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# 1

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## *The Idea of a Family*

Several weeks before her wedding, a bride (1) came in to see her minister. The young woman looked tired and was exceedingly nervous. She had been dreaming about other men. Consciously, at least, she loved her fiancé (2), though she did feel frustrated by the fact that he was not taking stronger stands with his former wife (3) regarding their daughter (4). (See Figure 1-1). The other woman's hostility toward her also perplexed the bride because they had never met. Adding to her burden at the moment was increasing indecision over whether to have children. The bride told her pastor that she was beginning to have doubts about her capacity to do anything, and was afraid there might be something "deeply" wrong with her.

Trained in a family approach, the minister did not treat her depression as if it were her own. He suggested that she resist the temptation to analyze her dreams. He proposed that she consider them a symptom of her relationship with her fiancé, for whom she had begun to take too much responsibility, and that she give her bridegroom back his anxiety by reporting her fantasies directly to him and by saying, for example, "You know, honey, I have been having the weirdest dreams recently. I wonder if you have any thoughts on where they could be coming from?"

The bride was then coached to get out of the "triangle" between her future husband and his former wife by establishing a direct relationship with the other woman, perhaps with a note something like this:

Dear Joan,

As you know, John and I are about to be married. Though we have never met, I thought I should introduce myself since I will be sharing in the responsibility of your daughter when she comes to visit from time to time.

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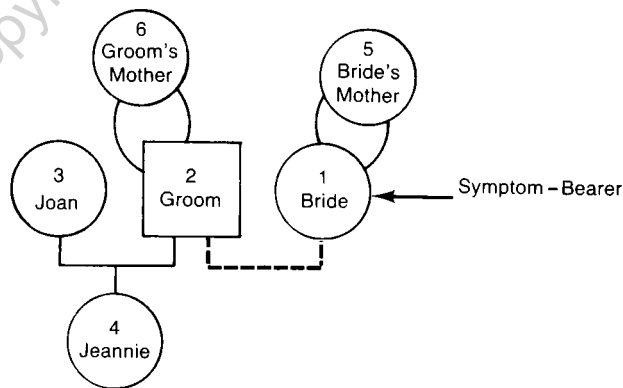
John has told me how important Jeannie is to you. I hope that you will feel free to communicate your standards or concerns directly to me, so that I can help raise her in accordance with your goals and wishes.

Sincerely,

Finally, because issues related to the reproductive cycle are often connected to unresolved issues with one's mother (5), the minister suggested that the bride invite her own "bossy" mother to lunch and reverse her tendency to shy away from leaning on her mother "at all costs," by presenting her mother with the childbearing conflict.

Two weeks later at the rehearsal dinner, the bride looked radiant and mentioned that she hadn't slept so well in years. In addition, her mother, not always this minister's favorite parishioner, was absolutely gushing in praise over "their longstanding relationship." And John's former wife caused none of the expected trouble about their daughter coming to the ceremony.

Several months later, John's former wife again began to make excessive demands. Instead of getting caught in the middle, however, by sympathetically listening to her new husband's laments, the new wife took a stand about what she was willing to put up with in their relationship. This time it was the bridegroom who called the minister to discuss his difficulty sleeping. With the problem now located where it belonged, the minister helped the bridegroom rework his relationship with his own mother (6), whom he tried never to upset, and thereby become better able to take stands with his former spouse. That relationship then ceased to be a source of harassment in the new marriage.



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The strategies of healing employed by this minister focused on the overall relationship system of the family rather than the psychodynamics of its members. It is based on new ways of thinking about personal difficulties and is known as *family therapy*. This approach deemphasizes the notion that our conflicts and anxieties are due primarily to the makeup of our personalities, and suggests, instead, that our individual problems have more to do with our relational networks, the makeup of *others'* personalities, where we stand within the relational systems, and how we function within that position. It understands the symptom bearer to be only the "identified" patient and the person's problem to be symptomatic of something askew in the family itself. The theory can be extended to any relational system from a business partnership to a religious institution, where a problem in the "flock" can show up in the burnout of its "shepherd."

This chapter will introduce five basic concepts of family theory, describe how the family model differs from the individual model, and show the range of its application for the families of the clergy. In keeping with the approach, we will begin with a short history of its origins.

### HISTORICAL PERSPECTIVE

Family therapy is the child of two mid-20th-century revolutions: one in the way we think about ourselves and one in the way we think about the world about us; like any offspring, it is a combination of the two.

