# Brief Therapy: Two's Company

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The triad is a key element in family therapy. It is clinically useful to conceptualize it as a unit with a structure of its own. This paper suggests that a typical triadic system consists of a pair of allies and an isolate, or "odd-man-out," all of whom are "stuck" in a rigid pattern that has become dysfunctional. The therapist can break the pattern by developing interventions specifically designed to create new alliances and thus broaden the family's behavioral repertoire.

One of the major shifts brought about through development of family therapy and family theory is the increased interest in groups larger than the dyad. To some extent this development has been retarded by the lack of a vocabulary that deals with the triad (or larger groups) as a functioning entity. Typically, interaction in groups larger than two is described in terms of the various dyadic combinations, with the focus on the dyads rather than the larger group.

This lack of precise language has not, thankfully, stopped the thinking. Bowen (2) describes the triangle as the building block of the family emotional system.

In calm periods, two members of the triangle have a comfortable emotional alliance, and the third, in the unfavored outsider position, moves either toward winning the favor of one of the others or toward rejection, which may be planned as winning favor. In tension situations, the outsider is in the favored position and both of the emotionally overinvolved ones will predictably make efforts to involve the third in the conflict.

Zuk describes "pathogenic relating" in the triad that causes "distortions
in patterns of relating among family members which may be important in a causal sense in producing symptoms in members" (13, p. 91).

Haley draws a picture of the inter-generational triangle in pathological systems (6) and reports research that demonstrates the rigidification in family triads with a disturbed child (5).

Weakland (12) applies the double-bind hypothesis to three-party interaction and finds opportunity for both parties of the alliance to separately "victimize" the third with separate double binds.

However, use of the triad concept in designing therapeutic interventions has been slow to develop. Zuk uses mediation and side-taking "to replace pathogenic relating" (13). The Philadelphia group describes a "perverse triangle" that cuts across generational lines: "In most families where the child has a symptom, you find that he is in a special kind of triangle with his parents. One parent will be intensely involved with him. The other parent will be more peripheral" (1, p. 5). They

emphasize that this triangle seems to indicate a split between the parents, particularly in an "enmeshed family" (9), and design interventions or strategies that are intended to break up the alliance. Minuchin seems to suggest interventions "generally directed at creating an emotional barrier between generations" (3, p. 270), with the aim of breaking up the parent-child alliance and rebuilding the parental alliance.

The question remains, though: how to design interventions based on the triangular process. Although both Zuk and Minuchin (10) use the triad as a basis for their interventions, neither has offered detailed and illustrative discussion of the technique of designing interventions for specific types of situations. On the other hand, Watzlawick, Weakland, and Fisch (11), who do concentrate on the problem of developing clinical tools for designing interventions, have not devoted much attention to the family triad.

The purpose of this paper is (a) to suggest that treating the triad as a functioning system can provide the therapist with a valuable concept for use in designing interventions and (b) to describe some basic types of interventions that have proved effective in dealing with the "stuck" triangle.

The principle described here, which I have called "odd-man-out," is not a theory of individual pathology, nor an etiology of pathology, nor a method of family therapy. It is, I suggest, a useful conceptual

tool based on a pattern of behavior observable in families disturbed enough to seek therapy, and therefore is valuable to the extent that it enables the therapist to design interventions that initiate change and thus help the family become "unstuck."

The "odd-man-out" principle deals with disturbance at the system level and postulates two key elements: an isolate and a pair of allies. It does not imply any causal relation between the pattern and any symptom. As a description it refers mainly to the rigidification of family interaction patterns. There is no implication that the "identified patient" will necessarily be found in any specific one of the three positions と the label is irrelevant within this framework. The therapist deals with a triad that is "stuck" in a rigid and futile behavior pattern, with two members apparently allied to the exclusion of the third. This triadic pattern seems to develop regardless of the number of people in the family. In a larger family it becomes a sub-system that is "stuck" within a larger family system.

