

The New York Times

RADICAL THERAPY FOR FAMILIES

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February 22, 1982

Donna was 21 years old, she lived with her parents and two sisters in a big house in the suburbs, and she had suffered from chronic anorexia nervosa since the age of 13. Her parents had taken her from doctor to doctor without finding a cure. Finally, one suggested that the family consult a team of therapists who had been experimenting with a new kind of treatment that produced extraordinarily rapid results with previously untreatable cases.

The team was practicing a form of family therapy notable for its innovative techniques and its implications for traditional therapeutic practice. Termed revolutionary by some of the field's best-known practitioners, it has been criticized by others, and has been the subject of intense discussion and widespread imitation recently among family therapists throughout the world.

Exactly how did the therapists treat Donna? First they interviewed Donna's whole family, then invited the parents to attend a second session, alone.

"I must have you do something that will be very, very difficult," said one of the two therapists, "and you must realize that there is no room for error." Sneaking Out of the House

She told the parents to return home and wait a few days. Then they were to sneak out of the house one night, just before dinner, without telling anyone. They were to leave a note on the kitchen table that said simply, "Tonight we are out." The parents could go any place where friends would not encounter them. What the parents did, and its connection with the therapists, would have to remain a secret. And when the parents returned, after 11 P.M., they were to answer all queries from their children and other family members with the phrase, "This business concerns only the two of us."

With trepidation, the parents stole away and left the note. They returned to find that Donna and her two teen-age sisters had hardly missed them. Donna, in fact, had scrounged around and made her sisters dinner - something she had never done before - and the anorexic Donna had even eaten some of the food.

As they had been ordered to, the parents stole away three more evenings during the next five weeks, before seeing the doctors again. By then, Donna's appetite had picked up; the parents reported she had gained several pounds. After several more sessions, by which time the parents had spent an entire weekend away from home, Donna had completely ceased her anorexic behavior. A few months later, she moved out of the house and soon began dating young men for the first time.

The family's therapist was Dr. Mara Selvini Palazzoli, working with her team colleague, Dr. Giuiana Prata, at the Center for Family Studies in Milan, Italy. Since 1972 Dr. Palazzoli and her associates have been evolving a radically different form of family therapy that has influenced practitioners all over the world.

In the United States, Milan-style therapy, as it is called, is being employed in New York, California, Massachusetts, Wisconsin, Georgia, New Jersey and Alabama; internationally it is being practiced in West Germany, the Netherlands, Canada, Britain, Belgium and Sweden.

Dr. Palazzoli and Dr. Prata presented their latest experimental work, including the case history of their patient Donna - who is pseudonymous at their request - at a three-day conference held recently by the Family Therapy Training Center of the Philadelphia Child Guidance Clinic. The audience of 800 professionals greeted Dr. Palazzoli with rapt attention and skeptical questions during the meeting, called a "trialogue" between the Milan researchers and two eminent figures in American family therapy, Dr. Carl Whitaker and Dr. Salvador Minuchin.

"I think Mara's research is tremendously important," said the 70-year-old Dr. Whitaker, professor of psychiatry at the University of Wisconsin. "We need someone like her to develop the state of the art, and I'm very impressed with her work."

Family therapy practitioners focus on the emotional life of an entire family, rather than on one member who may have been labeled "the patient." Couples, or entire families spanning grandchildren to grandparents, may visit the therapists' office for treatment. There are some 10,000 family therapists in the United States, and last year more than a million families went to them for family therapy or counseling. Technique May Be 'Misunderstood'

"Our own technique is quite powerful and radical in a number of ways," said the 63-year-old Dr. Palazzoli. "But the danger is that it may be widely misunderstood and misused by therapists who practice it carelessly."

"Our field is torn now," commented Dr. H. Charles Fishman, a psychiatrist who is director of training at the Philadelphia clinic. "Many practitioners are confused. They've heard about the Milan techniques and they wonder whether to experiment with them. We hope our conference will help to clarify some of these issues."

In Milan-style practice, two therapists sit in a room with the family while two therapists observe behind a one-way mirror in an adjacent room. Basic to the therapeutic approach is the researchers' concept of "positive connotation" - that all family members' behavior is viewed positively as a useful solution that has worked to keep the family together or to solve its problem.

The sessions last one hour, and are repeated at long intervals - at least one month apart. Typically families are seen for 10 sessions. "The reorganization of the family system is slow," said Dr. Palazzoli in an interview, "and our therapy, though long in duration, is brief in the total amount of time we are actually with the patients."

