4 Planning

If you flew over a flock of penguins, you might imagine that this was a convention of butlers—so precise a patterning of black and white and such stateliness of movement could belong to no other group. But as soon as you could get a real look at your subject, that hypothesis would be discarded. Butlers have arms, not flippers; they are human, and these creatures clearly are not. But what are they? As you saw one dive into the water to swim effortlessly away, you might decide that penguins were fish. Only closer acquaintance would lead you to discard this second hypothesis, and move toward the correct solution.

It is always a mistake, Sherlock Holmes warned, to theorize ahead of one's data. Planning treatment is an activity that can be engaged in only with an awareness of its limitations, as the fable of the penguin cautions. Family therapists learn, in effect, to theorize ahead of their data about a family, but always with awareness that a family's structure is never immediately available to a therapist. Only in the process of joining a family, probing its interactions and experiencing its governing structure, can a therapist get to know the transactions of that family. Any initial hypotheses will have to be tested in joining, and they may all be quickly discarded.

Nevertheless, an initial hypothesis can be invaluable to a therapist. Families come with different shapes and structures, and since form will affect function, families will respond to stresses in certain ways that are

necessitated by their shape. Their shape will indicate possible functional areas and possible weak links in their structural arrangement.

The therapist forms an idea of the family as a whole upon first examination of certain basic aspects of its structure. From the simplest information gathered on a phone call setting up the first appointment, or recorded on a clinic intake sheet, the therapist can develop some assumptions about the family. For instance, how many people are in the family and where do they live? What are the ages of the family members? Is one of the normal transitional points that stress every family a factor here? The presenting problem may be another clue that suggests areas of possible strength and weakness in each client family. From these simple elements, the therapist will develop some hunches about the family to guide her first probes into the family organization.

The most immediate clue is family composition. Certain combinations indicate certain areas for exploration. The most commonly encountered family shapes are the pas de deux, three generation, shoe, accordion, fluctuating, and foster.

PAS DE DEUX FAMILIES

Suppose that a family consists of only two people. The therapist can guess that these two people probably rely on each other a great deal. If they are mother and child, the child may spend much time in the company of adults. She may have advanced verbal skills, and because of a high percentage of interaction with adults, she may become interested in adult issues before her peers and appear more mature. She may spend less time with peers than the usual child, having less in common with them, and she may be at a disadvantage in physical play. The mother is free, if she chooses, to give the child more individual attention than would be possible if there were a husband or other children to be concerned with. As a result, she may be very good at reading the child's moods, satisfying her needs, and answering her questions. She may, indeed, have a tendency to over-read the child, as she has no one else on whom to concentrate. She may have no one with whom to check her observations. The result can be an intense style of relating which fosters mutual dependence and mutual resentment at the same time.

Another example of the pas de deux family is the older couple whose children have left home. They are sometimes said to suffer from the empty nest syndrome. Still another example is the parent and adult single child who have lived together all the child's life.

Every family structure, no matter how viable in some cases, has areas of possible difficulty, or weak links in the chain. The two-person structure has the possibility of a lichen-like formation, in which the individuals become almost symbiotically dependent on each other. This is a possibility that the therapist will probe. If her observations indicate that overinvolvement is curtailing each member's potential functioning, the therapist will plan interventions to delineate the boundary between the dyad members while opening out the boundaries that keep each individual closed off from other relationships. The therapist may explore the family's extrafamilial sources of support or interest in order to challenge the "we are an island" view of the family reality.

THREE-GENERATION FAMILIES

The extended family with the various generations living close together is probably the most typical family shape, worldwide. Many therapists have emphasized the importance of working with three generations, regardless of possible geographic distancing. In the Western urban context, however, the multigeneration family tends to be more typical of lower middle class and low socioeconomic groups. Therefore, the therapist may tend to look at this family shape in terms of its deficits, instead of searching out the form's sources of adaptational strength.

The extended family shape contains within its multiple generations the possibility of specialization of function. The organization of support and cooperation in family tasks can be managed with an inherent flexibility, and often a true expertise. This type of organization requires a context in which the family and extrafamilial are continuous and harmonious. Like any family shape, the extended family needs a societal context that complements its operations.

In working with three-generation families, family therapists should guard against their penchant for separation. Therapists tend to want to delineate the boundaries of the nuclear family. In a family with a mother, grandmother, and a child, the family therapist's first question is often, "Who is parenting the child?" If the parenting functions are relegated to the grandmother, the map-maker inside of the therapist begins to devise strategies to reorganize the family shape so that the "real mother" takes over the major responsibility for parenting the child and the grandmother moves into the background. This adherence of the family therapist to the cultural norms should be shaken up a bit, since it may be that what is therapeutic for that three-generation family is to work within the cooperative system toward a differentiation of functions rather than to push for a structure that corresponds to the cultural norm.

It is important for the therapist to find out what is the idiosyncratic arrangement for this particular family. It may be that the grandmother is living with the daughter and grandchild. But it is also possible that the grandmother is the head of the house and that the mother and child function under her care. Is there a clearly delineated structure, with both adults living as equals and one acting as the child's primary parent? Are the adults cooperating in an organization with differentiated functions and expertise, or are the two adults struggling for positions of primacy? And in this last situation, is the child in coalition with one woman against the other?

