17 Strengths

A therapist is working with the Baos, a Vietnamese family composed of a widowed mother in her late thirties and four preadolescent children, who have been in the United States for four years. The hierarchy of the family has been distorted because, as often happens, the Bao children have become more skilled than their mother in using English and negotiating the everyday events of the new culture. The therapist, Jay Lappin, has trouble finding strengths in the mother to highlight because her difficulty with English restricts their communication. In a flash of inspiration and despair, he teaches the family to play "Simon Says." But they are to play it in Vietnamese, with the mother in charge.

In the ensuing month this game, and variations on it, become the field in which the mother teaches both the children and the therapist about Vietnamese culture, geography, and cooking. At the same time, since she has to translate for the therapist, her understanding of English and of American culture improves. The children begin to remember Vietnamese and use the recovered language proudly, while Mrs. Bao begins to use her new expertise to coach recently arrived immigrants in managing the American welfare bureaucracy. This family teaches the therapist something fundamental about therapy: every family has elements in their own culture which, if understood and utilized, can become levers to actualize and expand the family members' behavioral repertory.

Unfortunately, we therapists have not assimilated this axiom. Though

we pay lip service to the strengths of the family, and talk about it as the matrix of development and healing, we are trained as psychological sleuths. Our instincts are to "search and destroy": pinpoint the psychological disorder, label it, and eradicate it. We are the "experts." We are the specialized personnel who have earned our credentials to defend the normal by developing and maintaining a typology that frames deviancy as mental illness. Ironically, this job of policing deviance is organized in relation to a model of the normal that is vague and undifferentiated at best. Like the sorcerer's apprentice, we use a mixture of wisdom, technology, and ignorance. Imprisoned in the prevalent cultural mores of our institutional contexts, we explore pathology like a physician trying to identify a virus, defining and redefining deviance. Every few years the mental health movement goes through a ritual of revising its diagnostic categories. Some illnesses are expurgated, and those behaviors are returned to the category of the normal. The most recent such ritual returned to health all the homosexuals who, the day before, had been relegated to the closets of the mentally ill.

FAMILY DEFICITS

Fortunately for family therapy, therapists have not been able to develop diagnostic categories for families that can pigeonhole some family forms as normal and others as deviant; with any luck, we never will develop them. Yet we have been handicapped by the pervasive view that polarizes "the family" and "the individual," framing life as a heroic struggle between the part and the whole. Family therapists know that the human being is a holon, but somehow, the belonging that is necessary to that holon is framed as a defeat: a loss of self.

At its extreme, this cultural and esthetic preference for the individual-as-a-whole treats the family as the enemy of the individual. Ashley Montagu regards the family as "an institution for the systematic production of physical and mental illness in the members." Susan Sontag views the modern nuclear family as "a psychological and moral disaster . . . a prison of sexual repression, a playing field of inconsistent moral laxity, a museum of possessiveness, a guilt-producing factory, a school of selfishness."[1]

The modern person, living in a society that is less and less predictable, bracing himself for a world that is forever more complex, expresses his struggle with society in his relationship within his own family, which is a microcosm of society at large. The poet Philip Larkin concludes:

They fuck you up, your mum and dad,
They may not mean to, but they do.
They fill you with the faults they had
And add some extra, just for you.

But they were fucked up in their turn
By fools in old-style hats and coats
Who half the time were soppy-stern
And half at one another's throats.

Man hands on misery to man,
It deepens like the coastal shelf.
Get out as quickly as you can
And don't have any kids yourself.[2]

The psychiatrist R. D. Laing, who has pursued a crusade against the family in defense of the individual, observes, "The initial act of brutality against the average child is mother's first kiss." In describing his own family, Laing remarks: "From as far back as I can remember, I tried to figure out what was going on between these people. If I believed one, I couldn't believe anyone else." Of his father, he notes: "My father regarded his father as having murdered his mother 'systematically' over the years. The last time he 'ever set foot in the door of our house' (according to my parents), the radio was on; he sat down and told my mother to turn it off. My father told my mother to do nothing of the kind. Old Pa, as my father's father was called, told my mother to turn it off. And so on. Eventually my father said, 'This is my house, and the radio will stay on unless I say so!' Old Pa said, 'Don't speak to your father like that!' My father said, 'Get up and get out!' Old Pa reminded him once more whom he was speaking to. My father pointed out he knew very well whom he was speaking to, that was why he was telling him to get up and get out. Old Pa made no move, whereupon my father went to throw him out 'by the scruff of the neck.' The fight was on. Old Pa in his fifties, my father in his thirties. The fight went on all over the house. Eventually my father pinned Old Pa on his back across the bed, and smashed him across the face until blood was flowing. He then dragged him to the bathroom, rolled him into the bath, turned the cold water on him, heaved him out drenched with blood and water, dragged him to the door, kicked him out and threw his cap after him. Then he stood at the window and waited to see how he would manage to stagger or crawl away. 'He held himself up very well,' Dad said. 'You've got to hand it to him.' "[3] But what Laing provides here is a construction that supports his

world view. He presents certain narrow aspects of the family experience as all-encompassing universals. Clearly other components in the transactions of family members could have been selected instead.

