Chapter One:

Mutuality

Over many years a great variety of approaches have attempted to distinguish the means from the ends in Family Therapy. For example, one leading approach, that of Salvador Minuchin, privileged the structure of the family, its boundaries in specific. It was proposed that families suffered when their boundaries were excessively open or closed. This importation from General Systems Theory (von Bertalanfy) with obvious Aristotelian influence lead therapists to pay attention to boundaries and to intervene in order to alter them directly. Other approaches stressed the symptom and its alleviation, for example Jay Haley. Some approaches stressed patterns of communication (Nagy) while others emphasized emotional roles (Satir) or internalized family figures (IFS).

Mutuality

The approach I am proposing here as most culturally syntonic with Haredi society is one that sees the ends of family therapy in *the fostering of mutuality in relationships*. I will first explain this approach and then attempt to define its interface with Haredi lifestyle.

The centrality of mutuality in human development and in human relations was given privilege by the late Elisabeth Young-Bruehl in her books *Cherishment* and *Where Do We Fall When We Fall in Love?* Young-Bruehl drew her inspiration from her personal mentor Hannah Arendt and from her work on the Anna Freud. She published highly acclaimed biographies of both women and then wrote a work on reflections on her role as a women biographer of women.

Recent studies in psychotherapy and in brain science have as well come together in recognizing that human beings profoundly affect each other as an active process. While earlier understandings stressed the individual and saw such processes as “projection” and

“introjection” which individuals perform on contents passed from one to the other like mental or emotional food (or poison) , more recently we have moved to seeing individuals within the context of relational complexes more like dances created together. Infant researches like the late Daniel Stern pioneered these insights by way of micro analyses of videotapes on mothers and infants. Indeed, we own the term “co-creation” to Stern himself.

Co-creation can hardly be taken for granted. People engage in mutual creation only in situations that are both safe enough to take dep risks and stressed enough to require change. For example, husband and wife “co-create” their parental function only when this is required of them by the birth of a child and only when their relationship is ballasted with sufficient trust. This sort of mutual creation occurs mainly at the level of deep meanings and corresponds to intersubjective experience. By this I mean that each of the spouses has a deep interest in understanding and meeting the difference between his or her own subjective reality and that of the spouse. Meeting involves both opening one own’s subjectivity and taking an interest in the other’s different subjectivity.

Stern had once suggested that relationships first take place in a “regulatory” plane before they achieve intersubjectivity. He described the first (roughly) year of life as one in which the mother's role involves creating regulation for her baby who both needs and accepts this regulation. Only after regulation has become secure - and Piagetian”decentering” comes about - can the baby begin to take an interest in the subjectivity of mother, who she is and how she feels, rather than how she wants me to be or feel.

When relationships are insecure - or threatened by outside forces - people tend to settle into repeating known sequences and roles, constantly regulating each other and not taking chances with intersubjectivity. These are situations in which mutuality and co-creation are unsafe. People gain security but lose robust creation when they settle for regulation

Family Therapy seeks to enable families to gain or regain access to the possibility of mutuality and co-creation. The family therapist recognizes the human need for regulation and as well helps family members to take the risk of the moment of mutuality in order to help family members to co-create.

I believe that many of the famous tapes of family sessions conducted by the founders (e.g. Minuchin, Satir) demonstrate a practical but yet to be conceptualized focus on moments of co-creation. One can work from almost any standpoint; the “magic moments” are moments of new and deep mutuality.

Mutuality and Charedi culture

Haredi culture both in Israel and worldwide is profoundly influenced by two main spiritual movements of the last centuries: Musar and Hasidut.

Musar and Mutuality

Mussar was formulated by Rabbi Israel of Salant (“Salanter”) and his followers in the mid-nineteenth century and rapidly spread throughout most of the non-Hassidic community there. In 2019 we are a mere four generations from the origins of this school. One very influential consolidation of the school was concentrated in the Yeshiva of Slabodka, a suburb of Kovna in Lithuania. In both Israel and the USA Mussar plays a dominant role in the everyday practice of Torah.

