

Instructor's Manual

for

SALVADOR MINUCHIN ON FAMILY THERAPY

with

SALVADOR MINUCHIN, PHD
AND JAY LAPPIN, LCSW

Manual by

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psychotherapy.net

The *Instructor's Manual* accompanies the DVD *Salvador Minuchin on Family Therapy with Salvador Minuchin, MD, and Jay Lappin, LCSW* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

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Instructor's Manual for Salvador Minuchin on Family Therapy with Salvador Minuchin, MD, and Jay Lappin, LCSW

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Instructor's Manual for

**SALVADOR MINUCHIN ON FAMILY
THERAPY WITH SALVADOR MINUCHIN, MD,
AND JAY LAPPIN, LCSW**

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video, you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions; no therapist is perfect! What are viewers' impressions of what was discussed in the video? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique the work of other therapists as well as their own..

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos, and Further Reading** prior to or after viewing.

5. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

Salvador Minuchin (1921–): A Brief Biography*

The eldest of three children born to the children of Russian-Jewish immigrants, Salvador Minuchin was born and raised in a closely knit small Jewish community in rural Argentina. His father had been a prosperous businessman until the Great Depression forced his family into poverty. In high school, he decided he would help juvenile delinquents after hearing his psychology teacher discuss the philosopher Jean-Jacque Rousseau's ideas that delinquents are victims of society.

At age 18, Minuchin entered the university as a medical student. In 1944, as a student, he became active in the leftist political movement opposing the dictator Juan Peron, who had taken control of Argentina's universities. Minuchin was jailed for three months. Upon graduation in 1946, he began a residency in pediatrics and took a subspecialty in psychiatry. In 1948, as Minuchin was opening a pediatric practice, the state of Israel was created and immediately plunged into war. He moved to Israel and joined its army, where he treated young Jewish soldiers who had survived the Holocaust.

Minuchin came to the United States in 1950 to study psychiatry. He worked with psychotic children at Bellevue Hospital in New York City as a part-time psychiatric resident. Minuchin also worked at the Jewish Board of Guardians where he lived in its institutional housing with 20 disturbed children. His training there was psychoanalytic, which did not seem compatible with his work with the children.

Minuchin married Patricia Pittluck, a psychologist, and emigrated to Israel in 1951. There he co-directed five residential institutions for disturbed children. Most of them were orphans of the Holocaust and Jewish children from Asia and the Middle East. Here, he first began to work therapeutically with groups instead of individuals.

Between 1954 and 1958, Minuchin trained at the William Alanson White Institute of Psychoanalysis in New York City. He went there because the Institute supported the ideas of Harry Stack Sullivan, who created interpersonal psychiatry and stressed the importance of interpersonal interaction. As he was training there, he began practicing

family therapy at the Wiltwyck School for Boys, a school for troubled youth and juvenile delinquents. Slowly, he began to believe that he needed to see a client's family. In his experience, seeing them alone, as per psychoanalysis, was not an effective treatment technique.

Minuchin and a number of other professionals began working as a team to develop approaches to family therapy. These youths at the Wiltwyck School and their families tended not to be very introspective, so Minuchin and his team focused on communication and behavior, and developed a therapy approach in which the therapist is very active, making suggestions and directing activities.

In 1965, Minuchin, his wife, and their two children moved to Philadelphia, where he became, at the same time, Director of Psychiatry at Children's Hospital of Philadelphia, Director of the Philadelphia Child Guidance Clinic, and Professor of Child Psychiatry at the University of Pennsylvania School of Medicine. During this time, he began working therapeutically with children with psychosomatic illnesses. Research with these children and families indicated that family therapy could help these patients improve, and that maladaptive family patterns were partly to blame for these illnesses.

During the 1960s and 1970s, Minuchin became interested in the larger social world in which families are embedded. He and his group started studying communities and social service agencies. In one project, he and his colleagues, under an intensive program, trained minorities from the community to be family therapists.

Minuchin and his colleagues, as well as a number of other groups, struggled to understand family dynamics. He explored what other family therapists and colleagues in the social sciences were doing, and drew on those that seemed to work. He found Gregory Bateson's systems theory (a system is comprised of interdependent parts that mutually affect each other) to go a long way in explaining family dynamics. Minuchin also drew on the ideas of Nathan Ackerman, a child analyst who began to look at the interpersonal aspects of the family unit, and the ways individual behavior relates to that unit.

In 1975, Minuchin retired from his position as Director of the Philadelphia Clinic. He then served as Director Emeritus of the Clinic from until 1981m at which time he established Family Studies, Inc., in

New York City, an organization to teach family therapists. Minuchin left the University of Pennsylvania, Philadelphia in 1983, when he joined New York University School of Medicine as a Research Professor. He retired in 1996 and currently lives in Boca Raton, Florida.

Minuchin has contributed to numerous professional journals and coauthored numerous books, many of which explore the effects of poverty and social systems on families.

** Adapted from Marie Doorey: <http://psychology.jrank.org/pages/425/Salvador-Minuchin.html>*

Structural Family Therapy*

Structural Family Therapy (SFT) is a model of treatment that was developed primarily at the Philadelphia Child Guidance Clinic under the leadership of Salvador Minuchin. Based on systems theory, the model's distinctive features are its emphases on structural change as the main goal of therapy and on the therapist as an active agent in the process of restructuring the family.

Structural Family Therapists strive to enter or “join” the family system in therapy in order to understand the invisible rules that govern its functioning, map the relationships between family members or between subsets of the family, and ultimately disrupt dysfunctional relationships within the family, causing it to stabilize into healthier patterns.

Family Rules

In SFT, family rules are defined as an invisible set of functional demands that persistently organizes the interaction of the family. Important rules for a therapist to study include coalitions, boundaries, and power hierarchies between subsystems.

According to Minuchin, a family is functional or dysfunctional based upon its ability to adapt to various stressors (extra-familial, idiosyncratic, developmental), which, in turn, rests upon the clarity and appropriateness of its subsystem boundaries. Boundaries are characterized along a continuum from enmeshment through semi-diffuse permeability to rigidity. Additionally, family subsystems are characterized by a hierarchy of power, typically with the parental subsystem “on top” vis-à-vis the offspring subsystem.

In this model, healthy families are comprised of parent-children boundaries that are both clear and semi-diffuse, allowing the parents to interact together with some degree of authority in negotiating between themselves the methods and goals of parenting. From the children's side, the parents are not enmeshed with the children, allowing for the degree of autonomous sibling and peer interactions that produce socialization, yet not so disengaged, rigid, or aloof, ignoring childhood needs for support, nurturance, and guidance. Dysfunctional families exhibit mixed subsystems (i.e., coalitions) and improper power hierarchies,

as in the example of an older child being brought in to the parental subsystem to replace a physically or emotionally absent spouse.

Therapeutic Goals and Techniques

The basic goal of Structural Family Therapy is the restructuring of the family's system of transactional rules, such that the interactional reality of the family becomes more flexible, with an expanded availability of alternative ways of dealing with each other. By releasing family members from their stereotyped positions and functions, this restructuring enables the system to mobilize its underutilized resources and to improve its ability to cope with stress and conflict. Once the constricting set of rules is outgrown, individual dysfunctional behaviors, including those described as the presenting problem, lose their support in the system and become unnecessary from the point of view of homeostasis. When the family achieves self-sufficiency in sustaining these changes without the challenging support of the therapist, therapy comes to an end.