The family therapist Andrew Ferber describes his family in an equally narrow fashion: "Betty, my sister, is five years my junior. Although an attractive and intelligent child, she was the family scapegoat. She was neglected and rejected. I was originally her torturer, then her hero and protector. My father would form an alliance with me against my mother, who was represented as dull and stupid. My mother formed an alliance with me against my father, who was called self-indulgent and neglectful. I served as a bridge between my mother and father and my sister. I was raised as a star and a show-off and reveled in it. I was a charming monster. We were all too self-centered, isolated from each other and from both extended families.[4]

These two constructions, based on selective memories, represent two psychiatrists' induction into the mores of the culture that they inhabit: a culture that tends to focus on deficits and deviancy, and which yearns for the knight on the white horse who will rid society of its dragons. The immensely complex nature of the human niche in space and time is reduced to the Homeric simplicity of the epic struggle of "man the hero."

FAMILY CONTRIBUTIONS

Family therapists are now modifying their perspective and looking for the contributions of the family, for it is the relatively unsung characteristics of families—the nurturing, the caring, the supportive transactions—that ensure survival in a complex world. This is so much a part of reality that it is simply taken for granted.

Stand in a matinée line for *The Empire Strikes Back,* full of families of all sizes, shapes, and colors and watch the small transactions. Watch the eight-year-old black girl with a complicated hair-do and a brilliant smile coach her three-year-old sister, who is singing the alphabet while her father and grandmother nod approval. Watch the "dumb blond" mother who, while waiting with her three boys, aged six to nine, and her seven-year-old niece, who lives with her and is "like my own," is combing the children's hair in four strikingly different styles. Notice the Jewish grandfather and his eight-year-old grandson just standing there, equally eager to see the show. After the movie, listen to the parents trying to explain the ending to their children. How is it possible for the hero, young Luke Skywalker, to be the son of the malevolent Darth Vader, and still be a good guy?

Family life is not the stuff of epics. But in its small transactions, which escape the synthesizing power of a Laing or a Sontag, the family shows what it can accomplish.

Consider the Gage family in Worcester, as described by Jane Howard: "Nick Gage—his sisters and kinfolk usually refer to him by his full name—came from Greece at the age of nine with high resolve. Talented in mathematics, he thought he would become an engineer. When he won an essay contest, he changed his mind and decided on a writing career instead. He started to earn money. He also helped his immigrating relatives. Streaming across the Atlantic in growing numbers, they needed someone to figure out tax returns, citizenship papers, driver's licenses, and other American obstacles. Someone had to interpret their new country to them. The someone was Nick.

"So it still goes. 'Nobody would ever think of buying property without consulting Nick first,' one cousin said. He arranges immigration papers, advises about all manner of things, and works so hard on his own projects that Papou is afraid he will squeeze his brains . . .

"His sister Lilia, who helps her husband with the pizza, doesn't look much like Nick except for her eyes and her hair, which, like his, is light brown . . . She is as central to her clan as her brother and their father. She provides a service no clan can do without: she is its switchboard. She is the one who knows, at any given time, where her eighty closest relatives are and what, more or less, is on their minds. She knows who is about to have surgery, who might be on the brink of engagement or marriage or divorce, who may be having what she calls "the trouble with the school," and who has reservations to fly to, or return from, Athens. Someone in this clan is always packing or unpacking a suitcase load of presents: sheets and pillowcases and towels and shawls for the other side of the Atlantic; jars of holy water and charms to pin on children's clothing to ward off the evil eye for this side."[5]

A different, but somehow similar, view of families comes from John Elderkin Bell's description of a small hospital in Cameroon: "In this four-bed room . . . the beds are narrow, but there is room on one of them for an old man patient and his wife to sit together most of the day. Occasionally she leaves to prepare some food in one of the kitchens at the back of the hospital. Today, she was given some stew by an old man in a bed on the other side of the room. He signaled to her that he had too much—he didn't speak—and she took a bowl and brought some of his stew back for herself and her husband. They sat together and silently ate it from the same bowl with two spoons. Probably they were silent because the stew had come originally from the woman now sitting on the floor by the next bed eating her own. She was the mother of the college boy lying on that bed.

"This mother had made a room for herself under her student son's bed. She had spread a mat for sleeping, stored her teakettle, a lantern, a primus stove, a teapot, and a pan under the head of the bed. Over the bottom rung of the bedstead she had hung her sweater. She had just poured stew for her son, who was resting against an embroidered pillow she had brought from home. Behind his head was a more elaborately patterned pillow, also from home, and above that a hospital cupboard where were stored their dishes of their food.

"Near this room is a four-bed room for children. Each child has his mother with him. Some are very sick. Most of the mothers sleep in the beds with the children, to protect them, to keep them warm, to watch over them, and to continue the pattern of home where the mother sleeps with the young children."

