3 Joining

The family therapist must, from the beginning, take some sort of leadership position. Theoretically, family and therapist enter therapy with the same goals. The family's presence is an acknowledgment that they want help and that they are inviting the therapist, an expert, to enter their system and help them change a situation that is maintaining or producing stress, discomfort, or pain. In practice, however, the family members and the therapist may, and usually do, differ in their understanding of the location of the pain, its cause, and the process of healing.

The family has generally identified one member as the location of the problem. They think the cause is that individual's internalized pathology. They expect the therapist to concentrate on that individual, working to change him. To the family therapist, however, the identified patient is only the symptom bearer; the cause of the problem is dysfunctional family transactions; and the process of healing will involve changing those dysfunctional family transactions. Fluctuation will have to be amplified to move the family system toward a more complex form of organization—one that copes better with the current family circumstances.

Consequently, the therapist's input may activate the mechanisms within the family system that preserve its homeostasis. During the family's common history, rules that define the relationships of family mem-

bers to one another have developed. Any challenge to these rules will be countered automatically. Furthermore, a family coming to therapy has been struggling to resolve the problems that brought them for some time. Their attempts to cope may have narrowed their life experience. They tend to overfocus on the problem area, and because they are under stress, they tend to overutilize familiar responses. Family members thus have less freedom than usual, and their capacity for exploration has been reduced.

So family and therapist form a partnership, with a common goal that is more or less formulated: to free the family symptom bearer of symptoms, to reduce conflict and stress for the whole family, and to learn new ways of coping. Two social systems have joined, for a specific purpose and for a certain time.

Now the functions of the participants in the therapeutic system must be defined. The therapist is in the same boat with the family, but he must be the helmsman. What are the characteristics of that helmsman? What qualifications must he have? What implicit or explicit map of these waters can he use to guide the craft?

The therapist does not yet know the idiosyncrasies of this particular family dance, but he has seen many family dances. He also has his own genetic coding and his own life experience. He brings an idiosyncratic style of contacting, and a theoretical set. The family will have to accommodate to this package, in some fashion or another, and the therapist will have to accommodate to them.

In most cases the family will accept the therapist as leader of this partnership. Nevertheless, he will have to earn his right to lead. Like every leader, he will have to accommodate, seduce, submit, support, direct, suggest, and follow in order to lead. But the therapist who has been trained in spontaneity can feel comfortable in accepting the paradoxical job of leading a system of which he is a member. He has developed some skill in using himself as an instrument of transactional change. He also has a body of knowledge and experience with families, systems, and the processes of change. He knows that by becoming a member of the therapeutic system, he will be subjected to its demands. He will be channeled into traveling certain roads in certain ways at certain times. Sometimes he will be aware of the channeling; other times he will not even recognize it. He must accept the fact that he will be buffeted by the implicit demands that organize the family members' behavior. He will tend to talk to the central member of the family, and smile secretly at the incompetence of the "schlemiel." He will feel the impulse to save the symptom

bearer, or help in scapegoating him. His job as a healer requires him to be able to join the family in this way. But he must also have the skills to disjoin, then rejoin in a differentiated way—and there's the rub.

THERAPIST'S USE OF SELF

There is disagreement within the field of family therapy on precisely how a therapist uses himself to achieve the leadership of the therapeutic system. Early theories of therapy portrayed the therapist as an objective data gatherer, but this myth has largely been discredited. Even in psychoanalysis, the understanding of the analyst's use of self in the process of countertransference has sparked great changes in psychoanalytic theory and practice. "It is probably true," Donald Meltzer writes, "that any analysis which really taps the passions of the patient does the same for the analyst and promotes a development which can further his own self analysis." The necessary state for inspired interpretation is "that type of internal companionship which promulgates an atmosphere of adventure in which comradeship develops between the adult part of the patient's personality and the analyst as creative scientist . . . implying therapeutic possibilities for both parties to the adventure."[1]

Family therapists often acknowledge only the traditional views of the psychodynamic approach to therapy. It is interesting, therefore, to note how closely our concern with understanding the therapist's use of self is paralleled in the different paradigm of psychoanalysis.

When therapists began to see the family as a whole, their focus in studying the therapist's use of self was the danger that the therapist might be inducted into the family field to such a degree that he would lose therapeutic maneuverability. Lyman Wynne and others have described the confusion and anxiety therapists experience when working with schizophrenic families.[2]

Carl Whitaker's solution to the problem of maintaining therapeutic leverage is to have a cotherapist: "I don't think one therapist alone possesses the amount of power necessary to get in and change the family and get back out again . . . I don't want to stay the rest of my life with my finger stuck in the dike." With a cotherapist, the therapist can then solve his "countertransference problem by retreating into his relationship to the other therapist, and the therapeutic process then becomes a process of the two groups relating to each other." Whitaker trusts the "we," his cotherapist and himself, while not always trusting either of them alone; together they have "stereoscopic vision."[3] With the protection of the cotherapist, Whitaker, whose goal is a creative expansion for the family

and for himself, enters into an intense personal involvement with the family, accepting the family impact on the therapist as inevitable and frequently beneficial.