### A MODERN REFORMATION

The first revolution, which has been somewhat like a reformation, is the extraordinary upheaval that has been occurring in the world of psychotherapy since World War II. Today there are probably more than 200 therapeutic modalities. Back in the early 1940s psychotherapy was practically synonymous with psychoanalysis. Freud, Jung, Adler, and Rank all had their differences, but they belonged to the "true tradition," so to speak. Thus, when B. F. Skinner began to publicize his unorthodox ideas in the late '40s, that behavior patterns were fixed by the reinforcements that occurred *after* the behavior, rather than elicited by what was in a person's head *before*, his views were immediately branded apostasy. *Walden II* was no less than a theological treatise tacked on the academic doors, and it set the stage for the kind of irreconcilable conflict for man's soul (Greek: *psyche*) that had not been seen on this planet for 500 years. Insight versus behavior replaced faith

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versus works, and excommunication became a matter of whose practice was excluded from the health insurance plans.

The aftermath of this recent reformation has been a myriad of denominations and sects arguing about words and rites. Each, in an effort to define its own identity, began by ambivalently attacking and borrowing from the "mother church" (psychoanalysis). Each developed its own view of man, sin, and atonement; each had its own holy works, priesthoods, saints, sacred societies, devils, rites and exorcism, and heretics. (Generally everyone sees everyone else as a heretic.) Some of the approaches emphasize dependency on the spiritual leader, some seem to be saying "every man his own therapist." Some emphasize rites or methods, others awakening. Some (Esalen) are more charismatic, while some (Primal Scream) are tinged with apocalypse. Even with T.A. (Transactional Analysis) one can be "high church" or "low church." Today, apostles proliferate everywhere, often interpreting the same masters differently. And, as the founders of many of these movements pass on, eyewitness accounts of their words and deeds, written by their closest disciples, come to light. Finally, to complete the analogy, a counterreformation has already begun, as psychoanalysts publish ideas today that would have been totally anathema only a few decades ago.

From this perspective, family therapy (including its own schisms and sects) is one more denomination, one more approach to the ways human beings think about their nature and seek salvation from their emotional difficulties. From another perspective, however, family therapists are of a different faith entirely. For unlike almost all the other schools of psychotherapy, the family approach is also the by-product of another revolution that has been going on in humankind's thinking. This second revolution has to do with the way we order the world about us. It is called *systems thinking*, and is the response of the human mind to the challenge of the information explosion that has been steadily expanding during the past half century.

## SYSTEMS THINKING

Since computers were introduced in the '50s, the speed with which they can perform functions has doubled at least every other year, and their size has been reduced proportionately to the increase in their memory capacity. The process feeds upon itself as the various fields of human endeavor cross-pollinate their findings.

Our brains have been avalanched by this blizzard of data. But the sheer volume of information is only one aspect of the problem. More significant is the fact that the increasing quantities have reached new thresholds of complexity, so that even the old ways of making sense

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out of information have become inadequate. Computers may aid in the collecting, storing, and sorting of information, but it is still necessary for the human mind to think meaningfully about what is "at hand."

Systems thinking began in response to this dimension of the information problem. It deals with data in a new way. It focuses less on content and more on the *process* that governs the data; less on the cause-and-effect connections that link bits of information and more on the principles of organization that give data meaning. One of the most important ramifications of this approach for individuals who must organize and make sense out of a great deal of information (such as members of the clergy) is that it no longer becomes necessary to "know all about something" in order to comprehend it; the approach also helps establish new criteria for what information is important.

The most outstanding characteristic of systems thinking is its departure from traditional notions of linear cause and effect. In linear thinking, cause and effect is a billiard ball concept: A causes B; B causes C; C causes D; D causes E. (See Figure 1-2.) Multiple causation (Figure 1-3), where  $A + B + C + D = E$ , is also linear thinking.

Systems thinking (Figure 1-4) at first resembles multiple causation but there is a significant difference. While A, B, C, and D again come together to "cause" E, they are not independent forces themselves. They are interdependent with one another. Each part of the system (including the effect itself, "E") is connected to, or can have its own effect upon, every other part. Each component, therefore, rather than having its own discrete identity or input, operates as part of a larger whole. *The components do not function according to their "nature" but according to their position in the network.*

It is the *structure* ABCDE that becomes the unit of study. To take one part out of the whole and analyze its "nature" will give misleading results, first, because *each part will function differently outside the system*, and second, because even its functioning inside the system will be different depending on *where it is placed in relation to the others*. In fact, the very notion of "effect" becomes relative. It is simply that part of the structure (system) that one has decided to focus upon.

Thinking systemically has always been natural to chess champions. It opens new ways for understanding history. Only the most unsophisticated football fans reserve their praise for the ball carrier alone, or blame the quarterback every time he gets "sacked." In meteorology it has long been recognized that for a tornado to come into existence, the temperature, the barometric pressure, and the humidity all must reach certain thresholds in the atmosphere at exactly the same time. Systems thinking can even be applied to genetics, where recent evidence from microbiology has shown that the same gene can function differently depending on its relationship to other genes.

