing within the therapeutic system the therapeutic construction, creates a changed family field, separating the father from the identified patient and supporting a sibling holon. In the therapist's experience, these mourning rituals are self-limiting. Patients may spend one or two days crying, then stop. By Monday, Bill, though still quite anxious, is less depressed and more organized.

In the second session, after discussing the way in which the task was

implemented and the new proximity that it produced between the siblings, Bill expresses the feeling that, because his parents are so generous, he has to inhibit his wishes or else his parents will immediately fulfill them far beyond his needs.

Bill: I have to sort of restrain myself because if I say to my father—just as an example—"I like that tie," he'll buy me a tie in fifteen different colors. Therefore I won't say, "I like that tie."
Minuchin: Do you really mean that?
Bill: Yeah. And if I like a suit, he'll buy me five suits. So therefore I don't say I want anything. If I ask for a bottle of Scotch, he'll buy me a whole case or four bottles or three bottles. So it loses its meaning. Do you see what I mean by overindulgence?
Minuchin: Of course.
Bill: I think that it doesn't make me feel free to ask them for anything, because whatever I ask them for, they'll overdo it. So then I just do without.
Minuchin: I am very impressed by what you just said. First, because you are very perceptive. The other thing is that I see you as a prisoner. You know, your jail is love, but it is still a jail. It is mutual love, but it's a jail. You cannot have a wish because then you will get it in spades. Then you are a prisoner; you cannot receive.

The therapist, whose goal is to help the identified patient differentiate himself from the family and increase his distance from the father, introduces a metaphor to convey the inhibiting effect of indiscriminate generosity and loyalty.

Minuchin: Let me talk with your father for a moment, okay? Can you allow me, because what you said bothers me a lot, and I just don't understand that. (*To father.*) Is what Bill says true?
Father: To a certain degree. There's nothing in the world I wouldn't do for my children and my wife wouldn't do for our children. We are the way we are, and if the children are victims of the way we are, we'll try to change. The last few days that Bill was in the house, I tried to stay as far away from him as I possibly could. It was very hard. I hope you realize that if you have the kind of love that we think we have, it's very difficult to see your child in this condition. I tried to buy him a suit because he doesn't have any clothes that he wears. He wears the same

stinking shirt all the time, and he can go to my closet and have what he wants—
Minuchin: Did you buy him anything?
Mother: We haven't bought him anything since he's been away.
Minuchin: Very good. Okay, good, because the issue is—
Father: The shoes he's wearing are my shoes.
Minuchin: Bill, can I see them?
Bill: Yeah. (*Takes off one shoe and gives it to therapist.*)

As the therapist is dealing with the issues of differentiation and autonomy by means of the realities of daily life, such as clothing, cologne, love—he receives from the father this new bit of information: "The shoes he's wearing are mine." At any moment in therapy, information that is related to the therapeutic goal immediately becomes relevant. The fact that Bill is wearing his father's shoes would not necessarily be useful, even though it brings instantly to mind the interesting tidbit of "walking in his father's footsteps." The therapist, however, who has a penchant for concrete metaphors, asks Bill to hand him a shoe. He has not yet formulated what he is going to do with that shoe, but as he examines it, he decides on a strategy that he will develop throughout the rest of the session.

Father: He doesn't have a pair of shoes to wear.
Minuchin (looking at shoe): What size are they?
Bill: We wear the same size—eleven.
Minuchin: Can I have the other one? (*Takes both shoes, wraps them in a paper, and gives them to father.*) I want you to take these shoes because these are your shoes.
Mother: You're going to have to buy a pair of shoes.
Minuchin (to Bill): Why do you wear your father's shoes?
Bill: Because—well—it's the same size as mine. Mine are worn out. It doesn't matter, because they are the same size.
Minuchin: How much money do you have in the bank?
Bill: About $4000.
Minuchin: Four thousand dollars. That is not much, because a pair of shoes like this must cost $50.
Father: You're wrong. I paid $14 for those at a wholesale house, honest to God, I swear.
Minuchin (to Bill): But when you go to buy a pair of shoes, you will buy a pair of shoes that cost $50 for yourself. You will buy a pair of shoes

that are your size and that will cost $50. You can buy them for more, but it shouldn't be less. And I want *you* to do it. I am very, very concerned because you will not know where your skin finishes until you begin to find what is immediately next to your skin. I want to teach you where you are, and I want to begin by teaching you who you are. Then, we will begin by very simple things, like the things that are close to your body. I want you to go and buy yourself a pair of shoes. Do you know how to buy clothing?

