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

to therapy, they bring this geography of their life as they define it. They have made their own assessment of their problems, their strengths, and their possibilities. They are asking the therapist to help with the reality that they have framed.

The therapist's first problem in joining the family is to define the therapeutic reality. Therapy is a goal-oriented enterprise, to which not all truths are relevant. By observing the family members' transactions in the therapeutic system, the therapist selects the data that will facilitate problem solving.

Therapy starts, therefore, with the clash between two framings of reality. The family's framing is relevant for the continuity and maintenance of the organism more or less as it is; the therapeutic framing is related to the goal of moving the family toward a more differentiated and competent dealing with their dysfunctional reality.

As an example of family myth-making, take the way the Minuchin family framed its reality when I was around eleven years old. I was supposed to be responsible, a day dreamer, and a child with ten thumbs. My sister was supposed to be socially competent, flighty, but efficient. My brother, eight years younger, came into a family in which labels had already been distributed, so we pegged on him the frames that were left—bright, easygoing, able, and irresponsible. The way in which the frames included and excluded experiences was quite simple: if my brother responded in a responsible way to family tasks, that behavior was framed as his being unusually able and intelligent; if I was not responsible, this was framed as unusually inefficient; and so it went. Our experiences were labeled in the "appropriate" way to fit our family truth. There were elaborations on these myths. I remember the "Balatin" family, whom my parents used to present as an example where the children were always competent. Not until my preadolescence did I realize that my parents were actually saying in Yiddish *ba-laten kinder,* or "other peoples' children," and I was alone in the construction of this mythical family; my brother and sister did not share this "shaming" family with me. It took many years of extrafamilial experience and the help of our respective spouses and children for us to modify, expand, and delete such frames.

We, the children, framed our parents in equally inflexible boxes. Our father was just, honest, and authoritarian, with a strict code of ethics that we could violate at our own peril; our mother was concerned, available, and protective, except that as our house was in just the right state of cleanliness and order, any breaking of this order was a transgression. We also had frames for both father-mother and sibling transactions. We

were part of an extended patriarchal family, since our grandparents and the families of our paternal aunt, our maternal uncle, and a cousin all lived in contiguous houses. In this organism our family had a clearly delineated niche. My father was the responsible, fair arbiter of conflicts; my Aunt Esther and my mother shared the protective, fairy-godmother function for all their nieces and nephews.

Since our grandfather was a patriarch in the Jewish community that comprised about one-third of the total population of four thousand in our town, our family had a position in the clan that "demanded" fulfillment of that frame. We knew all the citizens of our town and had a relationship to them as buyers, sellers, neighbors, or friends, and we were participant members of the social life of the town. The combination in this ecological niche, which included my father's business, my horse, the school, and the chief of police whose mechanic son married the woman who had an hysterical pregnancy, framed my experiences and gave them meaning. All the parts of this framing had a different weight; the continuous transactions in my nuclear family gave intensity to certain definitions of "who-I-was-and-who-we-were" that my relationship with Tenerany, the son of the owner of the town newspaper, did not have. But my family was definitely a holon in a larger world, and our life was in context.

In my family there were problems, habitual problem solvers, and preferred solutions. When there were problems that my immediate family could not resolve, the aunts and uncles were there as helpers, as was my Aunt Sofia when my mother felt depressed after my grandmother's death, or my Uncle Elias when my father lost his business in the Depression.

When I was eleven years old, I needed to go to school away from home, since my home town had only five grades, and I lived for a year with the family of my Aunt Sofia. (Although my aunt was married for over fifty years to my Uncle Bernard, until his death, in my nuclear family the head-of-the-house position was always given to the member of my parents' family and not to the in-law). The year I spent in her house was the worst of my entire life. Away from home, friends, and familiar context, I grew depressed, had nightmares, felt isolated, was bullied in school by a bunch of "city kids," did poorly in my studies, and failed two subjects. I probably needed psychological help, only nobody noticed how I felt. The next year was somewhat better. I moved to the house of a cousin who had young children, shared a room with another cousin my age, and developed a friendship with three other adolescents. We formed

a four-musketeers club that lasted throughout high school, so that by the time my family moved to the city, I had already developed a support system.

The point is that when I was quite dysfunctional at age eleven, if my family had decided I needed help, they would have gone the usual route of asking a cousin to tutor or talk to me, since solutions were usually found within the family. If there had been family therapists in Argentina at that time and we had come to one, I am sure the scenario they presented would have been along the lines of "solutions" that were already familiar at home: my father would have insisted on the need for more responsible work, my mother would have increased her concern and nurturance, and my younger sister and my aunt would have joined my mother in expressing concern about me. In the end, they all would have explicitly followed my father's lead, since he was the head of the family; but in the meantime, my relationship with my mother would have become closer. She would have increased her protection, and I would have increased my incompetence. Although we, the family members, had other strings to our bows, in dysfunctional situations my family, like other families, would have used as its first strategies for problem solving its best-known solutions. And, of course, this more-of-the-same would have increased the homeostatic tendencies of the family instead of increasing its complexity and its capacity for new solutions.

Other families, though different in their idiosyncratic histories, share with mine the immediate homeostatic stubbornness as a response to stress. And although most families, as did mine, find a way out of crisis, a way of evolving into more complex problem solvers, other families fail and come to see a therapist. When they do, they present to the therapist their framing of the problem and their framed solution, and the therapist's framing will be different.

The therapist starts her framing by taking what the family considers relevant into account. But her way of gathering information within the context of the family already frames what they present in a different way. The therapist's task is then to convince the family members that reality as they have mapped it can be expanded or modified. The techniques of enactment, focusing, and achieving intensity are relevant to successful therapeutic framing.

In enactment, the therapist helps the family members to interact with each other in her presence, to experience the family reality as they define it. She then reorganizes the data, emphasizing and changing meaning, introduces other elements, and suggests alternative ways of transacting that become actualized in the therapeutic system. In focusing, the therapist, having selected elements that seem relevant for therapeutic change, organizes the data of family transactions around a theme that gives them new meaning. In achieving intensity, the therapist heightens the impact of the therapeutic message. She emphasizes how frequently a dysfunctional transaction occurs, the variety of ways in which the transaction occurs, and how pervasive it is in different family holons. Achieving intensity, like focusing and enactment, pertains particularly to supporting the experience of a new, therapeutic reality, where the symptom and the symptom bearer's position in the family are challenged.