There are many forms of three-generation families, ranging from the single parent, grandparent, and child combination, to the complex network of entire kin systems who need not live in the same house to wield great influence. It may be necessary for the therapist to find out who "the family" really is, how many members it has, and what is their level of contact with the extended network. The influence of the extended family on nuclear family functions should never be underrated.[1]

A possible weak link in the multigeneration family is the hierarchical organization. When an extended three-generation family comes to therapy with one of its members as the symptom bearer, the therapist will explore cross-generational coalitions that may be scapegoating one family member or rendering certain holons dysfunctional.

In some disorganized extended families, adults may function in a disengaged, centrifugal way. In such cases, executive functions, including child rearing, may remain underdefined and "fall between the cracks." This problem is often seen in poor, overburdened families living in slums without societal systems of support. Clarifying boundaries among holons can help differentiate functions and facilitate cooperation.[2]

SHOE FAMILIES

The large family is not as common as it once was in this culture. At one time, having many children was the norm. Children were considered a family asset. Times have changed, but the structural relationship found in most large families has not. Whenever institutions become large, authority must be delegated. With many children in a household, usually one and perhaps several of the older children are given parental

responsibilities. These parental children take over child-rearing functions as the representatives of the parents.

This arrangement works well as long as the parental child's responsibilities are clearly defined by the parents and fall within the capabilities of the child, given her level of maturity. The parental child is put in a position in which she is excluded from the sibling subsystem and kicked upward to the parental subsystem. This position has some attractive features, since the child has direct access to the parents, and it can increase the child's executive skills. The relationship has worked well for millennia. Many therapists are former parental children. But the structure of a large family can break down at this point, and a therapist must be aware of this possibility.

The potential exists that parental children will become symptomatic when they are given responsibilities that they cannot handle, or are not given the authority to carry out their responsibilities. Parental children are, by definition, caught in the middle. The parental child feels excluded from the sibling context and not truly accepted by the parental holon. The important socialization context of the sibling subsystem is handicapped. Furthermore, the nurturance functions that the younger children need from the parents may be blocked by the parental child.

In therapy, it can be useful to employ boundary-making techniques that reorganize the parental subsystem without the parental child, and to conduct sessions among the siblings alone in which the position of the parental child in the sibling subsystem becomes reorganized. Or if the parental subsystem is already overloaded, the responsibility for supporting the parental subsystem may be distributed more fairly among the other siblings.

ACCORDION FAMILIES

In some families one parent is away for long periods of time. Military families are the classical example. When one spouse leaves, the spouse who stays must take on additional nurturant, executive, and guiding functions or the children will go without. The parental functions are concentrated into one person for part of each cycle. Families may crystallize in the shape of a one-parent family. The spouse at home assumes additional functions at the expense of spouse collaboration. The children may function to further the separation of the parents, even to crystallize them in the roles of "good father and bad, deserting mother" in an organization that tends to evict the peripheral parent.

Accordion families may come to therapy if the job of the traveling parent changes and she becomes a permanent figure in the family organization. At this point, there needs to be a shift in the way in which the family organizes its functions, for the old program handicaps the evolution of new functions that include the absent spouse. The peripheral parent must be reincluded in a meaningful position.

In these situations, as in other transitional situations, therapy will include not only restructuring maneuvers but also educational ones. The family must come to understand that, in effect, they are a "new" family. This concept is a rather difficult one to accept, since the "parts" of the family have been together for a long time; only the shape of the family is new.

FLUCTUATING FAMILIES

Some families move constantly from one place to another, like the ghetto family who leave when the rent is too long overdue, or the corporation executive who is transferred again and again by the parent company. In other families, it is the family composition that fluctuates. This occurs most frequently when a single parent has serial love affairs. A father may pass from girl friend to girl friend, each one a potential spouse and parent. This configuration may not be apparent to the therapist on initial contact, but it will become clear as she works with the family over time.

If the shifting context involves significant adults, it is important for the therapist to get a history, to determine if what seems to be a stable organization is in effect transitional. Part of the therapist's function will then be to help the family define its organizational structure clearly. If the shifting context involves location, there is a loss of systems of support, both family and community. The family is bereft. Children who have lost their peer network and must enter a new school context may find themselves dysfunctional. If the family becomes the only context of support in a shifting world, its ability to contact the extrafamilial may suffer.

The therapist must realize that when the family loses its context by relocation, its members will enter into crisis and tend to function at a lower level of competence than in circumstances where the extrafamilial context is supportive. Therefore, assessment of the level of competence both of the family as an organism and of the individual members becomes a relevant issue. It is essential not to assume that the crisis is a

product of pathology in the family. The family holon is always a part of a larger context. With the larger context in disruption, the family will evidence disruption.

