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Treating Delinquency:

Addressing the Premises of Self

Treating Troubled Adolescents



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e-Book 2016 International Psychotherapy Institute

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Treating Delinquency: Addressing the Premises of Self

In wolves and dogs there is a close association between mothers and puppies during the first three weeks of life. After this period, and at the time when the mother leaves the litter for long periods, the strongest relationships are formed with litter mates. This is the basis of pack organization of adult dogs and wolves.

-JOHN PAUL SCOTT

SALVADOR MINUCHIN (1967) notes that Eskimos will steal newborn wolf puppies away from their mothers before they have reached three weeks of age in order to develop an "unwolf-like wolf," nurturing it as they would nurture a human child. Minuchin uses this example to illustrate an essential truth in the treatment of adolescent delinquents: that the origins of the problem do not reside solely in a triangular dysfunction between parental figures and the delinquent. In addition to troubled relationships between parents and child and the developmental stresses within the adolescent, the therapist must also address the effects of an external system of peers, siblings, and others who can dramatically influence the adolescent. This chapter deals with the treatment of delinquent adolescents, the family systems involved, and the external system of both peers and adults—extended family members, siblings, friends, court officers, and others—that may contribute to maintaining delinquent behavior.

The Growing Problem of Delinquency

Delinquency, defined as crimes reported to police that are committed by juveniles, has increased considerably since World War II. Since the late 1960s the rate of juvenile delinquency has risen even more sharply, with a particularly marked rise in violent crime and crimes associated with drug use and prostitution. This rise in crime is not gender specific. In fact, the increase in crime rate for fourteen to seventeen-year-old girls since 1957 has been even greater than that for boys. In 1957 the ratio of male to female crimes was 10.79 to 1; by 1977 it had fallen to 4.97 to 1 (Rutter 1980). It is apparent that criminal delinquency is one field where equal opportunity has become a reality. One might, of course,

ponder the accuracy of these and other statistics related to juvenile crime, since the determination and reporting of delinquency may in some cases be affected by the political climate of the communities involved. Nevertheless, it is clear that juvenile delinquent behavior is an increasingly serious problem.

During the last thirty years there have been great changes in family life. The traditional three-generational, vertical family has been gradually replaced by the horizontal organization of parent(s), friends, and helpers. And even this horizontal system has been undergoing more flux than the vertical system did in previous generations.

One result of the family's becoming a more unstable institution is that the adolescent both turns to and is more influenced by peers and siblings. Salvador Minuchin and associates (1967), in their seminal study of one hundred delinquent boys at the Wiltwyck School for Boys in New York City, found that, in the families of delinquents, siblings were very significant in the development of self-concept. This does not necessarily mean that parental figures are completely eclipsed; they remain extremely important. But these researchers found that to the extent that the parental subsystem is weak, there is an effective relinquishing of parental authority, and the result is that the sibling subsystem becomes even more powerful.

If there is any one characteristic common to families with delinquents, it is that parental authority has been weakened in some way. In their work at Wiltwyck, Minuchin and his colleagues found many families in which either there was no actual father figure or, if he was present, the male was most often a transient figure. In this second category, the father tended to delegate the rearing and education of the children completely to the mother, as if these areas of development were the mother's exclusive province. In families in which a single woman was raising the children, often the mother was able to respond and interact with her children only when they were submissive or requesting that some basic need be met. In these families the maternal motto seemed to be "I am available." But in reality this availability did not include effective executive guidance.

There are many other patterns of weakened parental authority. In some families the parental figures are ineffective not because they are uncomfortable in exerting parental guidance but because there is a chronic pattern of disagreement between the parents that renders them ineffective. The

disagreement, or split, can exist between any combination of parental figures. The parents may be present in the home but in chronic disagreement with one parent overinvolved with one of the children, often the delinquent. Or the disabling split may be between a parent and grandparent, or between the social agency and the court that are responsible for the adolescent. Whatever the split or splits, the result is the same ineffective executive authority that leaves adolescents to search for guidance on their own, wherever they can find it.

What is the best way to address this problem of delinquency? The biological event of adolescence has not changed perceptibly over the last forty years. Since nature has not changed, nurture must have. Social changes are therefore seen to be responsible for this phenomenon. Thus, an appropriate therapy must address both the delinquent child and the social matrix that is maintaining the problem behavior.

I propose that contextual therapy is the most effective treatment. There have been a number of studies that support this view. For example, work done by Scott W. Henggeler and associates (1986) reveals that delinquent adolescents who received family therapy evidenced significant decreases in conduct problems, anxious-withdrawn behaviors, immaturity, and association with delinquent peers. In addition, the mother-adolescent and marital relations in the families of these adolescents became significantly warmer, and the adolescent became much more involved in family interaction. In contrast, families with delinquents who received alternative treatment evidenced no positive changes and showed deterioration in affective relations.

The significance of such studies is their demonstration that when the family is treated as a unit, increased warmth and affection result, which in turn lead to a changed role for the adolescent in the family. Prior to treatment the adolescents were at best disengaged from the family and at worst in open conflict with one or both parents. After treatment there was increased positive reciprocity among all family members. Clearly, then, this kind of therapy represents the most promising means of reconstituting a functional family system as well as providing for the adolescent's nondelinquent development. All too often the troubled adolescent's context does not challenge either the behavior or the premises of self that support delinquency. An effective therapy must confront both.

General Principles

EXAMINING THE PREMISES OF SELF

In my discussion of the homeostatic maintainer in chapter 2, I relate the story of a mother defending her delinquent son in the face of overwhelming evidence of guilt. This was a classic case of a parent contributing to delinquency by acting to maintain a dysfunctional status quo. Uncovering and transforming homeostatic mechanisms is only a first step in work with delinquents. The process must go further and address the deterioration that has taken place in the adolescent's emerging self. As Gregory Bateson notes, "the essence of the delinquency is not the breaking of rules, but ... the fact that ... premises for conducting [oneself] as a rule breaker are not touched by the outside" (quoted in Hampden-Turner 1982, 145). In other words, the delinquent is living in a system organized in such a way that "the outside" does not affect the delinquent's premises. The delinquent merely says to himself, "It was a failure. Next time I won't get caught." The premises underlying the behavior have not been touched.

TRANSFORMING THE PREMISES BEHIND THE BEHAVIOR

Clearly, without a therapy that changes the premises of the self, we cannot change the delinquent. We may suppress the personality, but we will not affect the delinquency. In order to transform rather than merely interrupt the delinquency, we need a therapy that will help structure more functional premises for behavior.

