Deconstructing Minuchin

By

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*Minuchin: The following is a 20-minute talk about my truth; 30 minutes will be devoted to showing 7-8 minutes excerpts of three tapes and I will talk about how I operationalize these truths.*

I'm 96 years old and this is the sixth keynote speech that I am giving at the Evolution of Psychotherapy Conference. By now I know that I do not know.  When I was younger, like you, I thought that if I read more or observed closer, or intervened differently, I would know things. But now I feel comfortable with not knowing, because uncertainty is the beginning of a surge.

Here's a story of my reach for certainty when I began my psychiatric journey. In Israel, I served as the director of six institutions for children who had survived the Holocaust and children from the African countries. I learned quite a bit about social psychiatry and importance of culture in the life of children. But at that time, I felt my knowledge was too limited, so I came to New York to learn more.

In 1958, I started my practice in family therapy after reading an article by Don Jackson, a psychoanalyst. The article dealt with family interaction, family homeostasis,

and the implications of conjoint psychotherapy. It described a new kind of therapy where one sees the patient, the parents, and possibly even siblings all together in group psychotherapy sessions, and to my mind, that article initiated a new field. Jackson said the individual does not exist alone; it is an intellectual construction. I remember this phrase because it was the only knowledge I had of family therapy.

During this time, I was working at the Wiltwyck School for Boys, an institution for delinquent children. Our team was working with more than 100 children referred to this residence by the judicial system in New York. The majority of them were African-American, mostly from Harlem, and almost all were from families on welfare. The school was in Esopus, New York, which is a considerable distance from New York City. The location was chosen on purpose, so that the children could be free from the pathological environment of their neighborhoods and families.

Wiltwyck was like thousands of other such schools around the country, and the experience of the children was typical. They accommodated to the rules of the institution, and after a year or so, were labeled "improved." They were then discharged to return to their previous environment, however, many them came back as recidivists. We knew we needed a more effective intervention, and to the group of liberals concerned with treatment at Wiltwyck  --Auerswald, King, Montalvo, and others -- Jackson's article seemed like a great jumping off place for exploring a different process. So we declared ourselves "family therapists," and set out to prove it.

I opened a wall in one of the offices, installed a one-way mirror, invited the families of the children, and we began family therapy. A session was divided in three

parts and involved two therapists. In the first stage, which lasted 30 minutes, one therapist met with the child and the other therapist met with the rest of the family. In the second stage, also a half hour, one therapist met with the parents and the other with the Identified Patient (IP) and the siblings. And in the third stage, the two therapists met with the family as a unit. What we discovered was that members acted differently in differently arranged subsystems.

In the 1960s, there were a number of psychodynamic centers that were focused on families in the United States. They were mostly headed by psychiatrists and their concern was on the ways in which families of psychotic patients handled their distressed family members. I was fortunate in that I was not working in psychiatric wards dealing with the mysteries of psychotic people, but rather with poor people on welfare -- African American and Latino families -- living in Harlem and other New York ghettos. Fortunately, my life had prepared me to explore their miseries and their mysteries. I was an immigrant Jew, branded by history to be the "other." In Argentina, I had passed by walls that were scrawled with invitations to kill a Jew and be a patriot, and I have worked with children who survived the Holocaust. Therefore, the psychiatry that I embraced was political and social, and the therapy that I developed dealt with social justice. For me and my colleagues it was a heroic time. We thought we could change poverty by empowering families to become self-assertive and challenge their circumstances. We were right in our goals, but naïve about our capacity to achieve social change. So for the next 50 years I worked, learned, got pushed around, learned again, and like Beckett said in *Waiting for Godot*, "I cannot go; let's go."

In our work, we quickly discovered that the unit of intervention when working with poor families is wider than the family. It includes the social institutions that impinge upon, and control family life.

In the late 1950s, all the trainees in family therapy had been influenced by psychodynamic thinking. A large majority of us had our own personal psychotherapy with the purpose of becoming aware of the personal characteristics and biases of the therapist. We thought that for therapists to be effective and not impose their own viewpoint on the patient, they would need to start with a personal understanding of themselves.

When Harry Stack-Sullivan developed his concept of interpersonal psychoanalysis, countertransference ceased to be a negative aspect of therapy.

