

themselves with an intensity similar to that manifested in these transactions outside of the therapy session.

Enactment is the technique by which the therapist asks the family to dance in his presence. The therapist constructs an interpersonal scenario in the session in which dysfunctional transactions among family members are played out. This transaction occurs in the context of the session, in the present, and in relation to the therapist. While facilitating this transaction, the therapist is in a position to observe the family members' verbal and nonverbal ways of signaling to each other and monitoring the range of tolerable transactions. The therapist can then intervene in the process by increasing its intensity, prolonging the time of transaction, involving other family members, indicating alternative transactions, and introducing experimental probes that will give both the therapist and the family information about the nature of the problem, the flexibility of the family's transactions in the search for solutions, and the possibility of alternative modalities for coping within the therapeutic framework.

When the family comes into therapy, there is usually consensus about who is the identified patient, what is the problem, and how this problem affects other family members. The members' prior attempts to find solutions on their own have centered their transactions too much around the "problem," making it the background against which all other aspects of their reality are played. Their experience of reality has narrowed down from overfocusing. The intensity of their experiences around the symptom and the symptom bearer has caused them to ignore other significant aspects of their transactions. The family has framed the problem and their transactions around the problem as the relevant reality for therapy. The therapist's problem is how to gather information that the family members do not consider relevant, and even more difficult, how to gather information that the family members do not have available.

There are a number of ways to solve this problem. Therapists who are trained to use the verbal, auditive channel of communication as the main source for gathering information listen to the patients, ask questions, and listen again. They pay attention to the content of the material elicited, to the ways in which the different elements of the plot relate with each other, to the qualifications of and the disparities between these elements, and to the affect of the presentation. This mode of gathering information cannot provide therapists with information that the family members do not have. A corollary of the therapist's over-reliance on content is a concern for completeness. The therapist tracks the pa-

7 Enactment

O Chestnut tree, great rooted blossomer,
Are you the leaf, the blossom or the bole?
O body swayed to music, of brightening glance,
How can we know the dancer from the dance?

W. B. Yeats

In family therapy, Yeats' question is accepted as rhetorical: we cannot know the dancer from the dance. The person is his dance. Inner self is entwined inextricably with social context: they form a single unit. To separate one from the other is, as in Bergson's image, to stop the music in order to hear it more clearly. It disappears!¹

But the family members stop the dancing when they come into the session and try to describe, comment, and explain to the therapist how the music and the dance are at home. This limits the amount and quality of the information supplied to the subjective memory and the descriptive ability of the informants.

When the therapist asks the family questions, the family members can control what they are presenting. In selecting what material to communicate, they frequently try hard to put their best foot forward, as it were. But when the therapist gets the family members to interact with each other, transacting some of the problems that they consider dysfunctional and negotiating disagreements, as in trying to establish control over a disobedient child, he unleashes sequences beyond the family's control. The accustomed rules take over, and transactional components manifest

tient, requesting further information on the themes that the patient has already presented as central, being careful not to intrude into the material, so that the history follows its own selective sequence. The therapist helps in the unfolding of the material until he has enough information.

This mode of inquiry preserves the myth of the objectivity of the therapist and the reality of the patient. The therapist is likened to an historian or a geologist trying to get an objective reporting of what is "really" there. This framing of the therapeutic process has developed therapists who hesitate to use themselves in therapy for fear of distorting the "reality," and they organize the therapeutic context into two separate camps: "they," the observed, and "us."

But therapists who have been trained in interpersonal channels of communication know that the act of observation influences the material observed, so that they are always dealing with approximates and probable realities. Dismissing the fantasy of an objective therapist and a permanent reality, the family therapist creates in the session an interpersonal scenario in which a dysfunctional transaction among the family members is played out. Instead of taking a history, the therapist addresses himself to bringing areas that the family has framed as relevant into the session. He assumes that since the family is dysfunctional only in certain areas, paying attention to these particular areas will provide insight into the central family dynamics. The assumption is that the family structure becomes manifest in these transactions and that the therapist will therefore catch a glimpse of the rules that govern transactional patterns in the family. Problems as well as alternatives thus become available in the present and in relation to the therapist.