I think we seldom fully achieve it. Most of the time what we do is to retard, suppress, or lessen the frequency of delinquent behavior. This is not a dishonorable role, but neither is it enough. It is important to continue the therapy so that the adolescent can become attached to a more functional context that will call forth areas of competence, which in turn will confirm the nondelinquent self.

We must constantly think in terms of how the therapy can foster these more functional contexts. We must assume that even in situations of chronic delinquency, where moral development has been severely impaired, there exists a nascent, better self that can be reached within a context that allows an expression of competence. We must posit that before becoming delinquent the adolescent must have had some experience with this good self, the self that could make choices and exercise competence. Tapping into

this, however, is often a struggle because it may be that the delinquent peer community is the only place where the adolescent is perceived as competent. In that context, then, the delinquent self is the self that can "do." The struggle is to transfer this competence to other, nondelinquent areas.

Most of the time, however, the competent self simply is not available in any existing context. The youngster has had to go totally underground and has developed an anti-establishment self. Often, to discover what nurtures and enlivens the self, the therapist must search the garden where the delinquent has been watered: the world of the delinquent's peers. Working with this external, second family may be more effective than treating the family that shares room and board with the adolescent. This counter-context may reveal the vitality and excitement that the delinquent receives from the delinquency and that prolongs it in the absence of competence.

PREVENTING THE PARENTS FROM BEING DEFEATED

Maintaining the balance of forces is essential to family therapy, and one concept is key to its maintenance: the parents must not be defeated. They must continue to exercise their function of executive controller. But this alone is never sufficient. The parents must also emerge as executive nurturer, offering support and allowing the youngster to negotiate and to feel competent. Of course, if the child's main context is already fixed outside the family, the parents' rule can be undermined and their leverage eroded. In such cases the therapist's challenge is twofold: to attempt to recreate an intact parental hierarchy to balance the pull from peers and, at the same time, to try to use the external context—the world of peers—to strengthen the "good self" of the adolescent and reintroduce this competent self into the family. This double challenge is a difficult one for the therapist. The focus must be on creating experiences both within and outside the family to help mobilize positive behaviors and premises. In creating such experiences, the therapist will begin by generating intensity in the family system in order to bring dysfunctional patterns to the surface. The therapist might also choose to work with both family and peers to challenge conceptions of responsibility and honesty, in an attempt to build an ethical awareness in place of a concern for immediate material advantage alone. Often it is necessary for the therapist to make use of the developmental estrangement technique, to shock the delinquent out of the comfortable illusion that someone, usually Mom and Dad, will always be there to bail the youngster out of difficult situations.

ACTING QUICKLY TO INTERRUPT THE DELINQUENCY

Whatever techniques one chooses to employ, it is essential that the therapist act quickly to interrupt and challenge the delinquency. It is common for delinquent patterns to become entrenched over time. Therefore, it is critical that a therapeutic crisis be created as soon as possible in the course of therapy. Furthermore, care must be taken at the outset to include all essential members of the delinquent system, both from inside and outside the family. The therapist must then address this larger context and attempt to create a more therapeutic system, one that helps the internal monitors—the parents—evaluate and, to some extent, shape the influential external force of the peers.

CONFIRMING AREAS OF COMPETENCE

The key to defeating delinquency is to help the adolescent locate a context where a good, more competent self can emerge, so that when the youngster experiments with delinquency he is not pulled in totally and understands "being good" as an alternative. Then at least the premise of good behavior will have been established. If the family does not have enough benevolence or enough care and concern for the child, then strengthening the family's control will obviously serve only to contain the problem behavior. Eventually the youngster will slip back into delinquency. The therapy can attempt to transform the family context in many ways, but unless the premise for a good self has been created, nothing will really be accomplished.

It is incumbent upon the therapist when working with the parents and adolescent to find specific productive situations that maintain the "good self." This new environment will support the adolescent as competent. Thus he will receive confirmation from a different, nondelinquent set of peers.

Clinical Example: Carl, an Inveterate Delinquent

The case that follows illustrates what I think are critical processes in the shaping of the delinquent personality. The focus is on the interactional characteristics of the family, particularly the conflict between the adults, their inability to close ranks, and the reciprocal mistrust that prevents them from understanding or controlling the troublesome adolescent.

The family discussed here was presented to me by a therapist, one of my trainees, because he felt the system was not changing. The family members would agree and agree, but nothing would change. The therapist felt the family was engaged in a downward spiral and heading toward disaster. Carl, the sixteen-year-old son, was precocious in only one way: he was well beyond his years in criminality and delinquency. By age sixteen he had not only been selling cocaine for two years: he was also involved with considerably older professional drug dealers. Moreover, the young man was in debt to the drug dealers and the family was very much afraid that retribution would be taken against their home or other family members.

As we saw earlier in this chapter, the first step is to transform the system so that the immediate maintainers of the delinquency are curtailed. The therapist must then work to create a new context in which more functional areas of the adolescent's self will be supported. As in all of the cases presented in this book, in order to ascertain who or what was the homeostatic maintainer, I started with a full assessment of the system.

ASSESSMENT USING THE FOUR-DIMENSIONAL MODEL

History

Carl, a juvenile delinquent, was the last of five children from a suburban Philadelphia family. His older siblings ranged in age from twenty-five down; one sister was an accomplished graduate student in chemistry while one brother was unemployed and still living at home. Carl had been involved with drugs and stealing for close to two years. His father was a salesman for a pharmaceutical company, which led me to hypothesize that, in terms of symptom selection, conflict was diffused when the family focused on this specific behavior: selling drugs. It was interesting, but not surprising, that the young man's delinquency was a corollary of the father's occupation.

Carl was not living at home; at the suggestion of the therapist, he was staying with a friend. However, on the night before the session he was caught by his mother leaving his parents house with an empty vial of cocaine and some of her best silver.

Development

Carl was the last child, so the parental system had to reorganize around having no dependent children in the home. The mother and father were older parents, nearing retirement and faced with the prospect of having more time on their hands. They drove into their sessions from the New Jersey shore. The father was decreasing his work hours and focusing much more on his family. More immediately, with additional time at home he was faced with a smoldering conflict in his marriage that he had been trying to avoid for many years. That conflict was exacerbated by the fact that his wife was resentful of her husband's greater presence in the home, feeling that her space was being intruded upon.