The therapist uses the shoes as a concrete vehicle for dealing with issues of differentiation, building on common sense knowledge: "Wearing your father's shoes is confusing," "Your skin is a container of yourself," "You cannot know where you are if you don't know who you are." "Everybody knows" that these are objective realities. Out of these universal truths the therapist fashions a task that requires the identified patient to become involved in activities with the extrafamilial.

Bill: Just walk in and buy it?
Minuchin: Have you bought clothing for yourself, or are you a person who always buys the same kind of thing?
Bill: I don't normally buy too much. I buy the same things.
Minuchin: Let's find out from Rob. (*To Rob.*) Do you know how to select for yourself?
Rob: Yeah.
Minuchin: You will accompany Bill, but you will not do anything before Bill tells you. (*To Bill.*) If you like a pair of shoes and you want an opinion, then you can ask Rob and Rob will say yes or no. But don't ask him before you have decided. Okay?
Bill: Okay.
Minuchin: You will buy yourself—how many shirts do you have?
Bill: I have about seven shirts—six or seven shirts.
Minuchin: But you like this one more? (*The patient is also wearing the father's shirt.*) Why?
Bill: I don't like it any more or any less than the others.
Minuchin: But you need a couple of shirts more?
Bill: Yes, I can always use shirts, I guess. But I can use my father's.
Minuchin: No, no, no, no, because then you don't know who you are. I want you to begin to know what your body is by buying things that are yours. I want you and Rob to select a store where you will buy yourself some clothes. I don't want you to use your father's things. This is very confusing. If you are going to know where you are, you start by knowing first what is your body. You start to know your body by beginning to clothe it. Okay? I don't know if you are yourself or you are your father, if you are in your father's shoes.
Bill: Okay.

The therapist constructs out of a pair of borrowed shoes a universal symbol of the meaning of individuation which he then uses to increase the separation between the father and son, to support the sibling holon, and to facilitate the re-entry of the identified patient into the extrafamilial context. The construction of the task has concrete elements: the identified patient is instructed to buy four shirts, two pairs of pants, and a dozen pairs of socks besides the pair of shoes. He leaves the office barefooted while his father carries the wrapped shoes. All of these elements contribute to an intensity to the therapist's construction.

Therapy continues for eight months. The identified patient is never hospitalized, although he has moments of disorganizing panic and suicidal ideation for over four months. A follow-up five years later shows the family members functioning well. The identified patient has moved away from the family and works independently, the younger brother works in the father's business, and the parents maintain clear, autonomous boundaries.

FAMILY TRUTHS

The therapist pays attention to the family's justifications of their transactions and uses their same worldview to expand their functioning. This is a kind of aikido, in which the therapist uses the family's own momentum to initiate a different direction: "Because you are concerned parents, you will give your child space to grow." "You will not rob him of his voice." "You will cut their wires." "You will demand respect." "You will show respect." "You will let her fail." Once the therapist has selected from the family's own culture the metaphors that symbolize their narrowed reality, he uses them as a construction whenever they appear or can be introduced, transforming them into a label that points up the family reality and suggests the direction of change. "Ah-ha, tightening the wires again!" This metaphor heightens the experience of the undesirable restraint. This technique corresponds to the second level of Berger and Luckmann's topology, rearranging simple explanatory schemas.

In the Scott family, the family reality is that the 17-year-old son John

is truanting and shoplifting, regardless of the family's help or any punishment they have imposed. They feel he must be psychologically warped, because no normal child would continue shoplifting after he has been punished by being deprived of his hi-fi and motorcycle. The dysfunctional structure of this family is that the mother and children—John and his younger brother—form a holon which excludes the father, a guidance counselor.