To accelerate such change, Structural Family Therapists manipulate the format of the therapy sessions, structuring desired subsystems by isolating them from the remainder of the family, either by the use of space and positioning (seating) within the room, or by having nonmembers of the desired substructure leave the room (but stay involved by viewing from behind a one-way mirror). The aim of such interventions is often to cause the unbalancing of the family system, in order to help the family to see the dysfunctional patterns and remain open to restructuring.

In the interview on this DVD, Minuchin discouraged too much emphasis on techniques. Still, over the course of many years, Structural Family Therapists have developed and adapted a variety of techniques to help themselves carry out their function as pre-scribed by the model. Some of these techniques are briefly described below:

- **Joining** is the process of “coupling” that occurs between the therapist and the family, which leads to the formation of the therapeutic system. In joining, the therapist becomes accepted as such by the family, and remains in that position for the duration of treatment. Although the joining process is more evident during the initial phase of therapy, the maintenance of a working

relationship to the family is one of the constant features in the therapist's job.

- **Reframing** is putting the presenting problem in a perspective that is both different from what the family brings and more workable. Typically this involves changing the definition of the original complaint, from a problem of one to a problem of many. The reframing attitude guides Structural Family Therapists in their search for structural embeddings for "individual" problems. Within such a frame, the therapist can request from the family members the enactment of alternative transactions.
- **Enactment** is the actualization of transactional patterns under the control of the therapist. This technique allows the therapist to observe how family members mutually regulate their behaviors, and to determine the place of the problem behavior within the sequence of transactions. Enactment is also the vehicle through which the therapist introduces disruption in the existent patterns, probing the system's ability to accommodate different rules and ultimately forcing the experimentation of alternative, more functional rules. Change is expected to occur as a result of dealing with the problems, rather than talking about them.

It is important to keep in mind that the Structural Family Therapy model is not just a cluster of techniques with specific indications, but rather a consistent way of thinking and operating, derived from the basic tenet that human problems can be understood and treated only in context.

**Adapted from Wikipedia and Jorge Colapinto's article, "Structural Family Therapy," on his website: www.colapinto.com, and originally published in Arthur M. Horne and Merle M. Ohlsen (eds.) Family Counseling and Therapy. Itasca, Illinois: F. E. Peacock, 1982.*

Reaction Paper for Classes and Training

Video: *Salvador Minuchin on Family Therapy with Salvador Minuchin, MD and Jay Lappin, LCSW*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2 to 4 pages double-spaced. Be concise. Do NOT provide a full synopsis of the video. This is meant to be a brief response that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Minuchin and Structural Family Therapy? What stands out to you about how Minuchin works?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the approach presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
5. **How I would do it differently:** What might you do differently from what Minuchin described in the interview? Be specific about what different approaches, interventions and techniques you would or do apply in working with families.
6. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts or feelings?

Related Websites, Videos, and Further Reading

Web Resources

The Minuchin Center for the Family

www.minuchincenter.org

Philadelphia Child and Family Therapy Training Center

www.philafamily.com

Jay Lappin's website

www.jaylappin.com

Website of Jorge Colapinto, with several articles on Structural Family Therapy

www.colapinto.com

Related Videos Available at www.psychotherapy.net

Structural Family Therapy, with Harry J. Aponte

Family Therapy with the Experts—10-DVD Series

Family Systems Therapy, with Kenneth V. Hardy

The Legacy of Unresolved Loss: A Family Systems Approach, with Monica McGoldrick

Recommended Readings

Lappin, J. (1988). Family therapy: A structural approach. In R.A. Dorfman (Ed). *Paradigms of clinical social work*. New York: Brunner/Mazel.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Minuchin, P., Colapinto, J., & Minuchin, S. (2006). *Working with families of the poor* (2nd ed.). New York: Guilford Press.

Minuchin, S. & Fishman, H. C. (2004). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

- Minuchin, S., Lee, W.Y., & Simon, G.M. (1996). *Mastering family therapy: Journeys of growth and transformation*. Hoboken, NJ: John Wiley and Sons, Inc.
- Minuchin, S., Montalvo, B., Guerney, Jr., B. G., Rosman, B.L., & Schumer, F. (1967). *Families of the slums: An exploration of their structure and treatment*. New York: Basic Books.
- Minuchin, S. & Nichols, M.P. (1998). *Family healing: Strategies for hope and understanding*. New York: Free Press.
- Minuchin, S., Nichols, M.P., & Lee, W.Y. (2006). *Assessing families and couples: From symptom to system*. Boston: Allyn & Bacon.
- Minuchin, S., Rosman, B.L., & Baker, L. (1978). *Psychosomatic families: Anorexia nervosa in context*. Cambridge, MA: Harvard University Press.

Discussion Questions

Professors, training directors, and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

EARLY INFLUENCES

1. **Being an “Other”:** How did you react when Minuchin spoke about the impact of being a Jew in an anti-Semitic country and how he developed a sense of being the “Other”? Are there ways you experience yourself as the “Other”? If so, how? How do you think your experiences of being the “Other” might have impacted or continue to impact your life, particularly your work as a therapist?
2. **Social justice:** What came up for you as you listened to Minuchin discuss his interest in social justice? Is this an interest you share? If so, how does your interest in social justice manifest in your life? Does it impact your therapeutic work at all? How? Do you agree with Minuchin that it was a na_ve mistake to think that therapy could be a vehicle for social change? Why or why not?
3. **Low socioeconomic status:** Do you have a particular interest, like Minuchin, in working with families with a low socioeconomic status? If so, why are you drawn to this particular population? Can you talk about some of the rewards and challenges of working with this population? If you are drawn more to working with a different population, talk about why.

INVENTING FAMILY THERAPY

4. **It’s not working:** What reactions did you have as Minuchin spoke about his process of developing family therapy, and how it sprang out of the sense that the psychodynamic work that he was doing at the Wiltwyck School for Boys was not working? Does it make sense to you why family therapy would be more helpful than psychodynamic psychotherapy for these “delinquent” boys from Harlem? If so, can you articulate why? Have you ever considered inventing your own therapy modality, particularly

when you're not seeing the change in your clients that you'd like to see? If so, what would your new approach look like?

5. **Pivotal moment:** What were your reactions when Minuchin spoke about a "pivotal moment" in the development of his approach—"the moment in which we realized that in order to join, we needed to change," and that "the process of joining was a process of learning how they talk, and beginning to talk in a modality that they could understand"? Do you believe that it is important to adjust your way of talking in order to join with a client? Why or why not? Can you share about a case in which you changed something about yourself in order to join with your client?
6. **The one who knows:** What did you think of Minuchin's statement that in order for the mother to feel competent, the therapist should be incompetent and take a "down position"? What do you think he meant by this? Do you agree with him? Why or why not? Talk about a case you've had where you took more of a "down position" and a case in which you took more of a "one who knows" position. How do you think your "position" impacted the work?