Like all adolescents, Carl was insecure in terms of potential accomplishments and had one foot in and one out of the family life. He was untested and felt unsure about his ability to meet the growing demands that were being placed on him as he matured.

Structure

The family was profoundly split on how to deal with their delinquent son. The parents were in perpetual disagreement, and this disagreement was magnified by the presence of the father's father, with whom he was very close. The grandfather regularly gave his son advice, not only on what to do with Carl but also on how he should treat his wife. The parents' lack of agreement was confusing to their son. One parent might opt to be stern, while the other would decide to be more lenient. Then, much to Carl's (and perhaps the parents') amazement, their positions would flip-flop, the lenient parent choosing to be tough and the tough parent going into retreat. Of course, the effect of their inconsistency on Carl was to produce bewilderment and cynicism.

Process

This family was reminiscent of a psychosomatic system. There was extreme rigidity, enmeshment, conflict avoidance, and a diffusion of conflict via the activation of a third person. Throughout the session, at which I was present in the position of consultant, I found myself struggling to get the parents to talk together about any issue. When they would begin, one or the other would attempt to pull in the son, me, or the therapist. Alternately, either myself or the therapist or the son would spontaneously activate,

diffusing tension.

My own experience in the room was one of frustration. I saw the overprotectiveness and conflict avoidance in the system as emasculating this boy's potential. At the same time I had to fight the urge to be either very polite or outrageous (the latter, I must confess, was the stronger urge). There was an almost palpable tension in the room.

The difficulty, then, was to get the parents to address each other in a different manner. To create immediate change I decided to intervene as I would in the family of an anorexic, using a classic approach to working with anorexics in which the family has lunch with the anorexic youngster in the therapy room. The therapist then tells the parents that it is their responsibility to get the child to eat so that the child will stay alive. This creates a therapeutic crisis which acts as a kind of fulcrum around which more functional patterns emerge. In this case the parents of the delinquent boy were instructed to search their child and, if necessary, call the police. In both cases the scenario challenges the conflict avoidance, the split between the parents, the triadic functioning, and the overprotectiveness. I believe these were the pivotal points—the joints in the family system.

The assessment led to some useful insights. First, this was a case in which normal adolescent ambivalence was greatly exaggerated by the family system. The inability of the parents to speak with one voice caused a split in Carl, the object of their disagreement. He was attached to and loved both parents, but if he heeded one he risked alienating the other. The parental split definitely reinforced the boy's ambivalence.

Carl's ambivalence was also underscored by his relations with siblings and peers. Two of his older siblings demonstrated opposing pulls. The successful graduate student was following in her father's footsteps and embarking on a career in sales; meanwhile, the unemployed brother who was drinking excessively was a negative presence in the home. The same split was evident in Carl's peers. Some of his peers remained in school and aspired to enter the mainstream culture; others, however, were part of a delinquent subculture. Carl found himself caught between these divergent influences of both siblings and peers, amplifying the normal stress associated with adolescent ambivalence.

Another valuable insight to be gained from our assessment was the extent to which this system

encouraged symptomatic behavior in the adolescent as a way of maintaining homeostasis. It was evident that the parental conflict was being diffused by the focus on the delinquency symptoms of the child. This focus relieved stress on the parents but also kept them from addressing their own issues. This pattern was exaggerated by the parents' approaching retirement age. As the father became less involved with outside activities, the system needed the son to provide symptomatic behavior in order to stabilize the status quo. Had the parents been more involved with their respective pursuits, they would have had less energy and the system would probably have had less need for their son to be symptomatic. These assumptions are based on a theory of conservation of interest. Given that people have limited attention to expend in any particular direction, if family members have their interests happily employed elsewhere there will be less attention available to the symptomatic child. And the less attention paid to the symptoms, the less they will be reinforced. Of course, this is a vicious circle which emanates from and maintains the marital split.

THE THERAPY

The clinical goals of the therapy were as follows:

- To strengthen the parental dyad so that the parents would no longer be split and would communicate better with each other, resolve conflict between themselves, and function as effective executives in meting out negative (as well as positive) consequences for their son's delinquent behavior.
- To have conflict emerge and be resolved in the treatment room.
- To include other members of the system—siblings, peers, extended family—so that these members would not act to support the delinquency.
- To touch the pivotal structural dimensions of the adolescent and provoke an experience of developmental estrangement, addressing the fundamental premises of self.
- To encourage the family members to accept one another's positive selves so that a mutual liking could be established.
- To assist the adolescent in finding a supportive extrafamilial context that would reinforce his nondelinquent self, thus further addressing the fundamental premises of self.

Uncovering the Homeostatic Maintainer

The sequence that follows demonstrates my assessment of the homeostatic maintainer. I began by observing the family from behind a mirror.¹ The mother, blond and very thin, dressed fashionably in a pleated skirt and vest, was in her early fifties; the father, sixty and overweight, was wearing a plaid business suit. Carl was in black jeans and a black leather engineer's jacket and lizard skin boots. At this point I was searching for who or what was keeping this system developmentally stuck. The mother was in the process of explaining what had happened the night before, when she caught her son with an empty vial of cocaine and some of her silver.

MOTHER: He was going with a friend of his who I have some confidence in, so I thought, well, he's in pretty good hands—relatively sensible. I knew he was spending some length of time upstairs, so I said, "Before you leave the house, let me check your pockets." And I went through that jacket and I found a package—I assumed it was cocaine. I just assumed it was empty and I threw it on the counter. He has about one hundred zippers on his jacket, and I went through all those and I also found some silver of mine that apparently you (*speaking to Carl*) couldn't get any money for.

CARL: I gave it to you.

Carl qualifies his mother's statement with the premise that if he had given it to her, it is still his and he can take it away. In this case Carl expresses a conventional, classic phenomenology of the delinquent self.

MOTHER: After I got it out of your pocket you gave it to me. Well, that's beside the point. Whatever—you gave it to me, I found it—it was something that apparently you couldn't get any money for...

CARL: You shouldn't be talking like this here (*pointing to the mirror*).

MOTHER: Carl, I don't think I'm hiding anything.

At this point I entered the room because I felt that they were just reenacting previous sessions. I thought the system needed more intensity—more energy in a slightly different direction—as a response to the emergence of potentially powerful content: the theft from his mother as well as the empty vial of cocaine. What I had in mind was to act on the notion of homeostasis as a dynamic principle: that one must examine homeostasis at times of disequilibrium and observe how the system responds to perturbation. In this instance, I saw the cocaine and the stealing as potential perturbations and was curious to discover how the family responded.

