10 Restructuring

The therapist presses a diabetic girl's wrist. "Do you feel this?" he asks the parents.

"Yes, I do," the father says, indicating his own wrist. "Here. It feels like pins and needles."

"I have very poor circulation today," the mother says, apologizing for not sharing the experience.

In another family, the mother of a hospitalized 19-year-old anorectic insists on going to the hospital because she feels that her daughter is upset. When she arrives at the hospital, her daughter confirms her perception. In a session conducted later, the identified patient, her two adolescent sisters, and the father assure the therapist that the mother "knows" if any of them are in difficulty.

Neither of these families is prone to mystical experiences. Nor are the experiences themselves mystifying. The experience of belonging is characteristic of all family transactions. But the members of these families belong too well. Functioning as individual wholes has been subordinated to belonging.

The weakness of this type of family organization is that family members have difficulty evolving as differentiated holons. When they must function as autonomous entities, they may face a serious crisis. When the children reach late adolescence and must begin to separate from the family, psychotic breaks and psychosomatic illnesses can occur.

A therapist working with such families will have to interfere with their

overly harmonious interactions, differentiating and delineating the boundaries of the family holons to make room for flexibility and growth. Functional families are complex systems, "made up of a large number of parts that interact in a non-simple way." These parts, or family holons, are interrelated in a hierarchical order. And as in all complex systems, the "intracomponent linkages are . . . stronger than intercomponent linkages."[1] That is, transactions among members of a holon are stronger than the transactions that connect holons. The holon is therefore a highly significant context for its members.

Individuals belong to a multiplicity of holons, fulfilling different roles in each. In each holon, segments of their experiential repertory are activated. The skills appropriate in one holon may or may not be elicited in others, but they all become part of the possible repertory. Growing up in a functional family is a flexible process that results in a multifaceted individual who can adapt to changing contexts.

There is a built-in flexibility to a complex system, but there is also an enormous redundancy. "All human activity," Peter Berger and Thomas Luckmann remark, "is subject to habitualization. Any action that is repeated frequently becomes cast into a pattern, which can then be reproduced with an economy of effort and which, *ipso facto,* is apprehended by its performer as that pattern . . . 'There we go again' now becomes 'this is how these things are done.' " Without a firm sense that this is how things are done, the individual cannot have the security to explore and grow. But the danger in the situation is that "There is a tendency to go on as before . . . This means that institutions may persist even when . . . they have lost their original functionality or practicality. One does certain things not because they *work,* but because they *are* right."[2]

Therapy is a process of challenging "how things are done." A major target of the challenge is the family subsystems, as these are the context for the development of complexity and competence.

Because therapy entails a challenge to family structure, the therapist must understand the normal development of families and the pervasive power that the rules of holons have in the development of family members. The nature of this development is seen in an interview conducted by Patricia and Salvador Minuchin as part of a research project on normal families.

The Tashjian family includes a couple in their late twenties with one child, a very active and competent two-year-old named Frank. The interview is conducted in such a way as to elicit parental controlling responses.

At one point, when the child moves across the room and spills pieces of chalk that are in a box, we ask the parents to have Frank put the spilled chalk back inside the box. The father, who has been talking to us with his back to the boy, turns around toward the child and in a peremptory tone of voice says to him, "Frank, put the chalk in the box," then turns back and continues talking to us. The boy puts one chalk in the box and then continues running around the room. The mother gets up, stands near the box, and says in a firm but friendly tone of voice, "Frank, come here and put the chalk in the box." Frank comes to where she is standing, begins to pick up the chalk, then after a while gets up without finishing the task and goes to another corner of the room. The mother kneels down near the box and asks Frank to come back, saying, "Finish picking up the chalk." At this point, the father turns in his chair and, in the same peremptory tone of voice, says, "Frank, put the chalk in the box," then turns around again and continues talking with us. The child moves toward where the mother is kneeling and begins to finish the operation, at which point the mother returns to her chair. The child leaves one piece of chalk on the floor and moves away, whereupon the mother says something along the lines of, "Go finish, Frank. If not, I will get up," and the child finishes the operation. This is a simplified description of a very complicated operation among three people. What is interesting is that when the parents afterward describe the process, both the mother and father identify the father as the person who is competent in controlling Frank and the mother as soft and inefficient. Yet observation shows that the parents in fact have two different styles of implementing control and that, in some way or other, their styles tend to be complementary. Although the father adds vocal intensity whenever he feels that the mother needs his help, the mother is clearly efficient in her own style and indeed most of the implementation of control is done by her. The question, therefore, is why the parents are unable to observe the data that are so evident to us as interviewers. Since the mother is efficient and competent in the area of control, how is it that everyone in the family agrees that she is inefficient in this area? Undoubtedly the mother's efficiency and competence are acknowledged in other areas in the family holon, as well as in extrafamilial groups. But in the parental holon, her framing as soft and inefficient is somehow necessary for its harmonious functioning. The data are therefore organized by the parents so that the stern voice of the father is given an added weight in effectiveness, which maintains the rules of the family organization.