FROM PLAYGROUND WORKER TO FAMILY THERAPIST

7. **Too much emphasis on technique:** How did you react when Minuchin talked about the mistaken emphasis on techniques when he and his colleagues were teaching family therapy early on? As someone learning how to be a therapist, what do you think about the balance between learning techniques and understanding the process of therapeutic change? In your training so far, do you think there has been too much emphasis on technique? Not enough? Do you prefer to learn theory first and then try it out with clients, or to jump in quickly and learn from instant feedback? If you were to improve the teaching methods of your training, what would you change?
8. **Elements of change:** Minuchin talked about enactment, joining, and challenging as some of the essential elements of therapeutic change. What do you consider to be the essential elements of change? If you have been in your own

therapy, do you believe that it helped you to change? If so, how? If not, what do you think your therapist could have done that might have contributed to more change?

9. **Challenge:** What came up for you when Minuchin spoke about the over-emphasis in therapist training programs on being nice, supportive, and benign and his belief that “in order to be effective you need challenge people”? Do you find that your training has over-emphasized niceness over effectiveness? If so, how? What are your thoughts on Minuchin’s concept of challenging a family’s sense of certainty in order to help them see that “they are wrong because they are richer than they think they are”? How comfortable do you feel challenging your clients in the way Minuchin described?

INVITING THE FAMILY TO DANCE

10. **Therapist evolution:** What reactions did you have when Minuchin talked about how he has evolved over his 50 years as a therapist, and how his beliefs about families have changed? How have you evolved over your time as a therapist, even if you have only been in the field for a short time? What ideas/beliefs about mental health and therapeutic change do you have now that you didn’t have when you started? How has your thinking evolved?
11. **Daring:** How did you react when Minuchin spoke about how he has grown through his failures, and the importance of “daring when you’re doubting”? Talk about some of your therapeutic “mistakes” or “failures” and how you have grown from them. How do you feel about daring to try interventions out with clients when you are uncertain whether they will be effective or not? Can you give an example of a time when you felt you were being particularly daring with a client and how it turned out?
12. **Enactment:** What do you think of the concept of enactment as Minuchin described it? Do you agree with Minuchin that it is desirable for the therapist to invite whatever happens at home with the family to happen in the consultation room? What do you think the benefits and risks of “inviting the family to dance” with

the therapist might be? If you don't use the enactment technique to gather information about a family, what other techniques do you use to learn about how they interact with each other?

I KNOW WHERE I WANT TO GO

13. **Ultimate goal:** Minuchin explained that he often has an ultimate goal in mind in his work with families, but that he often does not know how he will reach that goal. What do you think of this approach to goal setting? Do you usually have an ultimate goal in mind when you work with clients? Do you often have a sense of how you will reach that goal? How much do you involve your clients in the goal-setting process? What are your overall thoughts on goals in therapy?
14. **Emotional responses:** Minuchin spoke about a common challenge new therapists face: figuring out when to share, and when to withhold, their emotional responses with clients. What came up for you when he suggested that therapists neither constrain nor satisfy their feelings with clients? Can you talk about some of your experiences in negotiating the balance between constraint and satisfaction of your emotional responses to clients? Do you tend to withhold your responses more or act on them more? How do you determine whether acting upon your emotional experience will be useful for your clients or not?
15. **Responsibility:** What reactions did you have when Minuchin spoke about responsibility in a family? Do you agree with him that a family is an organism in which people are responsible for each other? Why or why not?

ATTACHMENT AND ENMESHMENT

16. **Yin-yang:** What did you think about how Minuchin used the yin-yang symbol as a metaphor for systems thinking? Does his statement, "You can't change yourself, you can only change others" make sense to you? If so, how? What are your overall thoughts on systems theory? Is this a perspective you incorporate into your therapeutic work? If so, how

does it inform your ideas about therapeutic change?

17. **Attachment theory:** How did you react when Minuchin said that attachment theory does not make sense to him? Were you surprised to hear him challenge this popular theory? If you are familiar with Bowlby's or Johnson's work, how do you think they might have responded to what Minuchin shared about this? Do you agree with Minuchin that the mother/infant relationship is not necessarily the most significant attachment? When you reflect on key relationships in your life, are there any attachments that are/were more significant than your attachment to your primary caregiver?

I WANTED TO BE A TANGO SINGER

18. **What do you look for?:** When Minuchin works with a family, he looks at how a family is organized and is curious about ways in which people feel rejected and/or supported, with the goal of increasing the alternatives of relating. Is this what you look for when you are meeting with a family? Do you, like Minuchin, continuously make characterological assessments of each family member? Why or why not? What else do you pay attention to when conducting family therapy? Why?
19. **Roots:** Minuchin shared that his therapeutic approach is rooted in growing up in a big family in a small village, where he knew everybody and was a "people watcher." How do you think your approach to therapy might be rooted in aspects of the setting or circumstances under which you grew up?
20. **The approach:** What are your overall thoughts on Minuchin's approach to family therapy? What aspects of his approach can you see yourself incorporating into your work? Are there some components of this approach that seem incompatible with how you work?
21. **Personal reactions:** Was there anything that Minuchin said that particularly surprised or inspired you? Any other reactions to the interview that you haven't shared yet? How would you feel about having Minuchin as your therapist? Do you think

he could build a solid therapeutic alliance with you and your family? Would he be effective with you? Why or why not?

Complete Transcript of *Salvador Minuchin on Family Therapy with Salvador Minuchin, MD, and Jay Lappin, LCSW*

EARLY INFLUENCES

Jay Lappin: Hello, I'm Jay Lappin, and I'm here today with Dr. Salvador Minuchin, one of the foremost figures in family therapy. It's an honor to do this interview with Sal. He is someone who has been a huge part of the field of family therapy. He has changed the way that we fundamentally think about individuals and families, about foster care systems, larger systems. And it has been an absolute gift to know him all these years and to work with him.

I wanted to start today just because so much of what you write about seems to be embedded in your growing-up experiences. Could you say a little bit about what it was about growing up in Argentina that has affected your thinking and the development of your theory?

Salvador Minuchin: My goodness, to go so far back. I think one that of the things that formed me was the fact that I was the Other in Argentina, in the sense I was a Jewish kid in an anti-Semitic country. And so the same things that happen to black people here when they feel themselves excluded from the majority point of view—you develop a sense of being the Other. And you develop a sense of injustice.

So the concept of social justice was a very important part of my childhood. I walked to school and I passed through certain streets where it was written on the walls, "Be a patriot. Kill a Jew." And that is a very important impact, an emotional impact in the formation of a youngster.

So, being a Jew, being the Other, being different than the others, wanting to pass is something that marked me.

And my work with low-socioeconomic families is very much related to

a concept of social justice. The group of people that worked with me at Wiltwyck were all liberal people, leftist people, thinking—incorrectly I think—that through therapy we could help families to become more competent, and that would be translated into a potential for changing society. It's a very—the tools of family therapy, or the tools of therapy in general, are very tiny. The ideas that we have that we can take families from Harlem and make out of them a movement of social liberation was part of our ideology and also our naïveté. That is what started the work with the Wiltwyck families.

Lappin: And one of the things that you said early on was that this idea of challenge has been a thread throughout your career and throughout your life, and courage, I think, to take on bigger institutions. You talked about a concept—and forgive me of my Spanish—*desafío*.

Minuchin: Yeah. It started with childhood.

Lappin: Didn't somebody get you to have a fight with somebody else? Was it your friend?