When family members enact a transaction, the usual rules that control their behavior take over with an affective intensity similar to that manifested in their routine transactions at home. But in a therapeutic situation, where the therapist is in control of the context, he can test the rules of the system by affiliating differentially with family members or by entering into coalitions against other members. The therapist can also control time dimensions. He may say to the family members, "Continue this transaction," or he may block the attempts of other family members to shorten the enactment. In this process, the therapist attempts to change the affiliation of family members with each other temporarily, testing the flexibility of the system when the therapist "pushes." This maneuver gives information about the capacity of the family to change within a particular therapeutic system. Enactment requires an active

therapist who feels comfortable with engaging and mobilizing people whose responses cannot be predicted. The therapist must be comfortable in open-ended situations, in which he not only helps to unfold data, but also creates data by pushing people and observing and experiencing the feedback to his intrusion.

Besides the improvement in the quality and quantity of the information provided, the technique of enactment offers other therapeutic advantages. First, it facilitates the formation of the therapeutic system, since it produces fast engagements between family members and therapist. Family members enact their dance in relation to the therapist, who is not only an observer, but also a musician and dancer himself.

Second, while the family is enacting its reality within the therapeutic context, there is a concomitant challenge to this particular reality. Families present themselves as a system with an identified patient and a bunch of healers or helpers. But when they dance, the lens widens to include not only one but two or more family members. The unit of observation and intervention expands. Instead of a patient with pathology, the focus is now a family in a dysfunctional situation. Enactment begins the challenge to the family's idea of what the problem is.

Another advantage of enactment is that, since members of the therapeutic system are involved with each other instead of merely listening to each other, it offers them a context for experimentation in concrete situations. This context is decidedly advantageous to work with families of young children or of children at different developmental stages, and with families of cultural backgrounds that differ from the therapist's. The utilization of therapeutic directives and concrete language and metaphors drawn from the transactions among family members facilitates communication across both cultural and age boundaries.

Although enactment occurs in relation to the therapist, it may also facilitate the therapist's disengagement. Families have great power to induce a therapist to function according to the rules of the family. They may triangulate him or force him into a centrality that robs him of therapeutic maneuverability. One of the simplest techniques to disengage is to suggest an enactment among family members. While the family members get involved with each other, the therapist can distance himself, observe, and regain therapeutic leverage.

Enactment can be regarded as a dance in three movements. In the first movement, the therapist observes the spontaneous transactions of the family and decides which dysfunctional areas to highlight. In the sec-

ond movement of enactment, the therapist organizes scenarios in which the family members dance their dysfunctional dance in his presence. And in the third movement of enactment, the therapist suggests alternative ways of transacting. This last movement may give predictive information and bring hope to the family.

The three movements of enactment are illustrated in the treatment of the Kuehn family, the family who came to the clinic because Patti, age four, is a "monster." She is so uncontrollable that the parents have taken to locking her into the bedroom at night. Otherwise, she will run downstairs and light the stove, or run out into the street. The parents are at their wits' end.

The father, a burly though gentle and unassuming man, can control Patti adequately by himself. But his wife, a soft-spoken woman, is nonplused by her daughter. Patti is an alert little girl whose quick and lively temperament make her a striking contrast to her somewhat placid parents.

The family has been in therapy for seven sessions. The therapist's strategy for these interviews has been to have all of the family members present, including the two-year-old daughter, Mimi. But usually Patti and her sister have been sent to the playroom after disrupting the session, and her parents have remained to talk about their problem with her. In the eighth session Minuchin joins them as a consultant.

THE FIRST MOVEMENT: SPONTANEOUS TRANSACTIONS

Three minutes into the session, after the episode of joining reported earlier, dysfunctional family transactions are framed.

Patti: Is that mine? (*She takes Minuchin's papers.*)

Minuchin: No! That's mine. (*Patti sits on the table.*)

Mother: Don't sit on the table, Patti. What is that?

Patti: That's the table.

Mother: Okay. Don't sit on the table, okay? You sit on chairs. Okay, honey?

Patti: Doc—doc—doc—doc— (*Continues to repeat this in the background as she runs around the room, hitting the back of each chair.*)

Mother: She seems pretty wound up lately. (*Mimi begins to follow Patti.*) No, Mimi. No, Sweetie.