At the opposite extreme is the Milano school, which postulates that induction is inevitable whenever the therapist engages closely with the family.[4] To avoid induction, the therapists involve themselves with their own group, composed of two cotherapists observed and supported by two other members of the team. The relationship between the therapists and family, while overtly a friendly one, is covertly an adversary relationship. The therapists design their interventions to produce resistance in the family, which in turn will produce behavior that the therapists consider therapeutic. The danger that the therapists will join with the family system and get caught in subsystem conflicts is avoided with extreme care.

Somewhere toward the middle of this continuum is Murray Bowen, who maintains his objectivity and controls his use of self by acting as a coach. The therapist in this position of expert is extremely central: he is the person to whom all communications are directed. People are encouraged to talk about emotional processes rather than experiencing them in the session. The therapist strives to maintain an emotionally calm atmosphere. What results is a therapeutic system quite dissimilar from, and less intense than, the natural family transactions. The diluted rules have only limited power to induct the therapist. Central but protected, the therapist conducts the session very much on his own terms.[5]

The authors' position on the therapist's use of self is that he must become comfortable with different levels of involvement. Any technique may be useful, depending on the therapist, the family, and the moment. At times the therapist will want to disengage from the family, prescribing like a Milano expert, perhaps with a hidden agenda to his program. At other times he will take a median position, coaching à la Bowen. At other times he will throw himself into the fray à la Whitaker, taking one member's place in the system, allying strongly with a family underdog, or using whatever tactic fits his therapeutic goal and his reading of the family. There are limitations on his use of self, determined by his personal characteristics and the characteristics of the family. But within these limits, the therapist can learn to use techniques that require different levels of involvement.

Joining a family is more an attitude than a technique, and it is the umbrella under which all therapeutic transactions occur. Joining is letting the family know that the therapist understands them and is working

with and for them. Only under his protection can the family have the security to explore alternatives, try the unusual, and change. Joining is the glue that holds the therapeutic system together.

How does a therapist join a family? Like the family members, the therapist is "more human than otherwise," in Harry Stack Sullivan's phrase.[6] Somewhere inside, he has resonating chords that can respond to any human frequency. In forming the therapeutic system, aspects of himself that facilitate the building of common ground with the family members will be elicited. And the therapist will deliberately activate self-segments that are congruent with the family. But he will join in a way that leaves him free to jar the family members. He will accommodate to the family, but he will also require the family to accommodate to him.

The process of joining in a therapeutic system goes beyond simply supporting a family. Although joining is often related to supportive maneuvers, at other times it is effected by challenges to dysfunctional maneuvers which give the family the hope that the therapist can indeed make matters better. When a therapist like Whitaker works with families with psychotic members, he frequently enters the system with the demand that the family members accommodate to him. This "immovable object" technique is a powerful joining maneuver, combining the therapist's worldview, his understanding of the family process, and his self-respect. Although the technique can be quite startling for observers, it frames the therapeutic system in a way that conveys the possibility of help.

Since the therapist's use of himself in the therapeutic system is the most powerful tool in the process of changing families, he needs to be knowledgeable about the range of his joining repertory. It will not do for a therapist who is young and has a caressing voice to join like an indignant parent, as Minuchin sometimes does. It is important that the therapist should use his resources well, not that he should imitate the successful expert well. Another rule of thumb for successful joining is to work with families whose stage of development the therapist has experienced. If he must work with situations that he has not experienced, joining from a down position by asking for help in understanding them would be a good joining maneuver, since it gives time for the therapeutic system and the therapist to grow.

Like all human creations, joining is not necessarily a reasoned, deliberate process. Much of the joining process occurs beneath the surface, in the normal processes of people relating to people. It is also true that the

therapist's own style will be compatible with some families, with whom he will find he can be very much himself. But in other families he may find himself acting more boisterous than usual, or more proper. With some families he will find himself being more verbal. With others, he will talk less. His rhythm of speech will change. With some families he will find himself talking more to the mother. In others, he will talk to all family members. He should observe the changes in himself as responses to the family's implicit transactional patterns and should use these external signals as another level of information about the family.