In the next room is a government employee. "On the bed beside him sat his pregnant wife who had been with him all the time since he came in a week ago. They had a crib moved in for their infant son, and the father's sister had come along to help look after the baby . . . this man had probably sought a government position after getting his high school education, not only for the salary, which is low, but for the possible power to control appointments in order to take care of his relatives and to serve the public in some role where a fee may be charged. The tradition of looking after one's own is so strong that making provision for the extended family through one's position is regarded as ethical and as a fulfilling of moral duty. There is so little public pressure against such practices that there is fierce competition to secure a government appointment and to maintain such an advantageous position."[6]

The small transactions that occur in these wards—the preparing of food, the sitting silently together, the giving up of ordinary routines to care for a relative in need—all these are familiar elements of family life that exist anywhere. Nick Gage's family in Worcester is, in this respect, very similar to the Minuchin family in Argentina, in Israel, and in the United States, to Bell's families in Camaroon and to the family to which Betty MacDonald returned after leaving a miserable marriage in the worst of the Great Depression: "It's a wonderful thing to know that you can come home anytime from anywhere and just open the door and belong. That everybody will shift until you fit and that from that day on it's a matter of sharing everything. When you share your money, your

clothes and your food with a mother, a brother and three sisters, your portion may be meagre but by the same token when you share unhappiness, loneliness and anxiety about the future with a mother, a brother and three sisters, there isn't much left for you."[7]

In every family there are positives. Positives are transmitted from the family of origin to the new family, and from there to the next generation. Despite mistakes, unhappiness, and pain, there are also pleasures: spouses and children give to each other in ways that are growth-encouraging and supportive, contributing to each other's sense of competence and worth. Every family is like Laing's and Ferber's in some ways, but it is also like Nick Gage's. To paraphrase Aesop's fable, the family is the best and the worst that humans have.

The orientation of family therapists toward "constructing a reality" that highlights deficits is therefore being challenged. Family therapists are finding that an exploration of strengths is essential to challenge family dysfunctions. The work of Virginia Satir, with its emphasis on growth, is oriented toward a search for normal alternatives. So is the work of Ivan Nagy, with its emphasis on positive connotations and his exploration of the family value system. Carl Whitaker's technique of challenging the positions of family members and introducing role diffusion springs from his belief that out of this therapeutically induced chaos the family members can discover latent strength. Jay Haley and Chloe Madanes' view that the symptom is organized to protect the family and Mara Selvini-Palazzoli's paradoxical interventions all point toward family strengths.

Physicians working with cancer victims and other seriously ill patients are looking at the family as a reservoir for healing and strength. Harold Wise assembles family members and friends for sessions called therapeutic family reunions, lasting from a day to a week. Ross and Joan Speck, collaborating with Wise, apply network therapy to families where there is a cancer or heart disease diathesis. Work on long-standing family grievances, mourning, or feuds, they are convinced, can tighten the bonds between people and produce a helping and healing effect throughout the system, prolonging the life of the index patient.

In Milton Erickson's work with individuals, he addressed himself consistently to the "fact" that individuals have a reservoir of wisdom, learned and forgotten but still available. He suggested that his patients explore alternative ways of organizing their experience without exploring the etiology or dynamics of the dysfunction. This search for valid and functional alternatives of transaction is also applicable in family therapy, for the family is an organism that has available a larger repertory of ways of organizing experience than those it ordinarily uses. One strategy is therefore to bypass an exploration of the historical underpinnings of dysfunctional transactions and to take a shortcut of exploring other, more complex modes of transacting that promise healthier functioning.

Families come to a family therapist when they are stuck in a situation which requires changes that the family does not see as available in its repertory. At this point, the family focuses on the stress of one of its members and narrows its exploration for alternatives by defining that member as deviant. In the period preceding their arrival at the therapist's office, all of the family members have been searching for the cause of the illness. In effect, their shared worldview has narrowed and crystallized to a concentration on pathology. A challenge to that view which focuses on the healing capacities of the family may result in a transformation of the reality that the family apprehends. The challenge can be related either to the family's response to the identified patient or to the family's use of alternatives.

RESPONSE TO IDENTIFIED PATIENT

Cases of handicapped children are especially revealing, since in families with children with chronic conditions there is a tendency on the part of the family to organize themselves around the child's weaknesses, minimizing her competence. The Thomas family is a case in point. Thirty minutes into a session, the therapist helps Pauline, an 11-year-old asthmatic who is the identified patient, describe the way in which the family members, in their attempt to protect her, increase her sense of panic when an attack starts. The therapist's emphasis here is on Pauline's ability to describe the interpersonal transactions and on her skill at reading faces and understanding people.

Minuchin: You know something, Pauline, in this family everybody watches you. Everybody is very worried about you. Are you also worried about yourself? Are you scared?
Pauline: Sort of.
Minuchin: At which point of the asthma attack do you get scared?
Pauline: When the attack starts.
Minuchin: I like that. You answered the question. So immediately when you start to breathe heavy, you get scared? And what do you do then?
Pauline: I drink juices.

Minuchin: And then?
Pauline: Sit under the air conditioner.
Minuchin: And then? What do you do then?
Pauline: Sometimes I lie down.
Minuchin: What happens when you lie down? Does Mom or Uncle Jim or Grandma come to talk to you?
Pauline: My Uncle Jim.
Minuchin: And is your Uncle Jim worried?
Pauline: Yes.
Minuchin: How do you know he's worried? Look at him. Is he worried now?
Pauline: I can't tell with the glasses on. (*Uncle takes off his glasses.*) No.
Minuchin: But you know when his face is worried. How does his face look when he is worried?
Pauline: Like mad.
Minuchin: Do you notice that in his eyes, or in his mouth, or in his forehead?
Pauline: He gets red in the face.
Minuchin: And when Mommy comes, is she worried?
Pauline: Yes.
Minuchin: How do you know that she's worried? Look at Mommy's face. Is she worried now?
Pauline: No.
Minuchin: How does she look when she's worried?
Pauline: Sad.
Minuchin: Sad. And do you notice that in her eyes or in her mouth? Where do you notice that she's sad?
Pauline: Her eyes.
Minuchin: Her eyes. She kind of looks sad in her eyes. Sometimes Grandma comes if you have an attack? How does she look?
Pauline: Mad.
Minuchin: And where do you see that? In her eyes, or in where?
Pauline: Her face.
Minuchin: How do you see that she's mad?
Pauline: She's fussing.
Minuchin: Do you think she's mad, or do you think she's worried?
Pauline: Worried.
Minuchin: She's worried. And she fusses when she worries. How does she fuss? What does she do?