Patti: I want to play with—here, Mimi, you play with the dragon. Do you have any paper?

Mother: No, not today, sweetheart. No, put that back, we don't have any paper to draw on. Put them back, Patti. Patti, do what you were told. Put them back. Her belligerence is so—

Minuchin: Is that how you run your life?

Mother: What's that?

Minuchin: Is that how Patti and you spend your time together?

Mother: Yes—yes.

Minuchin: It takes just a minute and a half to see it.

This episode contains all the information necessary for the definition of the problem. During this period, the mother makes seven ineffective controlling statements to Patti, whose amount of hyperactivity is matched by the mother's intensity of ineffective control. To the family's definition of the problem—that Patti is uncontrollable—can now be added another definition, that the mother is hyper-responsive in her controlling request, that her control is ineffective, and that she feels helpless.

Minuchin allows a spontaneous interaction between the family members to take place; this is essential to see how the family functions. Allowing such interactions to occur may seem like a simple thing, but it often proves difficult for the beginning therapist, who frequently confuses centrality with therapeutic power.

Mother: It's a continuous battle, at least for me.

Minuchin: Who wins?

Mother: It varies. If I'm up to fighting with her, at that point, sometimes I do. You know, I let her win sometimes, too. (*To husband.*) But we do try to get her to do what we say even if it is a fight. Don't we?

Father: I make her.

Minuchin (to father): What was your answer?

Father: I make her do it.

Mother: Right.

Father: I always win.

Patti (in the background): Doc—doc—doc—doc—

Minuchin: I feel there is a little difference there. You do make her, but your wife doesn't.

Mother: No, not all the time—no.

The definition of the problem is expanded here. The mother defines herself as understanding and helpless; the father defines himself as ef-

fective and authoritative; and they both define the daughter as uncontrollable. With this information, the therapist is ready to implement the enactment of a transaction around control.

The therapist guides his interventions here by a diagnostic assumption: When a preschool child cannot be controlled—when, in effect, he is taller than one of his parents, he is sitting on the other parent's shoulders. This diagnostic axiom, though not necessarily true with older children, seems to hold true with preschoolers. The parents can be expected to be in disagreement about the ways of controlling the child. The therapist does not yet know the patterns in which this dysfunction is expressed in this family, but he has all the information necessary to frame the area of control as dysfunctional, and to decide to bring that area into the session. He asks the family to take their usual steps to ameliorate the problem, thereby underlining dysfunctional transactions.

THE SECOND MOVEMENT: ELICITING TRANSACTIONS

Minuchin: Do you find this present arrangement a difficult one? For example, the two girls going around while we talk? How do you respond to that?

Mother: How do I respond to it? I get tense.

Minuchin: You get tense?

Mother: Yeah, I do get tense.

Minuchin: So, you would prefer that she stay in one place?

Mother: No, I can see them walking around when there are toys for them to play with.

Minuchin: What would you like?

Mother: Right now?

Minuchin: Yes, what would make it more comfortable for you?

Mother: For them to sit over there and play with the puppets.

Minuchin: Okay. Do that. Make it happen.

Minuchin tells the mother, "Make it happen." The stage is now set for a changed sequence of interaction. Rather than Patti and her mother playing their accustomed parts, in this scenario the script has been changed. The therapist-director has given the mother a new part: she will now act to get her four-year-old daughter to behave in such a way that the mother is more "comfortable."

By saying to the mother, "Make it happen," Minuchin has also conveyed an important message to her; that is, she is in fact capable of

making Patti behave. It would have been quite different if he had said, "Why do you ask your daughter okay at the end of each command? Are you concerned with hurting her?" Both interventions, no doubt, would bring up information about the mother-child transaction; one, however, is a homeostatic maintainer, and the other introduces a destructuring challenge to the mother-child holon.

Mother: Patti, go over there and play with the puppets, okay? Go ahead. No, not here. No.

Patti: Why?

Mother: Go over and play with the puppets.

Patti: I don't love you.

Mother: I love you. Go ahead, go play with your puppets.

Patti: I don't want to play.