The therapist can join families from different positions of proximity. Specific techniques of joining are adapted to a close position, a median position, and a disengaged one.

CLOSE POSITION

In a position of proximity, the therapist can affiliate with family members, perhaps even entering into coalition with some members against others. Probably the most useful tool of affiliation is confirmation. The therapist validates the reality of holons he joins. He searches out positives and makes a point of recognizing and rewarding them. He also identifies areas of pain, difficulty, or stress and acknowledges that, although he will not avoid them, he will respond to them with sensitivity.

The therapist may confirm even family members he dislikes, and he need not study the methods of Pollyanna to do so. When people like someone, they program themselves to attend to facets of that person which confirm their view. The same process happens when they dislike people: they scan for negatives while ignoring positives. They shield themselves from uncertainty by focusing on those facets of a person or group that confirm them in their own position. The structural family therapist, knowing how people select observations in order to reinforce their beliefs, can direct himself to notice positives. After all, people coming for therapy are doing their best, as are we all.

In confirming what is positive about people, the therapist becomes a source of self-esteem to the family members. Furthermore, other family members see the confirmed person in a new light. The therapist increases his own leverage by establishing himself as a source of the family's self-esteem and status. He also amasses the power to withdraw his approval if the clients do not follow his lead.

Often confirmation is simply a sympathetic response to a family member's affective presentation of self, such as, "You seem to be concerned . . . depressed . . . angry . . . tired . . . washed out." Confirmation can also

be a nonjudgmental description of a transaction among family members, such as, "You seem to be engaged in a continuous struggle," or, "When you talk, he disagrees . . . grows silent . . . feels challenged." This type of intervention is not an interpretation. The family members already know what the therapist is telling them. His statement is simply an acknowledgment that he has gotten the message and is willing to work with them on the problem.

Another way of confirming is to describe an obviously negative characteristic of a family member while at the same time "absolving" that person of responsibility for the behavior. To a child, the therapist might say: "You seem to be quite childish. How did your parents manage to keep you so young?" To an adult, the therapist could say: "You act very dependent on your spouse. What does she do to keep you incompetent?" In these techniques, the family member feels recognized in an area of difficulty without being criticized or made guilty about it, and he may respond to the therapist as if personally confirmed.

Confirmation goes on throughout therapy. The therapist continually scans for and emphasizes positive ways of looking at the family members' functioning while pursuing the goals of structural change. The therapist is always a source of support and nurturance as well as the leader and director of the therapeutic system.

When working in proximity, the therapist must know that his freedom of movement is being handicapped by his induction into the family system. By functioning in proximity, he achieves intensity. But he is also a participant caught in the rules of participation. It is important for the therapist to be able to use himself in this modality, but it is also essential for him to know how to disengage, after he has entered.

MEDIAN POSITION

In the median position, the therapist joins as an active, neutral listener. He helps people tell their story. This modality of joining, which is called tracking, is drilled into a therapist by the objective schools of dynamic therapy. It is a useful way of gathering data. But it is never as neutral and objective as the users think it is. And it too can hamper the therapist's freedom of movement. If family members are avidly telling their story, the therapist's attention may be locked into content. Sometimes a therapist tracks the communication of the most verbal family members, unaware of the family life being enacted before his unseeing eyes.

Working in the median range, the therapist can also tune into the family process. If the mother is the family switchboard and the father is peripheral, the therapist may join the family first by listening respectfully to the mother, even though his ultimate goal is to increase the father's power in the family.

The therapist can gather useful information about the family by observing his own way of tracking family process. Does he find himself talking mostly to the mother? Has he neglected to ask why the father did not come to the session? Does he find himself feeling protective toward one family member, or does he sense one family member as an irritant? The therapist, observing the pressures organizing his behavior, may join by choosing to yield to those pressures. He does not interpret his reactions to the family, since to do so would emphasize his role as an outsider, alien to the family. But he notes them to himself, both as a means of avoiding induction and as a means of becoming familiar with the structure that governs the behavior of this system's members.

The Javits family provides an example of tracking. The family came to treatment because the husband, the identified patient, was depressed. This exchange occurs in the middle of the first interview.

Minuchin (to mother): Do you think your house is too much of a mess?
Mother: My house is not much of a mess, but it could be better.
Minuchin: When your husband thinks the house is a mess, does he think that you are not a good manager?

The therapist tracks concretely, asking, in essence, "What effect does your behavior have on your husband's view of you?"

Mother: Yes.
Father: Yes.
Minuchin (to mother): And can he tell you that, or does he need to swallow it?

The tracking includes an inference about the transactional pattern between the spouses and leads the couple to an interpersonal exploration.