Pauline: It's, "Why don't you call and let me know she's in the hospital?"
Minuchin: To whom does she say that? To Mother?
Pauline: Yeah.
Minuchin: What about Aunt Sarah? How do you know if she is worried or not?
Pauline: Because she kept asking me if I was feeling all right, and I said yes. But I wasn't feeling all right.
Minuchin: You mean she's kind of watching you and she's concerned. So everybody is watching you pretty close, huh? Do you like it that everybody's watching you so close?
Pauline: Yeah.
Minuchin: You do like it. So that then you are safe because everybody's watching you.
Pauline: Yes.

In this painstakingly slow segment, the therapist puts the girl into contact with each one of the family members, describing the way in which she experiences their moods and affects in relationship to herself. This is probably a unique experience for a family that has responded to the identified patient only in terms of her needs and her fears. The therapist's emphasis on the patient's competence changes the way in which she experiences her relationship to the rest of the family. As a result, by the end of this exchange some of her statements become more elaborated ("Because she kept asking me if I was feeling all right, and I said yes. But I wasn't feeling all right"). They are much longer and more descriptive than the ones that the girl usually produces in the session. The rest of the family is kept passive, as listeners, while the girl is made the central person, communicating about each one of them. This is a change in the nature of their usual transactions, one that emphasizes competence and strength instead of pathology and the need for protection.

Minuchin: What do you feel before the attack begins? Sometimes children with asthma feel a tightness in the chest. Sometimes they feel a slight headache. Sometimes they feel breathless, uncomfortable. But you're not accustomed to listening to your body. You wait for your mom or your grandma, or your uncles, to feel worried for you. I want you to learn to listen to your body. What I am saying is very difficult,

and I don't know that I am coming across. Do you know what I am saying?

Pauline: No.

Minuchin (*putting his hands on Pauline's chest and holding tight*): What did you feel?

Pauline: I feel tension.

Minuchin: Okay. You felt your body. Don't breathe. (*Pinches Pauline's nostrils, closing them.*) What did you feel?

Pauline: I could not breathe.

Minuchin: You felt something within you. You felt like you wanted to breathe and couldn't?

Pauline: Yeah.

Minuchin (again closing Pauline's nostrils): So you felt your body, okay? Sometimes before you have an attack, you will feel something like that. What will you do if I don't stop closing your nose? (*Pauline opens her mouth and breathes.*) Of course. You said, "This crazy man is closing my nose. I will breathe." Didn't you do that? So you changed, you did something.

The girl begins to inhale and exhale deeply. The therapist and patient engage in five minutes of exercises, in which Pauline is asked to pay attention to her proprioceptive responses.

Minuchin: Do you do your exercises with your mom or do you do them alone?

Pauline: Sometimes with my mom and sometimes by myself.

Minuchin: Why do you do it with your mom?

Pauline: So she can tell if they're working or not.

Minuchin: You can't tell? (*To the family.*) We are having again and again the same thing. That she is relying on other people to help her. (*To Pauline.*) You are loving and you have a lovely mind and you think very nicely and I like the way in which you told me how everybody else in the family helps you, how they are worried. But you need to help your family not to talk for you and not to be scared for you. Tell it back to me so I will know that you understand. What did I say?

Pauline: I have to do all those things by myself. Talk more.

Minuchin: I want you to tell that to your mommy now.

Pauline: Mommy, I know how to think by myself.

Mother: Well, I want you to show me then. Let's see as of today.

Minuchin: Talk to your grandma also so she will know.

Pauline: Grandma, I know how to think by myself.

Grandmother: Okay. (*Pauline goes and gets close to each member of the family and repeats a variation on the same theme: "I don't need your help to talk for myself."*)

At the end of the session, the therapist engages the girl in a series of exercises and activities related to increasing her ability to perceive proprioceptive feedback. This transaction emphasizes the girl's functioning alone, listening to her own body and becoming increasingly more involved with herself, instead of listening to all the family members who observe her. In the end, the therapist offers a ritual to reinforce the message, and the session finishes with the identified patient engaged in a ritualistic transaction with each family member in which she declares her ability, her right, and her obligation to function independently. A follow-up three months after this session establishes that there was no attack of asthma during this period.

Bill Simon is a 13-year-old blind boy who was referred to the clinic because he is destructive; he destroys radios and other household instruments. His parents, who cannot control him, are concerned that he may hurt his three-month-old infant brother. Minuchin, who is a consultant in the case, is impressed by the fact that both the therapist, H. Goa, and the father use a language full of nonverbal modifers and sprinkled with words that imply *seeing,* apparently unaware that Bill's way of apprehending the world is necessarily different from theirs. Minuchin sits close to Bill so that the boy can experience his proximity and can touch him. The mother is not present in this session, as she needs to remain at home with the infant.

Minuchin: You are an expert in something in which I am not an expert, Bill. You are an expert in understanding things without seeing. You see, I see, so I don't know many things. How do you understand objects?

