

But with the passage of time, the excitement wore off. Patients and therapists became less enthusiastic, and ultimately bored. Finally milk became not a pathway, but plain milk.

By then, arm wrestling had been introduced in the team, and for a while, it seemed that The Technique had again been found. But with the passage of time, arm wrestling too became not a pathway, but only a way of finding out whose arm was stronger. The point, according to Whitaker, is that each technique was useful as long as it produced excitement and curiosity in the therapist. Like the Wizard of Oz's medal, which gave courage only to the courageous, technique is only a vehicle for the therapist's creative exploration.¹

Frank Pittman is another therapist who seemed to have discovered The Technique, when he lighted on the technique of the small wet pool. He was conducting a home visit on a rainy day. In the middle of the session, the husband left, and the psychotic wife stiffened. Her face went blank, her eyes glazed, and she fell to the floor. After a quick examination to ensure that his patient was physically all right, Pittman tried a series of ingenious, but unsuccessful, maneuvers to bring his patient out of her catatonia to her previous, more manageable psychotic state. Suddenly he heard a frantic scratching at the kitchen door. He opened it, and a small wet spaniel ran into the room. He shook himself, liberally anointing his mistress and the floor, and then jumped on her, anxiously licking her face. The woman sat up and launched into a tirade, roundly scolding the spaniel for wetting her good rug. The only drawback to this most remarkable technique, according to Pittman, is that so few cases can be found with the appropriate elements for its utilization. Would that every catatonic woman had a best rug and a small wet spaniel.

Chloe Madanes has an endless capacity for tailoring techniques to specific family situations. She tells of working with one case in which a pediatrician referred an 11-year-old diabetic girl who was not responding to pediatric management. Her mother, a woman in her late thirties, was also a diabetic. She appeared in more need of care than the child. The family was on welfare, and the mother did not take proper care of her illness or the child's. Thinking on her feet, Madanes asked a nurse who was observing the session to lend her white tunic to the mother. The mother was asked to pretend that she was a nurse obeying the therapist's instructions in the care of her daughter. At the next session, Madanes came prepared with a small white uniform for the daughter and initiated a pretending game in which the daughter nursed the mother. Inducing a series of changes in the mother-daughter holon by this ma-

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After years of painstaking attention to the finest details of the techniques of martial art, the samurai had become a craftsman. He knew the proper shouting, how to distract and parry, when to use the heavy sword for two arms, and what step to choose for the final thrust. Still, he was not satisfied. What if he used the proper techniques in the wrong situations? What if he used the sword for his own aggrandizement?

Tradition told him that he was too close to his trade. The sword was still a sword, not yet an extension of his arm. So with the appropriate ceremony, he put aside his trade and went in search of esthetics, harmony, and distance, so that ultimately he and the sword would be one. This chapter is that kind of ceremony. It is a valedictory for the techniques of family therapy, so that the reader can put them aside, and go in search of wisdom.

Over the years, Minuchin has collected anecdotes, thoughts, and fables on the techniques of family therapy, pro and con. Carl Whitaker tells the story of the strategy of bottle feeding patients. One day in his office, a mother left her infant's bottle. When the next patient commented on it, Whitaker offered him the bottle. From then on, bottle feeding became an important technique in the weaponry of his team of therapists, who encouraged their patients to regress, using the bottle as a prop. The therapists were full of excitement, and so were the sessions. Patients brought meaningful associations, and therapy achieved new dimensions. For a while, it seemed that The Technique had been found.

never, Madanes was soon successful in changing the pattern of diabetic management in both patients. Unfortunately, this technique too is one for which very few families are suited. It is now a strategy without a patient.³

Milton Erickson is well known for his ingenious techniques. One of his patients was a psychotic who thought he was Christ. "I hear you are a carpenter," Erickson said. "Will you help me build some shelves?" Another time he told a mother to sit on her impossible young child until the appropriate hierarchy was defined. He warned the mother to prepare for a long siege and gave her specific instructions to gather books, food, and her knitting.⁴