The Mussar movement encourages a person to scrupulous examination of his/her inner life. One’s relations with others is emphasized as both accessible to this examination and in need of

it. One of the most well known representatives of this movement was Rabbi Shlomo Wolbe of Jerusalem. He defines lessons in *Sefer Bereshis* as a reading of the stories of our forefathers as a “Shulchan Oruch” of human relations. In his great work Aleh Shur, he outlines in detail a program for learning through interaction with the world and with other people. A central component of this program is linguistic. Rabbi Wolbe uses the verb *lehislamed* to refer to these interactions. In the Hebrew of the 18th and 19th centuries, the hispael conjugation was not always reflexive, as it tends to be in modern Hebrew. It tended to a meaning more like the “middle” form in ancient Greek, verbs that are neither active nor passive but involve an activity done by an agent without a specified object. “*Lomed”* to learn could be such a verb, not necessarily learning something in particular, like when we say in English “ to learn *from* Life.” I think Wolbe’s choice is very precise. I reflects the mutuality of a person and the world, such that a careful study does not “take in” knowledge but rather transforms the Mussar practitioner. Interaction with others is a form of “*hislamdus”*, - we become transformed in our interactions. The term expresses the seemingly simultaneously active and passive aspects of what Austen called “performative language.” A “speech-act” both changes the world and changes me, who has become the speech-actor.

Hasidut and Mutuality

When I first started to articulate the central position that mutuality plays in my thinking about family function, a woman trainee approached me with great difference and asked if perhaps I had heard about what the founder of Hasidut, Rabbi Israel Baal Shem Tov has to say on the matter. I admitted ignorance. She said that he pointed out that the Torah chooses a particular form of the verb “to give” to describe the contributions of Benei Yisroel to the Tabernacle in the

desert: *venosnu* ונתנו. It is the same word read right to left or left to right. The message is that giving is a mutual function, I receive the gift of being a giving person when I give to another.

Chassidus derives from the Kabbalah of Rabbi Yitzchok Luria (HaAR"I z"l) a mystical view that emphasizes the non-separation between Jews. Individuals may appear to be separate entities but what they do to each other influences who each becomes. In studying as well as in music and dance these mutual influences are given recognition and privilege. The famous first Lubavitcher Rebbe wrote what is considered the first and greatest organized treatise on Chassidus, known as the Tanya. Chapter 46 addresses mutuality explicitly.

Chapter Two:

Levels of Differentiation in the Family and the Family Therapy

Murray Bowen and Differentiation

When Family Therapy evolved in the USA in the 1950's and 1960's, it emerged from a field that was dominated by men and hence by male thinking. In the 1990's in the USA the female way of thinking, "feminist" by self-definition, re-examined the entire field of mental health, family theory included. Many approaches were rejected as non-mutual, "chauvinist" in the language of this critique. By illustration, Minuchin's theory was rejected in a specific way. Critics noted that Minuchin would bring his own view of how a boundary should function, based on his own family's boundaries, and insist that the boundaries in the families of his patients fit his preconceived notions. This was "chauvinism" in the sense that it was not mutual: the therapist was not open to learning and changing through interaction with the patient.

The theory that best survived this critique was Bowen's theory, which I believe has since become the dominant theory in the USA.This may be at least partly due to the place that mutuality can play in this way of thinking. Murray Bowen expounded a theory in which the "level

of differentiation" of the family can be defined by discrimination between feeling and thinking on the inner level and by two specified functions on the interactional level. The first of these two functions he referred to as the "I-position", a metaphor borrowed from the first and second etc. positions of classical ballet. The "I-position" is a function of each individual who *commences* communication from an authentic and unedited true position, neither trying to placate the other nor dominate him. The second function is that of refraining from triangular communications. Here a dyadic communication is insisted upon.