Bill: Because I can touch them. You don't have to see objects to understand.

Minuchin: I don't know. You can touch them, and what happens when you touch them? For instance, what is that? (*Hands Bill a book.*)

Bill: I know what that is. It's a book.

Minuchin: Can you tell me more about that? I just want to know how a person that doesn't see understands things.

Bill: Well, I don't know what the book is called, because I can't read and it's print.
Minuchin: What else? Tell me what else you know about this book. Is it a large book?
Bill: It's a small book, pretty small.
Minuchin: Yeah. And it's a hard cover?
Bill: No, it isn't. It's a soft cover.
Minuchin: What else can you tell me about this book?
Bill: It has many pages. I don't know how many it has.
Minuchin: Okay. So that is how you understand that object: you touch it. Do you smell it also?
Bill: No.
Minuchin: Can you make it make a sound? I just want to know if you can hear a book or not. (*Rustles the pages of the book.*)
Bill: Yes, I can hear the book.
Minuchin: You can hear the book. Okay. So how can you understand a child? How can you understand your brother without seeing him?
Bill: I can hear him cry, but I don't understand what kind of voice he's going to have or anything.
Minuchin: Does he cry differently at different times? Does he have a soft cry and a hard cry?
Bill: He starts to get mad and he starts to cry up and up further until we know that something must be wrong with him, or he's hungry, or he's wet.
Minuchin: Of course.

The consultant expresses his ignorance of the identified patient's world but his willingness to learn, presenting to both father and son a model of the relationship between a handicapped child and an adult that challenges the family program, since it assumes competence in the blind child.

Minuchin: I want you to hear what I have to say to Dr. Goa. When I was listening to you, Bill, I began to think that really I don't understand how you understand things, because I watch to understand many things. And you probably have other ways. And I would like to know if you can help your father and work out with your father some way in which your father will help you to understand your brother. How large are the baby's hands?
Bill: They're small. They're not real large.

Minuchin: How do you know that?
Bill: 'Cause I touched him.
Minuchin: Did you touch him all over the body? Do you understand how the body is formed?
Bill: I don't understand how the inside is formed, but the outside I've touched.
Minuchin (*to father*): I think that Bill can teach you and Dr. Goa and me certain things we cannot understand. And I'm wondering, Bill, if you are stingy because you don't teach your father some of the ways in which you understand the world that your father cannot understand.

Again the consultant challenges the notion of the child's incompetence, framing the father-son transaction in terms of the son's withholding instead of the child's deficiency.

Minuchin: Am I close to you or am I distant from you?
Bill: You're close because I can hear you.
Minuchin: You can hear me. How do you understand me?
Bill: Your voice. Your accent, really.
Minuchin: Yeah. What accent do I have?
Bill: I don't know. Sort of a Phillipine. Sounds like it.
Minuchin: Is it similar to the accent of Dr. Goa?
Minuchin: No. It isn't.
Minuchin: It isn't. What accent has Dr. Goa?
Bill: I guess it's Spanish. I don't know what you call it.
Minuchin: Spanish is absolutely correct. My accent is also Spanish.
Bill: Then I'm not right.
Minuchin: You're also right. The Filipino has a lot of Spanish. Am I young, or am I old?
Bill: I can't tell if you're young or old.
Minuchin: How could you?
Bill: By your voice? If you're old, you have a real old voice, but if you're young, you have a real young voice.
Minuchin: And my voice, how old is my voice?
Bill: Sounds like forty.
Minuchin: That's very good. How old is your father's?
Bill: Sounds like thirty-three.
Minuchin: How old are you?
Father: Thirty-four.

Minuchin: So my voice is older than your father's. You see, you know a lot of things.
Bill: I don't know about the baby's voice until it gets bigger.
Father: That's interesting, the way he thinks.
Minuchin: I think, Bill, that you are stingy. I think that you have a knowledge of hearing and a knowledge of touch that your father doesn't have because he sees. You taught him how you understand me; you have better hearing than he does.

The consultant and the therapist agree that Bill should teach his father how to go around the room blindfolded, since Bill has a sense of space that the father does not share.

Goa: Your dad is going to close his eyes.
Bill: I'm already blind. Don't blindfold me.
Goa: You don't need to be nervous about that. Your daddy is going to close his eyes, and you're going to lead him around the room and discover what's in the room. Okay? So he's going to close his eyes. He's not going to see anymore. Okay? Remember that your dad doesn't see. You have to protect him.
Bill (taking his father's hand and moving around the room, guiding his father): There's a chair over here.
Goa: Show him. Don't forget about your dad.
Bill: This is the door. This is another chair over here. And this is the door.
Goa: Don't go out of the room. Just show him what is in here.
Bill: And there's some chairs. I bet there's a closet over here.

The session ends with the father and son sharing a new reality, the discovery of a relationship in which the son's competence is acknowledged and the father can accept learning from his handicapped son. This change can realign the positions of all family members by giving Bill more participation in family activities and demanding more responsible behavior from him.

A similar strategy has been used by Sam Scott in his work with deaf children. These children, who are taught to sign in a school for hearing-impaired children, find at home an environment in which the rest of the family speak and hear but do not know how to sign. The educational program organizes the children to have contact with other children and teachers at school but reduces their ability to communicate at home. Scott therefore assigns each child as a teacher of her siblings and parents in "classes" at which the family learns how to sign in order to communicate with the child. This complete reversal of the position of the handicapped child in her family has a profound significance for the way in which the family functions. The same orientation toward exploring positives among family members underlies all the other techniques.