What I was attempting to do was to uncover the key premises of this adolescent's self. The parental

coddling was reinforcing Carl's idea that he was entitled to eternal forgiveness and that he could always count on those to whom he was responsible. This family had no core concept of the parents as rule makers or enforcers. The direction of the therapy had to be to reorder some fundamental premises—not just to put the parents back in charge but also to change how the participants thought about themselves. The executives had to come to feel that they were not fools, and the young man had to realize that his parents had actual power. My concern was to arrange the transaction so that these ideas could surface and so that new selves for all participants could then emerge.

In this case Carl's latest misbehavior was old news to the family. As such, it did not represent a true destabilizing event. Yet the therapeutic team had to use it to stress the system as a means of revealing the compensatory responses that maintained the homeostasis. I therefore tried to create a crisis by focusing on the enormity of the boy's action and the inert reaction of the parents. By focusing, framing, and intensifying, the therapist can create a crisis that will disequilibrate the system. Once this happens the evident homeostatic processes can be examined and then worked with.

DR. FISHMAN: I am Dr. Fishman; I just want to ask you a question. I've spent about an hour talking about your history, your family. Not just about Carl, but about your whole family. I'll tell you something that absolutely amazes me. That is—I'm not even going to tell you what it is until you answer the question. When you found something that you presumed was cocaine and you also found silver that was stolen from you, what did the police say when you called them?

MOTHER: I did not call the police.

DR. FISHMAN: You see, that's the thing that we heard about your family and that's something that I find really extraordinary. (*To the father:*) What would happen to you if they found cocaine in your presence?

FATHER: If who found cocaine in my presence?

We see the first of the homeostatic mechanisms. By not calling the police, the family accommodated their son's misbehavior instead of ensuring negative consequences for his delinquency. To the extent that they accommodated, nothing changed. This response further solidified Carl's fundamental premise about himself: that he was invulnerable and could "handle" his parents.

DR. FISHMAN: If the police found that you had cocaine anywhere around you.

FATHER: I would probably lose my job and I certainly couldn't work for a drug company again.

DR. FISHMAN: How about if it were found in your home?

FATHER: I'd probably be in trouble.

DR. FISHMAN: You might even lose your livelihood?

FATHER: Very possibly.

DR. FISHMAN: Are you very wealthy and it doesn't matter?

FATHER: No, no—I'm just struggling.

DR. FISHMAN: Like all of us. So I don't understand why you didn't call the police.

The purpose of emphasizing the consequences for the family of being caught with cocaine was to increase the intensity by stressing the seriousness of what Carl was doing. I also wanted to challenge the family norm of accommodation to Carl, a pattern that was crippling to the boy. If the family was going to be helpful to their son they had to provide rules; they had to see to it that Carl was not bailed out but instead forced to be competent and law abiding. Furthermore, the rules of the family had to be made to replicate those of the outside world. The boy had to know that one faces consequences as a result of one's actions.

In the next sequence the homeostatic mechanisms emerge clearly. When the father agrees with me on the potential enormity of the difficulty, the mother interrupts to defuse the situation.

MOTHER: May I back up? I did not open the package. I assumed it was empty.

The mother's unwillingness to address the issue of her son's severe drug usage helps to maintain the problem. Of course she knew what was in the vial. Perhaps even more important, however, is the process. The father agrees that this episode is very serious, but the mother cuts him off and says she is not certain that it even happened. The father's focus on the seriousness of the offense distances him from Carl, while the mother gives Carl the benefit of the doubt and implicitly supports him. My job is to stress for the parents the potential consequences to themselves when they bail their son out. Part of the delinquent system is that the parents often behave as though they could escape the consequences of their children's delinquency.

DR. FISHMAN: Okay, but you knew what it was.

MOTHER: Well, I knew what the container was, but I didn't realize there was anything in it. Because I had found containers before, but they were empty.

DR. FISHMAN: It's just striking to me, because it sounds like for years he's been bailed out. Every time he gets into trouble he's been bailed out.

FATHER: That may be, but I...

DR. FISHMAN: Don't talk to me, answer your wife. Talk to your wife about that, because it sounds to me like this is one more instance of bailing him out. But this time it could come out of your hide—the whole family's hide.

MOTHER (*addressing the therapist*): I think I had mentioned it to him. He is not only in trouble, he has put us physically in jeopardy, too. Because we don't know when somebody's going to come and ransack our house. As a matter of fact, the other day, when one of his associates ...

The parents' refusal to deal directly with each other is a pattern that needs to be challenged. I therefore attempt to get the couple to talk with each other.

DR. FISHMAN: Can I stop you for just a minute? Because I think you need to talk to your husband and I'm not sure he agrees. Because you agreed that you thought this was another instance of Carl getting bailed out.

MOTHER: I said that?

CARL: I'm not getting bailed out. You didn't bail me out when you told me I couldn't live at the house.

MOTHER: Well, I think we keep extending the proverbial noose around your neck. You know, give you more rope for you to hang yourself. (*Addressing the therapist*;) I guess we just hope that there won't be a next time, or that he will change or something.

FATHER: I guess that's what it amounts to, really.

MOTHER: I have threatened to call the police. Unfortunately, I didn't. When he stole the money from me I should have. But I didn't.

I see here the misuse of hope. It was this pernicious hope that tomorrow things would be different that had kept the system from changing, even as the situation had grown more serious. Hope is part of what maintains the homeostasis. The job of the therapist is to create an enactment which vitiates the hope thus allowing new patterns to emerge that will result in change occurring right there in the treatment room.

Changing Reality Experientially

At this point in the therapy, I asked myself how I could create enough intensity to force the issue. How could I create a scenario that would no longer allow these parents to bail out their son and would also shake Carl's fundamental premise about himself? The object was to make Carl realize that he could not con his parents this time and to get the parents to see themselves as something other than willing pushovers. Perhaps the answer was to force the marital issue, to see whether the parents would pull together. If they could indeed support each other concerning the adolescent's misbehavior, the family would witness a moment of true transformation.

It was becoming apparent that these parents thought that talk could substitute for action. I decided

to go for a complete and dramatic enactment, creating a crisis of trust between them.