In the therapeutic construction, the family's framing of the son is narrowed down to two unacceptable alternatives. Either the child is delinquent, or if he's not aware of his actions, he is crazy. When the mother refuses to accept either alternative, the therapist suggests another possibility: seek out the father's view of the situation. Within this construction there is a possibility for change in the family structure, strengthening the father's position in the executive holon. Ten minutes into the first session, the mother, John, and his brother have been explaining the psychological makeup of the identified patient as a justification for his behavior.

Minuchin (*to mother*): Let me ask you, do you think John is crazy?
Mother: Do I think he's crazy! No.
Minuchin: Do you think he knows what he does?
Mother: If you had asked me this when we first started in December, I would have said yes. He's cutting because he's a normal boy who wants to get out of class; there are other things that interest him. Once we started taking away these things that are so precious to him, then this is where I got concerned.
Minuchin: Then, you think he's crazy.
Mother: What do you mean by crazy?
Minuchin: I assume it is a person who does certain things and who is unaware that he's doing these things.
Mother: Well, he's aware that he's doing them, but he's not aware of why.
Minuchin: Do you think that he has weird behavior?
Father: My wife objected when I used the term "abnormal."
Minuchin: Maybe you think he's delinquent?
Mother: Delinquent? No. No, because this boy at home—
Minuchin (*to father*): Let me ask you, do you think he is a delinquent?
Father: In his behavior, yes.
Minuchin: That means, you think shoplifting is delinquent?
Father: Yes, it is, certainly.

Minuchin (*to mother*): But you don't think it is delinquent?
Mother: Well, when you say delinquent, I like to get an overall picture. Delinquent in certain things that he's done, yes; but as an overall boy with his home behavior and everything—
Minuchin: Don't you think that he knows that he shouldn't shoplift?
Mother: Certainly.
Minuchin: But, he's not delinquent?
Mother: He's delinquent in that he's doing it, but he knows he shouldn't.
Minuchin: There are two alternatives—either he's delinquent or he's crazy—
Mother (*whispering*): Delinquent or he's crazy?
Minuchin: Because if he does shoplifting, which he knows he should not do, and he's not a delinquent, it would appear that he's crazy.

The therapist, who has been very attentive to the family language, has been building confusion by accepting the mother's logical statements and carrying them to a pseudo-logical conclusion that is unacceptable. His intention is to weaken the certainty of the mother's control as a family reality and to introduce the father's reality as an alternative that is worth consideration.

Mother: Well, if you want me to make a choice, then I'll have to say he's delinquent. He's done something wrong.
Minuchin: You prefer delinquency?
Mother: Yes. He has done something which I think he knows was wrong.
Minuchin (*to both parents*): I think you need to make up your mind because then you will be effective. (*To mother.*) I think that you are copping out by saying that John is sick. I think you are ineffective.
Mother: We're not saying he was sick. We were told—
Minuchin: And you don't believe that.
Mother: I don't. No, that's why we're here. I didn't come to this conclusion.
Minuchin: I think you're helping John.
Mother: I'm a protective mother. I'll agree with you there.
Minuchin: I think you are helping John to be delinquent.
Mother: Well, please, will you tell me how to stop?

The wife is ready to shed her constructions but retain control of the parental functions by accepting the therapist's view. For the therapist to give her advice would maintain her monopoly on parenting while she

was seeming to embrace an alternative. The therapist chooses instead to develop and support a pluralistic worldview, one that includes a dialectic interchange between the parents.

Minuchin: I think that your husband could.
Mother: You think he could—
Minuchin: Did you ask him?
Mother: Uh, ask him what? To help me? I wasn't aware—no.
Minuchin (to John, who is seated between parents): Now, move out. (*To husband.*) Sit near your wife, and maybe you can talk with her about how you can help her so that she does not have John continue doing weird and delinquent things. That's what this kid is doing. He's doing delinquent things.
Mother: I agree with you there. I said that he was delinquent, but—

The wife tries to maintain control by agreeing with the therapist and insisting on her dialog with him.

Minuchin: Talk with your husband, because I think he has a lot of clear ideas. You have very fuzzy ideas, and I think he can help you.

The therapist supports the spouse holon while lending weight to the husband's constructs.

Mother (to husband): Okay, I need help then, huh?
Father: We have different views on things, as I told you before, relating to this behavior. You know, his cutting school, skipping classes, puts him in a class of people that don't care what happens to them or to their lives. Now, I view this as parents who don't care themselves to see that their kids do the right things.