A crucial element of the therapy is the reading of a "paradoxical prescription" to the family. After the hour session, the family is directed to a waiting room, and the four therapists adjourn to thrash out a prescription suited to the family's problem. The therapists then invite the family in again and read them a message, or give them a task or ritual to perform.

The message or task is often paradoxical, as in the prescription given to one woman, a constantly self-martyring mother in Milan: You have expressed your desire to suffer no more. But at this point it is premature and dangerous for you to give up your suffering. Your whole life has been based upon the value of suffering, and it has been this suffering that has enabled you to go on.

The families, Dr. Palazzoli explained, are given a sympathetic restatement of their situation and encouraged not to change it. Finding themselves in this therapeutic double bind (by not changing they are obliged to follow the unpalatable orders of the therapist, but by resisting the therapist they have to change) many of the families have regrouped in healthier ways. Three Other Key Elements

Subsequently the team elaborated three other key elements of the therapy: a rigorous method of developing hypotheses about the nature of the family patterns, a strict neutrality toward all family members, and an interview technique called "circular questioning" - a method of eliciting information from family members in a nonthreatening way.

Dr. Palazzoli and her colleagues developed their ideas in an influential book, "Paradox and Counterparadox," first published here in 1978. "The paradox is in the family," said Dr. Palazzoli. The paradox, she said, is the unhealthy situation or repetitive pattern that may have trapped its members in a no-win situation but is necessary for its cohesiveness. "Our interventions are the counterparadox."

Central to her concept of treating the family, she said, are the theories of the late anthropologist Gregory Bateson. He posited that biological systems and social systems are self-maintaining organisms that strive for constancy in the face of change. When threatened by new realities, however, systems -including family systems - can adapt and alter their basic structure, evolving to higher levels of complexity that permit them to survive. It is this "reframing" of the family system through Milan-style techniques that gives their method its power, Dr. Palazzoli said.

Dr. Palazzoli, formerly an internist and psychoanalyst, began studying new therapeutic procedures in May 1967. Ten years ago she embarked on her experimental team approach with Dr. Prata and the psychiatrists Luigi Boscolo and Gianfranco Cecchin.

Some critics dismiss the paradoxical prescriptions as nothing more than "reverse psychology," but Dr. Palazzoli believes that the hypothesis and the circular questioning method can be more important than the actual "gimmick" of the prescription.

In 1978 Dr. Boscolo and Dr. Cecchin left the group to teach their techniques. But Dr. Palazzoli and Dr. Prata have continued to evolve their theories as a two-therapist team. Although they employ the full variety of their paradoxical techniques, currently they are experimenting with prescribing only a single, fixed message: the one encouraging the parents to secretly spend

time away from their children. This is the prescription that unlocked the rigid family pattern that maintained the anorexia of 21-year-old Donna. Anorexia is believed to affect as many as one in 100 teen-age females in the United States and other industrialized nations.

"This is a very powerful prescription," said Dr. Palazzoli. "The idea of the 'secret' gives us a fundamental pact with the parents as co-therapists. We become supervisors of the children's therapists, who are the parents. We get new feedback from the family, which must reshape itself: it puts all the children on the same level, they begin to make alliances and the parents are not there to divide them. And the parents can make mutual discoveries during their own time together."

The Milan techniques pose many challenges to traditional therapeutic practices. "We get rapid change but as far as making money, it is a disaster," said Dr. Palazzoli. "We have so few sessions and each one takes so much preparation."

Dr. Palazzoli said in addition that the structured team approach prevented the therapists from being captured by the family's "game," and unintentionally perpetuating the no-win situation while they try to treat it. Consequently, the therapists must derive support from their other team members rather than the admiration of longstanding patients. "The family may respond with rage, indifference or confusion," said Dr. Prata. "Sure we miss all the love and gratitude -but our patients get better." Conjectural 'Cure Rates'

Because families may leave Milan-style therapy in a state of irritation or confusion, studies of the "cure rates" of patients are even more conjectural than those of the effectiveness of traditional therapeutic approaches.

Criticism of the Milan therapy has focused on its manipulative aspects. "It is impossible not to manipulate families," Dr. Palazzoli countered. "You manipulate the family or they manipulate you - and if they're doing that, your patients just will not get well."

Others in the field are dubious about the superiority of the Milanstyle methods. "It's an interesting research approach," said the 60-year-old Dr. Minuchin, a family therapy pioneer who is training director emeritus of the Philadelphia clinic. "Mara is looking for the single most powerful intervention - she's looking for the perfect judo to use on the family. But there are many different ways to challenge the rigidity and narrowness of a family. I think we are all equally effective."