MOTHER: You are the son, I am the mother. You will do what I tell you, and if you don't want to, then you'll just have to be where you are. (*To Dr. Fishman:*) I keep saying the wrong things, I think.

DR. FISHMAN: No, you keep saying the right things—more and more right things.

MOTHER: I have been saying that, but unfortunately, being a parent—I don't know whether you have children or not, but that's neither here nor there—you go the last mile with them, you know. And that's what I've always done with him.

DR. FISHMAN: Do you still have the vial? You know, I had a crazy thought...

MOTHER: What's that?

DR. FISHMAN: I wonder if he has anything with him right now.

MOTHER: He probably—I shouldn't say that—but unfortunately, my trust in him is nil, nil, totally nil.

DR. FISHMAN: Why don't you ask him?

MOTHER: Because he will lie.

DR. FISHMAN: Why don't you ask him?

MOTHER (*to Carl*): Do you have anything with you now?

CARL: No.

FATHER: Do you have any cocaine?

CARL: I don't have any cocaine with me now.

FATHER: Do you have any other kind of drugs with you?

CARL: No drugs, Dad.

DR. FISHMAN: Do you trust him? Do you believe him?

MOTHER: No, I don't believe anything he says anymore.

DR. FISHMAN: I think you should think about it. In other words, you should probably search him right now. And if he has anything, you can call the police—if you really want to give him something, to use your words, to go the last mile.

CARL: There's no way you're going to search me in front of a camera with people watching. You want to search me and go to that trouble, we can go in the next room and you can check me there.

MOTHER: What does it matter, Carl?

Many family therapists believe that by changing the family's reality the family's behavior will automatically change. It is essential, however, not just to create a new reality but to create it in the therapy room, so that a changed experience follows from the new reality. Thus, changing reality is only the first step.

The intervention practiced here changes the family's reality in an experiential way, so that new behaviors emerge focused around a specific problem. In this case the problem was whether or not to search the delinquent son. If the parents did not search Carl, especially after saying that this time they would be willing to call the police, they would reveal themselves as liars to themselves as well as to the therapy team. Moreover, they would have lied to their son about their resolve to stop his delinquency. On the other hand, if they did search their son they would be forced to change their pattern of accommodating to him—especially if they found drugs.

In the next segment we see the patterns change as the parents pull together and the family's reality begins to transform. As the parents respond to the challenge given them, new behaviors emerge and the family's notion of what is possible expands. Seeing that they can change gives the parents a renewed—this time legitimate—hope. More important, they realize that their son can change. They open up new possibilities from the multifaceted self and illustrate a lesson in complementarity. The parents realize, perhaps for the first time, that if *they* change they provide a context that demands a complementary change in their son.

CARL: You want to frisk me, we go in the next room, that's my final line. You want to frisk me, go in the next room.

MOTHER: I don't understand, what does it matter whether it's in ...

CARL: Maybe a little pride I have left to myself while sitting here, you know.

MOTHER: I'm glad to hear you have some pride; I was beginning to wonder whether you had any at all.

CARL: You want to frisk me, we'll go right now into the next room.

MOTHER: Isn't it ridiculous that I have to do this.

FATHER: But if you have nothing with you why do you even object?

CARL: Because it makes me look like a fool, sitting there while you people frisk me. You want to frisk me we'll go in the next room.

MOTHER: No, we won't frisk you, just give me the jacket. I won't touch you at all.

CARL: We'll go in the next room and do this. You're not going to touch me in here. I mean that.

MOTHER: You see, you're upsetting me.

CARL: Well you're pushing me in a corner.

MOTHER: That's right, I am. You're right, I am pushing you in the corner. And who got himself in the corner? You or me?

CARL: And who's going to get himself out of the corner? That's why I left home, where I have to have you stand in the way of getting myself out of this corner.

MOTHER: You left home, so I am not in the way.

CARL: I'm better than I was a week and a half ago.

DR. FISHMAN: So, the question is, did he just lie to you?

CARL: Who knows? Let's go next door and find out. Me and Dad. Let's go right now and maybe we can find out if I'm right or not.

MOTHER: No, I know where all the zippers are, Dad doesn't. He's not as thorough as I am. I look behind pictures and find things.

FATHER: What's wrong with giving me your jacket, and I'll look at it here and now.

MOTHER: We won't have to touch your body.

CARL: What's wrong with going next door?

FATHER: Why not do it here?

CARL: Because I don't want to.

FATHER: Why not? Carl, give me your jacket.

CARL: Dad, I don't see why we have to do this.

MOTHER: He has a tendency to run.

When the mother says, "He has a tendency to run," I wonder if she is giving instructions to Carl—and if she is introducing a threat to her husband and me, hinting that if we increase the intensity and push Carl further, he will walk out.

FATHER: Because the more you object, the more that we believe that you've still got something, that's why.

CARL: Well, we can go next door and you can find out that I don't, okay? We can sit here fighting about it for the next hour. If you want to do that?

FATHER: I guess the next step we could do—I could maybe call the police.

CARL: They are not going to do it in front of a camera and ten people either.

FATHER: I don't want to fight you. Maybe if I call the police and ask them to go through your coat.

CARL: You're not going to do it in front of the camera and in front of six people. I'm not going to be a little freak show.

FATHER: You don't think that would be a freak show? That if the police came...

CARL: No! I just won't allow you to go through my stuff. If you want to, okay—me and you, we'll look through my stuff. Me and you—family—not any of these other people.

FATHER: I think it's gotten past family, though, Carl.

CARL: No, it hasn't. You've gotten past family, and I haven't.

FATHER: The "past family" is that the little secret has gotten to be about twenty-five or twenty-eight people. Do you know that?

CARL: Who cares.

FATHER: You don't care? So what's the secret?

CARL: There's no secret. It's just.... Why let even more people know?

FATHER: What's the matter? We might as well let everyone know.

MOTHER: The entire neighborhood knows our business now.

CARL: Considering you told every....

DR. FISHMAN: This is just distraction. You are accommodating to him and accommodating to him. He's saying right now, "Accommodate to me," and you, as parents, have to decide.

MOTHER: Let me ask you this—what are we going to do, physically take it from him?

DR. FISHMAN: What you have to do, whatever you have to do.

As I increase the intensity, I see the homeostatic pattern reemerging. The dysfunctional parental unit accommodates to Carl, but they also flip-flop.