As the session continues, the therapist continues to support the father's view as a relevant alternative to the mother's now shaken certainty. This rearrangement of family facts facilitates a shift, in which a more flexible reality can be supported.

EXPERT ADVICE

With this technique the therapist presents a different explanation of the family reality, based on his own experience, knowledge, or wisdom: "I have seen other cases that . . ." "If you explore this area, you will find

that . . ." The therapist may also shift explanatory positions, taking advantage of his stance as system leader to encompass a different family member's perspective or move to a different family perspective. From this position he can interpret the reality of the different family members, supporting deviation as a right, not as a heresy. The prescriptions that the therapist working with paradoxes gives are frequently based on his position as the expert.

In the Mullins family, the family reality is that the mother, who divorced the father two years ago, began almost immediately having difficulties in controlling her two adolescent daughters. The identified patient is 15-year-old Alice, who is failing in school even though the school has provided her with a teaching assistant to help her with her school work. Kathy, the 14-year-old, has passing grades, but the mother is concerned about both daughters' lack of effort and concern. The mother's uncertainty about her own life has resulted in an overemphasis on the deficits in the family.

The dysfunctional structure is related to the family change in organization after the parents' divorce, which resulted in an overinvolved system. The mother does not work and has become essentially a children-watcher, increasing her parental control at a period in which the children request more autonomy.

The therapeutic construction is based on acknowledging the mother's concern about her daughter's underachievement and carrying this theme forward to the point that people need to know their own effective level of functioning. Only by trying unaided, and possibly failing, will Alice find her areas of competence. She needs to own her own failure. This construction supports both mother and daughter's realities and acts as a boundary between them.

Minuchin: What is the problem? You will need to tell me, and convince me really, that there is a problem, so that I can help.
Mother: Well, I see the problem with both girls—and much more so with Alice—as the fact that they're not taking responsibility for themselves as far as their school work is concerned, and also their attitude, their goal in life. As far as Alice is concerned, she's frightened and she's negative and—
Alice: I can't help it.
Minuchin: So, that's your opinion of what's the trouble. Alice, I would like your opinion, and since your mother includes you, Kathy, I would

like your opinion also. You know, I don't convince easily. Do you agree with what your mother said, Alice?

The mother presents the family's orientation toward pathology and helplessness; the therapist counters with a doubt that puts the responsibility of proof on the family. This gives him the power to select the family facts that are therapeutically relevant.

Alice: No. She's saying that she gets all upset because Kathy and I don't know what our goals in life are and our attitude toward school. She can't be convinced that I'm doing okay in school. You tell her and she doesn't believe you and she stays on your back.
Minuchin: So, you are doing very well in school?
Alice: Not very well—I'm passing.
Minuchin: Okay. So, you don't see that there is a problem in school, and in relation to life you are waiting because you are young and don't need to decide yet. Is that the idea?
Alice: I guess.
Minuchin: And you cannot convince your mother that everything is okay. Why is she so upset?
Alice: That's what I'd like to know.
Minuchin: Can you find out why she's so upset then?
Alice (to mother): Why are you so upset?
Mother: I guess it is your attitude. I don't want to see you fail because you're a bright girl.
Alice: But you can't accept the fact that I'm doing all right in school. You just stick to what you think is right.
Mother: And you have so much potential!

The mother-daughter dialog provides a field for exploring the way in which the mother arranges the daughter's reality. The mother insists on highlighting the "relevant reality" that is, a reality of deficits.

Minuchin: Do you want me to tell you what I see?
Alice: Uh-huh.
Minuchin: I see you and your mom being hooked to each other as if you are a much younger person than 15, and your mother is feeling that you cannot make it without her because she thinks that you are lazy or afraid or incompetent. Now I think that this is your life, and I know

many kids who do a minimum of effort and they pass. That's their choice, you know. And your mother cannot accept that.
Alice: That's how she is. She doesn't accept anything.
Minuchin: I think you should fail on your own.
Alice: I don't want to fail!
Minuchin: But, you see, they ensure that you don't need to make any efforts—
Alice: I do make efforts!
Minuchin: —not to fail. Your mom, and the school are not allowing you to fail on your own. I think you should fail and know that you have failed and learn what you need to do. (*To mother.*) Why don't you let her fail?
Alice: I'm not going to fail!