Father: Patti—

Mother: Mimi is playing with them—

Father: Patti, will you sit down? (*Speaks firmly and Patti looks at him.*)
Minuchin (to father): Let Mother do it. You know she's the one who does it when you are not there.

Father: Yeah, yeah.

Minuchin: So, let her do it.

When the family enacts a controlling transactions, the three members activate each other in their usual role function. The mother enacts her helplessness, and this activates the father to take over control, to be effective in his authoritarian style, so that the definitions of each family member in the family are confirmed. The daughter is impossible; the mother is helpless; the father is authoritarian. The therapist is interested in testing the limits. He wants to explore the flexibility of the family to function in unusual ways. Can the mother be effective in the presence of her husband? Can the father not be activated by his wife's momentary helplessness? Can Patti respond to her mother?

The rashness by which the therapist organizes this enactment may raise questions, and the creation of this scenario may seem rushed on his part, in contrast to a therapeutic strategy that gathers information in a broader area. The strategy of this enactment may indeed be criticized on two counts: the first has to do with the lack of historical information or even of transactional information about the family, since the therapist is just in the first six or seven minutes of the session with a family that he

does not know. The second criticism has to do with the narrowness of the exploratory search. But the episode demonstrates a generic concept of gathering information. Through the process of creating a scenario, the therapist elicits information by pushing the family members against the thresholds of their usual transactions. The therapist then observes the response of the family members to this pressure. This is a transactional method for gaining information, in which the therapist gathers the information by experiencing the resistance of the family members to his prod. This technique makes for an immediacy of experience and gives a cross-sectional knowledge of the way in which family members function ordinarily, along with additional information on how they function when the therapist is producing pressures through his scenarios. This transactional information provides a biopsy of the family. The transactions as demonstrated by the probes are an experiential distillation of the family history. The advantage of the approach is that, in this small area, the therapist can gain an intensive knowledge of the way the family functions.

THE THIRD MOVEMENT: ALTERNATIVE TRANSACTIONS

Minuchin: Make it happen. What you said should happen. Make it happen. It's not happening.

Mother: Patti, what were you told to do? (*Patti whines*.) No. Go sit down and play with the puppets.

Patti: Come on, I want to play with this.

Mother: Okay. Play with that then, but why don't you try to play quietly, okay? While we talk. Okay? Go sit down with Mimi now. Pull up your socks.

Patti (pulling up her socks): These always fall. (*Both girls wander over to the mirror.*)

Mother: Sit down, Mimi. Get off that mirror, Patti.

Patti: Is this a mirror?

Mother: Yes. Don't touch it.

Patti: Now, Mimi, don't you dare. You daren't do this—you know what? The last time she caught her finger in the door and I caught my thumb—

Minuchin: It's not happening.

Mother: Well—

Minuchin: Find whatever way you need to, but make it happen. Organize the two girls to be in one corner playing so that you feel comfortable.

Mother: The only way I could do that would be to put them in a corner with the—

Patti: Mimi, put that back!

Mother: —toys and me to stay with them.

Minuchin: Do it the way in which it is necessary for them to occupy themselves and for you to be here with us. Make it a difference between the grownups that are talking and the children that are playing. Make it happen.

Mother: All right. Patti, come here.

Patti: Doc?

Mother: Go ahead, sit down and play with the puppets.

Patti: I want to play with these.

Mother: Okay, sit down and play with them, then.

Patti (looking at the puppets): I can't find the woman and the little girl and the baby.

Mother: Well, maybe someone else is using them today. Okay? There are plenty of other toys over there for you to play with. Okay?

Patti: Okay, you play with this, Mimi.

In this segment there are four interventions by the therapist, all of which represent a variation on the theme: it's not happening, make it happen. The therapist, seated on the periphery of the scenario that he has created, experiences the way in which the mother and Patti activate each other, but he does not interpret or comment on what he is observing; the transaction between the girls; Patti's acting like her mother in relation to Mimi or the mother's finding something wrong with the socks when Patti does obey. His interventions are presented in such a way that he maintains the members of the dyad working with each other around the area of the enactment. An intervention that commented on the nature of the transaction between the mother and Patti would have induced the mother or Patti to establish a dyad with the therapist and would have interrupted the mother-Patti dyad. The therapist is pushing the mother and thereby gathering information about the flexibility of the system to respond with his help.