FOSTER FAMILIES

A foster child is by definition a temporary family member. Agency workers make it clear that the foster family is not to become attached to the child; a parent-child relationship is to be avoided. Nevertheless, parent-child bonds often do become established, only to be broken when the child moves to a new foster home or back to her family of origin.

A potential problem with this family shape is that sometimes the family organizes like a nonfoster family. The child is incorporated into the family system. If she then develops symptoms, they may be the result of stresses within the family organism. But the therapist and family may assume that the child's symptoms are the product of her experiences prior to her entrance into this family, or that they are the product of internalized pathology, since she is a foster child and technically not a family member.

The relationship of the symptom to the family organization should be assessed. If the symptomatology is the product of the child's entrance into a new system, then the system is functioning as if in a transitional crisis. On the contrary, if the child is already fully integrated into the family, her symptoms are family organized and related to the stresses that other family members express in other ways.

In the latter situation, an additional complexity of the foster family shape is the presence of the agency. Foster family agencies, which invest a lot of time and effort in developing good foster parents, tend to be very protective of them. They may operate in a way that hinders the possibility of accommodation between the child and the host family. In these cases the therapist must consider bringing the agency worker into the therapeutic context and working with the agency worker as a cotherapist to help the total family organism, including the child.

Intake information often tells something not only about these kinds of family composition, but also about the family's developmental stage. Family development implies transitions. Families change in adapting to different circumstances. Occurrences in the family's developmental stage may therefore be threatening the family equilibrium. Many families come to therapy precisely because they are in a transitional period, in which demands for change and the counterdeviation mechanisms activated by those demands are handicapping family function. These problems of discontinuity are found in stepparent families and families with a ghost.

STEPPARENT FAMILIES

When a stepparent is added to a family unit, she must go through a process of integration, which will prove to be more or less successful. She may make less than a full commitment to the new family, or the original unit may keep her peripheral. The children may increase their demands on their natural parent, exacerbating his problem with divided loyalties. In cases where the children lived away from their natural parent until his remarriage, they must now accommodate to both their own parent and their stepparent.

Crises in this family shape are comparable to problems in a new family organism; they should be seen as normal. Western culture postulates instant family formation. After the ritual, whether legal or paralegal, the members of a "blended" family rush into family holons. But time has not yet given them functional legitimacy. A therapist may have to help the family by introducing designs for gradual evolution. In some cases, it may be useful in the beginning for the members of the two original families to maintain their functional boundaries, meeting as two cooperating halves to resolve issues as the family moves toward a one-organism shape.

FAMILIES WITH A GHOST

A family which has experienced death or desertion may have problems reassigning the tasks of the missing member. Sometimes a family will establish the attitude that if the mother had lived, she would have known what to do. Taking over the mother's functions becomes an act of disloyalty to her memory. Old coalitions may be respected, as if the mother were still alive.

Problems in these families may be experienced by family members as issues of incomplete mourning. But if the therapist operates on this assumption, she may crystallize the family instead of helping them move toward a new organization. From the therapeutic point of view, this is a family in transition. Previous shapes are handicapping the development of new structures.

As the therapist thinks over all of the initial information on a family, a speculative family structure takes shape. It acknowledges the configura-

tion that the family reports as basic. It includes elements of the family's developmental stage and the possible problems inherent in that stage. If the family's religion, economic status, or ethnic background are known, this information is included. Finally, the picture incorporates the presenting problem. If an infant is failing to thrive, the therapist will probe for dysfunction in the mother-child interactions. If a child "won't mind," the therapist will probe for an alliance within the family hierarchy that is giving the child adult support for disobedience.

Certain symptoms are a clear indication of certain family structural arrangements. Therefore, the "presenting problem" triggers any trained therapist's imagination. It immediately evokes the page of some book of psychology, the face of some child seen previously, or the shape of another family with similar problems. These images are useful in forming the initial set of hypotheses with which the therapist will approach the family.

OUT-OF-CONTROL FAMILIES

In families where one of the members presents symptoms related to control, the therapist assumes that there are problems in one or all of certain areas: the hierarchical organization of the family, the implementation of executive functions in the parental subsystem, and the proximity of family members.

Issues of control vary, depending on the developmental stage of family members. In families with young children, one of the most common problems to appear in a child guidance clinic is the preschooler described by the parents as a "monster" who will not obey any rules. When a fifty-pound tyrant terrorizes an entire family, it must be assumed that she has an accomplice. For a three-foot tyrant to be taller than the rest of the family members, she has to be standing on the shoulders of one of the adults. In all cases, the therapist may safely assume that the spouses disqualify each other, which leaves the triangulated tyrant in a position of power that is frightening to her as well as to the family.

The therapeutic goal in this situation is the reorganization of the family, with the parents cooperating and the child appropriately demoted. The development of a clear hierarchy, in which the parents have control of the executive subsystem, requires a therapeutic input that affects the entire parental holon.

In families with adolescents, the issues of control may be related to the inability of the parents to move from the stage of concerned parents of young children to respectful parents of young adolescents. In this situation, old programs that served well for the family when the children were young interfere in the development of a new family shape. The children may feel more comfortable with changes in their development, whereas the parents have not yet evolved new alternatives for their own stage in life.