For practical purposes, the family system can be seen as having the three types of rules that Haley has described: (a) those rules the family recognizes and describes to the therapist; (b) those rules it apparently is not aware of but is willing to acknowledge when they are pointed out; and (c) those rules that an observer can see but that the family refuses to recognize or acknowledge (4). Theoretically, any of the individual members of the triad can be "odd-man-out"

in any interaction pattern governed by any of the three types of rules, and the assumption is that an ideal state would involve constantly shifting alliance/isolation combinations. But economy develops, interaction patterns become habitual over the life-span of the family, and a family feels distress when one of the rule-bound patterns becomes dysfunctional. When a single alliance/isolation pattern becomes the acknowledged pattern, the family is "stuck" and uncomfortable. It has a problem the rules don't cover: how to change the rules.

For example, Mr. and Mrs. A, mother and step-father of Sam, continuously complain about Sam's sullen, adolescent temper tantrums. The adolescent refuses to change, mother and father yell louder. On the acknowledged or overt level (A), mother and father appear to be operating as allies, isolating the adolescent. Both Mr. and Mrs. A agree that 17-year-old Sam is the problem and can give a lengthy resum · of their efforts to help Sam with his problem. However, despite the overt alliance between mother and father, Mrs. A is clearly sototally involved with Sam and Sam's problem that it suggests a covert (B or C) alliance, with Mr. A shoved into the isolate position by the covert alliance.

The importance of this situation for the therapist is that the unrecognized patterns ㄴ in this case, the existing but unacknowledged mother-son alliance and the non-existent but theoretically possible father-son alliance ㄴ an be used to break up the "stuck" pattern that has driven the family to seek an outsider's help to solve the problem.

An alliance can be either positive, constructive, cooperative ㄴ or negative, destructive, hostile. The allies may be rejecting the isolate or rejected by him. The relation between the allies may be complementary, symmetrical, or mixed. For the therapist's immediate purpose ㄴ that is, designing an intervention that will break up the pattern the family is locked into ㄴ none of these factors is crucial. The general treatment strategy suggested by this framework is to use the covert patterns to break up the overt, "stuck" pattern.

One way to structure an intervention is to use as a foundation whatever similarities the isolate has to either of the allies, making a covert alliance overt. This can split the solid, united front presented by the allies and create enough doubt about the "oddness" of the odd-man-out to tip the system out of balance. The intervention may be as simple and obvious as pointing out to the A family that both stepfather and son are pool players and suggesting that they play a few games together. Or it may be as complicated as an elaborate relabeling of behavior, designed not to promote "insight" but to create doubt about the appropriateness of habitual interpretations and reactions. To be effective, the relabeling must "take into account the views, expectations, reasons, premises ㄴ in short, the conceptual framework ㄴ of those whose problems are to be solved" (11 p. 104).

This requirement can hardly be overemphasized. In the process of bringing a covert alliance into the open, the therapist will usually find it necessary to suggest an activity or behavior sequence

that at the very least appears peculiar to the family because it breaks all the rules; and often a particularly useful exercise ― for instance, a mother-daughter squirt gun duel in the park ― will seem just embarrassingly silly. Unless they're so desperate they're willing to try absolutely anything, the family will have to be maneuvered into stepping out of the old pattern, and the skillful therapist manages this by couching his intervention in terms designed to coincide with this particular family's assumptions and expectations. The family that presents its problems, then sits back and waits expectantly for the therapist to produce his magic wand, is usually amenable to an authoritative, "expert" approach: the therapist nods wisely and says, "Try this," perhaps even writing his instructions on a card like a prescription. On the other hand, the educated young couple who earnestly explain their concern over their seven-year-old's "acting-out behavior" are probably expecting something with a bit more depth, and the therapist obligingly describes his proposed intervention as an attempt to "strengthen the child's weak ego." An engineer who is suspicious of psychiatric jargon gets a logical description of the effect of positive feedback on the family system. The rationale is irrelevant; the therapist's aim is simply to persuade the family to accept a change-initiating intervention.