This power of the context to organize the data and to maintain definitions of self and others is evident to everybody who has grown up in a family. In the Minuchin family, the notion that I had ten thumbs was not dispelled, challenged, or changed by my expertise as a horseman, my competence in playing bocci, or my skill at car mechanics in my father's business. These competencies were defined rather as part of my acknowledged responsibilities in the family, or as belonging to the extrafamilial, and my image as a child with ten thumbs remained intact within the context of the family. As a matter of fact, I protected this image, as when I learned how to swim without letting my parents know, and maintained that secret from them for three years, long after I was already an expert swimmer, because my mother was afraid that I would not be able to learn and would drown.

The daily transactions in a subsystem tend to organize the data of living together in ways that maintain the nature of the relationship unchallenged for as along as possible. In my case, the homeostatic laws clearly worked; and my dexterity and competence in handling things developed and were framed in transactions with my father and in the extrafamilial, which allowed the protective relationship between my mother and myself to be maintained. In effect, my ten thumbs and her nurturance were a behavioral unit. It is interesting that my sense of self as a ten-thumbed person remained intact, while my sense of self as a competent individual developed equally strongly in other areas; they grew up side by side in different holons. Only when, after marriage, I made some furniture that we needed and got the support and encouragement of my wife, was it possible for me to introduce all my learned competence in the extrafamilial into the interfamilial. This new definition of self became supported and expanded in my relationship with my spouse.

Murray Bowen, impressed by the power of these subsystems to remain symbolically effective even though people have left home, suggests that one way of challenging these definitions is to "go back" to the family of origin and change the nature of the transaction, not in the past, but in the present.[3] A more direct way of intervention is to facilitate in the therapeutic system the appearance of functions that family members carry in one holon and generalize them into others. There are three major techniques that challenge the holon structure of the family. The techniques of boundary making are designed to change the participation of members of different holons. Unbalancing changes the hierarchy of people within a holon. And complementarity challenges the concept of a linear hierarchy.

11 Boundaries

Boundary making techniques regulate the permeability of boundaries separating holons. The governing concept is the observation that participation in the specific context of a specific holon requires context-specific responses. People are always functioning with only part of their repertory. Potential alternatives can be actualized if the individual begins to act in another subsystem, or if the nature of his participation in a subsystem changes. Boundary making techniques can be aimed at the psychological distance between family members and at the duration of interaction within a significant holon.

PSYCHOLOGICAL DISTANCE

Often the way family members sit in a session indicates family members' affiliations. This is a soft indicator, which the therapist should accept only as a first impression that must be investigated, corroborated, or dismissed. The therapist will monitor spatial indicators, and also a variety of others. When a family member is talking, the therapist notices who interrupts or completes information, who supplies confirmation, and who gives help. These are, again, soft data, but they give the therapist a tentative map of who is close to whom, what the affiliations, coalitions, and overinvolved dyads or triads are in this family, and what patterns express and support the structure. He can then use either cognitive constructs or concrete maneuvers to create new boundaries.

The therapist with the Hanson family uses a cognitive construct to

delineate a boundary between two people. Five minutes into the session, he asks Alan, "Do you know Kathy's boy friend?" and Kathy answers. A moment later he asks Alan how old Dick is, and Kathy answers a split second ahead of Alan. The therapist now has two instances of the same type of intrusion, and he says to Kathy, "You're helpful, aren't you? You take his memory."