Minuchin: Well, that experience, it was in high school, sixth grade, and a friend came and said to me, "Sal, Micas said that he wants to kill a Jew. You go and fight him." So, very much in Argentinean style, I went and said to Micas, "I will wait for you after class."

After school, we went out of the school, we went to the street, the classmates created a circle surrounding us, and we fought. And of course, they were saying, "Kill him. Hit him." Just like kids do.

And he hit me in the nose and my nose bled, or I hit his nose. But the question was that according to tradition, this was a duel to first blood. So then the fight stopped, we shake hands, and that was the end. But it's just part of—for some reason or other, I was a challenger. I was a very shy person, a very shy child. But I was also a challenger. And the idea of challenge is reflected in all my life.

I was part of a revolutionary movement against the dictator Juan Peron. Then in my life, I went to Israel to fight in 1948. I was a doctor in the Israeli Army. And then I came to the United States. I studied in the William Alanson White as an analyst. I abandoned psychoanalysis as an orientation toward exploration that was too narrow. And the

working with low-socioeconomic families was part of the idea that we need to create—you see, I was working in a school, Wiltwyck School for Boys, where a hundred kids were taken away from Harlem, taken to Wiltwyck, two and a half hours away from Harlem.

They spent there a year, two years. They improved. We said, “Then you’re improved. It means that you accommodated to the rules of the institution.” They went back to Harlem, and they came back after a year because in Harlem they began to steal again, to do some more delinquency.

So the idea of doing family therapy sprang out of a sense that what we were doing was not working. We were all very much oriented toward psychodynamic-oriented psychological approaches. And they didn’t work. So we read one article by Don Jackson.

Lappin: “The Question of Family Homeostasis”?

Minuchin: Family homeostasis. And out of that article, we said, “OK, we are family therapists.” And in these times, it was easy.

INVENTING FAMILY THERAPY

[00:08]

We had one article and a point of view, and then we decided, “We are family therapists.” From that, to become family therapists was a process. And the process was, “Okay, now we invite the families of these children to come and have sessions with us.” But we didn’t know how to interview families. So we had a group of our team behind a one-way mirror. And in some strange ways, they were colleagues, they were supervisors, they were teachers. They were there to observe what we were doing, and then to tell us what we were doing. That was a way in which we started to develop our techniques of family therapy—really by feedback. They were telling us, “You did that,” and we would say, “What?”

And then suddenly, we developed an introject—some kind of homunculus here that was observing ourselves doing things. And then, on the basis of our understanding of the characteristics of these families, we developed a series of techniques that were specifically related to working with a population that was not introspective, that

was not reflective, that did not have nuances of affect. If somebody was angry, it was that kind of thing. There was not nuance. If there was control, it was that kind of control.

So we developed techniques of moderating affect, because the important thing for us—we were also child-oriented psychologists—was how can we create in the family an environment in which children found predictable responses? The responses of the parents toward the children were unpredictable. They reflected the mood of the parents. So modulating affect, modulating control, creating dialogues where there was chaos or immediate response—one here, the other here, the other here.

So the first techniques that we developed were techniques that had a lot of elements of traffic cop. We took a pencil—can you give me a pencil?—and we would say, “Okay, you want to talk? Take the pencil. Now, when you finish talking with me, you give me the pencil and you say, ‘Okay, answer.’” So it was a strange and very simple and very naïve way of working. But it was something that really was specific to our population.

The other thing that happened is that we started by criticizing our population, criticizing the families. They were wrong that way, they were wrong that way. The second step was saying, “We are wrong.” Something about our reflective way of talking, our demands for reflection were part of our needs. We were all middle-class intellectual people who didn’t have too much contact with this population.

So we began to change. And that was a pivotal moment—the moment in which we realized that in order to join, we needed to change. The process of joining was a process of learning how they talk, and beginning to talk in a modality that they could understand.

That moved, then, toward an insistence of supervision. We did things, we went back to the one-way mirror—“What did we do? How different should we be?” and things of that sort.

Lappin: You said that you’d even have families behind the mirror at times?

Minuchin: Well, the mirror was an impermeable mirror. We were

seeing—the family was in the session with one of the therapists. And let’s say it was the grandmother, the mother, and the children. The grandmother was always saying to the mother, “Do that,” or, “How is it that you don’t control your children?”

So one of the therapists would say to the mother, “Why don’t you come with me behind the one-way mirror, and we will look at the way in which your daughter treats her children?” And then we had two sessions going simultaneously—one session of the therapist working with the mother and the children, and the other therapy, the other session, was a therapist beyond the one-way mirror with the grandmother, and instructing her to see and to become more supportive of the mother. To see that the mother was more competent than what she gave her credit for. To see that the therapist was incompetent as well. Issues of competence and learning how to work from the down position were also important for us. In school, you are trained as a psychiatrist, as a psychologist, to take the position of the one that knows and does.

So to achieve the possibility of recognizing that in order for the mother to feel competent, you should be incompetent, so that the process of making the mother competent requires the therapist to take the down position.

So, from this exploration and these mistakes and this repairing, we then wrote the book *Families of the Slums*.

FROM PLAYGROUND WORKER TO FAMILY THERAPIST

[00:15]

And then with Braulio Montalvo—that was my twin—we developed an alphabet of skills. And that was also a very interesting and very naïve kind of approach.

Somebody says that if you put a monkey in a computer or in front of a typewriter, and you are waiting a long time, he will write *Othello*. But we thought that in some way or other if we give to people an alphabet of skills, they will be able to write epics.

Minuchin: People get a tremendous amount—that appealed to people because it gave them a sense of security. But it was a mistake.

Lappin: How so?

Minuchin: It was a mistake because people began to think that having an alphabet you could write a sonnet. And it is not true. You can have an alphabet and have only an alphabet. The idea that the alphabet was at the service of a particular communication that was part of a process, that there were superordinates, that we had a goal. So the alphabet was an instrument. But students took the alphabet not as an instrument, but as the real process of therapy.

And the field of family therapy really moved from, in the beginning, an attempt to understand families, to an attempt to expand the techniques. And pretty much, we were all technicians, and we forgot to think. So many, many people that were students of mine thought that changing seats was the essence of structural family therapy. And I would say I change seats because I'm just ADHD. I cannot stand seated in one time.

Lappin: But to be a craftsperson, don't you have to learn certain skills and do them over and over again until you get them and they are a part of that larger thinking?

Minuchin: Yes, but the question is, at which point? The question of how to teach is an interesting thing. And that happened—at some point, we were working with a population of black and Latino families, and we had a faculty that was all white middle-class intellectual people. And we looked at our population, we looked at the members of the clinic, and we realized that there was a mismatch.

So we developed a program in which we went to the community, and selected in the community a group of people that worked with children in the playgrounds. And we invited a group of 12 people in the beginning. We selected 10 or eight to become family therapists. We had a grant from the National Institute of Mental Health.

Lappin: That was the IFC, Sal?

Minuchin: This was the training for paraprofessionals.

Lappin: So this was that first batch, Barbara Bryant-Forbes, Paul Riley, Pete Urquhart—that crew?

Minuchin: There were eight people. And suddenly we said, “You are family therapists.” And Jay Haley wrote a manual of how to conduct, how to survive the first session. And with that manual, the people had the first session. And Jay Haley, Braulio Montalvo, and myself supervised each one of these sessions. So it was a very labor-intensive program. And then it was a question of, how do you teach? You teach deductively like the universities, in which you teach theory, and then you teach more theory, and then you teach more theory, and then you teach the practice.