MOTHER: But I don't know what that is. He's (*indicating the father*) not physical. He's never laid a hand on him in

sixteen years.

CARL (*to his mother*): He wants to check my jacket, we'll compromise—you know, we'll go back there, and he can check my jacket.

FATHER: No, I want to do it here, Carl. Please give me your jacket; please do it here.

MOTHER: Take it off.

FATHER: Come on, Carl.

MOTHER: Not on your body, just take it off.

FATHER: Carl, do it here. Come on.

CARL: No.

MOTHER: See, he has much more patience than I do. I could not do that. I would have to be physical. If it had been a girl....

FATHER: Come on, Carl. Please give me the coat.

I interpret the father's coaxing behavior as being in many ways homeostatic. His language suggests inappropriate closeness with his son. Here is a man talking to his sixteen-year-old son, who has just stolen from his wife and is selling cocaine on the streets, and he says, "Please give me the jacket." Figuratively speaking, he is the one who is "slipping fives" to his son. The mother's statement that she can be much tougher suggests to me that she has more distance. The goal at this point is to get the father involved and cooperating with his wife in creating an executive unit that is distanced from the son.

CARL: How about making it a little interesting for me, Dad. What's the benefit for me?

FATHER: The benefit is you're going to have a clean slate.

MOTHER: The benefit is some of your credibility might come back. If we find something—I mean, right now, as I said, I don't believe anything you say. I'm sorry but ...

CARL: You don't believe when I say we're going to have to go next door and do this?

FATHER: That's not the point, Carl. The point is if you don't have anything, prove it.

CARL: I don't have to prove anything. I don't feel I need to prove anything.

DR. FISHMAN: Carl, why don't we step out so that you can feel free to do whatever you want.

MOTHER: Whatever that is I don't know....

CARL: We'll go outside and you can check my jacket, if you really want to.

The therapist and I left the room to watch from behind the mirror, because we sensed that the intensity of the situation was being inhibited by our presence. Furthermore, the search was in many ways a private, difficult moment for the family. It was an intrusion into Carl's space, but one he brought on himself by violating his family's safety and personal property. The therapists did not want to do anything to inhibit these very polite parents. At stake here was the father's changing premise about himself. He was in the process of transforming his self-image from "I can be fooled" to "I will not be fooled." Carl, in turn, was shifting from "I can handle them" to "They can handle me."

The father stood up and Carl took off his jacket. The father went across the room to take it from him and opened the pockets of the jacket while the mother looked on.

CARL: I couldn't even see some of those pockets.

MOTHER: I don't even think you're funny, Carl. What about your [pant] pockets?

FATHER: Turn your pockets inside out.

CARL: There's nothing there.

FATHER: Just prove it, that's all. Turn your pockets inside out.

CARL: No, I'm serious, you guys stop now. I'm really serious. I'll go right out that door in a minute ...

(The mother stands up, crosses the room, and leans over Carl.)

MOTHER: Don't threaten me. Please don't threaten me. I said don't threaten me.

CARL: I just did.

MOTHER: I don't particularly appreciate that at all. You're a big man because you can threaten me?

CARL *(sarcastically)*: That's really good, Mom.

MOTHER *(her face close to Carl's and her finger pointing at him)*: Yeah, I know, it's very good—and you're ticked, right?

FATHER: Pull out your pockets, Carl. Come on, stand up. Stand up, please.

CARL: Dad, I'm really serious. If you ask me to stand up, Dad, I won't do it. You can check the pockets, I'm going to put this jacket on, and I'm going to walk out that door. I mean it.

FATHER: Is that what you're going to do?

CARL: Exactly.

MOTHER: Carl, where are you going?

CARL: I'm leaving. This is ridiculous.

MOTHER: Stop.

FATHER: Stop. Sit down there, please.

CARL: You're making an ass out of me.

FATHER: No I'm not. You did it to yourself.

CARL: No.

FATHER: You did it to yourself. Sit down.

(The therapist and I return, the search has ended, and nothing was found.)

CARL: Dad, I told you. If you wanted to check me, I was leaving. Did I tell you that, did I tell you that?

FATHER: And I told you a lot of things. Now sit down please.

CARL: You're both going to regret doing this. You know that don't you. You think you ...

MOTHER: We're going to regret it? We have regretted so many things, Carl. Don't threaten me any more.

FATHER: That's the problem, Carl. The problem is you've brought all this on yourself. You've told us things that haven't been the truth before.

CARL: Well do I get an apology then for all this?

MOTHER: Wait a minute, how many things have *you* apologized for?

CARL: You guys didn't believe me that there was nothing in my coat. Now, do I get an apology?

FATHER: Do you apologize to us? No, come on.

MOTHER: How many times have you lied to us? Do we get apologies for all those?

CARL: Yes you do.

DR. FISHMAN: Also, what happens the next time?

FATHER: The next time it will be the police, there's no doubt about that. I'm not fooling around any more.

CARL: I guess I can't come home then till all my debts are paid off.

DR. FISHMAN: Should he come home, if he's not going to school? If he were going to school, it would be important for him to be at home. But if he is not studying....

Not using drugs, coming home and returning to school are the issues around which the organization of this system has to change. The parents need to decide whether or not they want the child to reintegrate into the family.

The question at this point is how to maintain the intensity. The parents had successfully pulled together and created a parental subsystem by searching their son. What content could be used next to maintain this new, inchoate pattern?

In treating adolescents, the therapist must be alert to the adolescent's extraordinary skill in outmaneuvering adults and destroying the source of authority. Carl's threat that he will not come home if his parents are tough with him is just such a maneuver. I turned his threat around, however, insisting instead that Carl can come home *only* when he begins acting appropriately. In situations like this the therapist must move quickly to keep the adolescent from taking away the parents' instrumentation—their tools for harnessing their son. Before the threat becomes too open and the parents begin to get scared, the therapist must prevent the adolescent from asserting control. The parents must remain in authority and retain their sense of dignity: they, not the adolescent, must remain in control of the door.

While acting to keep the parents in control, however, the therapist must be careful not to slam the door on the delinquent. The goal with this family was to set up a situation that would allow Carl to come home under certain conditions, one that would allow him to regain his position as a rightful member of the system if he lived by the rules: to come home he must go to school; to come home he must not use drugs. There was no hope of Carl becoming a "good son" again if his parents did not act like parents. Once this was accomplished, we could focus on ways for Carl to redeem himself in the system. Our purpose is not merely to put the parents back in charge, but to put them in charge in such a way that they encourage their son to earn his return to the family.