Phrases like these are cognitive indicators that separation is desirable. Experienced therapists collect a number of them that catch their imagination and become spontaneous responses in appropriate situations: "You take his voice." "If she answers for you, you don't have to talk." "You are the ventriloquist and she is the puppet." "Your hallucinated voices are not even yours; your father's voice is talking inside of you." "If your father does things for you, you will always have ten thumbs." "If your parents know when you need insulin, then you don't own your own body." These are idiosyncratic phrases of Minuchin's, who likes concrete metaphors. If a therapist borrows them, he must make them personal or, better, select his own phrases to highlight intrusion into psychological space, indicating and separating overinvolved dyads.

The therapist will be concerned with delineating boundaries among three people if dysfunctional dyadic transactions are maintained by the entrance of a third person as detourer, ally, or judge. In such cases the therapist may decide to maintain the separation of the overinvolved dyad as a way of helping them find alternatives to their conflict within their own subsystem. Or he may increase the distance between them by using the third person as a boundary maker, or by creating other subsystems that separate the overinvolved members. A common pattern is a disobedient child, an incompetent mother, and an authoritarian father. Their dance is a variation of the theme: child disobeys, mother overcontrols or undercontrols, child again disobeys, father enters with a stern voice or a grim look, and child obeys. The mother remains incompetent, the child remains disobedient, and the father remains authoritarian.

Another variation of the same dance is that of the parents who have conflicts, expressed or implicit, which are not resolved. When increased stress in the spouse dyad activates the unresolved conflicts, the child misbehaves, or takes sides with the mother against the authoritarian father, or joins with the father against the incompetent and unfair mother, or becomes the helper, or the judge, of both parents. If, as in the Kuehn family, the therapist decides to focus on the mother-child dyad and to do so requires that he immobilize the husband, he may say to the husband,

"Since the mother and child are usually together when you are at work, it would be nice for you to join with me in observing how they resolve it," or, "Since the mother and daughter are both women and neither you nor I has had experience in being a four- or 27-year-old female, the mother must understand your daughter better. Let's observe their dance and see what we can learn."

Or the therapist may decide in this situation to expand the definition of the problem from the mother-child overinvolvement by introducing the father's participation in maintaining the child's symptomatology. In this strategy, he will keep the focus on the child but increase the father's participation in the parental subsystem so as to separate the overinvolved dyad. He might say to the parents, "When a four-year-old is taller than her mother, maybe she is sitting on the shoulders of her father," or, "A four-year-old is no match for her parents if they pull together," or, "If you cannot handle a young kid, maybe you are pulling in different directions," or, "You two must be doing something wrong. I don't know what it could be, but I am sure if you think together, you will find out what it is, and moreover, you will find out the solution," or, "As things go, you are defeating each other, and in some way you are hurting and exploiting a child that both of you love very much, so we will need to find a way in which you help each other so you can help your child." This support of the parental subsystem aims at increasing both the psychological distance between the mother and child and the proximity between the spouses, giving them a common task as parents.

If the therapist decides to concentrate on the spouse dyad and their dysfunctional transaction and in that way to separate the overinvolved mother-child dyad, he will have to handicap the child's detouring strategy. He may say to the child, "You are a nice, protective, and obedient child by misbehaving . . . having a headache . . . failing in school, whenever your parents feel uncomfortable with each other," or, "When you explain your parents' behavior, or when you support your mother or father, I am fascinated by how fast you move from being ten years old to being 65 or 208 years old, and then running back to become four years old. But isn't it strange when you become your mother or father's grandmother? I will help you grow down. Bring your chair near me and be quiet while your parents deal with issues that concern them, where you don't have any reason to be, and no competence whatsoever." Or the therapist can tell one or both of the parents, "I want you to help your child to grow down by asking her to be quiet while you two discuss your issues."

Boundaries between subsystems are also necessary, and if parents intrude in sibling conflicts, or adolescents disqualify parents or intrude into the spouses' area, or grandparents join with grandchildren against their parents, or spouses bring their parents into coalition against their spouses, the therapist has available a variety of boundary making techniques. Sometimes the therapist introduces a rule at the beginning of therapy. He may say: "In this room, I have only one rule. It is a small rule, but apparently very difficult for this family to follow. It is that no person should talk for another person, or tell another person how this person feels or thinks. People should tell their own story and own their own memory." Variations on this rule allow the therapist to enforce boundaries and to punctuate family members' intrusion into other members' psychological space as "disobedience to the rule." Intrusions, affiliations, or coalitions can be blocked as talking for another person, or imagining that person's thoughts and future actions.

