Assessing Families and Couples: From Symptom to System
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The book starts with a four-step model for assessment of families and then proceeds in a fascinating format of case studies. Each study includes therapist reflection on the interactions and an evaluation of family organization, individual perspectives, strategies of intervention, and techniques. The richness of Minuchin's life and experience enhances each aspect of the book and its instruction. The model provides a framework within which to use a multitude of therapeutic tools. Joining, respecting, reframing, challenging assumptions, showing interest and curiosity, and an extraordinarily apt use of metaphors characterize the therapeutic sessions included in the book. The cases are selected from different cultural milieu, demonstrating the transcultural application of the structural model. This book gives me a model, theoretical basis, and rich personal application. I felt like I’ve sat with and been mentored by a master through all of the examples.

Chapter 1 introduces the four-step model with an historical review of family therapy and Minuchin's personal history of 50 years as a therapist. "Once you accept that a therapist is a partial and biased instrument, you recognize the importance of self-knowledge, and you can borrow freely from life. It is part of the use of self that family therapists are trained to focus on" (5).

Step one: Opening up the presenting complaint. This includes joining all of the family participants and challenging the narrowness of the understanding with respect, reframing, and giving close attention to context.

Step two: Highlighting problem-maintaining interactions. What are the family members doing to perpetuate the problem? "The trick is to help clients see how their actions may be maintaining the problem without provoking resistance" (9). "Almost always the therapist will find a part, the healing part of family members ready to ally themselves with the process of helping... This second step relies on the assumption that family members will change their pattern of relating if they see themselves as able to help the identified patient" (10).

Step three: A structurally focused exploration of the past. 'How did your parents select for you this particular pair of glasses?' How did you happen to develop 8 arms (or 3 heads) or this particular orientation? In this step the children are an audience to their parents' stories.

Step four: an exploration of alternative ways of relating. "Without this step, which turns the process of assessment from an operation performed on families into an operation performed with them, therapy often becomes a process of pushing people where they see no reason to go" (11). "...A therapist is a changer with limited options who will be effective only if he or she can disrupt the family norms that maintain their assumptions.... Change...is a collaborative enterprise, in which to be effective a therapist needs to accommodate to family members, join with them, and expand both his use of himself in the relationship with them and their use of themselves in relation to each other" (13).

Chapters 2 through 10 present 10 cases around prominent issues: families with troubled children, stepfamilies, couples' complementarity, psychosomatic families, and families and social services.
**Part one:** Troubled children and their parents ("Bringing in the family is like turning the light on in a dark room: some things become very clear very fast. Not only do you see how family members may be maintaining the child's problems, but you also see how they can work together to resolve them" (17). What are parents doing to maintain the problem and how well are they working together to deal with their child's problem?

*Chapter 2* The parentified child. "Pointing out what people are doing and its consequences helps them to see themselves more clearly and allows them to consider making changes" (33).

*Chapter 3* Conflictual couple/triangulated children. Often helpful to start with the youngest child if not the IP. Use concrete metaphors with children, highlight competencies, and air resentments to make room for positives. Normalize and detoxify conflict. "Calmness is an essential antidote to the anxiety that most families come in with that keeps them from seeing their dilemmas in a broader perspective." Two things that promote therapist calmness are not taking responsibility for solving family problems and knowing where to look for the constraints that are keeping them from doing so (48).

**Part two:** Stepfamilies (including excellent statistics and review of difficulties of stepfamilies). "Before they can get on with the complicated business of developing a new structure, with new rules and new traditions, stepfamilies must deal with unfinished business from the past. Stepfamilies are born of loss: death or divorce. Children are hurt and angry. They need assurance and time to mourn their losses" (53).

*Chapter 4* The teenager who was a liar. Introduce uncertainty, curiosity, and hope. Help parents see themselves as competent & resourceful. "I challenged the father to get involved, appealing to him as an unofficial co-therapist. Asking family members to become healers of each other is a hallmark of my therapy. I believe it is the most reliable pathway for sustaining positive change in the family" (58). Challenge the distortions of the past that are carried on to the present. "...When a child carries the problem, the goal of therapy focuses on transferring the ownership of the symptom from the intrapsychic machinery of the child to the interpersonal drama of parents and child affecting each other" (67).