In the case of the A family, for instance, Mrs. A is clearly concerned about fulfilling her parental responsibilities, being a conscientious mother. The therapist might suggest to Mrs. A and Sam that, though they are in the habit of thinking of themselves as opponents, they both have the same goals: they both want Sam to play an adult role in the family. Mother nags Sam, the therapist argues, because she sees his temper tantrums and defiance as a threat to the new adult relationship and resents being forced to respond to him as though he were a child. Sam, on the other hand, resorts to tantrums because he is trying to assert his more autonomous, adult status. Whether or not mother really does want to treat Sam like an adult is more or less beside the point. (What "good" mother of a 17-year-old will deny this intention?) The fact that the therapist has relabeled the nagging and temper tantrums ― and relabeled them positively ― will probably startle and confuse the family enough to pave the way for initiating change. The old labels have been called into doubt, and with them the stock, habitual reactions for which the labels were the rationale. Each person has had his view of the other, and his conception of how the other sees him, shaken up. The situation is no longer simple.

A relabeling tactic of the type just described is based on the covert behavior patterns. The mother-son alliance, which both Mrs. A and Sam would have denied, is made at least potentially acceptable by the relabeling process, and a second overt alliance, an alternative to the "stuck" position, becomes a recognizable possibility.

Describing to the family the covert patterns actually in operation is not usually sufficient to initiate change. The family must start openly using these other patterns, and many need to have "discovered" them for themselves. Once alternative alliances have been hauled into

the open and introduced to the family through relabeling or whatever process, the therapist must design interventions that stimulate and encourage use of the new alignments as alternatives to the old dysfunctional pattern.

The interventions described below are designed to set up situations in which the family spontaneously behaves differently. They are based on the pattern data the family offers (overt and covert) and presented in terms consistent with the family's world view as perceived by the therapist. Although he instructs the client to perform a task, the therapist often has no more idea than the family what specific spontaneous behavior the family may develop in the process of carrying out his instructions. Clearly, the overt pattern must be blocked. The immediate goal is to set up a task that will not promote what Watzlawick calls "more of the same" (11) but puts the family in a situation in which different behavior is a must.

Tactical Use of the Odd-Man-Out Concept

A. The A family presented their problem as hopeless, having tried five other therapists in the last four years. Mr. and Mrs. A came in with their two boys, Sam 17 and Jim 11. The problem was Sam's uncontrollable behavior, and both Mr. and Mrs. A asserted that Jim was not involved. Mrs. A insisted that she and Mr. A were in agreement as to the nature of the problem and the changes they would like to see: better communication between Sam and his parents, fewer hassles with Sam, better behavior on Sam's part (staying out of the drug scene and jail). But the enumeration by Mrs. A of the vague, general goals was mechanical and without much hope.

The therapy team (including a graduate student co-therapist) decided to explore several possibilities: (a) developing a real husband-wife alliance out of the shallow, parental united front they presented; (b) shifting the strong mother-son alliance from covert to overt; (c) building an alliance between the two boys; (d) developing a father-Sam alliance; (e) shifting what seemed to be a tenuous father-Jim alliance from covert to overt, and strengthening it. Achieving even one or two of these alliance shifts would considerably broaden the family's repertoire of responses and would probably relieve the pressure created by the current, rigid configuration.

Sam did not show up for the second session; both Mr. and Mrs. A were angry about this and sought instructions from the therapists as

to how to deal with the situation. After exploring what the usual response might be (intensive cross-examination, punishment) and the probability of its doing no good, I cautiously, and with humor, gave them an "experiment" to try in response to Sam's behavior. They were instructed to just mutter to each other about his missing the session but to say nothing directly to Sam (goal "a"ヒ requiring a real united effort on the part of the parents). Jim was instructed to take Sam

aside and say that we did nothing but talk about Sam and that he should come and defend himself (goal "c"). The experiment was intended to block their usual response to Sam's behavior and to shift the show of concern from mother to Jim.

The family followed instructions to the letter, and Sam did not miss any more of the sessions.