The therapist then explores the possibility of the development of an unusual transaction in this family, one in which the mother becomes ef-

fective in controlling the daughter without the intervention of the father.

Minuchin: Make it happen.

Mother: All right. Mimi, put that back. Patti, come here. (*Gets up, goes toward the girls, and takes a toy away from Patti.*)

Patti: Mimi gave the toy to me.

Mother: I know she did. Come on. I want you to bring all the toys over and play. Patti, bring all the toys over here.

Patti: Why?

Mother: You and Mimi are going to play. Okay?

Patti: Where?

Mother: Right here. (*Stands and ushers the girls into a corner.*) Right here. Why don't you play? Play mommy and daddy with the puppets and the baby. Okay?

Patti: Huh?

Mimi: I want a puppet, too.

Patti: Mimi, here's the father. In here are the two girls.

Minuchin: Very good. Now, relax—feel comfortable.

Mother: But, I know it is not going to last.

Minuchin: No—no, no. Relax. If you really feel that it will last, it will last.

Patti: Come on, Mimi, play. Come on, play. I want to take the cradle away.

Minuchin: You know, you have been successful at this point. The girls had a way of distracting you so that you say that something should happen and then you forget, and I see Patti being an experienced person in the distracting technique, you know, so that you are all the time busy with her.

The enactment of this situation finished with the mother being effective. Of course, this outcome is an artifact of punctuation. The therapist selects a moment at which the mother has been able, with his help, to organize the behavior of the two girls, and at this particular moment he declares the end of the enactment. The purpose of this strategy is to help the mother to experience herself as competent in the presence of her husband and in the presence of the therapist without the husband taking over or becoming authoritarian. The therapist assumes that it is possible for this mother to be competent with Patti, and he helps the family

enact their reality with certain variations, since if the mother is effective, then the daughter's label of impossible will disappear as well.

In summary, the therapist remains peripheral so that interactions between the family members occur. Soon the problem appears. The therapist frames certain events enacted in the session, declaring them important, and encourages the family to ameliorate the problem, here and now. By blocking the father's entrance, he makes the usual end point impossible, forcing the mother and Patti to go beyond their accustomed patterns to the point where the mother actually asserts control. The therapist then labels her effort successful, underlining an experience of competence, and suggesting that change is possible.

Sometimes family members enter into transactions that the therapist can frame as highlights of their dance immediately. In this case, the first and second movements of enactment can be combined.

HIGHLIGHTING A SPONTANEOUS INTERACTION

The Hanson family consists of father and mother; Alan, age 19, who has been an inpatient in a psychiatric center for six months; Kathy, 17, who is close to Alan; Peg, 21, the parental child; and Pete, 12. The segment occurs within the first five minutes of the session. Minuchin, again acting as consultant, has just been introduced to the family.

Minuchin: Do you have a boy friend, Kathy?

Kathy: Yes.

Minuchin: Alan, do you have a girl friend?

Alan: No.

Minuchin: How long have you been going with him, Kathy?

Kathy: One and a half years, now.

Minuchin: My goodness. So, you started young. Alan, is her boy friend your friend?

Alan: Yes.

Kathy: He wasn't when I met him. I didn't meet him because he was Alan's friend.

Minuchin: But at this point, Alan, he is your friend. What is his first name?

Alan: Dick.

Minuchin: How old is he?

Kathy: Nineteen—

Alan (answering simultaneously): I don't know—nineteen?

Minuchin: You are helpful, Kathy. I asked Alan how old Dick was, and while he was thinking, you said nineteen. She didn't wait for you to ask her, Alan. She volunteered. Is that something she frequently does?

Alan: Yes.

Minuchin: Anticipating you?

Alan: Yes.

Minuchin: So, she takes your memory.

Alan: I guess so.

Minuchin: Who else in your family acts like Kathy? I saw your mother with Pete, just outside. Pete wanted to go to the bathroom, and your mother almost entered the bathroom with him, as if he couldn't find the men's room by himself. Did you notice that, Pete? Did you notice she went half of the way with you?