An adolescent child may also be so overinvolved with a hovering parent that no action of the child remains unnoticed. In these situations, blocking the overinvolved transaction may increase the encounters between the parental holon and the child, which may help in the exploration of alternatives.

In general, the best route for the therapist when dealing with families of adolescents in conflict is to travel the middle of the road. She will support the parents' rights to make certain demands and request respect for their position. She will also support the adolescents' demands for change.

In families with delinquent children, the parents' control is dependent on their presence. Rules exist only as long as the parents are there to implement them. The child learns that in one context there are certain rules, but these rules do not operate in others. In this organization, the parents tend to make a high number of controlling responses, which are often ineffective. The parent makes a controlling demand, the child does not obey, the parent makes another demand, and so on. There is a mutual agreement that after a certain number of parental demands, the child will respond.

Communication patterns tend to be chaotic in these families. People do not expect to be heard, and relationship messages are more important than the content. Communications seem to be organized around small, disconnected, affect-carrying bits or transactions.

When these families have several children, the sibling subsystem can be an important context for beginning to organize a new family shape and for creating meaningful boundaries. Other therapeutic techniques for these families have been described elsewhere by Minuchin and others.[3]

In families with child abuse, the system cannot control the parents' destructive responses to children. Usually the parents are devoid of supportive systems. They respond to the children as if they were only a continuation of themselves. Every action of the child is felt by the parent to be a personal response. Parents in this situation do not have their own adult context in which they are competent. The family becomes too much the only field in which the parent expresses power and compe-

tence, which emerge as aggression. Just as people hit each other only in clinches, only overinvolved subsystems tend to produce abusing parents.

Sometimes the child abuse family is organized around an overinvolved dyad, one parent and child. Usually this is the mother and child, with the father attacking them indiscriminately, as an enemy alliance. In these families, abuse between the parents is overflowing to the child.

The family of the infant who fails to thrive is sometimes put in the same category as the abused child family, because the effect in both cases is to endanger the child. However, the characteristics of the family are different. Failure to thrive involves not a situation of proximity but, on the contrary, an inability of the parents to respond to the child's needs. In effect, this is a disengaged organization. The mother is not feeding the child as much as she needs. She is being distracted when the child is at the breast or bottle. In these situations therapeutic techniques involve engaging the parents, instead of the boundary making techniques that are indicated in child abuse situations.

There are two types of families in which children have school phobias. In one, the school phobia is a manifestation of a delinquentlike organization. In the other group, the situation is similar to families who have psychosomatic children. There is an overinvolvement between the child and some family member which hooks the child into remaining at home as a companion.

PSYCHOSOMATIC FAMILIES

When the presenting complaint is a psychosomatic problem in one of the family members, the structure of the family is one that includes an overemphasis on nurturing roles. The family seems to function best when someone is sick. The characteristics of such families include overprotection, enmeshment, or overinvolvement of family members with each other, an inability to resolve conflicts, a tremendous concern for the maintenance of peace or avoidance of conflict, and an extreme rigidity. This is not the rigidity of the challenge, but rather the rigidity of water, which lets itself be grasped only to return to its original form. These families look like the normal, all-American family. They are benign neighbors. They do not fight. They are very loyal and very protective—the ideal family.

One of the problems that these families present to the therapist is that they are so likeable. They seem eager to respond. The therapist may feel that they are cooperating with her, only to find herself frustrated again and again by the problems of these families, as well as by her easy induction into the molasses of their attitude of peace at any price.

READING STRUCTURE FROM EARLY TRANSACTIONS

The skeletal information that can be gathered from an intake sheet or a phone conversation evokes the possibility of certain family shapes and problem areas. This cognitive schema is useful in helping the therapist organize her initial contact with the family. But only in the formation of the therapeutic system can the information to buttress, clarify, or refute the initial hypothesis be gathered. The cases that follow demonstrate how to read structure from early transactions.

In the Malcolm family the identified patient is Michael, age 23. While away at college, Michael had a psychotic break during his senior year. He and his wife of four months came back to the city, where Michael was hospitalized. Coming to the initial session are Michael and his wife Cathi, Michael's parents, and his younger brother Doug, who is a college freshman.

Reading this information on the intake sheet, the therapist notes that during one year this family has experienced the marriage of one child and the loss of the other to college. Questions immediately come to mind. Is this a family that has difficulty separating? Has the vacuum created by the absence of the younger brother caused instability in Michael's family? If Michael has had difficulties separating from his parents, have these exacerbated the problems of forming his own marriage relationship?

As the Malcolm family enters the room, Mr. and Mrs. Malcolm sit on one side of the room. Michael's wife sits down opposite them. Michael walks in and, looking at no one in particular, says, "Where shall I sit?" His mother folds her arms, then extends a hand, pointing to a chair. "I guess you sit next to your wife," she says. Michael responds, "I think I'll sit next to my wife."