From the start the therapy team picked up on the A's pessimism. While the co-therapist responded encouragingly to whatever strained optimism the A's displayed with a cautious optimism of his own, I became more and more pessimistic as the sessions continued. "In more than one sense this form of problem resolution is similar to the philosophy and technique of judo, where the opponent's thrust is not opposed by a counter-thrust of at least the same force but rather accepted and amplified by yielding to and going with it" (11, p. 104). It ends the old game of countering pessimism with optimism that the A's, veterans of many therapy hours, expected, and it forces a change: how do you counter someone who is more pessimistic than you are? The A's fought with me, becoming more optimistic as the therapy progressed.

In the fifth session, pushing to make the covert alliance between mother and Sam more overt, I instructed Mrs. A to spend five or ten minutes sometime during the next week talking to Sam about the times she had lost her temper. All Sam had to do was listen, and Mr. A was instructed to ignore the conference. All three agreed to do this. This intervention is basically a symptom prescription, but with a difference: Mrs. A was to talk about her loss of control, instead of Sam's. Father's role was to do openly what he was actually doing anyway: pretending to be unaware of the intense mother-son involvement.

If the family followed through, this task might shake the apparent "united front" as well as making overt the mother-son alliance. Or if, as the therapists expected, mother "chickened out" on the agreement, she would probably avoid Sam the entire week ㄴ a major change in the family routine that might have an equally beneficial effect. Failureto follow through would also give the therapist more ammunition for his pessimism.

Mother did not keep her promise, and, as we had expected, she assiduously avoided Sam all week. No cross-examinations, no nagging. The family reported a "much better week." I urged mother to "try again" the following week. As the family was leaving, I bet the co-therapist a dollar that she would back out a second time. But she didn't: Mrs. A talked to Sam three different times. Perhaps they wanted to prove me wrong and cost me the dollar. Regardless of the reason, they followed through, and the mother-Sam alliance became more and more open as the sessions went on.

Various attempts during the ten sessions to activate an alliance between Mr. A and Sam failed, as did the attempt at strengthening the boys' very tenuous alliance. However, the creation of a second overt alliance pattern apparently was enough to ease the tension considerably. During the year-and-a-half since termination, I've learned through a casual contact that Sam has had only one minor run-in with the police, over an unpaid traffic ticket, and is working full-time after

graduating from high school.

B. The B family presented their problem in a logical, rational manner. They were both bright, college-educated people who assumed there was a logical solution they had not yet found, and they came to a therapist to help them find it. The problem was that their six-year-old son had bowel movements in his pants almost every day. It was clear that they both expected the little boy to act in as adult a manner as possible, and his behavior did not fit their expectations. I saw the parents as stuck in an alliance with the boy as "odd-man-out," being rejected for this behavior.

I tried to get exact data about the pattern of the boy's accidents. It happened at home, at his friend's, at kindergarten 또 morning or afternoon. Nor could they discover any behavior pattern common to the days when there were no messes.

I then explored the boy's other activities with them, which included a good deal of art work: painting, drawing, paper constructing, and modeling with clay. This was his major activity. Mrs. B went on to complain about the mess he made but said that with a little prodding 또 or sometimes a lot, according to Mr. B.또 he finally did clean up the mess.

I asked how the soiled pants got cleaned up. Mrs. B explained that the boy had to clean them himself.

The B's had attempted to solve the "mess" problem by insisting that the child clean up after himself, whether the mess in question was his soiled underpants or his art materials. Clearly, their solution was not working, so I suggested a program designed to prevent them from continuing the ineffective behavior and in the process build an alliance between mother and child from whom she was demanding adult behavior. I told them that 6-year-olds like to make messes and really should be allowed mess-making almost as a right. But they, as parents, have a right to select which mess, when, and where. I instructed them to tell the boy that, now that he was 6, he was too old to mess his pants, but that he would no longer have to clean up his art mess. In fact, he wouldn't be allowed to; mother would take on that task. I said I could not guarantee that this would work but that they should look upon it as an experimental procedure. If it didn't work quickly, it probably wouldn't work at all.