The therapist may create subsystems with different tasks. For instance, if children are involved in an argument, the therapist may invite the interfering parents to join the therapist in an observing, "adult" group "because children think differently these days than in our time and may have solutions that we couldn't even imagine." Or he may ask the parents to give the children the task of resolving a problem and, once they have reached a solution, to talk it over with the children, supporting in this manner the executive function of parents but also ensuring their nonintrusiveness. Or the therapist may ask one spouse to help the other not to intrude into the children's arguments by squeezing the hand of that spouse when he intrudes, while suggesting that they also pay close attention to the children's communication, so that after they have finished, the parents can comment from a parental point of view. Or he may suggest that the parents and children separately and simultaneously discuss a family issue from their different points of view and that, after they have finished, each group will tell the other how they see it, thereby creating two subsystems that can function simultaneously without interfering with each other. The therapist may join as an observer, or as a participant in one of the groups, or may move from one to the other. Or the therapist may tell a grandparent that, since he has the wisdom of age, the therapist is interested in hearing his observations after he has carefully listened, without interfering, to the discussion between parents and children.

The therapist can also use concrete spatial maneuvers to change the proximity between family members. Movements in space are universally

recognized as representative of psychological events or emotional transactions among people. Family members of different socioeconomic groups, adults and even young children recognize the metaphors of spatial closeness or distance as expressions of emotional connectedness. Changing the spatial relationships of family members in the session is a boundary making technique that has the advantages of being nonverbal, clear, and intense. The "world stops" when family members stop whatever they are doing and change positions with one another. This intervention has the added advantage of high visibility for family members who are not involved in the transaction. It has become almost a trademark of Minuchin to move people about in a session and to change places myself as a way of expressing changes in my emotional connectedness with family members.

The therapist may conduct himself as a spatial boundary maker, using his arms or body to interrupt eye contact in an overinvolved dyad. This maneuver can be accompanied by a change in the position of chairs so as to handicap the sending of signals, and it may be further reinforced by a statement like, "You are talking to your brother; you don't need your father's help," or, "Since you know this event better because you were there, consult your memory instead of using your mother's."

The therapist may request family members to change chairs in order to signal his support of a subsystem. For example, if the husband and wife sit separated by a child, he may say to the child that she should exchange seats with one of her parents so that they can talk directly instead of across her. If the therapist makes his directive clear and logical, family members usually comply. The therapist may get up and decrease his distance from the person of whom he requests the change if he thinks that this is necessary. This change in proximity between the therapist and the family members makes resistance more difficult.

In therapy, these techniques are not clearly separated; generally, in fact, they mix with and reinforce each other. The Smith family with a psychosomatic child is a case in point.

Therapist: Mr. Karig, you seem to have a difference of opinion with your wife about that. Speak with her about your differences of opinion. (*General laughter from all four teenage children and the parents.*)

Father: That's funny, because we never talk to each other.

(1) *Therapist:* Well, you need to now, to resolve this difference between you.

Father (*to therapist*): I believe that Jerry—(*Therapist indicate*
that husband should talk to wife. Husband glances at h
(2) *spouse and continues talking to the therapist. Several chi*
dren begin making noises.)

Therapist: No, speak to your wife. We will all listen, but yo
must speak with your wife. (*Makes a gesture that divide*
(3,4,5) *the parents from both himself and the rest of the family.*)

Father (*to therapist*): I know it's important, but it seems—

Therapist: No. Here, turn your chair a little so it's easier to se
her. (*Helps husband turn his chair.*) And you, too, Mr
(6,7) Karig. (*Rotates her chair so she faces her husband. At thi*
(8) *point the therapist turns his head and looks out the windo*
All the children remain silent.)

Father (*turning and addressing his wife*): It seems like ever
time we start talking we end up saying things—

Mother (*to husband*): Who is usually right? Just answer m
that.