The therapist highlights the consequences of failure as a constructive possibility. There are a number of elements in this construction. One is that by exaggerating the nature of the mother-daughter dance and insisting on failure, the therapist activates resistance in the identified patient, who insists that she will not fail. But also, by emphasizing failure as an exploration of competence, he sends to the identified patient a message of acceptance of her unknown capabilities which contrasts with the mother's emphasis on and fear of deficits.

When the therapist explores the sibling holon, he finds that Kathy, like the mother, takes a helping position regarding Alice. He expands the focus to include Kathy as a helper, casting her as Alice's lawyer and translator, and then highlights complementarity by making Kathy's help a response to Alice's request for help.

Minuchin: Now Alice, not only your mother and teacher, but your sister also helps. You are just extraordinary! How did you manage to develop a world of helpers around you?
Alice: They all like me. They want to help me.
Minuchin: It can't be just luck. It must be that you are an expert in being incompetent.
Kathy: How can you be an expert at that?
Minuchin: I want you to observe what happened, Alice. I asked you a question, and Kathy answered.
Kathy: Alice talked first.
Minuchin: And now your sister is supporting you. I just want you to notice that.

Alice: I know, I know.
Minuchin: I think you are an expert in making people do your work.
Alice: No way!

The therapist maintains focus on the active part that Alice has in organizing her family's response, complementing the family members' control of Alice with Alice's control of them.

Minuchin (*to mother*): You have a younger daughter who is the older sister of your older daughter, and I don't think that anybody is giving Alice a chance. Alice, you function minimally at school, but this is because nobody lets you grow up.
Alice: My mother expects too much, and she doesn't know the inside of my head. She says that I can do this and I can't do this and maybe I can't.
Minuchin: Then you need to work more. But they will not let you. Maybe if you begin to do a little bit more work on your own, maybe you will find out that you are almost as bright as your younger sister.

There are two elements in this intervention: one is a challenge, the other a support. By suggesting that Alice's sibling may be more intelligent, the therapist provokes Alice to prove him wrong. And by suggesting that with more work she may prove everybody wrong, the therapist emphasizes Alice's strength.

In the Reynolds family, the family reality is that the parents, Vera and George, have two married children and a younger daughter, Martha, a 17-year-old anorectic who alternates starvation and food binges. The parents see themselves as concerned people, who have been successful with the older children and are trying their best with the identified patient. Martha spends a large part of her life monitoring the parents' nontalking and trying to meet the mother and father's need for companionship.

The dysfunctional structure has come about through the course of a long marriage in which the parents have evolved a way of detouring conflicts through Martha. There are no dyadic holons that are not transformed into triads.

The therapeutic construction is to change the meaning of the symptom by rearranging the relationship among family members on the basis of the therapist's expertise. If the meaning of things is given by "the shadow that the universe casts on them," putting the symptom in a different universe will change its meaning.[2] The therapist uses this formulation as the basis for creating transactional pathways that will separate the child from the spouse holon.

Minuchin (*to mother*): What do you do?
Mother: I work for the city.
Minuchin: That means it's a nine-to-five job?
Mother: Yes.
Minuchin: Do you have any help?
Mother: No. I never did. Recently my husband has been helping me.
Martha: Mom, that's a lie and you know that. I've always helped you. I've done the dishes and vacuumed or washed the floor when I'm home on my summer vacation, and I put supper in the oven before you come home.
Mother: Martha, don't get all hyper now—
Martha: You said you had no help and that's what I—
Mother: Sometimes I did get help. When I asked for help, I got it, Martha.
Martha: Other times you didn't ask and I helped.
Father: Martha was helping quite a bit.
Mother: Okay, she was. She was making supper sometimes. But don't say it like she did it routinely every night. She did not.
Father: For a while there, it was pretty routine.
Martha: It was.

The nature of the triadic arrangement is such that when the mother and daughter reach a certain level of stress, the father is activated and takes the daughter's side. The therapist does not yet know if this is the preferred dance or just a movement in a larger dance in which a third member is activated whenever the other two enter into conflict.