Mother: It varies—sometimes he can just blurt it out without its bothering him, and other times he keeps it in because I get upset when he brings it out. It depends on whether he can cope with my being upset at that time or not.

Father: I think when something like that irritates me, it builds up and I hold it in until some little thing will trigger it, and then I'll be very, very critical and get angry. Then I'll tell her that I just don't understand why this has to be this way. But then I try to be very careful not to be unreasonable or too harsh because when I'm harsh, I feel guilty about it.
Minuchin: So, sometimes the family feels like a trap.
Father: It's not the family so much; it's just—(*Indicates wife.*)

Tracking condenses the details of the husband's criticism into one metaphoric statement, a "trap," which has a higher affective intensity than feels comfortable to the mother. It forces the husband to a confrontation with the wife.

Minuchin (*completing husband's gesture*): Kit?

This simple tracking transforms a nonverbal statement into a verbal one.

Father (*looking at wife*): No, not her either. It's just the things she doesn't do versus the things she does in terms of how she spends her time. Sometimes I think her priorities should be changed.
Therapist: Kit, he is soft-pedaling my statement.

The therapist tracks process, or the affective difference between the first and second statements by the husband, and invites the wife to comment on the therapist's description of the husband's behavior.

Mother: About being trapped?
Minuchin: Yes, about being trapped. I think people sometimes get depressed when they are, like your husband, unable to be direct. He's not a straight talker. There's a tremendous amount of indirection in your family, because you are essentially very good people who are very concerned not to hurt one another. And you need to tell white lies a lot.

The therapist tracks by confirmation, focusing on the husband's depression in a descriptive, nonjudgmental fashion and framing a dysfunctional transaction as mutual protection.

Father: It isn't so much lying as it is not saying something that should be said.
Minuchin (*to mother*): And you do the same thing for him.
Mother: I'm indirect?
Minuchin: Ask him?

The therapist, after joining, is in a position in which he can unjoin, by asking the family members to transact with each other around the same issue.

Mother (*to husband*): Am I?
Father: I don't really know. Sometimes you seem very direct, but I find myself wondering if you are telling me everything about what's bothering you. You know, if you seem upset, I'm not always sure that I know what's bugging you.
Mother: That I can be upset for something like that because it wouldn't upset you?
Father: Maybe that's part of it.
Mother (*smiling, but at the same time her eyes are watering*): Because you always seem to know better than I do what is really upsetting me, what my problem is at that moment.
Minuchin (*to father*): You see what's happening now? She's talking straight, but she's afraid that if she talks straight, you will be hurt, so she begins to cry and she begins to smile. So she's saying, "Don't take my straight talk seriously, because it is just the product of a person who is under stress." And that's the kind of thing you do to each other. So you cannot change too much. Because you don't tell each other in what direction to change.

The therapist moves the level of transaction from content to interpersonal process, keeping the focus on the same issue. Here the therapist is clearly leading the spouse subsystem toward a therapeutic exploration.

Father: We don't argue much.
Mother: No, we don't.
Father: Because when we argue, I take a position I can defend logically, and that makes her feel helpless.
Mother: And I cry, and he feels helpless.
Minuchin: I want you to work on this. It's possible that if he can learn to be more critical, then he doesn't need to be depressed. And it's possi-

ble that if you can be more critical, you won't need to cry so much. Maybe then you can give each other more freedom. If you can tell him the things that bug you and he can hear it, maybe he can tell you that he wants the house to be less of a mess.

The therapist finally takes control of the therapeutic system by restructuring the intervention, suggesting alternative possibilities.

This session shows the complexity of the tracking maneuvers. Tracking means not only to follow but also gently to direct explorations of new behavior. It means to shift levels of tracking from content, to process, and to tie process concretely to content. Through coaching and gentle pushing, the therapist helps the family look at their transactions in a new way in an atmosphere of acceptance. The tracking maneuvers are supported by confirmation techniques in which stressful transactions are described as caused by caring. The therapist's restructuring interventions are also a part of joining, since they carry an element of hope in their description of alternative behavior.

Tracking demands a knowledge of the language that family members use. Tracking young children's communications requires from the therapist the skills of a polyglot. He needs to recognize the different language that, say, a two- or four-year-old uses, and to speak it himself with the child in the presence of the adults in such a way that he communicates also with them.

The Kuehn family is composed of the father and mother in their early thirties, and two daughters—Patti, who is four years old, and Mimi, who is two. The older daughter is the identified patient. Her presenting problem is that she is "uncontrollable." In the initial interview, after the parents have introduced themselves, the therapist talks with the identified patient.