In order to make full clinical use of Bowen's theory, I make two additions to it. (Flashman, 2005). The first addition has to do with a lacuna where differentiation is high. Bowen's more differentiated family members commence communication from "I positions" and hold this communication between two members without triangulation. Then what? What then takes place between the two family members? Bowen and his followers (Kerr and Bowen, 1988) failed to conceptualize this next step. However, in his famous revelation of the therapy he performed on his own family of origin, Bowen had the following to say about the new one-to-one communication that became possible for him with his father:

> At this time it was possible to talk about the full range of important subjects without avoidance or defensiveness, and we developed a far better relationship than we had ever had. This experience brought a new awareness that *I simply did not know what constitutes a really solid person-to-person relationship*.(1978, p. 517, italics added).

For years, teaching Bowen theory, I referred to this phenomenon as "mutual creation." I am more recently pleased to adopt Daniel Stern's term "co-creation (2004)." The result of two-person face to face "I-position" communication is a "present moment" (Stern, 2004) during which two people engage in becoming different, influencing and being influenced, mutual

becoming. For families blessed with higher levels of differentiation, these moments allow the family to grow, to communicate more deeply and to bring challenging aspects of reality within the realm of the family's creation of meaning.

Here I propose to apply some of the important developmental insights proposed by Daniel Stern in a much earlier work (1985). Stern studied levels of mother-infant relationship during the first three years. He suggested that during most of the first year of life, mother's "self-object" function is that of the "regulatory self-object." This function refers to such commonplace activities as helping baby quiet down when he is upset, helping him get more interested in an object, helping him to broaden his smile interactively, or just helping him become satiated when he is hungry. The word regulation refers to the fact that the baby is interested in the state mother creates in him, not the inner state of mother herself. This level of function reminds one of the "exploitation" that Kohut (1971) described in archaic self-object situations. During the latter part of the first year and most of the second, baby's attention alters and mother assumes a new role, that of "intersubjective self-object." This change refers to the fact that baby no longer settles for mother merely regulating him; he becomes interested in mother's own internal subjective state. When mother shares with baby her inner state, she first creates within the baby the possibility of creating and attending to his own subjective state. The first subject then is mother’s, and through intersubjective relating the baby acquires his own subjectivity.

It may have occurred to the reader that this intersubjective function defines quite well the "co-creation" with which we filled the lacuna in the high differentiation theory. It would then come as no surprise that regulation now may fill the low differentiation lacuna. Families with high differentiation are free to engage in intersubjective discourse. Families with low differentiation need to attend to regulation. And, conversely, families burdened by regulatory activity will experience a lowering in their level of differentiation.

We are now able to coordinate levels of differentiation in the family with levels of access to mutuality in relationships. We would understand that members of families with a higher level of

differentiation are blessed with the ability to engage in the mutuality of co-creation one with another. Bowen has contributed a description of the mechanism by which mutuality is facilitated, mainly speaking from “I-positions” and protecting dyadic communication from enlisting triangles. These families feel safe and confident enough to co-create amongst themselves as life changes make demands for alteration. Their general level of communication is open to intersubjective discourse. In philosopher Martin Buber’s (1970) terms, “I-Thou” moments are accessible among family members.

Members of families with lower levels of differentiation are drawn more to maintaining a set form of regulation of each other. They protect what has been created but have difficulty taking the risk involved in intersubjective co-creation. As a result they have great difficulty taking the risks involved in changing, and miss the essentially human co-creational moments necessary for change.

A Clinical Application of Mutuality:

Levels of Differentiation and the Therapist’s Role

Since its inception, Family Therapy has been blessed with many proposals for how the therapy should be conducted. Unfortunately, these suggestions, which involve the therapist adopting specific roles, tend to be global, claiming to be appropriate for all families. As we attempt to place Family Therapy in the cultural context of the Haredi community, we would like to suggest that the appropriate and effective role of the therapist must be coordinated first with the level of differentiation of the family.