This sequence, which takes about thirty seconds, contains at leas eight boundary-making operations. The therapist verbally delineate the husband-wife subsystem (1), reinforces it with a hand gesture (2 and repeats it verbally (3). The children are excluded with both a verba suggestion and hand gestures (4,5). The parents are realigned spatiall to face each other and put their backs to the children (6,7). Finally, th therapist withdraws his contact by averting his head (8), whereupon th couple begin an extended discussion without interruption. The boundar making is successful because the therapist uses a variety of maneuver until the desired isolation of husband and wife is accomplished. If one o the children persists in interrupting, the therapist may use his body t block the interruption, or move the child's chair farther away from th parents, or ask her to turn her chair to face another sibling, or tell th parents, "Invite one of your children to comment only when both of yo agree to allow this." If the parents comply, then the therapist is n longer needed as a boundary maker. They will be doing it themselve

Boundary making in this session, though conceptually simple, is ver difficult for the therapist because he feels pressure from both spouses t join their subsystem. After he has asked the husband and wife to talk to gether, they continue talking to the therapist. If he responds to them, h will support the dysfunctional transaction that always includes anothe

member to avoid conflict. In fact, he will undo what he is seeking to accomplish. The therapist in this segment avoids eye contact by looking out the window. For a therapist who in similar situations does not have a window available, concentration on a favorite toe would serve equally well, or take notes or doodle.

In the Brown family, the boundary making occurs around the father-daughter dyad. The family is seeking help for their 14-year-old daughter, Bonnie, who has been referred for intractable asthma. Her sisters, aged 18 and 17, are present in the session. Bonnie and her father begin a conversation about her school work. Halfway through the first exchange, their conversation activates the other family members. One sister says pertly that Bonnie should not have taken math. The mother assails the father for not helping Bonnie with her work. The other sister starts talking about her own school work.

The therapist, Ronald Liebman, moves Bonnie's chair so that she is facing her father and tells the father and daughter to continue their conversation. When the oldest sister tries to intervene, the therapist says to Bonnie, "This is between you and your father. Whenever you try to make your voice heard, your helpful family shuts you up with their helpfulness. Don't let them do that to you." The father and daughter continue, and shortly afterward the mother begins to speak. Liebman holds his hand up, signaling that the conversation is between Bonnie and her father. The next time someone interrupts, Bonnie herself says, "Wait a minute, please." The boundary making is now maintained by a family member.

In drawing a boundary around the father-daughter dyad, the therapist first uses a spatial arrangement. He moves Bonnie's chair, demarcating a subsystem: father and youngest daughter. This makes talking easier for the two and harder for those who would interrupt. Then he instructs Bonnie to delineate a boundary around her conversation. Later, he signals the others to stay out.

He could have done this in other ways. He could have asked the father to keep the others out, or he could have kept them out himself, or both. These would be essentially isomorphic interventions, and the reasons that the therapist selects one and not the others are idiosyncratic to the particular therapist in a particular context. The therapist also effectively uses his presence to etch boundaries by selectively directing his attention to the conversation between father and daughter. When others speak, he pays no attention. He gives cognitive corollaries to his interventions by calling to the attention of Bonnie and all other family members the incapacitating effects that their help has on Bonnie.

With the Brown family, the therapist uses a number of techniques for boundary making: rearrangement of physical space to indicate subsystems, utilization of himself to protect the subsystem from the intrusion of other family subsystems, and a reason for his support of the subsystem. The first two interventions are concrete maneuvers, the last a cognitive construct. In this situation they are sufficient to activate a family member, Bonnie, to protect the father-daughter subsystem. In the therapeutic process, a number of different boundary making techniques will need to be employed and used repeatedly before they can achieve sufficient intensity to produce structural change.

At times, the utilization of spatial metaphors may take the form of the rearrangement of chairs in two circles to protect two subsystems simultaneously, or the turning of a chair 180° to isolate or protect a member, or the removal of an empty chair or an ashtray or a pocketbook from between spouses to indicate the need for proximity. The closeness of the therapist to a member, his kneeling or touching her, or his standing high above her are all indicators of connectedness that do not require verbal or cognitive qualifiers.

In situations in which the executive subsystem includes an incompetent member and an intrusive, helpful, and competent member, the therapist may ask the "competent one" to observe from beyond the one-way mirror how the "helpless" member handles things when she is without the "competent" help. Another nonverbal technique is simply to ask parents to bring to the session only certain members of the family and not others, indicating in that way a separation of subsystems. Or the therapist may indicate who is to participate in different sessions.