TRANSACTING ALTERNATIVES

Families involved in unresolved conflicts tend to become stereotyped in the repetitive mishandling of interpersonal transactions, with the result that the family members narrow their observation of each other and focus on the deficits in the family. When they come to treatment, they present the more dysfunctional aspects of themselves; these are the areas seen as relevant to therapy. Family members also tend to reserve their more competent ways of functioning for extrafamilial holons. Their utilization of self in the dysfunctional family organism becomes narrower and less complex. The family therapist should not respond to the family as if their presentation of the dysfunctional stereotypes were the whole of the family. The dysfunctional components are merely those segments of the full family potential that are, at this point, most available to the family organism.

If the family therapist is an enthusiastic psychopathologist, he will respond to the morsels of pathology that the family presents and be misled into observing only the less competent parts of the family organism. If he expands his focus of exploration, however, he will find that the family has alternatives that can be mobilized. The Horowitz couple, for instance, presents their symmetrical competitiveness and their lack of mutuality. The therapist, watching their dysfunctional transactions, says to them, "Okay, I have seen that you are experts at disqualifying each other. Can you now get out of this particular corner?" There is in the therapist's message an acknowledgment of the present transactions but also an implication of the availability of unused alternatives that moves the couple to explore them. The therapist's statement is based on his belief that the family as an organism has the potential for more complex functioning than that they are presenting at the moment. There is no exploration of the dysfunctional components; instead, there is an invitation to explore alternatives.

The therapist may observe during a session that the behavior of the family members is within the range of the normal, but that they describe it as dysfunctional. At this point, the therapist may challenge the family

description on the basis of his observation. For instance, Mrs. O'Riley came to therapy because of her inability to control her two children, five and three years old. After a half-hour observation of the children's transactions, the therapist cannot detect the elements of incompetence that the mother ascribes to herself in the handling of the children, and he challenges the mother's description of the family. The therapist gives to the mother a variety of tasks that are supposed to test her capacity to control the children, while at the same time he pays attention to the competence of the children and supports their competent maneuvers. Task after task is seen as a sample of the harmonious relationship between the mother and the children.

Unable to convince the therapist of the dysfunctional aspects of the family transaction, Mrs. O'Riley grows increasingly frustrated. This challenge results in her exploring her present relationships with her overly critical divorced husband and her overinvolved critical mother. These relationships reinforce and frame only the dysfunctional aspects of herself; the therapist's framing highlights the more competent parts of herself. This intervention changes the focus of the family away from the mother-child dysfunction. It allows an acknowledgment of the more competent aspects of the mother-child transactions and moves the therapy toward the mother-divorced husband and mother-grandmother holons as a subject for exploration.

Nothing is more irritating and puzzling to family members than a therapist who questions their pathology. They begin to explain themselves and try to convince the therapist about the narrowness of their transactions, only to find in the process of therapy that their operations are far more complex and that aspects of competent and harmonious behavior need to be acknowledged to round out the picture that the family presents.

Statements of puzzled curiosity are ways in which the therapist punctuates his disbelief in the presentation of the family framing. For instance, the therapist may state, "Isn't that extraordinary how you seem to be able to see only one part of your spouse?" or, "Isn't it wonderful how you can elicit from your child only the negative, monsterlike characteristics of him while he seems to present for me only the intelligent and humorous ability to look at life?"

The treatment of the Boyle family is a case in point. This family is made up of the parents, Marion and William, who are in their mid-thirties, and their two children, Joanie, eight, and Dick, five. Marion is a

housewife and William owns a small carpentry workshop. They came to therapy because Joanie is underachieving in second grade and acts as if she does not care. They have been seen in four sessions, where they have presented themselves as a well-functioning middle-class American family. William is active in community affairs, and Marion is active in church. They are regarded as an ideal couple.

This is a traditional family with a clearly differentiated gender allocation of roles and functions. Marion, a carefully groomed woman, projects a controlled vitality combined with a coy behavior that frames her as a babydoll. She is the good mother, and the two children are her responsibility; any success or failure by them accrues to her and not to her husband. The children are dressed like small adults ready for Sunday school. Joanie, a blonde like her mother, is already defined as empty-headed, while Dick is defined as competent. William communicates clearly when contacted, but he is mostly quiet, leaving the stage to his wife in this child-centered situation.

In the sessions the family dance is obvious: the spouse holon is patterned on blame and counterblame, followed by withdrawal of the husband and placation by the wife. Marion experiences herself as the ineffective loser in these transactions, but her criticisms have an energy and push that send William into apologies as he withdraws; this is the signal for her to begin her placating movements. The children are friendly, playful, and well behaved. William usually leaves discipline to his wife, but when he takes a position, the children respect it.

In the previous sessions the therapist has been challenging Marion's rather negative view of her relationship to her husband and daughter. He is attracted by Marion's vitality, but he joins William in his request for more participation in the family.