In the sequence that follows I try to sponsor a moment in which the parents uphold their power and, at the same time, the adolescent is provided a road back. Other objectives are to give the adolescent the opportunity to learn that he can challenge the rules without destroying the source of authority and to allow him a chance to make amends. By providing a way for amends to be made, the therapist also encourages the process of atonement.

FATHER: Well, he's not going to come home and cause the problems he's had for us recently. There's no way.

DR. FISHMAN: I've heard that. But how many times have you heard that?

MOTHER: We have not discussed it amongst us, but there's no way that he's going to keep his money as such. He doesn't know this yet, but....

CARL: I know that, but all you said....

DR. FISHMAN: All right. Why don't you talk together about that. Would you want him to come home? If he wanted to go to school, it would make sense for him to be at home. Most sixteen-year-old kids are in school.

CARL: Can they make you leave before you're eighteen? Can they kick me out of the house? Legally?

Suddenly this adolescent, who has been threatening to hurt his parents by leaving for good, is not about to leave so easily. Power has been restored to the parents and the adolescent is testing its extent. He wants to keep his nest—and misuse it. At this point the therapist must encourage the parents in their position of newly won control and rightful indignation.

MOTHER: Wait a minute. Let's not talk about legalities, because your buns should have been gone a long time ago—and not to any country club.

DR. FISHMAN: So talk about that. I don't know that he should come home. From what I've heard you're always accommodating to him. What you just did here I think is very important and exactly what he needs. I mean, if he were to go to school or work, there would be something. But the fact is he's on welfare.

Who accommodates to whom is an important issue for this family. If the parents continued to accommodate to their son, his behavior would not change. Only changes in the boy's context would force different, more functional sides of the adolescent's self to be expressed. Later he could be allowed the freedom to choose functional behaviors needed to be a member of this system. What should be negotiated here is the price of membership in the family.

CARL: The fact is they don't want me back in school right now.

FATHER: Yeah, but that's your doing. Not ours.

MOTHER: That's beside the point. I mean, I don't know if he could do anything positive right now, because he doesn't get transportation.

The father has gotten tough, but once again the system reverts to the flip-flop undercutting of its own authority. By switching and saying that the boy has no alternatives, in effect the mother bails him out. The therapist must act to short-circuit this threatened return to accommodation.

FATHER: That's his problem.

MOTHER: I know it's his problem.

DR. FISHMAN: Maybe you should take a taxi.

CARL: They don't have any taxis.

DR. FISHMAN: See, that's just an excuse.

CARL: That's not an excuse. If I had a way. Last time I went I hitchhiked. They made me stop—I had to quit my job at the gas station.

DR. FISHMAN: No. That's just an excuse.

CARL: But it isn't.

DR. FISHMAN: But does he believe that you will not let him come back?

MOTHER: He has told me I will. When he gets ticked at me he says, "You know, Ma, I know you'll let me come back." He actually told me that. (*Turning to Carl:*) The last time you were home.

DR. FISHMAN (*to Carl*): You're probably right. If they found cocaine on you, do you think they would call the police?

CARL: When?

DR. FISHMAN: Ever.

CARL: After a while. They probably will, yeah.

DR. FISHMAN: When you're forty-five and living at home?

I deliberately exaggerate to convey to the parents that they have heard all of this before.

CARL: I don't know. I really don't know.

DR. FISHMAN: That's what I think.

MOTHER: Excuse me, Doctor, but I was a chaperone at the high school dance. (*To Carl:*) Tell him what I did to you.

CARL: You tell them.

MOTHER: I beg your pardon—I'm asking you to.

CARL: I don't remember.

MOTHER: You don't remember—come on. I was a chaperone. Smoking was supposed to be prohibited, and I caught my own son. I warned him once, I warned him the second time. The third time I took him—I tried to take him—to the principal's office. He ran. The whole school knew about it.

DR. FISHMAN: Did anything happen to you?

CARL: I had to stay after school.

DR. FISHMAN: I think you're right, Carl. They will never—you'll be living there probably when you're forty-five. Do you have a nice home?

MOTHER: Um-hm.

DR. FISHMAN: Good. *(To Carl:)* Not bad. *(To parents:)* You see, I think the key to really helping him is to only let him move back if he's back in school. If he cuts school again, he leaves.

FATHER: Well, his next alternative—he's been kicked out of this school twice.

DR. FISHMAN: I don't want to talk about the specific schools, because we don't have much time, and I wonder if the two of you could make up your mind regarding that. You see, I think one of the tragedies of his life is that you didn't call the police yesterday.

MOTHER: Well, as I said, when I found it I thought it was empty. Wouldn't that be silly if I had called the police and said, "Here's an empty packet"?

DR. FISHMAN: Of cocaine? Yes, they would know what he used it for.

MOTHER: I know that. But I mean I didn't know if there was anything in it.

DR. FISHMAN: Your wife is just defending him.

FATHER: Um-hm.

MOTHER: No. I'm defending myself, because I didn't open it. You mean to say I could have called the police and they would have done something for an empty packet?

DR. FISHMAN: Ask your husband, he's the expert.

FATHER: I don't know. I'm not an expert in coke, I...

DR. FISHMAN: The question is, this is his whole life. What happened yesterday is his whole life. In other words, he was again—accommodated to. He didn't have the consequences of his actions. I think you have to make a decision right away—to decide that you don't want him back.

MOTHER: I have threatened so many times—as I said, I ...

DR. FISHMAN: He doesn't respect you at all.

MOTHER: No.

DR. FISHMAN: He thinks you're idiots.

MOTHER: What do you mean?

DR. FISHMAN: He steals from you. He thinks you're idiots.

FATHER: I think what you have said—as far as school—because we feel one of the most important things is his missing school and he doesn't seem to think so.

DR. FISHMAN: He doesn't have to. He's so comfortable.

FATHER: Without it, yes. He has no problems because he doesn't have to go to school.

DR. FISHMAN: That's right. So talk to your wife. We only have a few minutes.

FATHER: I think that probably ought to be the criteria then.

People only become competent when their childish narcissism, which tells them they will always be taken care of, is challenged and broken. In this family the adolescent's narcissism is still strong. He has never worried about his future because he has never really had to address serious life problems. The therapeutic goal here is to provide an existential crisis for this young man, to drive home the realization that he is responsible for his own life and that if he is to make anything of his life he must rely solely on his own efforts.