In certain families with a chaotic style of communication, where there is continual interruption or simultaneous talking, the therapist may find that the threshold of noise is above his capacity for comfortable communication. He can then use artificial devices, such as inventing a game in which people sit silently in a circle and only a dyad or a triad may go into the middle to communicate; or the therapist provides the participants with an object (hat, chalk, key) to indicate which family members have the right to talk. In addition, whenever the stress in a session increases beyond the therapist's capacity to be effective, a diminution in the number of participants immediately creates a different subsystem with different alternatives for the reduction of stress.

DURATION OF INTERACTION

Extending or lengthening a process, which is one way of increasing its intensity, may also be utilized to demarcate subsystems or to separate them. In these situations, the content of the transaction is less important than the fact that the transaction occurs.

In the Kuehn family, after the mother is able effectively to control her daughter, the therapist brings in puppets and encourages the mother and daughter to play. This process is kept up for over twenty minutes without any interruption by the therapist, except for the introduction after ten minutes of the father as a playmate. The therapist is concerned not with the content of the transaction but only with keeping first the mother-daughter holon and later the mother-father-daughter holon in a pleasurable situation long enough to establish a complementary counterpoint with the accustomed controlling mother-daughter subsystem.

The previous techniques occur within the therapeutic system in the therapist's presence. The therapist is involved in monitoring the boundaries, if he is not actually a boundary himself. But to be effective, therapy must be maintained outside of the session. When a therapist is concerned with maintaining a particular subsystem, he may give the family homework to support the processes initiated in the session. His "ghost" then carries the therapeutic task. Practicing unaccustomed transactions in a natural setting facilitates structural change.

Like techniques used within the session, interventions outside the session can affect affiliations in space or time. In the Pulaski family, a widowed mother is overinvolved with her hypochondriacal 18-year-old daughter. The therapist gives the mother a task: find something to do that involves only herself. The mother, who is somewhat overweight, informs the therapist at the next session that she has joined a diet group. The task in this situation is contentless; it is up to the mother to select what is appropriate within her own life context. A task to increase the proximity of spouses could be an assignment. Each is to relate for a week in a way that will give satisfaction to the other, but without telling the other what the plan is. In the next session, the spouses are asked to describe the changes in each other.

In other cases, the therapist will assign tasks in precise detail. For instance, in a family with an overinvolved mother-son dyad with a peripheral husband, the therapist may direct the father to help the boy with his homework, or control the boy when he misbehaves, or teach the boy how to play soccer or do carpentry, with the explanation that, "Since you are a man and your son will grow to be a man, you should discipline

. . . or teach . . . or play with him for the next week." A task of this sort can be supported by a statement of concern for the mother, such as, "Since your wife has been working so hard with Billy, it is important that she should take a week or two of rest." The specification of a time limit gives the family the framework of transition and experimentation and facilitates their participation in the search for alternative solutions.

A different technique for creating boundaries in overinvolved dyads is the use of paradoxical tasks, in which the therapist suggests or directs an increase in the proximity of family members of an overinvolved dyad or subsystem. For instance, she may direct an overprotective mother to increase her attention to a child's minor needs, or instruct an overinvolved spouse to keep closer track of his spouse's whereabouts. The aim of this technique is to increase the conflict between participants, which will be followed by an increase in their distance.

Various techniques of boundary making are used with the Hanson family, after the therapist has asked Alan to talk to his father.

Alan: Would you give me a hand, Peg?
Peg: Tell Daddy that you want to make decisions by yourself. If you really want to do it.
Alan: Yeah, I would like to be more independent, but I guess it's a habit of letting people do things for me, and I've gotten into it.
Peg: And I guess it's going to be very hard for Daddy to stop. It will be hard for all of us, but especially Daddy, because he and Mommy tend more to be protective. And it's going to take a long time, and it's going to take a lot on your part, too, to make decisions and say, "Well, look, I don't want Peg to help." You can't be afraid to say it.
Alan: Yeah.
Minuchin: Peg, do you find yourself frequently in the job of being the helper?
Peg: Yes.
Minuchin: Who else is asking you for help?
Peg: Uh—my mother.

The therapist tries to utilize a sibling to separate Alan from his overprotective and handicapping father. The content of their discussion is one of separation and individuation, but the therapist notes that Peg herself seems extremely comfortable in the role of helper. He assumes that Peg may also participate with other family members in the maintenance of dysfunctional transactions. His exploration of this hunch brings

forth the mother's utilization of Peg to maintain her own distance from her husband.