In the 1960s, the teachers of family therapy were aware that personal psychotherapy should be replaced by techniques that were different from psychoanalytic thinking. Virginia Satir, Murray Bowen, Carl Whitaker, Nathan Ackerman, and the five Italian schools developed programs that varied in technique, but whose purpose was to make therapists cognizant of their own internal dynamics to defend the family from the imposition of values from the therapist.

Up to this point, we organized our understandings in a book -- *Families of the Slums* (Basic Books, 1967) -- which was curiously categorized as belonging to the field of anthropology. Though we did not see it then, what we were looking at was how the context of the individual created an identity. We discovered this perspective, but didn't realize it at that time. While this theme was present in all my work, I only found out

later when I reflected on the whole, and not simply pieces. Looking back now, I see that this approach was also evident in my other works. It is only within the last couple of years that I've come to realize that throughout all my work I was repeating the search for the importance of belonging in creating identities.

It seemed to me that in the '70s, the first challenge to the "self of the therapist" was the salvo from the feminist group exemplified in the book, *The Invisible Web: Gender Patterns in Family Relationships*, by Marion Walters, Betty Carter, Peggy Papp, and Olga Silverstein. Together these authors presented the idea that the leaders of the family therapy movement were mostly men, many of them, psychiatrists, and that these men, as they engaged in therapy, did not consider the differential power of men and women. In effect, the authors stated that male therapists tended to blame the victim -- the victim being a woman.

The next challenge to the significance of the "self of the therapist" came with the Milano group and the post-modernists. Goolishian and Anderson presented the idea that therapy is a misnomer; that the therapist should start from the position of "not knowing," and that therapy was essentially a dialog between two people in a symmetrical conversation. Following the concepts of Foucault, Michael White directed therapists to deal with the narrow stories that patients present, and develop techniques of expanding patients' narratives. When I talked with White about the techniques he used in therapy, he insisted that conceptually he was not impacting in the narrative of the patient, but rather expanding the way in which the patient saw their life.

In, *Psychosomatic Families*, a book I coauthored, we looked at how the whole family produces an anorexic. In *Working with Families of the Poor*, we looked at how children respond to the foster care system, and the way in which the hospitalization of children creates a multiple identity. Today, 30 years and 10 books later, I return to my original exploration of how the belonging to a system creates an identity, and I see multiple identities, which are created by the belonging to different subsystems.

In 2015, after the death of my wife, Pat, I began the process of self-healing, thinking anew about how my many selves jumped over the ways of belonging. Until the age of 30 when I married, I belonged primarily to my family. My parents created my original self, and shaped, nurtured, and modified my responses to the world. At 30, when I married, I created an exquisite animal that was our couplehood. This lasted 63 years.

I clearly saw that being and belonging are Janus-faced. We are always seeing both sides of the coin, sometimes privileging one over the other. And now as I walk alone, I understand experientially the meaning of belonging. Belonging is the primary focus in all the therapy sessions in my archives, which I created last year. I function as a choreographer, inviting family members to explore aspects of their relationship; creating subsystems in which the excluded member acts as an audience.

When I look at family therapy I realize that when the family comes and says who they are, that in all cases I can say, "The IP is not the IP. The individual patient is not the patient. The patient is the relational patterns that are created by belonging to a

subsystem." So, I say to families, "Your certainty is the enemy of change." And I engage family members in exploring the different layers of identity.

When I compiled a video archive, in which I watched 30 sessions of my work that spanned almost 50 years, I noticed that throughout my career, in the books I wrote and the sessions I conducted, it was implicit that I was working with the concepts that the individual belonging in a subsystem provided individuals with a sense of security and protection. At the same time, it constrained the freedom of the individual members of the subsystem. This entailed the idea that belonging produces security as well as constraint, and that multiple belongings create multiple identities.

The family therapist has two goals for the beginning of therapy: one is challenging the IP's ownership of the symptom, and the other is making the family members responsible for the maintenance of the symptom. But while the therapist knows the end of the journey, he does not know how to traverse the territory. The family dictates to the therapist the *how* of the walking.

The technique most frequently used to challenge certainties and facilitate expansion of the family members' concern for each other, is the "enactment," whereby the family therapist asks the family members to explore each other in conflictual areas in search of alternatives, while being observed by other family members.

Now I will show clips from two family therapy sessions, and there are a few things I'd like you to pay attention to:

1. The therapist challenges the ownership of the problem
2. The therapist works with multiple subsystems

3. The therapist introduces novelty (metaphors – allow the client to think)