The inspiration for this thinking derives from the path-breaking work of Boston psychoanalyst Leston Havens. In his famous *Making Contact*, Havens suggested that the therapist may adopt different stances that are appropriate for different clients. Haves divided clients into three groups

according to the form of transference they create. Patients appropriate for classical psychodynamic work are able to enter into a useful transference relationship/ Elsewhere I have described this as the ability to both enter upon the dramatic “stage” in which prior relations are re-enacted and to then join with the therapist in the “audience” and reflect upon the drama that had been evoked. Havens suggested that other clients has too much or too little transference. “Too much” transference typified clients who enter the stage with full force but are unable to leave it. The therapist suggests reflecting on the drama and the client takes the suggestion as just another part of the drama. For example, the client says,”You always want to reflect when you are frightened of me and see me as a monster.” In Havens’ day such intense clients were often labelled “borderline.” “Too little” transference was typifies by clients who did not enter into a dramatic relationship “on the stage” at all. For example a cold and distant client who rebuffed all suggestions to report dreams or speak about her emotional life. In Havens’ day such clients were often called “narcissistic.” Havens went on to suggest different therapeutic strategies that were appropriate and helpful for each type of client. It is the basic notion that different forms of therapy fit different forms of difficulties that we are adopting here.

Parenthetically, a family therapist will undoubtedly recognize “enmeshed” and “disengaged” types of relating in Havens’ “too much” and “too little” paradigms. Minuchin’s well-known schema sees in these forms the two extremes of “too open” and “too closed” boundaries. Here we are preferring Bowen’s view that the “undifferentiated ego mass” and the “cutoff” forms of relating are two forms of low differentiation, which higher differentiation aspires to co-creational possibilities.

High differentiation families in our view can be aided by a variety of therapeutic strategies. For example, one member of the family, say for example, the father, enters individual therapy. He gains insight into the ways in which his way of relating is automatic and recreating past troubled relations. For example, his tendency to withdraw from conflict and confrontation is scrutinized and understood, He brings his newly won freedom into relationship with his wife and children

who “co-create” with him new forms of relating, for example in productive confrontation with his wife and children. The question whether the “real change” happened in the therapy room and was “applied” at home or whether the therapy “prepared” our client for “real change” in his relations is moot. One facilitates and reinforces the other. Other forms of treatment that would be helpful here would be “insight-oriented” family treatment, dynamically oriented couples therapy, and probably many forms of CBT with any family member. **What is true of all these approaches is the ability of the members of a high-differentiated family to incorporate changes in one individual or system and generalize it to all relations and thus to the global level of differentiation**. The role the therapist has been alike to an “emotional tour guide” for people willing and able to take the tour.It differs from conventional individual psychotherapy in one important aspect: the manner in which insights are brought to bear in family relations is given equal privilege to gaining the insights themselves. The therapist is minded to differentiation in relations and both looks into and encourages as an integral part of the therapy. For a large multi-generational Charedi family, this approach has great practical appeal.

Not all families are capable of this kind of generalization. What I call “middle-level differentiation” families require a therapist more in the role of a “stage-director” than a tour guide. Here all members of the family are required to attend the therapy session. The therapist makes use of the theory and clinical praxis made famous by Salvador Minuchin. In the example above, the father in encouraged to stay present in a confrontation with his eldest son, while his wife, who would usually run “protective” interference is encouraged to leave her husband and son room to grow. As son and father emerge from this directed co-creation, the father now is encouraged to enhance his presence in parenting discussions with his wife, then the newly present parents discuss discipline with all of the children. The mutual co-creation between father and son is brought into being *in vivo* between the two and also in the presence of the mother.

This kind of therapy is effective because it assumes (this is never overtly stated) that co-creation creates hope rather than competition. This point requires some further explication. It is a pretty common Western assumption that “attention” paid to one family member automatically excites jealousy and competition from others. “Attention” is thought of as a commodity given from one to another. As such, all siblings will “compete for attention” of the parents. If this were the only way to view attention, in our imagines session mother would be jealous of the attention her husband pays to her son.

However I believe it to be the common (unstated) experience of family therapists that in situations where the imagined session produces change, the new co-creation of father and son is experienced by the mother as a source of hope for additional change. The possibility that husband and son can participate in co-creation gives mother hope that each of the two can also participate in co-creation with her. Minuchin would conceptualize the session of one in which the therapist has changed the “boundaries” of the family by giving protected place to the “father-son subsystem” and keeping mother from making the dyad into a triangle. What I am adding here is that the **function of this “father-son subsystem” is co-creation**. The artificial “boundary” around the subsystem is secondary to the co-creational function of the subsystem. Indeed the a**dequacy of the boundary is determined according the the function of the subsystem** which the boundary makes possible and not arbitrarily, or, as feminist critics would later say, based on the boundaries comfortable to the therapist in her own family.