Minuchin: Hello, How are you?
Patti: Fine. Can we play with toys?
Minuchin: We're going to get some toys. (*Kneels.)* You said that your name is Patti?
Father: Yeah.
Minuchin: Patti, what's the name of your sister?
Patti: Mimi.
Minuchin: Mimi? (*Puts his thumb in his mouth like Mimi and engages her little finger with his.*) Hello, Mimi.

Patti: Don't pick her up. Don't pick her up. Don't pick her up. Do you know why?
Minuchin: Why?
Patti: 'Cause she has a sore arm.
Minuchin: She has a what?
Patti: She has a sore arm because she fell out of her crib.
Minuchin (pointing): Which arm—this one, or this one?
Patti: Which one Mommy?
Mother: The left one. Which one is that?
Patti (pointing): This one, right?
Mother: Um-hum.
Patti: This one. She cracked her—ah— (*Looks at mother.*)
Mother: Collar bone.
Patti: Collar bone.
Minuchin: Oh, my goodness!
Patti: It went ka-bam! Do you know why? She fell out of her port-a-crib again.
Minuchin (to parents): Let's share that ashtray, so we need to sit together.
Father: Okay.

The therapist uses two maneuvers here that are important when one works with small children. One maneuver is related to size. The therapist kneels in order to be at the same height as the child with whom he is talking. The other maneuver is related to the appropriate level of language. Talking with four-year-old Patti, the therapist is concrete in his communication, asking her name and the name of her sister, and then pointing to both of Mimi's arms in his request for information. By questioning Patti, he assigns her a competent position as the person who responds and the older member of the sibling subsystem. With the two-year-old, his communication is at the motoric level. He says hello by hooking his finger to the girl's, putting his thumb in his mouth to mimic the girl, and making facial expressions that she mimics.

In joining this family with very young children, the therapist starts the session by establishing contact through the children. This is contrary to an approach used with families of school-age and older children, where the therapist would start by establishing contact with the executive subsystem. In families with preschoolers, it is possible for the therapist to contact the family in a playful, nonverbal language. This strategy intro-

duces a relaxation, because the therapist presents himself as an authority who plays with children and contacts the adults as parents.

DISENGAGED POSITION

The therapist can also join with a family from a disengaged position. Now he uses his stance as an expert, creating therapeutic contexts that bring family members a sense of competence, or hope for change. He functions not as an actor, but as a director. Perceiving the patterns of the family dance, the therapist creates scenarios, facilitating the enactment of familiar movements or introducing novelty by forcing family members to engage with each other in unusual transactions. These techniques are change producing, but they are also methods of joining which increase the therapist's leadership, since he is experienced as the arbiter of the session's rules.

As an expert, the therapist monitors the family's worldview. He accepts and supports some family values and myths. Others he avoids or deliberately ignores. He learns how family members frame their experience that "We are the Smith family; we should behave in such a fashion." He pays attention to the communicational patterns that express and support the family experience, and he extracts the phrases that are meaningful to this family. He can use these phrases as a joining maneuver either to support the family reality or to construct an expanded worldview that will allow flexibility and change.

PROBLEMS

It may happen that a therapist needs to work with people whom he cannot easily join because they have a different value system or political ideology or different styles of contacting or just simply a different chemistry. If the therapist is in a situation in which he can refer the patient to a colleague whom he considers a better match for the family, that is the best solution. But frequently this is not possible, and the therapist may find that he becomes more challenging and less effective. The result of his interventions may be more confrontation and a sense of helplessness shared by both family and therapist.

The therapist should then remind himself that it is simply impossible for this family to be absolutely devoid of qualities that he shares. It may be difficult to find them, but they have to be there. The problem is just that the therapist is not sufficiently motivated to look for them.

Minuchin once referred to a colleague a family whose young adult son was a drug addict. The identified patient was dependent, selfish, self-

indulgent, irresponsible—the list could go on and on—and he elicited in my colleague helpless controlling responses. In a short consultation at some point, I asked the therapist if he knew that this patient was a very good poet. He was startled by the realization that he could not conceive this possibility.

Whenever a therapist can be helpful to a patient, he also likes that patient, so the trick is to find a way to be helpful. If the therapist solves that problem just once, the difficulty in joining will disappear.

Joining with a child abuse family presents a particularly difficult problem. The therapist's immediate response may well be to side with the battered child, communicating his sense of outrage to the adults responsible. The same problem occurs with families who are psychologically abusing their children, restricting their development, or expecting behavior inappropriate to the child's developmental level. But in order to change the situation, the therapist must join with the system as a whole. The parents, too, must feel his support, as he will need their cooperation to work with the family. Finally, it behooves the therapist to look carefully at the role that the injured member plays in the maintenance of the system as a whole.