Or you teach inductively. And that was Jay’s idea. Inductively, you put people to do certain things, and they survive. Immediately after the session, the therapists would come with us, and we would look at the tape, and we would say, “Do you see what you did? What you did can be done in a different way,” or, “Can you tell me, why did you do that?” So it was a process by which people first did something, then recognized if what they did was correct and we applauded, or we said, “Look, that is not the way of doing it.” That really was a very difficult process.

The training of paraprofessionals lasted, I think, three years. And it was Jerry Ford—not the President but a social worker.

Lappin: He could have used the training. That would have been better.

Minuchin: The Afro-American social worker Jerry Ford was the director of the program. And we trained, I think, 24 of these people.

ENACTMENTS, JOINING AND CHALLENGE

[00:22]

So the idea of training inductively was important if you start with people that don’t have any notion. The rest of the staff had gone through the university. They came to us trained in therapy, individual therapy. So we needed to train them to be family therapists, and that requires teaching some theoretical aspects of therapy, to teach something about family organizations, and then to teach techniques.

The process should have been one in which the superordinate was theoretical. “What is our goal? What are the interventions that facilitate change, that facilitate the development of alternative

ways of being?” We forgot that and moved more toward teaching the techniques. So the idea of teaching enactment, that is, a way of bringing the problem of the family that a family tells us, to a dance in the session in front of us. That was what I called enactment, coming from the theater, from being in the stage and act something.

That became a very important way of people to interview families. But really, that was only part of the process. People at some point felt that enactment was therapy. And enactment was not therapy. Enactment was a step toward the process of change.

Lappin: So what would you consider to be the other essential elements of change?

Minuchin: We started with joining. Joining is basic. Joining is to give the family members—first to validate family members, and to give them the hope that, with our help, if we dance together, there was hope to a better life. So joining meant—and that was a technique—meant to be curious, to be supportive, to work towards competence, and to provide hope. So that was one of the techniques.

Another technique was—there were some techniques that had to do with challenge—unbalancing. In that, we developed a series of techniques that were different than the techniques of therapy in general. In social work school, in psychology school, when they train you to be a therapist, they train you about being benign. They train you to be supportive.

We felt that there was a surplus of support, a surplus of being benign, and that there was not enough challenge so that people would be a kind of an alarm ring to say to people, “Wait a moment. Let’s try to understand what is what you are doing. Can you do it differently?”

And that comes from my Argentinean background. *Desafío*, the challenge, had in Argentina an elemental—you fight with knives. But challenge also is to challenge a concept—to challenge a mood, an aesthetic sense. And in the working with our first families, and then working with middle-class families, the concept of challenge was sprung really from the idea that when families come to therapy, they are wrong. They are wrong in the sense that they are certain. Families

come to you with a certainty. They have an identified patient, and they are certain that pathology lies on the way in which this identified patient talks, behaves, thinks, emotes.

So clearly, this is wrong. System thinking says members of a family are constructing a way of being conjointly. And here, families come saying, “We are certain that the identified patient is like that, and it is intrapsychic.” So the idea was how to transform that into something that is systemic. And the challenge was, in the beginning, just the process of moving a concept that pathology is intrapsychic to the concept that pathology is formed by the transactions among family members.

And in the beginning, this challenge has an element of rupture, an element of anger. Slowly, this challenge changed, and challenge became benign. And challenge became a way of helping people to say, “Ah, is that what you mean?” So, from that point of view, challenge is something that I today do it faster, better, with humor. People understand that I’m on their side. But it is essentially the idea that people are wrong because they are richer than what they think they are.

So, the challenge becomes one that says, “Listen, my friends. You have alternative ways of being that are more appropriate to the human condition and to the circumstances in which you live.” So that change from the challenge, “You are wrong,” to the challenge, “You are wrong because you are richer,” is a major qualitative change.

Lappin: I think it is one of the hardest ones. When I teach, it is typically one that students, new therapists, struggle with mightily. Do you have any thoughts, ideas about how to help them make that jump? Because they are going from this dialectic, this tension between the family’s worldview and the systemic worldview. And it is very hard, I find, for students to do that in a way that is as smooth as you are describing. They struggle.

Minuchin: Well, there are two ways of becoming wise. One is to become old. And that takes a long time. But the truth is that you need to introduce the concept that—you see, to challenge that way, you need to find a way of validating who they are, and then say, “The way

in which you think you are is partial. It is correct, but it is partial. Join me in the trip to expand your alternatives. Join me in the trip to becoming richer.”

It is a shift that took many years to achieve. But once you achieve, then your relationships with people become much easier, because you approach them as an old uncle. You are an old uncle.

Lappin: I am.

Minuchin: And then you say, “Listen, my friend. Why don’t we talk a little bit about your possibilities?” And that is something that I think should come to people early in the—I know that people come to family therapy very young, and they come without experience. So they will need, in the beginning, to fake wisdom. But it is essential that they should start by saying the challenge is because families are certain in a way that is narrow.

The concept of what you think about yourself is partial. Your certainty about “this is who you are” is wrong, but it is wrong because you are richer. You add the words, “Because you are richer.”

Lappin: Jorge Colapinto and I used to teach a course, Introduction to Structural Family Therapy. And we would ask people, “How many of you think that you are good at joining?” And virtually the whole class would raise their hands. And then we would say, “How many of you feel that you are good unbalancing, at challenge?” And maybe one or two people would raise their hands. And what we said to them was that they had too narrow of a vision of joining—that they didn’t understand that you can join by challenging. I don’t know, is that a particularly American conflict-avoiding, kind of culturally?

Minuchin: No, I think that is university. I think people are trained to be nice, and the idea of challenge is against the concept that university had given you—that therapists need to be benign and need to be supportive. And suddenly you are saying, “In order to be effective, you need to challenge people to achieve a number of ways of being that are different. And that requires that you should be nice in a different way.”

The question is not, “Are you nice or are you not nice?” The question is, “Are you effective? Do you have a goal?” And what you are doing is

effective in the direction of achieving that goal. So if you change the way of teaching—I really think that the way of teaching techniques is incorrect. We started to develop something because that was a revolution for us. We needed to move from being psychologists to being family therapists. We didn't know how to do it. So we started, really, from the alphabet. But the idea that once you have an alphabet, you have tools that will allow you to be effective in changing family systems, is a mistake.

Lappin: So this mistake—you say one of the things that seems that has been missed is, I see you when you challenge is there is always a spark—there is a twinkle. I think you are Irish and you just don't know it. And there is this twinkle in your eye, like today on the tape, you challenged this family and you tease them about being, the father was a Martian. They are aliens, they were tigers. And there was a quality of playfulness.

And I can't remember you saying too much about how play factors into your work, or humor. Could you say something about that?

Minuchin: I have always been funny.

Lappin: I know.

Minuchin: I remember going to Yale once, and a psychiatrist came after the talk and he says, "Dr. Minuchin, do you know that you are a very funny man?" And I said, "Yes, I do know it." But it is also true that I was not a funny therapist. I was funny and I was humorous, but I did not use that in my sessions.