Mother: It was. Right until she started getting real bad.
Minuchin: Vera, do you find that George and Martha sometimes team up and put you down? Martha, just now, got kind of hepped and kicked you.
Mother: I don't care. She does that a lot.
Minuchin: And then what happened with George?
Mother: He came to her rescue.
Father: Did I?
Minuchin: Yes, you did here. Absolutely you did. He does this at home?

Mother: He does that at home now that you mention it. Yes. Because when I used to reprimand her and scold her, he would tell me to be quiet and to stop the noise and leave her alone. He always came to her defense.
Father: That works both ways, too. Sometimes I would also tell Martha not to bother Mother at certain times of the day. I'm just trying to keep a happy medium. I'm sitting in the background. I'm just watching.

Clearly the father can dance with different partners without changing his steps. But by highlighting certain facts, the therapist focuses the view of family members on the patterned nature of their transaction.

Minuchin: Vera says that she experiences you being more in Martha's corner than in hers. (*To Martha.*) Are you very frail? I saw you taking Mom out very easily. You were not afraid of taking her on. You didn't need his help.
Martha: No.
Minuchin: No. Does that happen frequently that Dad feels that his weight will help you if you are in an argument with Mother? Will he try to make peace by joining with you?
Martha: No, not really. He'll just tell me, like, "Simmer down and leave her alone," or "Why don't you stop bothering her, let her do what she wants," or whatever, and then I feel guilty because my mother gets hurt in the situation, and I don't want anybody to be hurt.

The therapist starts with an automatic transaction in the family, a casual conversation. By framing it as an issue of taking sides in a quarrel, he makes the issues of autonomy, power, coalition, and guilt magically apparent in the family transaction.

Father: Don't get the wrong impression there. You've got the impression that I'm always doing this. No. Very seldom do I speak up.
Martha: But when he does, that's how it works.
Father: I don't want to see two people arguing foolishly. It's a foolish argument. If I'm sitting in one room and I hear an argument going on in the kitchen and I feel it's foolish—one will say one thing, another one will say another thing—it's nothing constructive, it's foolish—and they're both getting hot under the collar about it, naturally I'll step in.

Minuchin: So, you are a referee?
Father: You might call it that.

In this family of conflict avoiders, the therapist frames the father's function as a monitor of conflict.

Minuchin (to mother): Why would he do a thing like that? Do you get hurt easily?
Mother: I used to. I've got a shell on me now.
Father: We have a pillar of fire here (*pointing to wife*) and we have a pillar of fire here (*pointing to daughter*). We have two positives. They are very outspoken, both of them.
Minuchin: George, is it necessary to monitor their fights?
Father: No, it's not necessary, but I feel I should step in before somebody says something they will be sorry for later on.
Minuchin: You don't like a fight in your family?
Father: No, I don't.
Minuchin: What about between you and Vera?
Mother: We don't talk.
Father: If I feel a fight coming on, my wife gets excited or I get excited—but she'll get excited more than me, and then she'll get excited more and more up to a point where I feel I better stop—I just get up and either walk out of the house or walk into another room just to stop it.
Minuchin: And that works?
Father: It works, but then she's mad at me for a couple of days. She won't talk to me.
Mother: We've gone where you don't talk to me for a month and I give you the same treatment.
Minuchin (to Martha): What do you do then?
Martha (laughing): Well, I withdraw into my own world. It's more safe and secure there.
Minuchin: That means then Mom is in her corner, Dad is in his corner, and you go into your corner? Great family! How do you get out of it? Don't you try to talk with Mom or with Dad or try to patch it up?
Martha: Sure, I try to, but it is very uncomfortable. They're not talking with each other, and then I feel I've done something because my mother, without realizing it, accidentally might snap at me for something. I figure what did I do and I just better keep quiet, and I'll just go in my own world and not have to worry about getting rejected again by them—by their snapping at me.