At the second session, two weeks later, they reported that only once had the boy messed his pants. This occurred on the day after their last visit, while he was on his way into the bathroom. They were delighted, said there was nothing more they wanted to work on, but promised to call if things fell apart. One month later the boy had not messed his pants again.

In this case I decided that a calm, intellectual approach was the best starting point. Mr. and Mrs. B were both college graduates, looked quite controlled, and seemed to have tried to deal with their problem rationally. I figured that if there was an obvious pattern, then suggesting interruption of that pattern would make sense to them. Presented in terms of behavior modification, pattern

interruption would appear rational enough for them to grasp quickly and feel comfortable with. But it became clear that they could not or would not, see a pattern. I suspected that anything involving their relationship with each other, or that might appear to put the blame on them, would be rejected immediately and decisively. So I suggested a connection between messy pants and art messes, which apparently seemed reasonable enough for them to accept.

C. Mr. and Mrs. C came in with their 14-year-old daughter, Mrs. C complaining about her daughter's behavior: minor shop-lifting, lying, associating with undesirable friends, insisting on excessive freedoms, general nastiness toward mother. Ruth, the daughter, took exception to each and every "charge," which led to vitriolic, nasty, cutting exchanges between mother and daughter. Mr. C, Ruth's step-father, sat by throughout the exchanges but stepped in whenever one or the other really "scored" at the expense of the other.

After he had rescued each twice, I complimented Mr. C on his fairness and asked if he like being referee. Mr. C laughed and said that he had thought about buying a striped shirt and a whistle. I laughed with him and agreed that it might be a good idea. Ruth attacked Mr. C for making light of it; he rejoined that sometimes it was funny. Mrs. C then attacked Ruth for picking on step-father, and another round was underway. Before it became too bitter and before either party "scored," I stepped in, saying that it looked like a draw. I said that I could see that they had some real differences of opinion, but the fight seemed somehow unfair. Mrs. C remarked on the weight difference and Ruth on the height difference. I agreed that they were in different classes.

Mr. C stated that the biggest immediate problem involved Ruth's demands for freedom, which triggered most of the battles. Father said that, although he agreed that Ruth needed limits, he thought both Mrs. C and Ruth were becoming increasingly unreasonable on the subject. I agreed that fighting about such things often pushed the antagonists into more and more rigid positions. They all agreed that this had indeed happened and that they would like to stop the fighting at once. I expressed some doubt that all fighting could be halted "right now" but said I had an idea that might make the situation more comfortable while they worked on the problem.

I asked Mr. C if he'd be willing to take over the task of setting limits for Ruth. He agreed, if that would stop the fights. Mrs. C, directing the comment at Ruth, said that he'd be welcome to try but she wondered how he could handle it, since the problem usually arose during his working hours. Mr. C pointed out that Ruth could phone him, and Ruth agreed.

The overt alliance was clear ㄴ two concerned parents allied to exert control over the daughter's behavior. Covertly, however, mother-daughter were deeply involved in the limit-setting/limit-challenging game, with Mr. C assigned the role of referee. The task was designed to "cool things off" between mother and daughter by extending father's usual function and encouraging a potential father-daughter alliance.

During the second session the family discussed how well this limit-setting regime was working.

There had been no fights all week. Mrs. C patted herself on the back; I congratulated them all for trying so hard to be nice to each other. Neither mother nor daughter could concede

the other any credit, each insisting that she had had to work extremely hard to avoid the fights the other had tried to start. Mother and daughter began exchanging charges, and again I stepped in before either of them "scored." I sympathized with them about the difficulty of breaking a habit. I explained to them that although both women consciously wanted to stop the fighting と break the habit と their unconscious minds were rebelling, refusing to relinguish the familair pattern. The four of us talked at length about breaking various habits.

I stated as strongly as I could that sometimes it was better not to fight the unconscious mind, since it warned you when the business at hand was unfinished. Mrs. C と who had been in therapy before と agreed knowingly. I told them that I had an idea that appeared a little silly, but the "unconscious need to fight" had to be "worked through" and I wanted them to give it a try.