For the third session, the therapist has defined two goals. He will challenge Joanie's "dumb blonde" frame and the spouses' dysfunctional symmetry. The session starts with the children showing off the presents they have brought for the therapist. Dick has used some newly acquired tools to hammer the names SAL and DICK in a wood block; it is really a remarkable piece of workmanship for a five-year-old. Joanie has brought in a stereotyped drawing of a woman with one sad face and one happy face. She has drawn some coins on the top of the page. From the beginning, Minuchin finds himself challenged. He wants to balance his appreciation for Dick's work with an equal support for Joanie's, even though they are of quite different quality.

Minuchin (*to Dick, showing his present*): Is that for me? May I take it home? What does it say?
Dick: Sal.
Minuchin: That's just great. I love it. You cut that? You are very good with tools. That's great. Now (*turning to Joanie*), I think that your drawing shows a tremendous amount of cleverness. (*To parents.*) It's not only the esthetics, but Joanie has been working with symbols. Joanie, can you tell me what you did here, because I find that very interesting. What is this face?
Joanie: Somebody mad or sad.
Minuchin: Can you make up a story about that? When I was a kid, I used to make up stories. Make up a story and tell it to your daddy about a person who was mad or sad. (*After a long pause, to father.*) Maybe you can help her.
Joanie: Someone stole Mom's money, then she went to tell the police and Mom got her money back and she's happy again.

Joanie's story is short, undifferentiated, and barely sufficient—the kind of story that children tell to "get by." It is nonetheless syntonic with the family expectation of her capabilities. The problem for the therapist is how to challenge Joanie's limited presentation of herself.

Minuchin: That's the end of the story? Now, make another story about a little child. Make it longer.
Joanie (*after a long pause*): I lost a puppy and went to a place and cried and told a man to write on a paper that I lost a puppy; and he did and gave it to me. And I went to the city police and they helped me put them on windows and poles and someone had my puppy and they saw the sign for lost puppies and they saw my address on it and phone number and they drove to my house and gave it back to me.
Minuchin: This is a lovely story. You have a great amount of imagination and you put a lot of details there. I didn't know that you could make stories that long and nice. Beautiful!
Mother: I don't really want to make a comment on this, but that was a book that she read once. She gave you a book report on the book she read this year in school.

The therapist feels rather pleased with the "expansion" of Joanie's story and is using it to challenge the parents' narrow expectation of her. He therefore feels cut down by the mother's new information, but resolves to insist on his challenge. In his contact with Joanie during the previous session, he felt pity for her. The narrowness of her constructed "destiny" does not take into account elements of competence that seemed apparent in their contact.

Minuchin (*to mother*): I think that this is you looking at the hole in the doughnut again. This drawing that she did is good for an eight-year-old. (*To Joanie.*) Can you tell us another story? (*After a pause, gives Joanie a drawing she made the previous session.*) Make up a story about this family, one that hasn't been told before. (*Pause.*) Can you help her, Marion?
Mother: Well, I hesitate because you jumped on me about helping her.
Minuchin: Help her in such a way that she does most of the work. That's the important way of helping her.
Mother: How about making a story about a trip with the family. Tell us something special about the trip and about Daddy. What did Daddy do?
Joanie: I have one now! We came to Denver and Daddy was gonna see if he could get a job and went inside an office. This man talked to him and he gave him the job, and when he came out we went to dinner and we celebrated.
Minuchin: That's very nice. Make it a little bit longer.
Joanie: And then we went home and had presents for him and opened them up and he had something he always wanted and it was a wrist watch, and he wore it until it got rusty and he shined it up, and when Dick grew up to wear it, he gave it to Dick. The next day after Dick got the wrist watch, we went on a walk and came to a meadow of flowers and Dick picked me a bouquet of flowers.
Minuchin: That's a very lovely story, and I like that very much. Marion, she didn't read that any place?
Mother: No, she didn't read that anywhere.
Minuchin: Can you see the doughnut?
Mother: Yes, I have a very nice doughnut. I don't see any holes there.

The therapist's higher expectation of Joanie's capacity creates a resonant field in which Joanie uses herself differently. In the therapist-child holon, Joanie responds to different rules and expands her repertory. The therapeutic problem then becomes the support of alternative transactions in the larger family holon. The session continues with Dick telling a story of his own, and then the children put on a puppet show that they

prepared at home while the parents and the therapist sit as appreciative audience. During this part of the session the therapist congratulates the parents for the success they have had in raising such exploratory and creative children. The children are then asked to leave, and the session focuses on the couple.

Minuchin (to wife): Why do you think he's not around?
Wife: Well, I think Will is a workaholic. He is consumed by work. He thinks about it constantly. When we go to bed at night, he lies there with a scratch pad drawing pictures of what he's going to do tomorrow.
Minuchin: Marion, what should the wife of a workaholic do to change him?
Wife: I suppose I should become aggressive. I am not an aggressive person, but I guess I should become a temptress and throw myself at him every time I get the opportunity and take his mind off of his work.
Minuchin: Ask him if that would be helpful?
Wife: Would that be helpful, Will?
Husband: It certainly would, because in a lot of ways work throws itself at me in the form of telephone calls and responsibility. It's the same kind of thing.
Minuchin: I think there is something that Will is not telling you because he doesn't know it. In some way or other, when he comes home, he is younger than when he's at work. He feels more like a competent adult when he's working. Can you check to see if that is true?
Wife: Is that right? Do you feel that way?
Husband: I know that the way I interact with the guys at work and with customers is really different from when I'm acting at home. They're expecting from me different behavior from your expectation at home.
Minuchin: He said that when he is away from home, he feels competent and responsible and committed. I heard you say last session that you would like him to be committed and responsible at home. How is it that he has these capacities outside and when he comes home, he becomes defensive, apologetic, dependent, guilty, and not very giving?
Wife: I'd like to know why. What triggers that change?
Minuchin: He is outside, the kind of man—
Wife: That I want him to be at home.