We would change our conceptualization of the session and propose not that the “therapist sets boundaries” but rather that the therapist helps the husband and wife to participate together in creating a new boundary for the sake of co-creation between father and son. Thus the co-creation is not a commodity of attention given to son at wife’s expense, but rather a new relationship in which the wife participates, and we would add that the wife participates in the hope of co-creation that could extend to her own dyadic relationships with husband and son.

We believe that in “mid-level differentiation” family members are able to create new boundaries, with the assistance of the therapist, and able to give the therapist this role of dramatic online assistance.

There are many families that find themselves unable to grant the therapist this role. In our example, perhaps the wife sees herself as excluded and threatened by the therapist’s intervention, of the father and son do not believe they can co-create and so they welcome mother’s “interference.” The systemic message to the therapist is, “we cannot give you this role, it frightens us too much.” Perhaps Minuchin’s insistence that all family members come to each session selected for those families who could allow the therapist the role of online family re-director. Such families either “fail” to come conjointly or do not allow real change in the re-directed therapy room. They fear loss of regulation and have little hope for intersubjective dramatic change. We refer to such families as “low level differentiation,” and suggest that strategic and symptom-focused therapies, pioneered by Haley and Madanes, which do not require conjoint participation, are more likely to bear fruit.

Our explanation for this choice is again based upon mutuality and upon an understanding of the deeper nature of symptoms. Haley and others took a “cybernetic” view of the function of the symptom, which we could call the regulatory role of the symptom.In Haley’s justifiably famous “Modern Little Hans”, a boy was frightened of dogs. His fears made him dependent upon mother and distant from father, and kept the spouses distant from each other. We would add that the symptom both distracted from intersubjective co-creation in each dyad and provided a platform for change of all three dyads simultaneously. The symptom in itself suggested and made possible not only the resolution of the symptom but also and increase in differentiation as co-creation took place in each dyad. We could add that the change in the three dyads had to be more or less linked because otherwise co-creation in one dyad would threaten other dyads. Thus the “strategic” therapy utilized the complexity of the symptom itself in order to create systemic change. Haley’s little Hans, through his fear of dogs, could gain co-creation of more

independence with mother, co-creation of more closeness to his mailman father who taught him about dogs and the couple could co-create a more empowered and mutual parental and spouse relationship. The gains of mutuality in three sides of the central triangle are gained simultaneously and therefore do not compete.

The family gives the therapist and entirely different role from those delineated above. The therapist is given the role of “expert” whose directives are to be followed, not understood. The therapist needs to be “expert” indeed in understanding the regulatory function of the symptom in the entire system, so that her “intervention” can assist the family in benefitting from the power that has been invested in the symptom. The family will perform the therapist’s directives because they have given the therapist the role of giving expert directives.

And how does the directive create systemic change? The therapy room is by nature diachronic and highly acoustic. It involves listening, which takes time. The directive allows for a synchronic dramatic event to take place at the natural locus of the symptom. The drama created by the “re-engineered” symptom of the directive functions like Bowen’s own dramatic “tempest in a teapot” that he performed with his own family of origin. The familiar regulatory and regulated roles of distant father, over-protective mother and infantilized anxious child were disrupted, and the family created new co-creational relational roles just as did Bowen’s family. The therapist’s “expertise” has been in helping the family to redirect the symptom from obstacle to change to vehicle for change. Both aspects of the symptom were present all along. The therapist has simply recognized that families with this low level of differentiation require a simultaneous co-creatingvie the symptom. The therapist thus is not present at the moment of systemic change.