Michael's question was not directed to one person. The fact that his mother answered suggests that there is a great deal of proximity between Michael and his mother. If the position of the two spouse units were more clearly defined, Michael might have directed the question to his wife, or his wife might have answered. More likely, Michael would not have asked the question in the first place; he would automatically have sat next to his wife. The wording of the mother's reply also suggests a closeness with her son, or at least an ambivalence about Michael's marriage.

Much more information is needed, to verify this speculation. The therapist cannot decide on a definition of the family structure and problems until he has seen many more such transactions. Furthermore, there are other relationships he must find out about. What is the relationship of the mother and father? If this mother is overly close to her son, perhaps there is distance, or even conflict, in her relationship with her husband. What is the position of the younger son? Was he a stabilizer in the family until he left for college, and did his absence generate an instability which contributed to Michael's breakdown? Or did Michael, in spite of absence and marriage, remain closely involved in his parents' transactions, leaving Doug in a more distant position? How successful have Michael and Cathi been in forming a marriage (according to the intake sheet, their relationship already has "problems")? What about Cathi's side of the family?

Nevertheless, the therapist already has a structural hypothesis to guide his first probes. His hunch is that the mother and Michael form an overinvolved dyad which keeps the father and Cathi peripheral.

This kind of hunch gives the therapist a working blueprint. In the course of therapy the blueprint will be expanded, modified, or perhaps scrapped altogether. But the therapist has a framework for his early contacts with the family. He will probe the hypothesized closeness of Michael to his mother. The relationships of Michael and Cathi, and of Mr. and Mrs. Malcolm, will be analyzed. If the hypothesis is borne out by further data, the therapist will work to strengthen both spouse subsystems, not only by working to delineate the boundary between them, but also by helping to increase the rewards of participation in the individual subsystems. The structural hypothesis from the intake sheet data, apparently supported by the early therapeutic contact, has given the therapist a working idea of where he is, and even where he may be going.

In the Jackson family, four children, aged 14, 17, 19, and 20, are living at home with their mother. The intake sheet notes that five older children have left home, though one of the older daughters and her infant are living with the Jacksons until the daughter can find a job. The identified patient is Joanne, age 17. She has been referred by the school for low grades and difficulty getting along with peers.

From this intake information, the therapist notes that the family is in the stage when the children separate. All of the children remaining at home are adolescents, presumably involved in building their own lives independent of the family—a process already begun some years before by the older children. The therapist hypothesizes that Joanne is having difficulty separating.

The family enters the room with a great deal of joking and kidding. One of the sons is carrying a radio tuned loud. Everyone talks at once. The mother, who seems older than her 48 years, sits in the corner, saying very little. Joanne appears to function as the family's executive head, giving her siblings various orders and seeing that they are followed. Looking at the 14-year-old-boy, the therapist says, "What's your name?" The child is silent. Joanne looks at her brother and says, "Answer the man." He does. Another child asks to go to the bathroom. The therapist says, "Sure, go ahead." "Don't forget to come back," Joanne warns him. Later, the therapist asks what the grandson's name is. Joanne rises and picks up the child. "This is Tyrone," she replies.

From these transactions, it is clear that the therapist's intake sheet hypothesis must be radically expanded. It now appears that Joanne functions as the head of a large, disorganized family, taking over from a depressed parent. The therapist hypothesizes that Joanne's numerous duties at home, as parental child in a disorganized family, are interfering with her age-appropriate activities, such as attending school.

If this hypothesis is correct, the therapist knows what the treatment plan must be. Joanne has to be relieved of some of the burdens of the parental child. The therapist must work with the mother to help her resolve some of her difficulties and become more forceful in organizing the family. Some of the executive functioning must be divided among the other children. Probably all the children living at home will need help with the process of separation.

From a systems point of view, the concept of family shape in these cases has limited usefulness. The therapist must never forget that in actually gathering data, she is inside the system she is studying. Furthermore, the family is never a static entity. Formulating the family shape from initial data is a useful first step, but it is only a first step. The therapist must move beyond it almost immediately, to the actual dance of therapy.

5 Change

All family therapists agree on the need to challenge the dysfunctional aspects of family homeostasis. The degree to which the challenge should be taken is a moot point, however, and the methods and targets of the challenge vary depending on the therapist's theoretical worldview. Technique is the pathway to change, but it is the therapist's conceptualization of the family dynamics and the process of change that gives the way its direction. The effectiveness of a particular technique cannot be evaluated without an understanding of the therapist's goal. The way in which theory prescribes therapeutic techniques is illustrated by three positions in family therapy—the existential framework as represented by Carl Whitaker, the strategic school as represented by Jay Haley and Chloe Madanes, and the structural position.[1]

Whitaker sees the family as a system in which each member is equally significant. Each member must be individually changed to change the whole. Consequently, he challenges each family member, undermining each person's comfortable allegiance to the family's way of apprehending life. Each individual is made to experience the absurdity of accepting the family's idiosyncratic worldview as valid.