The therapist notices that Kathy first amplified Alan's statement and then anticipated and preempted his answer to the question about Dick's age. Adding an isomorphic transaction that he observed between the mother and Pete, the therapist frames all of these transactions as a family pattern that handicaps the individuation of family members.

Again the speed with which the therapist interprets such scanty data may raise a question about his reliability. It is also true that highlighting a dysfunctional transaction so early in his contact with the family might upset them. But the therapist's intervention is soft, supportive, humorous, and oblique, allowing him to join the family at the same time that he frames a dysfunctional pattern.

Having recognized the intrusive quality of the family's transactions and hypothesized that this is a central issue in the family, the therapist continues to underline intrusive transactions. The next segment occurs fifteen minutes later. The therapist directs Alan to change seats with his mother so that he can sit next to his father and discuss a problem. Alan moves, and then reattaches his lapel microphone. His father reaches over, picks up the wire that is draped over the chair, and moves it for Alan.

Minuchin: I want to show you, Alan. (*Gets up, stands in front of father and son, takes the cord, and reproduces the father's act.*) Your father took the cord and moved it over. Why did he do that? What was he doing?

Alan: I don't know. Trying to correct something, I guess.

Minuchin: Do you have two arms?

Alan: Yes.

Minuchin: Do you have two hands?

Alan: Yes.

Minuchin (taking Alan's arm): This arm finishes in a hand. Could you do that? (*Puts the cable from the original position to the place where father had located it.*)

Alan: Yes.

Minuchin: At nineteen, I assume, you can do that by yourself?

Alan: Yes.

Minuchin: Why did he do that? Isn't it strange that he should do that, as if you don't have hands?

Alan: Well, he does that a lot.

Minuchin: How old do you think he thinks you are? Three? Seven? Twelve?

Alan: Twelve.

Minuchin: So, that makes you a little bit younger than Pete. Can you help him? Can you help him so that he grows up—so that he lets you use your two hands?

Alan: I don't see how.

Minuchin: Well, if you don't help him to change, you will not be able to use your hands. You will always have ten thumbs—you will always have two left hands—you will always be incompetent because he is doing things for you. He is paralyzing you. Talk with him about that, because I think that's very dangerous what your father did just now.

The therapist balloons a nonevent into a moment of drama. An automatic, helpful movement of the father is framed as the spontaneous enactment of a dysfunctional transaction that is seen as isomorphic to the previous ones. This technique of framing a spontaneous and unattended event usually gains salience, since the family members are surprised when their attention is called to the fact that they are acting unwittingly and frequently in conflict with their wishes. In this segment, the therapist increases the intensity of the intervention by standing close to the dysfunctional dyad, by affiliating with Alan, and by using a series of concrete metaphors about individuation and coping. He finishes this maneuver by suggesting the enactment of a change in the father-son transaction in which Alan, who is always in a position of incompetence, becomes the father's helper.

Now the therapist begins to enact alternatives in this family. The first time, the family rules prevail.

Alan: Well, I think I know what he means, like sometimes—

Father: I know what he means, too, Alan, and it's the truth.

Alan (to mother): He does things for me.

Minuchin: Go beyond that, Alan. I think your father needs help, and I don't think that anybody can help him in that better than you.

Alan: I don't know what to say.

Minuchin (to Alan): I am a stranger, you see, and I can't help because I don't know you two. If you need some help, you can ask someone in the family to come and join you, but if you don't need to, I want you to try first by yourself.

Father: Do you want Peg to help you?

Minuchin (to father): Why did you select for him? Why did you select for him? You just now did exactly the same thing. You see, Alan, he is so absolutely hooked into being helpful that he cannot help himself. Now I want you to think if you really want Peg to help you or anybody else—or nobody.

Father and son activate each other's complementarity: Alan's hesitation calls forth the father's helpfulness, which is also control and intrusion. The father's helpfulness maintains the son's incompetence. The dysfunctional transaction is maintained. The therapist now has information about the level of rigidity of this subsystem. He knows experientially that at this juncture, his participation alone is not sufficient to introduce alternatives. He must change strategies or bring up reinforcements. He can have one or more family members join the dysfunctional dyad; he can maintain the same frame but explore it among other family members; or he can shift attention to a different aspect of the family dynamics and return to the same issue later on at a point where he finds himself in a more powerful position within the system.