The therapist is working from a theoretical schema that the rules of this spouse holon control the behavior of its members in ways that make them less competent than in their extrafamilial functioning. He introduces this construction, focused on the husband's constrained functioning at home, to use as a lever in changing the spouses' way of legitimizing their behavior.

Wife: I find it difficult to believe him if he says he's going to do something in the house. He's going to build in new kitchen cabinets, but I've lived with him for seven years and I've seen hundreds of projects begun at home and I haven't seen anything finished.
Minuchin: If he's such a competent man and you want a kitchen cabinet and that is something he does very well and he has not done it in seven years, you are a failure.

By suggesting that the husband's work at home is a measure of his response to the wife, the therapist, working with the complementarity of spouses, opens up for the wife the possibility of changing the husband's behavior. By choosing the kitchen cabinet as a concrete metaphor of the couple's relationship, the therapist facilitates, in a therapy of action, a fast movement toward experimenting with alternatives.

Minuchin: You need to change him, Marion. This man that is an expert creative constructor of things has a home where, for seven years, he has not made a kitchen where he can say, "I am very pleased with what I have done." And he didn't do it because he doesn't want to give you something. Why doesn't he want to give you something?
Wife (to husband): Do you think I'm selfish? Do you think I spend more time being concerned about myself than others?
Husband: My impulse answer is yes.
Wife: I think you're right. I'm just turning into a self-centered person.
Minuchin: Marion, I am interested in the fact that this man does not want to give you a kitchen. Didn't you realize that?
Wife: No, because he always manages to make it seem like he doesn't have time.
Minuchin: He gave the time to somebody else. He just organizes it so that he doesn't give it to you.

The wife's offering of her "selfishness" as an explanation for their transactions is a homeostatic maneuver. The therapist avoids "fairness" and continues pushing her to demand from her husband a concrete change in his functioning at home.

Husband: A key to this might be the day that I put in the French doors in the living room and one of my main carpenters told me that he didn't want to come back and work anymore at the house. He just couldn't work around you. And I have thought that I have trouble, too; whenever I'm working, I can't work in the same room with you. But I can't really tell you why—some dynamics of our interactions that causes me to be inefficient and causes me not to want to accomplish very much. And the reason that comes to mind is that you aren't supporting me and you're not agreeing with what I'm doing. You're not accepting it.

Minuchin: Can you change your wife so that you can build things for both of you? This kitchen cabinet is a symbol of your marriage; you just have not married yet. Do you want to be married to your wife?

Will offers his "dynamics" as an explanation of the homeostatic rut that controls the spouse holon. The therapist avoids a therapy of understanding deficits and keeps the focus on the construction of the kitchen cabinet as a metaphor of changing the marriage.

Minuchin: You will need to change her so that you can be married to her. Because the way in which you are relating to her now is to escape from her whenever she needs you. Marion, do you want to be married to him? Do you really want to be married to him?

Wife: Yes, I do.

Minuchin: Then you will need to change him so that he's at home, responsible and committed as he is in other situations. You will need to change this man if you want to stay married to him.

Wife: That will be a hard one.

Minuchin: Don't let it be. I'm going through the ritual of marrying you. I am saying to you, "Change each other so that you can become a couple." And then, Will, you will build this kitchen cabinet, but not for her. For both of you. How is it you don't feel like that is your kitchen as well?

Husband: She told me it wasn't my kitchen.

Wife: I think the reason I told you that it was my kitchen would be the same reason you would tell me that your workshop is your workshop.

Minuchin (to both): Are you married?

Husband: Yes, I think we are.

Wife: What do you feel like when you visit me in my kitchen every morning, when you come in and eat breakfast?

Husband: I hesitate to say every morning, but as a general rule I don't feel as comfortable a lot of time.

Minuchin (to both): You have a task, the task is to build a kitchen that is for both of you. It is a place that you build together. And Will, it's not only your business; it's the business of both of you.

Wife (to husband): Oh, but you made it very clear to me on many occasions that it's your business.

Minuchin: Of course, because you're not yet married. But when you become married, it will become your business as well. Will, do you want this woman to be your wife?

Husband: I do.

Minuchin: Do you want to build a kitchen for her and for you?

Husband: I certainly do.

Minuchin: Marion, do you want this man for your husband?

Wife: Yes, I do.

Minuchin: Do you want to help him in his business?

Wife: Yes.

Husband: The thing that comes to my mind as we're doing this discussion is that we should remap the plans and make a schedule and just plan to do the kitchen all the way through. (*To wife.*) Would you like that?

Wife: Yeah, when are we going to do it?

Husband: Start it today. I think what we should do is build the kitchen and try to develop the interaction pattern that makes us work together, and we should have another symbolic marriage ceremony and start all over again.

The last part of the session takes the form of a marriage ceremony in which the therapist qua healer performs the ritual of recommitment to a changed spouse holon.

This is the end of a road along which therapeutic techniques have been displayed. There are, of course, many other techniques that we do not use but which serve well in the hands of experienced therapists. But technique is not the goal. The goal can be achieved only by putting aside technique.