Minuchin: Pete, exchange seats with your mom, because I want your mother to talk with Peg. (*Pete unhooks his microphone to change chairs, and Peg starts to help him.*) No, let him do it. (*To Pete.*) Very good. You did it on your own. Nobody helped you. Maybe you will still be safe, Pete, since nobody will help you. Mom, talk with Peg because I think Peg gets herself saddled with helping a lot in the family.

Since the therapist, by this point in the session, has seen that three dyadic subsystems in the family operate with intrusive overprotection, he will automatically look at all transactions that occur in terms of their ability to support or curtail competence and autonomy. As a result, he supports Pete's autonomy by blocking the unnecessary help from Peg and by affiliating with him in his competence. Then the therapist moves back to the mother-daughter subsystem.

Mother: She does. Peg wants—
Minuchin: Talk with *her* about how you saddle her.
Mother: About how I saddle her with the problems?
Minuchin: Yeah.
Peg: Right. Well, I never realized it. It just happened that grandmother—
Mother: My mother used to live with us, and she was around all the time when Peg was growing up, and then when she wasn't there, I just automatically used to ask Peg—I didn't realize that I was putting pressure on Peg. I thought it was more or less conversation. Right, Peg?
Peg: Maybe you didn't realize it, but I knew that you wanted me to help you decide things.
Mother: I always considered it more like we would talk over things together and then I would make my own decision, but I think maybe you felt that it was left on your shoulders to make the decision.
Peg: A lot of times you did. You would say, "What do you think I should do?" or, "What do you think about this?" And I made a lot of decisions.

It becomes clear that the dyads—Kathy-Alan, Alan-father, Peg-Alan, Peg-mother, and mother-grandmother—all have a similar organization and that this is a family in which the enmeshment hampers differentiation. The therapist assumes that if Peg has replaced her grandmother in her relationship with her mother, she may be filling a vacuum in the mother's life created by a disengaged husband. The therapist goes on to investigate the functioning of the spouse subsystem.

Minuchin: You did ask Peg to make decisions?
Mother: Not about important things, like about if you're going to buy a house or something like that, but about—
Peg: About family things.
Mother: Yeah.
Minuchin: Family things. She would ask you?
Mother: Yes—I would ask her to help.
Minuchin: Father, where were you? You that are so helpful. You that are helping Alan. Where were you? Why didn't your wife ask you?
Father: I wasn't around too much then.
Minuchin: Oh, that's why. Are you saying that you were alone and that you used Peg because Nels was not around?
Mother: Nels was working two jobs for a long time. He's always working two jobs, but now he has more of an interest in the house. I feel Nels has time if it's something he's interested in, and if it's something he doesn't want to think about, he's just not there to hear it.
Minuchin: Peg, come here and move out from that center. Mom, you sit near your husband. You know, Peg, I think that it's a pity for you to be sitting here between them. I bet that you are too available. I bet you like that job.

The therapist changes the spatial arrangement of Peg, husband, and wife, separating the daughter from the spouse subsystem. He also gives a cognitive construct supporting his spatial metaphor. His strategy of working with dyads has elicited a picture of the mother-Peg subsystem as a structure inherited from the mother-grandmother subsystem. Both structures have kept the husband and wife at a comfortable distance from each other. The therapist continues activating the spouse subsystem.

Mother: How do you think we can go about correcting this mess?
Father: Well, I think I should start being home nights for one thing. I'll leave the other job—
Minuchin: Can you stop shaking your head, Peg? It's not your function.

The therapist blocks Peg from taking her habitual position as the third person in the spouse subsystem.

Father: Much as I feel I have to change an awful lot, I think you have to change.
Mother: In what way?
Father: Oh, general mannerisms, your attitude toward me personally. I feel very deeply hurt many times.
Mother: How?
Father: I feel you don't feel I am a full man—a full husband. I feel you look down on me many, many times.
Mother: How do I act that makes you feel I look down on you?
Father: Sometimes you don't have to act, you can just look.
Mother: But I don't understand what—like what do I do that gives you that impression? How do I—obviously I—
Father: I'm trying to look for an answer here.

The problem has now been transformed from a problem of a young man with severe psychological difficulties to a problem of a family with dysfunctional rules and subsystems that are not working as well as they might. As the problem has been transformed, so has the therapist's job. In the first part of the interview, it was indeed the therapist's job to spread the problem among family members, to reframe it so that what has been described as a problem of one becomes a problem of the family. Now the therapist must challenge the family organization that keeps the father peripheral. Unless the spouses are able to function well, independent of the children, Alan, Peg, Kathy, and Pete will have difficulty differentiating and separating from the family.