Whitaker's sessions seem undirected, because he accepts and tracks any family member's communication. He rarely challenges the content of a communication, but he does not accept it either. Any statement

presented as complete is turned into a fragment; like James Joyce, Whitaker creates a revolution in the grammar of life. He brings up an association with his own life, an anecdote about his brother, a slightly different comment another family member made, or a joke: "What would he do if God retired?" Though seemingly random, his interventions all are directed to challenging the meaning that people give to events.

Whitaker's assumption seems to be that out of his challenge to form, creative processes in individual members as well as in the family as a whole can arise. Out of this experiential soup, a better arrangement among family members can result.

Whitaker is a destroyer of crystallized forms. If a family member enters a dialog, it is not long before Whitaker asks a third person a question that is related to the theme tangentially, if at all. The content of family members' communications is stretched to touch areas that are human universals, but which people own uneasily: rage, killing, seducing, paranoid fears, incest. All of it is presented casually, amid commonplace statements.

Whitaker will comment himself on an issue, relating a communication to another person, fantasy, or memory. He also links family members again and again, while at the same time destroying their connections, like a sculptor carving a wax statue with tools that are white hot.

Whitaker's therapy is dazzling by the range of his interventions. He uses humor, indirection, seduction, indignation, primary process, boredom, and even falling asleep as equally powerful instruments of contact and challenge. By the end of therapy every family member has been touched by Whitaker's distorting magic. Each member feels challenged, misunderstood, accepted, rejected, or insulted. But he has been put in contact with a less familiar part of himself.

Whitaker's techniques make sense only within his theoretical schema. In this existential formulation, the therapist is not responsible for monitoring the development of new structures, and it is not his responsibility if these do not appear.

The strategic formulation represented by Haley and Madanes differs markedly. Their techniques are goal oriented—directed toward alleviation of specific dysfunctional aspects of the family. It is very much the therapist's responsibility to monitor development and produce improvement.

The strategic school sees the family as a complex system, differentiated into hierarchically arranged subsystems. A dysfunction in one

subsystem can be expressed analogically in another; in particular, the organization of family members around the symptom is taken to be an analogical statement of dysfunctional structures. By rearranging the organization around the symptom, the therapist can release isomorphic changes in the entire system.

In this strategic formulation, the identified patient is seen as carrying the symptom to protect the family. At the same time, the symptom is maintained by a family organization in which the family members occupy incongruous hierarchies. For instance, the identified patient is in an inferior position in relation to the family members who take care of him, but he is in a superior position by not improving under their care. The therapeutic techniques are directed to challenging the heart of the dysfunctional structure: the organization of the symptom.

The strategic school has made the supervisory holon the focus of their exploration in therapy. In their work with severely disturbed young adults, the cornerstone of their techniques is the redistribution of clearly allocated power in the family. By organizing family holons so that each one has a defined hierarchy, and by putting the heads of the executive holons in control, they create a field in which autonomy, responsibility, and cooperation are played out.

To challenge the restrictive ways in which crystallized family systems prescribe a view of reality to the family members, Haley and Madanes suggest that the patients pretend that the world is different. A depressed husband is to pretend he feels depressed. His wife is to judge whether he is pretending. The control that the husband has kept over the wife, by not improving while remaining in a powerless position, is changed to a game in which the spouses play different power arrangements.

In a case in which a child develops symptoms of being afraid, a fearful mother becomes competent, protecting the child from his symptom, while in effect the child is protecting the mother from hers. The therapist asks the mother to pretend to be afraid of robbers. The child pretends to protect her. Now the problem of protection is transformed. The hierarchy of mother and child is realigned by the pretend technique, for a child protects his mother only in play.

These cases demonstrate how the techniques of the strategic school are governed by the theoretical schema. These therapists use many different techniques in different family situations. But the governing concept is the specific goal for family change.

Whitaker's approach is difficult to use unless the therapist has the same theoretical view and skills. The strategic school techniques, however, are described with such specificity and their intention seems so clear that they appeal to the therapist interested in craft. It is therefore important to understand that, without the strategic conceptualization of the meaning of dysfunction and change, these techniques lose their effectiveness and become just unrelated tools.

The structural approach sees the family as an organism: a complex system that is underfunctioning. The therapist undermines the existing homeostasis, creating crises that jar the system toward the development of a better functioning organization. Thus, the structural approach has elements of both the existential and the strategic frameworks. Like the strategist, the structuralist realigns significant organizations to produce change in the entire system. And like the existentialist, the structuralist challenges the family's accepted reality with an orientation toward growth. Structural family therapy partakes of the existentialist's concern for growth and the strategist's concern for cure.

The techniques of structural therapy lead to family reorganization by challenging the family organization. The word *challenge* highlights the nature of the dialectic struggle between family and therapist within the therapeutic system. The word does not imply harsh maneuvers, or confrontation, though at times both may be indicated. It suggests a search for new patterns, as well as the fact that, as in the work of Siva, goddess of destruction, the old order must be undermined, to allow for the formation of the new.

There are three main strategies of structural family therapy, each of which is served by a group of techniques. The three strategies are challenging the symptom, challenging the family structure, and challenging the family reality.