The Morris family consists of a mother, father, and eight-year-old son. The family was referred from a children's hospital because the parents abused their child. On one occasion they beat the boy so badly that he required hospitalization. As the mother speaks, the boy is sitting slightly outside the family circle. He is crying and looking at the floor.

Mother: Johnny is impossible to manage! He absolutely ruined Christmas for me and my husband.

Minuchin (to mother): It must have been terrible for you to have your Christmas ruined. How did your son do that?

The therapist is forcing himself to act against his own inclinations. It would give the therapist great pleasure at this point to tell the mother exactly what he thinks of people who mistreat children. But if this child is not to be removed from his parents—which is always a chancy solution—family change is his best hope. In order to achieve that change, the therapist must keep the family in therapy. This can be done only by creating a therapeutic system in which the parents feel supported and understood before there is any challenge. Furthermore, for the therapist to support the child at the beginning would leave the boy even more vulnerable to abuse. Whatever course therapy may eventually take, the

first step is to join with the family experience, tracking their perception of the problem and sympathizing with them over their ruined Christmas.

Chronic disputes displayed in an embattled dyad present special problems in joining, especially before the therapist has achieved a leadership position in the therapeutic system. To take sides is to alienate the other person; to take neither side creates the risk of letting the conflict continue out of control, increasing the conflicting members' sense of hopelessness.

If he can, the therapist may take a distant position and wait until the storm subsides. But sometimes he will have to plunge into an unbalancing technique, joining with one member against the other, and hoping that it will not keep the family from coming again to the next session. In another situation, he may decide that the best strategy of joining is to challenge both members' behavior on the grounds that better functioning has to be possible.

In the first session with an embattled couple, the therapist may say, "You are right," to the wife and, to a promptly irate husband, "You are right as well." Then he continues, "But the payment for being right and righteous is to maintain a miserable life together." While not a soft joining maneuver, this challenge ("a pox on both your houses") conveys the therapist's sense of commitment to the couple.

A CASE EXAMPLE

The Bates family is composed of father, mother, and Bud, age 14, Bud's two sisters, ages 28 and 24, having married and left home. Bud is truanting, smoking pot, and feeling depressed. He was admitted to the day hospital, but he arrives late each morning, saying that he cannot motivate himself. The next session is conducted as a consultation.

Minuchin: The hospital invited me to meet with you to see if I can be of help. So I will be available to you for this next hour. Can some of you begin to tell me what are the issues that you have at this point?

The therapist begins by taking the stance of an expert. He invites the family to use his expertise: "I will be available to you for this next hour."

Mother: Our big problem right now, as it was when we came here, is Bud's reluctance to get out of bed in the morning, to be where he's supposed to be. Right now he should be here at nine-thirty in the morning. It isn't just getting him out of bed for clinic, it's for anything that he has to do. When he was going to regular school, he wouldn't get up.

Minuchin: Tell me, Bud, are you a night person? Do you stay up late?
Bud: Twelve or twelve-thirty.
Minuchin: Un-huh, so it's easier for you to be awake at night. You know, there are people who are morning people and there are people who are late people. You would say that you are more of a night person. You are more alive, more awake, more ready to do things in the evening?

When the mother plunges into a description of Bud's problem, the therapist interrupts her by turning to the identified patient. Because this does not follow the normal rules of courtesy, it is perceived as the action of an authority. His statement to Bud normalizes the problem: "You are more of a night person."

Bud: Not real late. It's just in the morning that I don't feel like doing anything.
Minuchin: But that means that you feel more active in the evening.
Bud: No, I feel active all day, but—
Minuchin: If you had a good alarm clock, that would solve it?
Bud: Well, the alarm clock I've got now—
Minuchin: Who is the alarm clock?
Bud: Well, I've got one of my own.
Minuchin: Do you have an alarm clock, or is mother an alarm clock?

Joining Bud by tracking what he is saying and normalizing the problem, the therapist shifts gears, introducing a metaphor of proximity, which implies that proximity is linked to the symptom. The therapist has noticed that Bud is sitting close to his mother, and they are exchanging various nonverbal signals. Humorously, and very gently, he challenges the mother-son holon.

Bud: I've got one.
Mother: And I've got one.
Minuchin: Are you certain she's not an alarm clock, Bud?
Bud: Yes.
Minuchin: Who wakes you up?
Bud: She does most of the time.

Minuchin: So, she's your alarm clock.
Mother: If you want to call it that.
Minuchin: Okay, so you have a function. You are an alarm clock!