Father: Martha, I don't snap at you.
Martha: No, Mom does though. But my father will always talk to me, though. It's like, "Well, if your mother doesn't want to talk, that's fine." He'll just say something like that. But then I feel guilty, because I should be doing something. I'm living in the same house and I should be making them have a more pleasant life. You know, I have to make them talk and enjoy their life.
Minuchin: And are you successful?
Martha: No. So I punish myself for this and go on a binge.
Minuchin: Then is that helpful?
Martha: Well, to me it is. It just temporarily relieves the problems. It's like alcohol or drugs. It doesn't solve anything.
Minuchin: So, I see here two therapists already—Father, who when you are fighting with Mom, tries to put oil on rough waters, and you, who try to monitor and help these people. And you are not a very good therapist. You are not very successful.

After labeling the father a referee, the therapist highlights the daughter's symptom as serving a similar function, but he adds an image of her as a healer.

Martha: I can't be. They won't let me. They say, "Mind your own business."
Mother: It's none of your business what goes on between us.
Martha: That, to me, is a rejection, because I feel I'm part of the family. I should be doing something.
Minuchin: How long have you been trying to cure them?
Martha: I never thought about it. Now that I think about it, it's about the time the anorexia started.

The identified patient accepts the therapeutic construction and locates it in time. The symptom acquires a different meaning: instead of being an individual illness, it becomes a family cure.

Minuchin: That means for four or five years you have been trying to cure them?
Martha: Yeah.
Minuchin: Oh, my girl, you need better techniques than the ones that you have. In four or five years, you should have changed them. (*To parents.*) She tries to heal you. She tries to bring happiness to you,

and she's just not good at that. (*To daughter.*) Have you ever tried to get some training in how to increase harmony and happiness?

In a light mood, the therapist suggests a possible alternative for the symptom bearer, to shed her ineffective binges and become an effective problem solver.

Martha: No. The only thing I would ever do is ask them, "Why aren't you talking?" "It's none of your business." Then I feel that they're uncomfortable by my trying to do anything. So I wasn't even much thinking of myself as a therapist before, but now I think I can help this family.
Minuchin: Maybe not a therapist, but a healer. Somebody who tries to bring harmony and happiness in a family. I would like you, Martha, to talk with your parents about the ways in which they frustrate your attempts to help them.

The therapist uses the construction of the girl as a healer to change the nature of the family relationship, transforming the passive position of binger into an active interpersonal task. The identified patient is put in charge of her parents, with the goal of prompting them to reject this increased intrusion.

Martha (*to parents*): How am I going to say this so it makes sense, so you can understand it? It's like I have to go on a guilt trip because you aren't talking. You're my parents and I love you, but if you don't love each other, I feel guilty, and I can't live my life unless I know you're happy. You see, you try to hide it. Like you say it's your own business, but still it isn't your business because I live in the same house and I have to see this. It's not the fighting, it's the not talking that bothers me.
Mother: We don't get into arguments that way.
Martha: Well, see how it's affected me? I see you don't talk to people, so I go to school and I figure, subconsciously, I can't talk to people. I don't know how to, you know. If I heard you having a conflict and resolving it, then I could learn from that, you know.
Mother: But, Martha, it's taken us thirty years to arrive at this attitude that we have—thirty-three years.
Martha: But the thing is I can't be happy unless I know you're happy.

Mother: But I'm happy in my little world and your father's happy in his little world.
Parents: And you should be happy in your little world.
Martha: Do you think it could be better? I know you don't want it to be better, but could it be?
Minuchin: You see, it's a very interesting thing what Martha is saying. She is saying that you really need her very badly because you, together, cannot hack it.
Martha: I feel that I'm bringing you happiness in some way, you know.
Minuchin: I don't think your parents understand you. I don't think that they understood what you just said.
Martha: Neither do I.
Minuchin: I don't think that they are hearing you. You are saying something very simple. You are saying that unless you can help them, they cannot make it.

The therapist has been egging the identified patient on to continue her job as her parents' healer for over fifteen minutes. In the process, the identified patient addresses herself to the parents as a couple, instead of pursuing her usual negotiation with each of them separately. The parents respond—sometimes annoyed, at times placating—as a holon. The therapeutic construction's exaggeration is intended to produce the parents' rejection of the girl's help and to create distance from her.