CHALLENGING THE SYMPTOM

Families coming to therapy after a prolonged struggle have usually identified one family member as the problem. They pour out to the therapist their struggle, the solutions they have tried, and the failure of every attempt. The therapist, however, enters the therapeutic situation with the assumption that the family is wrong. The problem is not the identified patient, but certain family interactional patterns. The solutions the family has tried are stereotyped repetitions of ineffective transactions, which can only generate heightened affect without producing change. By observing the family members' organization around the symptom and the symptom bearer, the therapist may gain a "transac-

tional biopsy" of the preferential responses of the family organism—the responses that the family is still using inappropriately to meet the current situation.

The strategic therapist sees the symptom as a protective solution: the symptom bearer sacrifices himself to defend the family homeostasis. The structuralist, regarding the family as an organism, sees this protection not as a purposeful, "helpful" response, but as a reaction of an organism under stress. The other family members are equally symptomatic. The therapist's task, then, is to challenge the family's definition of the problem and the nature of their response. Challenge can be direct or indirect, explicit or implicit, straightforward or paradoxical. The goal is to change or reframe the family's view of the problem, pushing its members to search for alternative behavioral, cognitive, and affective responses. The techniques involved in these strategies are enactment, focusing, and achieving intensity.

The Mitchells, a family of professional parents with a 12-year-old girl and a five-year-old boy, came to therapy because the boy urinates on the floor whenever he is angry at his mother. The parents had tried a variety of approaches to no avail, including rewards, such as involving the child in pleasurable activities, and punishments, such as withholding affection and spanking. Both parents and child feel hopelessly depleted, helpless, and guilty. They are tremendously overinvolved with each other around the symptom.

In an initial interview held at the therapist's home, the therapist uses his dog as a cotherapist: an expert in defining turf by urinating. He invites the child to follow the dog around the garden and observe its techniques. He further detoxifies the symptom by suggesting more destructive channels for anger than the one the boy is using: has he ever thought of standing on his sister's bed and peeing in her face? Humor helps the parents regain their perspective. Now they can see the child as a relatively small five-year-old whose contacting responses are incompetent.

The therapist then explores alternative ways of expressing resentment and disagreement in this family. He examines the different intensities of each parent's involvement with the symptom, the meaning the symptom holds for each family member, and the utilization of the symptom in the spouse and sibling subsystems. The symptom is redefined as a way of reengaging the mother, who has recently changed her relationship with the child and her husband. This redefinition opens up new perspectives on the conflictual relationship between the spouses, the distancing between the father and son, and the privileged position of the son in the sibling subsystem. As the family members find themselves exploring new territory, their mood changes, becoming more intense and at the same time more hopeful.

CHALLENGING THE FAMILY STRUCTURE

The worldview of family members depends to a great extent on their positions in different family holons. If there is overinvolvement, the members' freedom to function is restricted by the rules of the holon. If there is underinvolvement, the members may be isolated, and lack support. Increasing or decreasing the proximity between the members of significant holons may bring forth alternative ways of thinking, feeling, and acting that have been inhibited by subsystem participation.

When the therapist joins the family, he becomes a participant in the system that he is attempting to transform. As he experiences the family's transactions, he begins to form an experiential diagnosis of the family functioning. This family map indicates the position of family members vis-à-vis one another. It reveals coalitions, affiliations, explicit and implicit conflicts, and the ways family members group themselves in conflict resolution. It identifies family members who operate as detourers of conflict and family members who function as switchboards. The map charts the nurturers, healers, and scapegoaters. Its delineation of the boundaries between subsystems indicates what movement there is and suggests possible areas of strength or dysfunction.

Areas of dysfunction in a family frequently involve either overaffiliation or underaffiliation. In great measure, therefore, therapy is a process of monitoring proximity and distance. The therapist, though constrained by the system's demands, is also an outsider. He can shift position and work in alternative subsystems, challenging the family members' own delineation of their roles and functions. The techniques involved in this strategy are boundary making, unbalancing, and teaching complementarity.

The Dexter family, for example, composed of two parents in their thirties and two boys, Mark, age nine, and Ronny, age four, came into therapy because Ronny has serious eczema which is exacerbated by his constant, uncontrollable scratching. Mrs. Dexter is overinvolved with Ronny. Whenever she pays attention to Mark, Ronny begins to scratch, irritating his eczema and reinvolving his mother with himself. The father, a competent teacher, has the capacity for involvement with his children, but his wife's overinvolvement with Ronny leaves him in a peripheral relationship with his younger son. He thinks that his wife is too

involved with Ronny. Both parents, though overprotective, are concerned, child-centered people. The relationship between the spouses is somewhat distant.

The family therapist watches Ronny's constant engagement of his mother for a few minutes, experiencing the enmeshment of this dyad and the boundaries around the dyad that exclude the father and Mark. Then he organizes a task. He instructs the parents to talk without letting Ronny intrude. Whenever Mrs. Dexter looks at Ronny, Mr. Dexter is to re-engage her attention.