I gave Mr. C a pen and paper, suggesting that he write down this task as I dictated, since all referees held a rule book. I then instructed them to drive in silence to a wooded park just outside town. Once in the park, they were to find a large clearing. There Mrs. C and Ruth were to stand back to back, then take one step forward. Mother was to begin the duel: she and Ruth were to trade insults, cutting remarks, anything that came into their heads. They were to take one step forward after each shot, continuing until they had to yell to be heard; then they were to start over from the beginning. Mr. C was to keep track of the "real" points scored by both. The winner was to buy cokes for all three, then they were to return home in silence. They were instructed to perform two duels before the next session. If anybody asked what they were doing, they were to explain they were rehearsing a play.

All three agreed to follow these instructions, Mrs. C remarking that at least it would be a good tension release.

This ritualized version of the covert pattern was designed to place the usual behavior in a new frame of reference in which the usual outcome could not occur. The altered circumstances and the contrived nature of the activity called for something new and spontaneous. The design was built on the ordinary behavior of all three members and is a triadic symptom prescription.

During the third session the family described the duel on Saturday, which Mrs. C had won. On Monday evening they had tried again, but four moves into the game, Mrs. C had fallen down laughing. They were unable to continue, and Mr. C bought cokes for all. I said they still

owed me one round but was going to be easy on them and not insist that they repeat the exercise three times this week, only twice. I ended the session at that point.

When they returned for the fourth session, they said they had had the same results both times they had tried: laughter. I asked if they had had any real good fights in the last two weeks. They

had not: whenever one started, or looked like it was going to start, they burst into laughter. I said I guessed that their unconscious minds were ready to stop fighting for now, but they were not to be surprised if their unconscious minds rebelled and started a fight now and again. The limit-setting regime continued to work, even though Ruth had asked Mrs. C for permission and received a "no"; she had accepted it. We agreed to stop at this point, that they would call if they needed help again. As of this writing, eight months later, I have heard no complaints.

As a result of the interventions, the covert mother-daughter alliance had begun to become overt, the perhaps previously non-existent father-daughter alliance had started to develop openly, and the overt united front had diminished in strength and frequency of use.

D. The D family presented a situation essentially similar to that of the C family. Their 14-year-old daughter Laura was the topic of complaint. Mrs. D detailed calmly and impersonally the behavior she found undesirable: cutting classes, lying, minor shop-lifting, poor choice of friends, and general obstreperous attitude toward parental limit-setting. Mr. D joined in the complaints, very calmly describing the tension level around the house whenever Mrs. D and Laura started differing on any issues as "the loudest silence in the world"; he wished they would even yell at each other once in a while. In the past Mr. D had carried messages back and forth during the silent periods, but he had put a stop to the "service" in the last few weeks.

As in the C case, the overt alliance was between mother and father, who were apparently united in their attempt to control their daughter's behavior. A covert alliance was also fairly obvious between mother and daughter, with father isolated and serving as messenger/middle man. To intervene in this system, I used the same basic pattern: they were to go to the park and have a duel with water pistols, Mr. D carrying the guns and water supply. They opted for a less public place, their garage.

However, telling them that their unconscious minds needed to fight was not the appropriate way of framing the task. The D family had been referred to me by a former client who had assured them that, though my methods were a little strange, I got results. Results were

what the D's were interested in. They obviously viewed their situation as a problem to be solved, not a "disturbance" to be investigated and "treated." Talk of "unconscious rebellion" would probably have made them wary. So I expressed concern about the lack of real expression of anger for which the hostile silences were a substitute and warned that this was not a good method for handling anger. Mrs. D said that she had learned the fruitlessness of yelling and screaming while she was growing up and had had the lesson reinforced in the last few years when she tried to use that method with Laura. Mrs. D realized she was behaving in the way her own mother had and, finding that repugnant, she had decided on the opposite approach. I commented that it didn't seem to be working too well. Laura agreed, insisting she preferred the yelling, but mother would not participate in an open battle, so she too had switched to silence. I said that one