Father: You are not respectful of me.
Mother: I don't think I'm not respectful with you. I don't mean to be not respectful of you.
Minuchin: You said that she doesn't treat you as a full man. You make Nels feel that you are not on his side.
Mother: And I guess I have feelings that he doesn't understand me, either.
Father: I think we've been throwing this back at each other for a long, long time, and it's—
Minuchin: You have not been helpful. You, Peg, have not been helpful.

When the spouses get stuck in their blame-counterblame set, the therapist highlights Peg's triangulated position as a supporter of the husband-wife homeostasis and her lack of alternatives.

Peg: What do you mean? Now? Or in the past?
Minuchin: Whenever Mom chose to talk with you instead of talking with Dad. Will you resign from that job or are you stuck with it?
Peg: I don't know. Let me think for a minute. I don't think that my mother is going to stop—
Minuchin: Using you?
Peg: Yes, you're right.
Minuchin: It's a job that you like for life? Do you want that job for life?
Peg: No, because I'm not her mother. I'm only 21 years old. If I wanted to be the mother, I'd get married.

The therapeutic affiliation with Peg acts to separate the mother and Peg. Peg then requests age-appropriate autonomy.

Minuchin: She's not using you as a mother really. She uses you when she feels she does not know how to talk with your father. (*To parents.*) So Peg is in between both of you. Who is on the other side?
Father: Oh, Peg is there with her mother and the mother is with Peg.
Minuchin: What about the other ones?
Father: Pete is fairly independent. He'll speak his piece. And Kathy is—I'd say she'll look at both sides. Alan will form an opinion, I feel, but he will keep it inside him rather than take sides.
Minuchin: Do you think he is taking sides but he is keeping it silent?
Father: I feel so.
Minuchin: And with whom is he siding?
Father: I think Alan feels about his mother like I do. I honestly, sincerely feel that. I don't think he wants to take sides, but I feel Alan feels a lot of times I may be right, but he'll never say it.

The therapist's simple strategy of boundary making throughout this session highlights a dynamic of triangulation supporting severe pathology. The development of the spouse subsystem was handicapped in the beginning of the marriage by the mother's mother, who lived with the couple and joined in a coalition with her daughter against her husband. The children growing up in the family joined with the mother-grandmother subsystem, while the father chose life as a workaholic and also

an alcoholic, which maintained him in the family as a disengaged member. Alan chose a coalition with the losing side. But the drama of choosing sides is played out daily in silence, in highly nonvisible transactions. Now that the therapist has a map, identifying the problem of the family and the goals of therapy, he can, with a measure of wisdom, lead the family out of its difficulties.

The techniques of boundary making are easily learned and can therefore be used effectively even by therapists who do not have theoretical structure to order and integrate the phenomena they observe or produce. But in such cases, boundary making, even when elegantly realized, remains an isolated phenomenon. The point of boundary making is not that it is possible, but that it is done for a reason. If the therapist knows where he is going, he will find the vehicle.

12 Unbalancing

In boundary making techniques the therapist aims at changing family subsystem membership, or at changing the distance between subsystems. In unbalancing, by contrast, the therapist's goal is to change the hierarchical relationship of the members of a subsystem.

When the therapist and the family members join a therapeutic system, they enter into an explicit contract that defines the therapist as the expert of the system and the leader of the therapeutic endeavor. Consequently, mere entrance into the therapeutic system changes the family power structure. Everybody takes one step down, as it were, allocating to the therapist the power necessary for the utilization of her expertise. This shift will not be challenged by the family members as long as the therapist respects the family's own power allocation.

The problem is that the therapist will have to use herself, as a member of the therapeutic system, to challenge and change the family power allocation. Family members expect the therapist to be "firm but fair." They expect her either to support everyone's point of view in a balancing act that leaves things unchanged or to "judge" who is right from the objective position of an outside expert. Instead, the therapist joins and supports one individual or one subsystem at the expense of the others. She affiliates with a family member low in the hierarchy, empowering him instead of undercutting him. She ignores the family switchboard. She joins a family member in a coalition that attacks another family member. These operations handicap the recognition of the signals by