*Chapter 5* Three dyads are less than a whole family. "The request that the `victim' should become the healer is a frequent intervention in my repertoire" (83). "In these hurried times it’s all too common for the couplehood of married couples to be sacrificed to the cult of parenthood. Husbands...settle for ...giving up their wives to their children in exchange for not having to do much of the parenting" (84-5). "The use of techniques is always sequential," i.e. joining, focusing, past emphasis, new patterns of relating.

**Part Three** Complementary couples. Both people involved and mirror opposite of original complaint. Structural therapy with couples (89-90):

1. Consider the whole family system in the evaluation (have at least 1-2 sessions with the entire household).
2. Build an alliance of understanding with each family member.
3. Promote interaction. (Utilize enactments.)
4. Make a structural assessment of how boundaries and subsystems are organized in a way that supports the presenting problem.
5. Develop a structural focus for therapy (help them learn to fit in a different and more flexible way).
6. Highlight and focus on problematic interactions.
7. Push interactions beyond their usual homeostatic cutoffs. (Push past where the family is tempted to break off.) "To be a successful therapist you must be willing to work with intensity, but to do so effectively you have to have a strong working alliance" (90).
8. Promote empathy to help stuck dyads get past defensive wrangling (i.e. exploration of historical roots).
9. Challenge family members to accept responsibility for their behavior.

Chapter 6 Agitated depression in an adult woman. Use space (chair placement) as a metaphor for distance. Punctuate narratives with nonverbal gestures, i.e. stop sign with hand. Notice yellow lights, resistance, power struggles and slow down--"It indicates that he is working too close to the family and has become inducted into the family patterns" (107). Amplify normalcy and pay attention to positives. Taking on role of ally and adversary. "There need be no incompatibility between empathy and confrontation. But confrontation would always be preceded by joining. If not, challenge may be felt as adversarial" (107).

Chapter 7 The woman whose hands were always dirty. Importance of joining, becoming an actor in the family play and a director: "He must adapt himself sufficiently to the family organization to be able to enter it, but he must also maintain the freedom to make interventions that challenge the family organization, forcing its members to accommodate to him in ways that will facilitate movement toward the therapeutic goals" (109).

Part Four Psychosomatic families. Characteristic patterns of interaction: enmeshment, overprotection, rigidity, and conflict avoidance. "Children in these families receive attention for physical pain but not for emotional pain" (120)--somatization. Physical symptoms are metaphors for emotional pain--listen to them. Reducing stress (i.e. avoiding conflict) has a paradoxical effect. Change the symptom into an open interpersonal struggle.

Chapter 8 Oedipus with stomach cramps. Relational nature of symptoms and possibility of healing through increase in autonomy.

Chapter 9 A young Chinese man with anorexia nervosa. "..When you see a psychosomatic child, you will likely see a couple in conflict" (140). "In the treatment of psychosomatic illness, our goal is to foster individuation" (142). "The greatest challenge for family therapists who work with psychosomatic problems is to create boundaries and distance, but this is exactly what such families resist at all cost" (147) Use spouses exploration of past to get beneath bitterness and anger to loneliness and inspire curiosity and empathy in spouse.
Part Five The family and social services. Bureaucracy operates within a "tangle of legal mandates and constraints" (159). Individuals are treated out of the context of their families. Fractured non-integrated services.

Chapter 10 Three generations of women. "...Collaboration between mother and grandmother is very useful in parenting the children" (165). Three generations of strong women abused by irresponsible men--"Clearly this is an important issue for our society" (174). "When working with families whose members have been disempowered through their long relationship with social services, a therapist should remember that they have been restricted to narrow definitions of self and self-in-relationship, and he or she should explore the possibilities for alternative ways of self-definition and functioning with others" (180).

Chapter 11 Residential treatment of drug addiction and the family. Indoctrination, decontextualized humans, learned helplessness.