This boundary delineation produces Ronny's usual response. He begins to whimper, then cry, jumping up and down in his chair and scratching furiously. But with the therapist's help the parents ignore him, continuing to talk to each other. Mark, obviously the parental child, tosses a toy to Ronny, engaging him in a playful, slightly aggressive transaction. Soon Ronny throws the toy at Mark and runs to his mother. Mr. Dexter attracts his wife's attention again.

At first Ronny returns to his mother every minute or so. But as she does not respond, he begins to function differently. He explores the room, then picks up a large toy and begins to toss it to Mark. His motor activity becomes less hesitant, and his scratching ceases completely. At the same time, as Mrs. Dexter's almost ticlike hovering over Ronny disappears, she becomes more direct in her contact with her husband. He makes some criticism, and instead of detouring by engaging with Ronny, she responds by confronting her husband directly.

It seems that certain behaviors are signaled in the overinvolved dyad of the mother and Ronny. The disappearance of this signaling because of the therapist's boundary delineation allows the boy's usually underutilized skills to appear.

In this situation, the therapist's intervention has changed the family members' contexts. An overinvolved pair has been slightly distanced. As a result, Ronny moves into participation with his older brother, forming a dyad that requires him to function more competently. The mother moves from a situation in which she is exclusively a parent, nurturing and controlling, to a conflict negotiation with a peer in the spouse holon. The changes in subsystem participation have produced a change in functioning, which enables coping capacities to appear.

By challenging the rules that constrain people's experience, the therapist actualizes submerged aspects of their repertory. As a result, the family members perceive themselves and one another as functioning in a different way. The modification of context produces a change in experience.

Another technique for changing the nature of involvement is to focus the family members' experience on the reality of being a holon. The therapist attempts to change the family members' epistemology, moving them from a definition of the self as a separate entity to a definition of the self as part of a whole.

An individual therapist tells the patient, "Change yourself, work with yourself, so you will grow." The family therapist makes a statement of a different order. Family members can change only if there is a change in the contexts within which they live. The family therapist's message is, therefore, "Help the other person change, which will change yourself as you relate to him and will change both of you within the holon."

CHALLENGING THE FAMILY REALITY

Patients come to therapy because reality, as they have constructed it, is unworkable. All types of therapy therefore, depend on a challenge to their constructs. Psychodynamic therapy postulates that the patient's conscious reality is too narrow; there is an unconscious world that he must explore. Behavioral therapy suggests that the patient has mislearned aspects of how to deal with his contexts. Family therapy postulates that transactional patterns depend on and contain the way people experience reality. Therefore, to change the way family members look at reality requires the development of new ways of interacting in the family. The techniques used in this strategy are cognitive constructs, paradoxical interventions, and emphasizing strength.

The therapist takes the data that the family offers and reorganizes it. The conflictual and stereotyped reality of the family is given a new framing. As the family members experience themselves and one another differently, new possibilities appear.

For example, the Gilbert family, composed of a mother and father in their forties and their daughter Judy, aged 15, came to therapy because Judy has anorexia nervosa.[2] The family presentation of the problem is that they are a typical, normal family, with a daughter who was perfect before the illness transformed her. For the past year they have been trying to help their daughter, changing their relationship to her on the advice of friends, minister, pediatrician, and child psychiatrist. By now they feel helpless and considerably frightened.

The therapist meets with the family at lunch and they all eat together. The therapist asks the parents to help their daughter survive by making her eat. The daughter refuses to eat and responds to her parents with a broad range of surprisingly sophisticated insults. The therapist focuses

on these insults, pointing out that the daughter is strong enough to defeat both parents. His intervention produces a reframing. The parents, who are overinvolved with the daughter and accustomed to triangulating her in their unresolved conflicts, close ranks. Feeling attacked and defeated, they simultaneously increase their distance from the daughter, removing their overprotection and overcontrol. The parents and therapist together demand that the daughter, who is suddenly perceived as strong, competent, and stubborn, monitor her own body.

This type of reconstruction can elicit a startled new look at reality, in which the potential for change is suddenly perceived.

6 Reframing

Humans are storytellers, myth-makers, framers of realities. Our ancestors drew the relevant reality of their time in the caves of Altamira, and peoples have shared their beliefs of what is significant reality in oral tradition, religious myth, history, and poetry. Anthropologists unearth the structural arrangement of societies by searching for the deeper meaning of myth.

In a playground in Central Park, a Puerto Rican mother watches her three-year-old playing in the sand box. An older woman tells her in Spanish that her son has a very nice *cuadro* (picture or image). She says that he will grow up to become a teacher. The prediction obviously pleases the mother, who smiles at the older woman while she brushes the sand from the child's knees.

A child's *cuadro* floats above his head, for everybody who is knowledgeable to see and transmit. Puerto Rican parents search for a child's *cuadro,* unaware that they are contributing to its construction. But every family, not only Puerto Rican, stamps upon its members the unique shape that identifies them as belonging to that family. This image, which individual psychologists see as role, is an ongoing interpersonal process. People are continuously molded by their contexts and the characteristics elicited by contexts.

Families, too, have a dynamic *cuadro* growing out of their own histories which frames their identities as social organisms. When they come