In a light, bantering fashion, the therapist confirms the mother and tracks Bud. At the same time, her relationship to her son is called into question.

Mother: Well, at the present time, we have two alarm clocks in his bedroom—
Minuchin: And they don't work?
Mother: And me.

The mother joins the therapist.

Minuchin: That means, maybe, you could put on a third alarm, staggered, like one at seven-thirty, one at seven-forty, one at seven-fifty.
Mother: That's how I work it now.
Minuchin: My goodness! You must be a very deep sleeper, Bud.
Bud: Yeah.
Minuchin: I got up today at four o'clock in the morning. I couldn't sleep. I wish I could get your symptom. If your three alarm clocks don't work, you can sleep until twelve o'clock, one o'clock, two o'clock—what's the latest that you have been able to keep sleeping? (*Bud looks at mother.*) Don't ask her. That is not her function. She's an alarm clock. Is she also a memory bank?

The therapist, who is an incurable storyteller, interprets the symptom as a good thing by commenting on his own insomnia. He also begins to monitor the proximity of mother and son. Joining and restructuring are moving rather fast in this segment because the therapist's own sense of comfort tells him that he is in the permissible range. So far the session has focused on concrete behavior and on small transactions the family feels comfortable with. Now the therapist contacts the silent father.

Minuchin: I bet you wish you had that capacity. When do you wake up?
Father: Me? Quarter to five, five o'clock. (*Looks at wife.*)
Mother (*nodding*): Yeah.
Father: Five o'clock.

Minuchin: Five o'clock in the morning? Is your wife the memory bank in the family? Because not only did Bud look at her for information, but you also just looked at her.

The therapist, joining all three family members, is already creating a focus that will organize the rest of the session. The content is daily life, and the tone is as light as a chat about the weather. Nevertheless, to the family, the therapist is a sorcerer: he is an expert who understands them.

Father: Yeah.
Minuchin: She is a very busy person. She is an alarm clock and a memory bank. (*To father.*) When do you go to work?
Father: I leave about a quarter to six, six o'clock.
Minuchin: What's your shift?
Father: Sometimes six, sometimes seven to four-thirty, five-thirty. It could be any time around the clock.
Minuchin: You work ten hours then?
Father: Sometimes ten, sometimes eleven, sometimes eight. Most of the time it's nine.
Minuchin: Does that give you overtime?
Father: Yeah.
Minuchin: So, when you work ten hours, you are pleased then because you have a couple of hours overtime. What kind of work do you do?
Father: I am a foreman in an electronics shop. We do circuits, printing.
Minuchin: That means you must have been working there for many years to become a foreman.
Father: Thirty years.
Minuchin: Thirty years! How old are you now?
Father: Fifty.
Minuchin: You started at twenty and you worked all the time in one job?
Father: Um-hum.
Minuchin: So you certainly have seniority at this point.
Father: Yeah.
Minuchin: How many people are in the shop?
Father: Seventeen.
Minuchin: And how many foremen?
Father: Two, but the other foreman has not been there quite as long as me.

Minuchin: So, you are secure in that job.
Father: Oh, yeah.

The therapist tracks the father, getting neutral information from him by asking concrete questions to maintain contact. Now the therapist will make a conceptual jump, connecting the information with the son's symptom.

Minuchin: So, we have a person like you who knows about time, and knows about schedules, and knows about responsibility. You have worked all your life?
Father: Um-hum.
Minuchin: How is it you got a kid that doesn't know about time, doesn't know about schedules, doesn't know about motivation? How did you manage this?
Father: I don't know. That's what we can't figure out.
Minuchin: Something failed.
Father: Yeah.

The therapist and father have joined in their interest in the father's work. Now the therapist connects the symptom to the father's failure in modeling. But his formulation is that "something"—not someone—failed. The father agrees immediately; he and the therapist are partners in a goal-directed activity.

Minuchin: Maybe you gave him the wrong model. Maybe he doesn't want to be like you.
Father: Could be.
Minuchin: Maybe he feels you work too hard and—what do you think? (*To Bud.*) You don't want to be like Father?
Bud: Yeah, I'd like to be like him.
Minuchin: To work thirty years in the same job, always from six to four, would you like that?
Bud: Yeah.
Minuchin: Most young people like you look at the old man and say, "That's not the life for me." You really would like to be like him?
Bud: Yes, I want to work in the same place he does.
Minuchin: You would like to work in the same place? Have you been there with him?
Bud: Yeah. (*Mother nods agreement.*)

Minuchin: You see, not only do you look at Mother and you activate her, but even when you don't look at Mother, she activates herself. (*Everyone laughs.*) I asked you, and you said, "Yes," and she said, "Yes." You know, she's wired to you people. (*To Mother.*) Are you so wired that if he answers, you say it?
Mother: I guess so, yeah.