This deeper understanding of the nature of the symptom relieves the therapist from the two conundrums of “strategic therapy,” that of feeling required to perform “magic” and that of limiting the sole goal of therapy to symptom reduction. Both the “magician” and the symptom elimination are technical products of the role the family is able to give the therapist. The therapist assumes the role but is in no way restricted to seeing her role just how the family sees it. Rather, the

therapist works in the role she has been given, but understands that the “power” of this therapy is in the symptom, not in the person of the therapist, and that the goal of the therapy is the increase in intersubjective co-creation and increasing level of differentiation. The ends are quite distinct from the means.

This brings us to the lowest level of differentiation, where families assign pseudo-roles to the therapist but do not comply with any interventions including the strategic ones just mentioned. These families were conceptualized first in Italy as “paradoxical”. My own conceptualization came later. I see these families as doing everything in order not to change, including enlisting therapists to help them to to change, which is of course a surface paradox. I see these families as enlisting therapists in order to **protect them from change.** These are usually families with multiple injuries - losses, illnesses, mental illness, abuse - over multiple generations.They are usually forced by outside agencies to “change” while change is what they fear most, that matters could only be worse and that the family’s survival is at stake. When regulation is the exclusive family activity there is no room for the intersubjective and of course no room for mutuality, which always involves change. All direct attempts to induce change are doomed. The therapist’s “paradoxical” role if **to protect the family from change,** and this is performed by recognizing that even (perhaps most often?) the most bizarre behaviors are best understood as attempts at this protection. This understanding is indeed intersubjective, and is possible precisely because it is aligned against change. There is an intense and not easily won mutuality achieved between therapist and family which protects regulation, unlike all intersubjective interventions in the past which insisted upon change that the family felt to be dangerous to the family’s survival. In these situations alone, mutuality between therapist and family is created by recognizing both the fear and the intense need for mutuality. With the fear dispelled, the family is enabled to create mutuality where there had been only regulation.

It is of significance that the founders of the “paradoxical” method were psychoanalysts. They were well practiced in deep listening and were able to be flexible in providing the kind of help

their clients needed. They could see that a linear “correctional” or “interpretive” approach never produced any results, and that the therapists felt “disqualified” and erased. Analysts are used to seeing “resistance” as an expression of anxiety - a fear of changing, and of accepting such fear as natural. This allowed the pioneers to see that these highly “resistant” families were organized to protect themselves in the face of change which was felt to be an existential threat. Stating and recognizing this fear rather than trying to overcome it was not foreign to psychoanalysts. What was new was the ability of the therapists to refrain from further activity. These therapists realized that an analytic patient is able to “contract for change, ” that is, to create an alliance in favor of change. Therefore, reminding them that a fear is impeding change is to remind them of something of which they are cognizant and in agreement. “Paradoxical” families are by definition unable to believe in change, and thus the role of the therapist cannot be to push for change. This leaves the therapist hanging with the first part of an interpretation, “Of course you are frightened to think and feel what you have been avoiding” without the second part, “we will attempt to overcome this fear together in order to help you achieve the change you so much desire and for which you have come for treatment.” Actually encouraging the family to resist change “for good reasons” seemed to make the therapist’s role “paradoxical.” However, this was precisely what these families needed and what helped them to change.

Finally, it should be pointed out that no one intervention fits all families. The family allows the therapist a role which the therapist adopts as suited to the treatment at the moment. It would seem obvious that a treatment whose form fits a given level of differentiation and that strives to raise the level of differentiation would aspire to change its form as the level of differentiation rises. Therefore a clinic providing family therapy would take upon itself the ability to provide for the forms which suite each level of differentiation, and a treatment that adopts one form would

change its form as the treatment succeeds. This can take place in midstream or in a more orderly way. A paradoxical intervention could put the family in a new position of demanding an “expert” prescription which they are now ready to perform. Once the experience of the prescription has created a change in differentiation level, the family may now be prepared to have th family drama redirected *in vivo*, and once the family structure is altered therapeutic conversations that entail the “guided therapeutic tour” through feelings and thoughts may be possible. The movement may be rapid or may take place over more than a generation. The therapist, and the clinic, requires flexible skills and freedom from the usual assumption that the “right” approach is good for all clients at all times.