You know, it is very possible that we are here, and I am 88 years old, and I have been 50 years in the field, and I have evolved, and I have changed. And many things that I did in the beginning are anathema to me. The idea that I have today about the fact that family members are responsible for each other and that family members are the healers—that was not part of my concept when I started. When I started in the '60s, all family therapists started with the concept that families were pathological—the idea, "How can we save the patient from the pathology of the family?"—the concept that came from the '50s, from psychoanalytic concepts, from Frieda Fromm-Reichmann, that says

mothers create schizophrenia. So Laing, the British family therapist, he created an organization to save psychotic people from pathologic families.

And the concept of Bowen, about rescuing patients from the undifferentiated ego-mass—that was his work—from the family, was anti-family. So we were all child rescuers. We were all rescuers of the identified patient, so that, in effect, our view of the family was that they are wrong. And at some point the NAMI, the Association of Families of Mentally Ill Patients, challenged the Association of Family Therapists for being anti-families. And they were right.

And slowly we moved, because the families taught us, because our failures taught us. One of the things that is important to understand is that we grew through failures. I had failed so many times.

INVITING THE FAMILY TO DANCE

[00:38]

Lappin: So, Sal, you said that you had learned by making mistakes. Do you have any favorite mistakes?

Minuchin: Well, first I want to tell you something about the way in which I act. I sometimes have an idea that something is necessary to do. And I am not certain that what I will do is correct or not correct. So continuously, I am monitoring my way of behaving. Let's say—I can do that, let me explain to you. Let's say I think that I want to touch your face.

You can be a man or a woman. So I said, “What would you do if I touch your face?” And instead of waiting for your response, I would do that. “What would you do?” And look at your nonverbals.

Lappin: Should I do this?

Minuchin: No. Well, that would be too much. Just a movement of the face. I would then say, “Well, so you mean...” And this idea of starting to do something in which—to accept my doubt and to test it, and to know that I can push you as long as you will say, “It is enough. I don't want more.” So the process is an interactive process. The process is a process in which I can say to a mother or I can say to a father, “You know, it seemed to me that the way in which you act with your child

is dangerous, is destructive.” We’ll not start with, “It’s destructive.” We’ll start with, “It seems to me that sometimes you do things that you don’t like to do.” And then it will say, “Do you know what I mean by that? Talk with your wife about what do I mean when I say that sometimes you treat Jimmy in ways that you don’t want to treat him.”

And I would push for a communication between husband and wife in which I would sit back, move my head down, become invisible, and push for the dialogue between the two people. Then I would say—

Lappin: What happens if they stop midway—it will happen sometimes in therapy—they will turn to you because you have said that they are coming to talk to you, not to talk to each other?

Minuchin: That happens very frequently, and I would say, “That’s true, but at this point I want you to talk with him.” And I would reject the idea that I need to talk. I am present only when I think it is useful. When I think it is not useful, my attitude will be that—that is, avoiding eye contact. But coming back to the idea of, I said, “Sometimes you behave with Jimmy in ways that you don’t want to behave.” And then I would say, “Sometimes the way in which you behave with Jimmy hurts him.” And then I would say, “Sometimes you are destructive.”

So there is a process of evolvment, so that by the time in which I am saying, “Sometimes you are destructive”—that is a major challenge—I help the man to prepare himself to that statement and to say, “Am I destructive?” And that is, I think, a talent that I have. It is a talent that allows me then to act in ways in which there is a dance. It is like a tango. I try a movement, and it is your response, it is the response of the family, that will instruct me if I should continue in that way or if I should move, and instead of being challenging, I should be supportive.

I can be very seductive. I say, “I like the way in which you think. And mostly I like a turn of phrase that you have that is kind of poetic. Did you write poetry when you were a child?”

These are techniques that have become part of me because I love to ham up.

Lappin: So, Sal, you sound—you have this element of humor, of play,

seduction. And there is certainty there, even in your uncertainty about doing an enactment, when you touch the person's face and you are going in increments. That's you, though. You have an amazing capacity to read people and to know those things.

If you are a new student and you are just beginning to learn about enactments, how does one do that in it, to have that way? Because what you are saying comes—years ago, when we were at your house for a seminar. You were asking people about doing therapy. You skipped me, and I came back to you later and I said, “Why did you skip me?” And you said, “Oh, because you don't have children yet.” And I said, “Why is that important?” And you said, “You have to go through those life stages first to understand some of these things.”

So for people that don't have children yet, that aren't married or in a relationship, how do they adapt towards that 88 years of experience and wisdom and humor and play, and do it themselves?

Minuchin: I don't think there is a way of skipping life. You need to have some experience. But there are ways of teaching. Now, first, let's start with, conceptually, what is enactment? Enactments start out of my doubt about the meaning of language. I know that if I talk with people, people have rehearsed speeches to certain situations they will talk. And I never felt that what they said in their speech really gave me an understanding of the particular way in which they relate with spouse, child, and so on.

So if a mother says, “Jimmy gets very upset and then has temper tantrums,” I would say, “Well, Jimmy is here, and he is very quiet, and he is focused, and I think he is very nice. What would you need to do for Jimmy to become impossible?”

So the younger brother would say, “Well, if you take away the toys that he has.” And I said, “Okay, do it.” And he said, “What?” I said, “Take away his toy.” And then the child will take away his toy, and I would see a fight evolving between the two children. And I am interested, and I am comfortable, quiet, observing, waiting to see what the mother does. At this point, I have information. And the information is via the dance.

I have a metaphor that family therapy is inviting the family to dance with me. So, whatever happens at home, I want it to happen here. And I begin to look not at communication in terms of meaning, but at the dance. I am a choreographer. So as the mother then gets up and shakes Jimmy or shakes the brother, I would have some information that would direct me to the next step.

I start in the beginning with some goal. But then I have intermediate steps. That enactment, that making the situation happen, gives me some information about the intensity of affect of the mother, whom she selects to punish, what is the nature of the punishment, what do the children do—do they run away?

I KNOW WHERE I WANT TO GO

[00:48]

Minuchin: So I am working, in therapy, guided always by the process. One transaction evolves a different transaction. With the case that I presented today, I presented a case in which there is a mother who has a child, and then she married a man. And then there is the evolution of the triangle—mother, daughter, and stepfather. When that happens, usually, I would look at the way in which the mother defends her daughter against intrusion of the new spouse. And that is okay in the beginning—why not? There needs to be an accommodation. But at a certain point they need to become three.

So I know that that will be my goal. My goal is that instead of being two dyads—wife-husband, mother-daughter—three dyads, father-stepdaughter—they need to be one threesome. That is my goal. Then I begin to say to the mother, “You need to trust your husband.” And she says, “I cannot trust him because he is not an authority. He is authoritarian.” Then I ask the daughter, “Can you talk with your father, or will your mother interfere?”

Then she says, “I cannot talk with him because both of them are aliens. They are not humans.” I feel at this point very good, because I can now work with the language that she has. So I said to the girl, “Is he from Mars? And is she from the moon? Or he is from the moon and she is from Mars? And you? From where are you?”