The therapist has been tracking content when suddenly a small, nonverbal transaction provides data that support his focus, and he shifts back to a metaphor of proximity. The "wiring" metaphor is not one that the therapist normally uses; its selection here is related to the father's job, and it indicates that the therapist is accommodating to the family language.

Minuchin: Extraordinary! Isn't that wonderful, with families, how they get wired?
Father: That's true.
Minuchin: Great! That means that Bud did not look at Mother. I know, because you were looking at me. Beautiful. So there are some invisible wires that run from you to Mom. You can hear vibes?
Mother: Um-hum.

The therapist's description of overinvolvement is presented as an extraordinary feat and something positive a family organism is able to accomplish.

Minuchin: Have you always been like that, wired to people?
Mother: Well, I guess so, yeah. Because I've always been responsible for people.
Minuchin: So, you two are very responsible people, really. You (*to father*) are very responsible to your job, and you (*to mother*) are very responsible to the family. Is that the way in which you divide the work? Your responsibility is to provide for the family, and your responsibility is to care for the kids?

The therapist confirms both parents, emphasizing positives. Nevertheless, he is preparing to use the behavior he has just praised as a field of challenge.

Mother: Yeah.
Father: Um-hum.

Minuchin: And this has worked?
Mother: Up to this point, fine.
Minuchin: How many years have you been married?
Mother: We were married thirty years, and we have two other children besides Bud—two married daughters.
Minuchin (to Bud): You are the only boy in the family, and you are the youngest. How old are your other sisters?
Bud: Oh, Lana's about twenty—I don't know if it's twenty-five—(*Bud looks at father, but mother supplies the answer.*)
Mother: Twenty-eight and twenty-four.
Minuchin (to Bud): You operate both of them! Very good. Now that was beautiful, because Bud looked at Dad and activated him, and Mother activated herself. Beautiful. Very invisible, but very strong wires. So, twenty-eight and twenty-four. Your younger sister is really much older than you are. How long will you be the baby? Until you are 50? Or until you are 20? I don't know, some families keep babies for a long time.

Again, humor challenges the enmeshment while supporting the family member. The challenge is possible because this family feels quite comfortable with the light, bantering mood. By now, therapist and family seem to have been friends for years.

Bud: I don't know.
Minuchin: Ask your mother how long you will be the baby.
Bud: How long?
Mother: Until you grow up.
Minuchin: Ah, that can be a lifetime. You can be 70 years old and still be the baby. You know, check to see what she means by that. How long will that take? Check up. You know, mothers have special arithmetic. Check up with your mother about what is her arithmetic. How long will you be the baby?
Mother: How long will you be the baby? Until you accept responsibilities, which I'm willing to give you, but you have to accept them. And when you accept the responsibility for yourself, then I would consider you grown.
Minuchin (to Bud): Do you agree with that? It is only up to you to grow up?
Bud: Why are you putting all the responsibility on me?

Mother: Because it's your life. I am willing to guide, but I would like you to assume the responsibility.
Minuchin: Bud, I know people who are wired like your mom is to you—so closely wired that you don't get too much space. In other families, people who are wired as you are wired keep young for a long time.

Twenty minutes into the session, the therapist and family are connected and working at therapy together. In the rest of the session, the therapist elects to focus on the father. He explains that he is concerned about the mother: she is too ready to be available to people, and that cannot be good for her. She is too wired to others; the father must provide the wire cutters that will rescue her. The family finishes the session with a sense of direction; the therapist finishes it with the sense that he has been genuinely helpful to people he likes.

Joining is not a technique that can really be separated from changing a family; the therapist's joining changes things. Nor is it a process confined to one part of therapy. Joining is an operation which functions in counterpoint to every therapeutic intervention. The therapist joins and joins again many times during a session and during the course of therapy.

The deliberation of joining decreases, however, as therapy continues. Early in therapy, the therapist and family must concentrate on accommodating to each other and to the therapist's role as the leader. But as time goes on, these accommodations become more automatic. The therapist no longer has to think about joining. He can trust the patterns of the therapeutic system to alert him if the accommodations within the system need attention.

Employing joining techniques, as with other therapeutic techniques, can make a therapist feel like the centipede who was immobilized by having to decide which leg to move. But the therapist's effectiveness depends on his capacity to join while challenging. Expanding his repertory will ultimately make him a better therapist. And once he has become an expert reader of family feedback, the therapist will again be able to be spontaneous, confident that his behavior falls within the therapeutic system's accepted range.