Not all families plunge into their usual transactions with such alacrity. The therapist may have to take a position of leadership, asking questions and activating individual family members, in an attempt to get things started. In some cases, family members may remain guarded, trying to preserve their public image. But because the therapist is present in the room and transactions are related to him, he can increase the intensity by selecting certain parts of the transaction to highlight or by suggesting a continuation of the enactment in the same or unusual ways. The therapist can determine the parameters not only of the problem as it exists but also of the alternatives available, testing the flexibility of the

system and gathering predictive information about the possibility that this family can function in different ways.

In some families the first two movements of the dance of enactment are quite easy to elicit, but eliciting transactions in an unusual way is not, because this movement requires an active participation on the part of the therapist in affiliation with some member before it is possible to determine what alternatives are available to the subsystem.

The Gregory family consists of a mother in her mid-twenties and her five-year-old daughter, Patrice. As in the Kuehn family, the mother is unable to control her daughter, but she is also afraid that she might physically harm her when she gets angry. Fifteen minutes into the second session, the girl is hanging onto her mother and not responding, in spite of numerous requests from her mother to sit quietly.

Minuchin (to mother): I think that Patrice has a way of making you dance to her tune. (Patrice gets up and starts walking around the room.) Tell her to stay there because I'm going to talk to you.

The therapist creates a scenario where he assumes that a controlling transaction will need to occur. He can use any number of simple situations, like this one, as a context where the family members are forced to enact their transactions. The simplest situation would be to have the parents ask their young children to do or not to do something different from what they are doing.

Mother (in a soft voice): Patrice, come over here and sit down! (Repeats it louder, since Patrice did not respond the first time.) Patrice, come over here and sit down!

Minuchin: I like that tone of voice. That is your music. (Patrice comes and hangs on to mother.) You see what she's doing now? She knows your number and she makes you dance.

Mother: Sit down, Patrice.

Minuchin: Patrice has absolute control over you!

The therapist, who has joined previously with the mother in an affiliation of adults, challenges the mother to take an executive position.

Minuchin (standing up): Mrs. Gregory, can you stand up? Have Patrice stand next to you. See, Patrice is much smaller than you. Can you pick

her up? (*Mother picks up Patrice.*) And you're stronger also. (*To Patrice.*) Hold my hand, tight. Let's see how strong you are. Very tight. (*To mother.*) Can you do that with my hand? No doubt you are stronger than she is.

The therapist uses a number of concrete operations designed to highlight the difference in power and function between parent and child. He expects this operation to unbalance the system, stressing the mother to join with the therapist and distancing her from her young daughter.

Minuchin: So, how is it that she controls you? (*Patrice again puts her arms around mother and hangs on to her.*)

Mother: Stop! (*No response.*) Stop it! (*Disengages Patrice and tells her to sit in the chair. Patrice obeys.*)

Minuchin: She needs to hear that voice. This voice is necessary. You are afraid of your stern voice, but this voice is good. At times it's soft and loving and at times it's strong, and she needs to hear both ranges. She needs to dance to your music.

The mother enacts effective control within a context in which the therapist supports her and puts the daughter down. This maneuver tends to be distasteful for many therapists, and it is so for the therapist in this session. But it is necessary to create distance between the members of this overinvolved dyad, to avoid the danger of child abuse, and to support the development of autonomy in Patrice, even in an aesthetically distasteful operation.

The therapist's behavior in this transaction is very different from that in the Kuehn family. There his participation is minimal, which facilitates the enactment of a functional transaction between mother and daughter. In the Gregory family, the mother needs the therapist's participation as an active member of the therapeutic system before enacting an alternative transaction.

A "HOW-NOT-TO-DO-IT" EXAMPLE

The Adams family consists of 24-year-old mother and her two children, ages eight and five. The problem is that five-year-old Jerry is abused by the mother. The mother at times loses her temper and beats him severely. The mother has referred herself to the therapist because she is concerned that she might harm her son. This is the initial interview.