Although Erickson's techniques are funny, unusual, and as magical as the work of a sorcerer, his videotaped sessions are still impressive for the warmth of his voice and the poetic quality of his descriptions; he was more like a wise and loving uncle than a magician. A week before he died, I met him, and was rewarded by an encounter with a truly remarkable man. He told me that in late adolescence he had contracted poliomyelitis. Almost paralyzed, he asked his mother to put a mirror high on the wall so he could observe the goings on in the house. He spent a lot of time watching his infant sister learning how to walk and following in vivid detail all the movements a toddler uses to stand up in her crib: extending her arms, flexing her fingers to grasp the bars, stretching her body, rearranging her feet—all the movements that an adult does automatically. He thought then that since he must have learned all of these complicated operations as an infant, he would not have to learn how to get up. He had only to remember.

Out of these operations, Erickson developed a hopeful conceptualization of the possibilities inherent in human nature. He was convinced that people, given the proper context, could stretch, expand, and recover lost skills. His techniques were built on this basis: diverse forms embedded in a matrix of optimism.

When Edgar Auerwald, Charles H. King, Braulio Montalvo, Clara Rabinowitz, and I began working with families of delinquent inner-city children at the Wiltwyck School for Boys, the only source for techniques of family therapy was one article by Don Jackson. We used a one-way mirror to observe each other and learn from our own mistakes. In those days our mode of treatment was confrontative; we were going to save the family from the world and from themselves. Out of this pitting of the therapist's determination and optimism against the family's more informed hopelessness, a transformation frequently occurred: the families

accommodated to the therapist's insistence that alternatives were available. I now doubt the wisdom of the techniques we used, but I am certain that the therapists' zeal and commitment were helpful. How long the transformations lasted against the realities of racial and economic oppression, I am not certain. I know that in some cases the help was lasting; in others, the realities of the slum proved much stronger than the therapeutic constructions.⁵

Over time, a number of changes were made in our approach, some theoretical, others methodological, and there were also changes in the way of describing our work. In the early period of family therapy, the efficacy of this radically different approach to conceptualization and treatment had to be proved to the psychoanalytic establishment and to ourselves. Our descriptions of therapy included what now seems an unnecessary bravado. In our challenge to the field, operations that seemed too supportive, interpretive, or even humanistic were played down, and our differences with traditional psychodynamic theory were emphasized. Today, when explorations of similarities are no longer taboo, our descriptions are fuller. Other techniques have evolved, many of which utilize the wisdom of techniques we once attacked. Time, experience, and acceptance have made our descriptions of therapy less shrill. Our techniques encompass more, and are increasingly varied.

In my own case, my style has grown softer, and more effective. I feel free to use compassion and humor in joining with families. I have learned to use my life experience and my fellow feeling for families as part of the therapeutic process. Having made my share of mistakes in my life, I don't expect my patients to be perfect. I know that family members do the best they can, and that sometimes the results are very destructive. I am supportive, because I know that I cannot find a wrinkle in any patient's psyche that has not already been pinpointed, examined, and magnified by that person and by every family member. My challenges are sharper and clearer, and at the same time I have learned how to encourage the exploration of alternatives.

All in all, I do the same things better with less effort, enjoying it more, like Maurice Chevalier, who could sum up all the charm and skill of his younger days in the way he moved his straw hat. I am less judgmental and more demanding. I can allow myself to enjoy my creativity and vanity. With the acceptance of both my skills and my limitations, my range of effectiveness has increased. "The road is how you walk it," and by now, the traveling and the traveler are one.⁶

Close this book now. It is a book on techniques. Beyond technique,

there is the wisdom which is knowledge of the interconnectedness of things. "Wisdom," Gregory Bateson says, "demands not only a recognition of the facts of circuitry, but a conscious recognition, rooted in both intellectual and emotional experience, synthesizing the two."⁷ When techniques are guided by such wisdom, then therapy becomes healing.

Notes

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