Minuchin: Talk with Dad and talk with Mom.
Martha: It's things like—you guys figure that's your life and I should just stay out of it. Is that how you feel? Is that what you're trying to tell me?
Mother: Um-hum.
Martha: I don't understand it. None of it makes any sense.
Minuchin: You see, my feeling is, Martha, that your parents know that they need you. You couldn't have such a strong feeling toward helping them unless they are telling you—
Martha: That they want it.
Minuchin: That they want it. How does your mother tell you that she likes you to help? They must be doing it in some way. I don't know that they know how they do it, but they must be doing it. They must be telling you in some way. How do they do it?

The therapist changes the locus of control of the girl's life. She is now framed as responding to parental control. This is a radical shift from the previous focus on the identified patient as a doer, and it has the purpose of activating the identified patient to distance herself from her parents.

Minuchin: Martha, you are really an exploited little girl. You are pretty, you are seventeen, and you don't have a boy friend. Do you have many girl friends?
Martha: No, I won't be close to anybody. I'm too afraid. I can't do that.
Father: You had a close girl friend once.
Martha: Who? No, I'm not close to her. No.
Father: That's your closest girl friend, though.
Mother: She was your closest girl friend.
Father: You went on vacations together—
Minuchin (to parents): Hold it a moment.
Martha: How do they know I'm close to her? How can they say that? How can they say that?
Minuchin: That is one of the ways in which they pull you. Just now, you were telling me something about your life and then—
Martha: They think they know about it.
Minuchin: They entered and they are pulling you. You see, I am concerned that you will never, never leave your home.

The therapist uses a simple family transaction to support his construction of strong parental control.

Minuchin (to mother): How old are you?
Mother: Fifty-four.
Minuchin: Fifty-four. So probably you have what—25 more years of life?
Mother: If I'm lucky.
Minuchin: If you are going to 80. And how old are you, George?
Father: Fifty-four.
Minuchin: Okay. So, maybe—how old are you, Martha? Seventeen. They will die around 80, so you have 25 years to remain at home. So, 25 and 17—you will be a very immature, 42-year-old single woman when you are ready to leave home.
Martha: No, I don't want that to happen.

The therapist projects a dark future with a bleak prognosis in order to provoke resistance and increase the identified patient's distance from her parents.

Minuchin: I think that that will happen, because they are busy asking you to help them to become happier. And you are spending all of your time looking at your dad and your mom. You look so much at them that you don't have time to look elsewhere. Why don't you have a boy friend?

Martha: I'm too afraid. I don't want to go out of the house.

Minuchin: Oh, that is—that means—you are saying that you are using them also? They are using you and you are using them?

Martha: Yeah, this one kid keeps calling me, and I tell my father to tell him I'm not home. And he does; he says, "Oh, you just missed her. She just walked out the door."

Minuchin: That means you use them to defend yourself against the world outside.

Martha (laughing): These are my weapons.

Minuchin: You are a very interesting family. It's very, very interesting, because clearly she uses you also. I thought that you used her, but she uses you.

The therapist moves back to the parents and challenges them for allowing the identified patient to exploit them and use them to avoid facing the world outside. During the rest of the session, which lasts three hours, the therapist shifts the focus, periodically highlighting the different uses that the family members make of each other. But in all of his constructions he keeps legitimatizing a structure that distances the parents from the child and supports differentiation.

In addressing himself to a family's worldview, the therapist works from a distant position. He introduces concepts that challenge concepts. Theoretically, the idea itself is the intervention, for in accommodating to the new conceptualization, the family enters a period of confusion, crisis, and readjustment. The process is like dropping a stone into a pond: a ripple effect results, which has nothing to do with the nature of the stone or the agent who dropped it.

But in life, the idea is not separate from the therapist who introduces it. Separating the two is an artificial construct, which has the danger of emphasizing the idea, shutting off the view of the interpersonal context in which it occurs. Some schools of family therapy that regard cognitive challenge as the major level for therapeutic change have tried to keep the introduction of a challenging conceptual schema pure of the impact of the therapists themselves. But they have now shifted their position, recognizing the participation of the therapist as the challenger.

Convincing the family of a new concept requires the therapist's participation. Furthermore, the separation of a cognitive challenge from a structural challenge is an artificial construct. A challenge to the family worldview is simultaneously a challenge to its interactional structure, just as a challenge to its structure is a challenge to its worldview. Cognitive challenge simply does not exist in isolation. With this caveat firmly in mind, however, the therapist can make effective use of cognitive schemas.