



"Mr. Whitlocke can't speak to you now. He's sculling on the Charles."

"I don't know," the girl said. "If Alex talks to me, I will."

"Who is Alex?"

"He's in my head."

"O.K.," Lee said, after a slight pause.

In the observation room, Minuchin creaked in his chair and shook his head. "That was a mistake. She shouldn't have let the girl go. The girl should have been made to stay, because she has to correct her mistaken notion that she is needed to save the marriage." He listened to the dialogue between the parents for a few minutes and then said impatiently, "The mood is too relaxed. They are now in a non-stressful session. You need stress for transformation." Once again he entered the treatment room, and once again he went on the attack. He said that the father patronized the mother and humored her and treated her like a child, and as a result the daughter was very childish. "I don't think your daughter is crazy. I don't see any signs of craziness but, rather, of childishness," he said. Then he left, and Lee left, too, after telling the parents to talk to each other.

Their dialogue was at once touching and artificial—stiff, careful, and overformal. They were conscious of being observed.

"What have I done wrong?" Mrs. Braun said.

"It may not be just you," Mr. Braun said. "Maybe it's me, too."

"We don't communicate," Mrs. Braun said.

FAMILY therapy emerged in the mid-fifties, when a number of people working with mental patients in different parts of the country began to reexamine a phenomenon that had plagued psychiatry since Mesmer's day. This was the strange way that a patient's relatives behaved as soon as he improved under psychotherapy. Unlike a cure achieved by a surgeon or an internist, psychiatric improvement was greeted by the sufferer's family not with relief and gratitude but with displeasure, suspicion, and anxiety, and sometimes even with the eruption of symptoms in another member of the family. Families either would pull the patient out of treatment (Freud reports several such cases) or, if they allowed treatment to continue, would subtly undermine its effects. Schizophrenics who had been helped by psychotherapy in the hospital would relapse soon after going home. Sometimes even a visit to the hospital by a relative would trigger psychotic behavior. Children and adolescents—who had nowhere to go but to their families—were particularly susceptible. To the people who were to become known as the pioneers of family ther-

apy, it began to seem that the psychoanalyst's rule about relatives—the therapist should see only the patient, to avoid contaminating his therapeutic relationship—could profitably be ignored in certain cases, such as that of a hospitalized adolescent schizophrenic who was to return home. They began to call in the rest of the family.

This small, innocuous-looking step proved to have enormous consequences—was a leap, in fact, into a new field of psychotherapy. From the moment that there were more than two people in the treatment room, the therapist found himself obliged to think and behave in a different way. His focus necessarily shifted from its accustomed place within the individual psyche to a new place, *outside* and *between* people. From the early practitioners' accounts, one gathers that they did not so much invent family therapy as have it thrust on them. Coming in as protectors of a patient against his relatives, they remained as critics of the way that everyone in the family behaved—the patient included. The original view of the patient as the victim of a conspiracy to keep him sick yielded to the notion that the family itself was sick—that *it* needed treatment, rather than the "patient," who was only, and almost accidentally, an emblem of the family's disorder. An early family therapist named Don Jack-