“Oslo.” “Well, I can understand, if you are from Oslo...” And I develop

something that is funny, from which I begin to see that the girl can talk with the father when the mother is not around. At this point, I say to the mother, “Can you move here and let your husband and your daughter have a dialogue? I will be here with you, and if something happens, if he is authoritarian, if he is violent, I will stop him. So you sit here with me. We are going to be witnesses of what I think will happen, is that your husband and his stepdaughter—daughter—can develop a dialogue that is harmonious. Could you deal with that? Can you sit here with me and be with me quietly?” And I have created a stage. I have created a mini-drama.

And then I see what happens. I don’t know what will happen, but I have created a possibility of action, and a possibility of seeing some alternative ways of relating. The goal is that she should develop some trust that the husband can relate with her daughter in ways that are harmonious.

At some point I will turn to her and I will say, “Can you tell me something about your childhood?” And she will tell me that her father was a drunkard, and she will tell me that her father would hit her mother when he was drunk, and when she was two years old the father hit the mother and the mother was unconscious. She was two years old, and she needed to defend her mother.

At this point, I move—my heart goes to her, and I said, “Who helped you?” And she says, “Nobody helped me.” “What could you do for your mother?” “Nothing.” So I begin to talk with her about the effects of abuse and trauma in young children. And I said, “You know, probably forever you will have an alertness to danger. And you see in your husband a dangerous father, at the point in which I see him as perfectly comfortable.” So it is the creation of a story. And it is a story in which all four of them are participants.

Lappin: So you have, in a sense, it sounds like, a map in your head about where these people line up, where they should be, and intermediate steps to get there.

Minuchin: No, I have the ultimate goal. I know where I want to go. I want to go to the formation of a threesome instead of a formation of three dyads that is the way in which they are. How I will reach that

goal, I don't know. And that is what I am saying is a talent that you need to give to the students. You have a goal, and you are able to talk with them about the goal. How they will reach that goal will vary.

I will do it in a particular way because I have hundreds of pathways to reach that goal. But younger people would need to do it differently. And I should not be a model of the way in which they will do it, because they will need to do it differently. You do it very differently than I.

Lappin: Well, it is a challenge because young people struggle with having that certainty. And it seems to me that one of the things that you bring into this is the metaphors of play, drama, literature. And there is a way in which that seems to transcend the moment—that you are always listening for the larger story. Is there any way that they could work toward developing that skill themselves?

Minuchin: Today a doctor in psychology stood up and she said, “At certain moments, when you moved away from the mother, I felt a sense that she was in danger, and I felt a need to support her.”

And I said to her that, as a therapist, she needs to be always in a monologue with herself. And she should have an emotional experience. But when she has an emotional experience, she needs to ask herself, “Will it be useful for them that I should act upon what this emotional experience means?” And it is not that you should constrain your feelings, but you need to know that you are not here to satisfy your feelings. You are here to be a therapist. And a therapist is a technician. A therapist is a thinker. But it is a technician.

A technician can have a number of strange responses to the process, and the question always is to ask oneself, “Is that emotional response that I have useful for them?” And then you can act, or then you don't act. But you will be directed by that thought—“Is that useful to them?” And that is something that young therapists should achieve—this capacity to reflect upon their experiences. You said, “It is correct that you should experience that. I was rude to this woman. This woman expressed a moment of distress. Your response to her was correct. The question you need to ask yourself is: ‘Should I at this moment do something with my emotional response or not?’ And then

you become an expert. It is only at this point that you are an expert.”

Lappin: So where does love enter into all of this? Do you factor that as part of your thinking?

Minuchin: Love is a word that covers many, many, many things. It is a syndrome—it is not one particular action. Today when I talked about, “Can you help him?”—when I talk about, “If Jimmy is acting like that and you know that what you are doing is something that is producing that action, then you are responsible for him being in pain. I want you to take that into consideration. You are responsible. You are adults. You are forming Jimmy”—so, to me, at this point, I am not talking about love. At this point I am talking about responsibility. I am talking about healing. I am talking about the fact that the family is an organism in which people are responsible for each other. More than that, I am saying, “Not only are you responsible for each other, but you have the capacity to act in ways that are healing.”

So I am—probably because I am that old—I am using a lot of the concepts of responsibility for the Other. And I am using the optimistic view that you have resources. Aspects of you that you do not enact are resources. I always say to people, “You are richer than what you are. You don’t know that you are richer than you are, because you are a specialist. You are a specialist in the sense that you think that that narrow person that you are is all that you have. And I know that you are more.” And I use gestures and that kind of thing.

ATTACHMENT AND ENMESHMENT

[01:00]

I want to ask about something that you have said a number of times. You say, both in a family context and with a couple, that you can’t change yourself—you can only change others.

Minuchin: That’s correct.

Lappin: And that seems to fly in the face of all traditional therapy wisdom, that it is always about changing yourself. And it seems to me that in order to change, like if you said that to me and I wanted to change you, I would have to access different parts of myself. Isn’t it implicit in it that—?

Minuchin: Of course. It's a yin-yang concept. The yin-yang has two parts that are a unit. If I said to a spouse, "You cannot change yourself," that I really believe so. I have five years of psychoanalysis, and it didn't change me. Probably I left there being worse than what I started. But probably no change.

But the concept of yin-yang is a systemic concept. And it deals with the fact that if you take unit of two and you want one to change the other, the only way in which yin can change yang is by changing herself. So this is just a very simple metaphor to explain system thinking.

Lappin: Say a bit more, because we talked one time about ambiguity, and you were saying that there is this business of certainty and ambiguity, and you found that in China there was more of an acceptance of this idea of ambiguity, and that people seem here to struggle with it at times.

Minuchin: Well, I think that it has to do with that I try to challenge the certainty by which people say, "I am that, and my family is that, and my son is the only one that is the culprit." And the challenge of that—really, system theory does not deal with certainties. It deals with possibilities. It deals with ambiguities. If you have that all five members of the family are involved in a set of transactions that really create the way in which the family dance—and, "dance," I again use that—then you are not certain of things. You have a certain range of possibilities.

What system theory offers you is a field of possibilities. And a field of possibilities is not certain. It is possible to take that route to reach that place. But it is also to take this other route. I always come to the Borges idea that if you come to a crossroads, take both sides. And to me, that is a statement about the fact that people are multiple. Because the road that you take is the road that helps you to become a specialist. But the road not taken is still part of your experience. So to me, the concept of certainty—I yesterday was talking about the fact that in my life, I increase my identities. I started saying that my identity was that, and 20 years later, I had another identity that grew up in another context. And 10 years later, I was in another.

Now then some people would ask me, “Which one is your true identity? Is your true identity the summation of all the four or five or six identities that you have identified? “And my answer is that each one of them is my true identity—that in certain contexts, with certain people, I can function only in certain ways. I don’t have a range of alternatives. And I feel comfortable to know that I am a multiple personality, is that I think we all are.

And it is part of the concept of attachment, for instance. There are a lot of people here that are talking about attachment. Susan Johnson is one of these people. And in attachment, Bowlby said that the relationship between the infant and the mother creates a prototype of our ways of relating to people in the future.

So my way of relating with my wife after 58 years of marriage needs to be looked the roots in the relationship that my infant self had with my mother. And that doesn’t make any sense. But it is something that the Imago theory started saying, Susan Johnson, and a lot of people. And that comes from the psychoanalytic concept that childhood creates a model that is repeated. And it is repeated only up to a certain point. And then it changes. And then it changes again. So the idea that we need to look at our upbringing to understand our adulthood and our late adulthood doesn’t make sense to me.