The family enters and sits down. The eight-year-old, Molly, goes to the corner and quietly starts coloring. The boy immediately walks around the room, starts shouting, and gives his mother numerous commands. The mother, for her part, gives the boy various commands, such as, "Sit down and be quiet" or, "Don't say a word." After giving each of these commands, the mother quickly loses interest and does not follow through, even though the boy does not seem to hear her. At another time, the mother tells the boy to do a puzzle by himself. The boy takes the puzzle and hands it to the mother, who absent-mindedly completes the puzzle.

As the interview continues, the boy commands most of the mother's attention and scarcely lets her either talk to the therapist or attend to the girl. For most of the interview, the boy hollers so loudly that the mother and therapist can not hear one another. At other times, when the mother's attention is not directed toward the therapist, she is busy giving the boy numerous instructions. When the mother's attention is directed to the therapist, she and the therapist discuss such matters as how the mother can be more effective at home.

The only communication between the mother and the girl occurs at one point when the girl is busy doing a complete-the-dot puzzle. The mother looks down at the girl, sees that she is not doing it correctly and hollers at her, "You're doing your puzzle all wrong!" The therapist again captures the mother's attention, and they go on talking about how things can be better at home.

After about ten minutes, with Jerry grossly disobeying the mother, and the mother half-heartedly giving commands, the mother loses her temper. She hollers at the boy, gets up, grabs him, holds him by his waist so his head is hanging down unsupported, and brings him over to her chair. She then puts him on her lap, holds both his hands, at one point covers his mouth, and goes on talking. At this time, the boy is allowed no freedom of activity whatsoever, except breathing.

This session demonstrates a serious failure on the therapist's part. The therapist joins well with the mother and with the children. He speaks to the mother and joins with her around how difficult her life is. He speaks to the kids and has a similar rapport with them. He carefully observes the interactions in the family and notes a sequence of behavior that may and very probably does lead to the boy's being abused. He notes that the mother gives instructions and does not follow through on them. He notes that the mother either demands things that are inappropriately mature for a child of this age, such as sitting still and not mov-

ing, or ignores behavior that is grossly immature on the boy's part. He notes that the mother does not react immediately in an appropriate way to set limits for the boy. Instead, the mother waits and waits for her limit-setting to be obeyed. When it is not, she continues to wait, while the boy persists with his infuriating and antagonistic behavior. Suddenly the mother's threshold of patience is reached and she overreacts.

The therapist, noting all this, then tries to set up a situation at home where the mother can be a more effective caretaker. But instead of talking about the situation at home, the therapist could have realistically assumed that the sequence which transpires at home is essentially the same as what he has just witnessed. He could then intervene to change the way the mother and children interact in the session, with the sanguine assurance that the changed sequence would carry over to the home situation.

In order to enact a changed interactional sequence, the therapist could, for example, say to the mother: "You have a very high tolerance for noise from your children. It would help our work here if you could get them to be more quiet so we can talk. Do you think you would be able to do that?" If the mother says yes, then the therapist can say, "Fine, do it." If the mother says no, then the therapist can say, "Try, and I will advise you if necessary, but you need to do it."

There is a tremendous temptation on the part of the therapist to enter into a situation and produce the desired change himself. Had the therapist in this case said to the child, "Be quiet, your mother and I are trying to talk," he probably would have been effective to some extent, but the opportunity for therapeutic change would have been lost. The goal of therapy is, after all, to increase the complexity of the family's transactions and to facilitate their utilization of more competent transactions, not to develop a comfortable therapeutic holon.

This therapist lost an opportunity to turn the session from a therapy of history, cognition, and affect into a therapy of experience. Much vitality and intensity were therefore lost. And with a problem as severe as child abuse, the therapist needs all the intensity and leverage possible.

These examples of therapeutic sessions might give the impression that enactment is used only to create the major brush strokes, but this is not the case. Enactment is ubiquitous in all the small strokes, the small interventions that are repeated countless times in the course of therapy, such as blocking the mother and then listening and responding intently as the daughter finishes her own sentences, telling the teenage boy to negotiate with his father for the use of the car rather than letting his

mother do it for him, or encouraging the parents to continue their conversation and not let their son intrude. Enactment is not a rarefied event that punctuates the course of therapy only occasionally. On the contrary, it should become a part of a therapist's spontaneous way of being, a pervasive attitude that insists on being there, when the family would be satisfied with just telling him what has happened.