DR. FISHMAN: You just got an invitation.

CARL: When I go back to school—which isn't for a year, at least.

DR. FISHMAN: You'll find something.

CARL: There's no school that will take me.

DR. FISHMAN (*to the parents*): See, I think this is a terrible tragedy. You can't change him—but you can change yourselves.

FATHER: In what respect?

MOTHER: To not coddle.

DR. FISHMAN: Not coddle. Not make excuses for him. You can do nothing directly for him. But for the two of you, you could be a team and you could absolutely make it very clear that he doesn't come home—probably ever again. That doesn't mean you can't talk to him, whatever.

MOTHER: Well, that's what I said. I said, live somewhere and come visit me on weekends—we can have a beautiful relationship, but I can't live with him.

DR. FISHMAN: You really want that?

MOTHER: He could visit.

DR. FISHMAN: I would hope not every weekend.

MOTHER: No, I say visit. You know, like—like maybe you do, you go see your mom on weekends?

(Later in the session Carl left the room and I spoke with the parents alone.)

DR. FISHMAN: You know what's fascinating? Each one of you vacillates. First you're soft, then your wife's soft.

MOTHER: Well, that's right—as I said, I have my strong days and I have my weak days.

DR. FISHMAN: That's why you need each other so much.

MOTHER: I have always been the bad guy. It is sometimes very hard to get some support from him to be the bad guy. Because I guess I feel more strict. I don't know, we just think differently in so far as child raising is concerned.

DR. FISHMAN: Well, what are you going to do now?

MOTHER: Are you saying we're never supposed to leave him in the house again? I don't want him living with me, but certainly I want him to come visit me.

DR. FISHMAN: Ask your husband.

FATHER: That's fine. If he wants to visit. But no more staying—he's done, he's gone.

DR. FISHMAN: You're saying that now.

FATHER: I'm saying that now, and I'm meaning it now.

MOTHER: And I'm saying that now. Until he calls crying one night—which he will do.

FATHER: But no, that's the time you can't continue to give in to him. Because if you give in to him that time, you've lost. I'm better off if I have time to sit down and think about it a little bit. Not that I'm going to come up with any better answer, but I don't react spontaneously.

MOTHER: And I'm just the opposite—I'll be spontaneous.

FATHER: It's like the doctor says, if you think about what the possibilities will be ahead of time, and then try and plan for them....

MOTHER: Know your next step—always one step ...

FATHER: Try to keep two steps ahead of him, and ...

DR. FISHMAN: You know, I have another solution. All you have to do is call your husband first before you make any decision. And vice versa.

What I am trying to do is dispel the myth that separate strength is the answer.

Many parents believe that toughening up individually will be enough to improve the situation, but in fact they could each be strong individuals and still produce a delinquent child. The truth is that the delinquency is abetted by their tendency to make decisions independently of one another. The real answer is for the parents to close ranks and be strong as a couple.

THE FOLLOW-UP

By the end of this family's therapy the parents were together, though perhaps not as wholeheartedly as I might have hoped. In such situations, however, change is often slow, and this family continued to struggle. When they returned home the parents were able to stick to their agreement and insist that their son not come home until he agreed to the changes. At first Carl moved in with his grandfather and was able to recruit him as a new homeostatic maintainer for his delinquency. However, the grandfather died and Carl went back to school and returned home. Subsequent problems in the family shifted away from Carl and centered on his older brother's heavy drinking, which in fact became the focus of later follow-up sessions.

In retrospect, the therapy was a success in that it reinforced the parents as executive authorities and nurturers and resulted in Carl's eventually returning home and ceasing his delinquent behavior. In truth the family system was only partially transformed. The therapy would have been more effective if it had included both the grandfather and the brother. In this case the therapy should have continued until *all* members of the system—not just Carl—were stabilized.

I was a consultant in this case. Had I been the primary therapist I would have seen to it that the therapy addressed the larger context. In Carl's case it apparently was not essential, probably because his talent for school, once he began applying himself, provided a nondelinquent context that confirmed him. But his brother needed some work with the broader context to find a nonfamily situation in which he could be competent. This would have been essential in helping him leave a family that seemed to need at least one problematic child. When the children had finally left, then, the parents would have been able to work out their problems directly. The follow-up session described in chapter 11 demonstrates this powerful point.

Summary

It is important to remember that family therapy is not the art of keeping families together. The focus of family therapy is on understanding family processes in order to know what needs to be done to create a more functional system. In the case of delinquency it is especially important to move quickly to change behavior, even if this means separating family members. If the adolescent is allowed to persist in his dysfunctional behavior and senses that he can get away with it, the delinquency will become more and more impenetrable to therapeutic efforts.

In treating delinquency it is essential to work with the full context of the adolescent, which of course includes peers. At times it might be effective for the therapist to see the delinquent with one or two peers. Even more important, however, is the necessity of encouraging the parents to become acquainted and, if possible, develop a friendly relationship with the peers. If this external context is positive, it needs to be encouraged as much as possible. If it is negative, an attempt must be made to remove the adolescent from the pack. And then the hard job of therapy—the job of creating the "unwolf-like wolf"—begins.

Claude Brown, author of *Manchild in the Promised Land* and a graduate of the Wiltwyck School for Boys, describes what was for him the transition point, when he first thought he might not spend the rest of his life as a petty thief in Harlem, stealing and fighting and maybe getting killed. He tells of a work assignment with a woman who saw his potential and told him that he had intelligence, that he "could be somebody." Eventually she gave him books to read, biographies of such people as Jackie Robinson, Albert Einstein, and Albert Schweitzer. He read the books and eventually asked for more, reaching a point at which "Cats would come up and say, 'Brown, what you readin?' and I'd just say, 'Man, git the fuck on away from me, and don't bother me'" (Brown 1965, 157).

As I understand, Brown's escape from the delinquent world was by finding competence in another, socially enabling context. Suddenly, as he saw other lives in the biographies, he saw alternative scenarios for his own life. As he became engrossed in the world of books, he developed the skills to succeed and to escape from the poverty that bred the delinquency.

Notes

¹ In this, as in some of the other case studies dealt with in subsequent chapters, I was acting as consultant to a therapist in front of a
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supervisory group of about 8 to 10 trainees who observed the sessions from behind a one-way mirror; I would come in and out of the therapy session or call in to give the therapist suggestions.