Now it is true that we are the product of our parents’ upbringing, so that when I say to someone, when I say to you, “Your parents gave you this particular type of lenses that help you to see the world in a particular, restricted view,” that is true.

But that is only one of the models. Later on, you married, and you have a wife. And how long have you been married?

Lappin: Thirty-seven years.

Minuchin: Thirty-seven years. And your relationship with her gave you another set of lenses. And then you had two children. And being a father and having these two children gave you a different set of lenses. And I don’t understand—why do we say that the original set of lenses is primary, and the other lenses that were very significant attachment—you with your wife, you with your children, the way

in which your children changed you—why should we dismiss these other very significant experiences, and say the original attachment is mother-infant? Logically that doesn't make sense.

Lappin: You are causing trouble again.

Minuchin: Well, I really think that that is something that needs to be looked at. It is a theoretical fallacy.

Lappin: Part of it, it seems to me that one of the things that people didn't get about structural family therapy is that boundaries actually increase intimacy. And people always thought of boundaries, I think perhaps from the psychosomatic types, as pulling people apart, working with enmeshed families. And I remember looking at the texts over the years, like from *Families in the Slums* in '67 and then later, enmeshment/disengagement, those two concepts started out very even. And then by the time it got to family therapy techniques, disengagement was very little mentioned, and enmeshment was very primary.

So it seemed to be an artifact of the times as well, that structural family therapy was trying to make in inroad in traditional psychiatry. And one of the ways we did that was through the research of the clinic, the research that you did with the psychosomatic families, that Stanton did with the heroin addict families. So people got the wrong impression that structural family therapy was just about pulling people apart. And it seems to me that you are more about putting people together, but in a different way.

Minuchin: Someone else here said that enmeshment is only for younger children, and when you have an adolescent, then separation is essential. So these are concepts that evolved and at some point lost their meaning. I don't think at all about enmeshment and disengagement as significant concepts—not at all.

Lappin: So what do you think of instead?

Minuchin: I know that families are enmeshed and disengaged. And I know that at a certain particular time, I worked with a group of people where these concepts were significant. And then I worked with a different population in which these concepts were not significant.

One of the things that I want to convey is the fact that these concepts evolved. And some of them are shed as irrelevant for the new time. We have a lot of new concepts. We have an understanding of brain function today that was completely not existing before.

So I think if there is something that I am, it is a person that evolved. Mara Selvini-Palazzoli used to say, “There is a particular way of developing family therapy.” And that certainty lasted for five years. After the five years, she would say, “Forget what I said. I have now a new concept, and the new concept is really relevant.” And five years later she would say, “Forget it.” I think that this was a very good model.

I WANTED TO BE A TANGO SINGER

[01:12]

Lappin: Sal, can you say a little bit about how you are different from some of the founding members of family therapy? What distinguishes you in your work?

Minuchin: Well, it’s a very interesting thing. It depends on the population that you work with. Murray Bowen, Whitaker, Virginia Satir, Jay Haley, all of the group of people—Lyman Wynne—they were working with problems of psychosis. And then they were working in terms of, what is the meaning of psychosis? I was working with families from Harlem. And these families were families in which the dialogues were chaotic, but the way in which they behaved, the way in which they relate, was visible. So I never felt comfortable with looking at the meaning of certain grammatical utterances. But I would be involved—

I said before that I am a choreographer. So I was always interested in, when the mother is talking with this child, what does the other child do, and what does the father do? And when the grandmother says to the mother, “You should be more forceful with your daughter,” I would look at the relationships, and I would look at, when I remove the grandmother behind one-way mirror and I said, “Let’s look together at your daughter and the way in which your daughter parents her children,” it is a look not at the way in which the mother was talking with the children. I was creating two sub-systems—a sub-

system of grandmother with me, watching the mother relating to the children.

So the concept of the meaning of the utterances, the meaning of the communication, was never part of the way in which I look at people. I look at people in terms of, what is the family organization? In what way do people feel rejected, supported? And then I enter in terms of increasing the alternatives of relating.

In some ways, that is not behaving like a psychiatrist. See, I was fortunate. If I would be trained in a psychiatric hospital, my thinking would be completely different. It was the fact that I was trained to work with aspects of living, and then that became very important to me, because in life I am a people watcher.

My father had 10 siblings, my mother had eight, and I lived in a tribe. My village was a village in which, when I was walking on the streets, there were 20 relatives looking at, what was I doing? And of course, I learned to look at them looking at me.

My therapy, then, is really an expansion of the sense that I grew up in a small village. And in a small village, I knew everybody. Everybody knew me. And I became a people watcher. So I was fortunate in the selection of the population that I worked.

Later, as I began to work with middle-class families, then my learnings of psychoanalytic thinking, my learnings of psychodynamics, were part of my interventions. But my beginnings were not.

Lappin: How so? How did you bring in the psychoanalytic learnings?

Minuchin: Well, when I put people interacting, I am always observing the individual people as well as observing the dance. It is not only the dance that I observe, but also the dancers. And I am always doing some diagnostic assessment of each one of the people. The diagnosis can be, “He’s shy,” “He is controlling,” “She is supportive but intrusive.” These are my diagnoses. But I am continuously doing that characterological assessment of the family members. And then I say, “And they are dancing that way. They are dancing the polka, they are dancing the waltz, they are dancing something that is—” I don’t know if I ever think of people dancing rock and roll. I am too old for that.

Lappin: I think that you are a rock and roller—you just don't know it.

Minuchin: That's possible. Thank you.

Lappin: So over the years, I think one of the things that I always hear you talk about is about dance and theater. So if you hadn't been a family therapist, what would you have done?

Minuchin: The first goal as a child was to sing tangos. I knew hundreds of tangos, and I wanted to be a tango singer. Later on, I wanted to be a poet. Later on, I wanted to be a playwright. And I read many plays, and I wrote three of them, but I am not very good. But I started too late. And once I wrote a play that I showed to a director of the National Theater in London. And he read it, and he said to me, "Sal, you are such a good family therapist. Why should you be a mediocre playwright?" So that was the end of my career.

Lappin: So any aspirations now?

Minuchin: Yes. To be able to say, like George Burns said, "The first hundred years are the difficult ones."

Lappin: I can't wait to see the next hundred years.

I think, on behalf of myself and certainly the profession, we have felt so lucky to have had you as a mentor, as a friend. I just feel blessed to have known you. And I continue to learn from you every day.

One of the things that is one of my favorite sayings of my father that I think that you embody is, "To thine own self be true." And I think that that is something that myself and certainly the field has learned from you every day—the courage to look at yourself and to do something different, and to grow.

Minuchin: Thank you very, very much.

Lappin: You are very, very welcome.

Video Credits

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Salvador Minuchin, MD, is world renowned as one of the founders of family therapy, and is the developer of Structural Family Therapy. In 2007, a survey of 2,600 psychology practitioners named Minuchin as one of the 10 most influential therapists of the past quarter-century. He is the author of several books, including his classic family therapy text, *Families and Family Therapy*. He is the former director of the Philadelphia Child Guidance Clinic, which became the world's leading Center for family therapy and training, and was also a professor at the University of Pennsylvania and New York University. Minuchin currently lives in Boca Raton, Florida and serves on the board of the Minuchin Center for the Family.

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