problem I saw with this method was that anger we bury is like a savings account: it collects interest of one sort or another. Mr. D said that he seemed sometimes to get caught in the cross-fire; any disagreement he had with either would blow all out of proportion. He caught the interest they had built up. I suggested that we might devise a simple way for them to show this anger toward each other without either yelling or silence. However, I said, I doubted if they would be able to accept a simple solution to what seemed to them a complex problem. Mrs. D said that she was willing to try anything short of shooting someone. I asked Mr. D if he would be willing to serve as middle man, and he agreed. I gave him pen and paper to write down the instructions: when they got home, both Laura and Mrs. D were to make large signs to hang around their necks saying, "I'm angry," and they were to put these on when they next got angry with each other. Then they were to get two squirt guns and a couple of gallons of water, and mother and daughter were to have an old-fashioned Western-style duel. Mr. D was to judge the winner, in addition to keeping them supplied with water. They agreed to try this instead of silence next time they became angry.

For several weeks neither mother nor daughter became angry enough to resort to signs. There were no hostile silences, and therapy sessions were devoted to discussion of the contested issues. Finally, one evening tempers snapped, and they had a duel in the garage. All three agreed that they felt better after expressing their anger this "silly way." In the following two weeks they repeated the duel two different times. The next time Laura got angry with her mother she put on her sign, and when Mrs. D saw it, she offered to take Laura out for pizza while they talked over the problem. She would have a duel only if they couldn't settle it. Laura agreed, and over pizza they were able to arrive at an acceptable solution. They stopped the session at that point, commenting that the silly solution had worked well, and they were delighted with the results.

Conclusion

For the therapist working briefly with families, designing interventions that work quickly is a problem, and he must follow the clues the family gives him. While they describe the problem as they see it, the therapist must also be aware of how the family presents the problem to him. Using the "odd-man-out" concept as a guide to designing interventions, he is able to move into the fracas quickly and with some confidence if he reframes the problem and presents the task in a way the family is able to understand and accept. The therapist must talk the family's language to be heard (8, 11).

REFERENCES

1. Aponte,H. and Hoffman,L., "The Open Door: A Structural Approach to a Family with an Anorectic Child," Fam. Proc., 12, 1-44, 1973.

2. Bowen,M., "The Use of Family Theory in Clinical Practice" in J. Haley (Ed.), Changing Families, New York, Grune & Stratton, 1971.

3. Camp,H., "Structural Family Therapy: An Outsider's Perspective," Fam. Proc., 12, 269-277, 1973.

4. Haley,J., Strategies of Psychotherapy, New York, Grune & Straton, 1963.

5. Haley,J., "Research on Family Patterns: An Instrument Measurement," Fam. Proc., 3, 41-65, 1964.

6. Haley,J., "Toward a Theory of Pathological Systems," in Zuk, G. and Boszormrnyi-Nagi, I., (Eds.), Family Therapy and Disturbed Families, Science and Behavior Books, 1969.

7. MinuchiS., "Conflict Resolution Family Therapy," Psychiatry, 28, 278-286, 1965.

8. Minuchin, · S. and Montalvo,B., "Techniques of Working with Disorganized Low Socioeconomic Families," Am. J. Orthopsychiat., 37, 880-887, 1967.

9. Minuchin,S., Guerny,B.G., RosmanB.L. and Schumer,F., Families of the Slums, New York, Basic Books, 1967.

10. Minuchin,S., Families and Family Therapy, Cambridge, Mass., Harvard University Press, 1974.

11. Watzlawick,P., Weakland,J. and Fisch,R., Change: Principles of Problem Formation and Problem Resolution, New York, Norton, 1974.

12. Weakland,J., "The 'Double Bind' Hypothesis of Schizophrenia And Three-Party Interaction," in Jackson, D. D., (:Ed.), The Etiology of Schizophrenia, New York 1960.

13. Zuk,G., Family Therapy, New York, Behavioral Publications, 1971.

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