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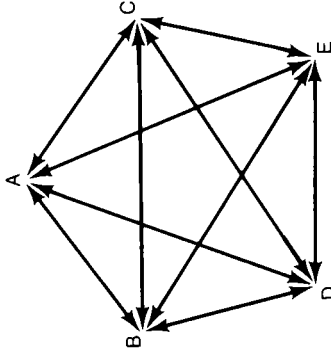


FIGURE 1-4. Systems thinking.

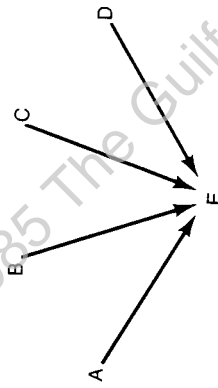


FIGURE 1-3. Multiple causation.



FIGURE 1-2. Linear causation.

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### Systems Thinking and the Family

When nonlinear thinking is applied to family process it produces similar formulations. It understands emotional phenomena in terms of inter-dependent variables. For example:

- The “atmosphere” necessary for physical symptoms to erupt in a family may only occur when more than one condition, some physical and some emotional, are both present simultaneously.
- Mother-child relationships must be understood not only in terms of their mutual influence upon one another, but also in terms of the emotional field in which they are both situated.
- The same mother-child relationship will have a different character depending on how father is functioning, not just on how he relates to the child, or to mother, but by the *extent to which* his presence throughout that nuclear system tends to be reactive, distant, or nonanxious.
- Even trauma can be conceived in terms of systems rather than linear cause and effect by saying that psychological or physiological trauma resides in the response of the family to a shock. It is the emotional system of the family that either sets up the precondition for the quantity of damage a shock can promote, or extends the effects of that shock by its continued reaction to the event. A shocking event, therefore, will leave traumatic residue *to the extent* some other variables (such as guilt) are present. Neither shock nor guilt can “cause” it alone.

Family theory maintains that such focus on the systemic forces of emotional process rather than on the content of specific symptoms is just as applicable whether the family problem surfaces as anorexia, senility, bad school habits, obesity, alcoholism, adultery, or chronic lower back pain. As will be seen, the elimination of linear cause-and-effect thinking has important consequences for diagnosis (and blaming), for prediction, and for evaluating change.

### Systems Thinking and Change

Systems thinking also creates different strategies for inducing change. As is the nature of new tools, their creation contributes to their evolution. When sophisticated electronic equipment became too complex to take apart if they dysfunctioned, an approach to “healing” developed that came to be called “black box theory.” Instead of trying to analyze the infinite variety of A-Z connections in a system, it once again treats the structure as a whole and tries to correct problems not

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by eliminating or fixing the “bad part,” but by inserting new input designed to cancel out what has gone wrong.

In other words, the “sick” part does not have to be removed or corrected if other components in the system can be made to function differently or to change their relationships with one another. In such a view, “sick” becomes a matter of definition rather than essence. The characterization of “sick” depends less on the nature of the dysfunctional element and more on how the whole of which it is a part is functioning, as well as how that whole responds to its own “ill” member. (See Chapter 2 for the role of feedback in maintaining chronic conditions.)

Black box theory may seem soul-less at first, but it leads to a highly moral approach to change. For if a human relationship system is so inextricably connected that the functioning of any member can best be understood in terms of the presence of the *others*, then the most successful way to bring change to all our families is not by concentrating on the input of others; indeed, that very effort will become incorporated into the system. The possibilities of change are maximized rather when we concentrate on modifying *our own* way of functioning, our own input, into the family “black box.” As we shall see, the concept of responsibility for our own “input” is applicable to efforts to change in a personal or a congregational family. It is the rationale for the “coaching” approach to counseling that will be described later, and it lays the basis for a powerful style of leadership in both professional and personal families that will be called leadership through self-differentiation.

In sum, the contribution of the systems revolution to family therapy is a way of thinking characterized by:

1. Focus on (emotional) process rather than symptomatic content.
2. Seeing effects as integral parts of structures rather than as an end point in linear chains of cause.
3. Eliminating symptoms by modifying structure rather than by trying to change the dysfunctional part directly.
4. Predicting how a given part is likely to function not by analyzing its nature but by observing its position in the system. This has enormous ramification for approaches to premarital counseling that focus on the position of the bride and groom in their respective families of origin rather than concentrating on the fit of their own personalities (see Chapter 3).

Circling back to the opening example: The woman’s minister did not focus on the content of her dreams or her depression, either of which could be seen as symptomatic of her position in the family. Instead, he applied certain systemic principles, to be explained shortly, about emotional triangles, in particular, the fact that if we get caught in



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the middle of an unresolved issue between two others, we will wind up with the stress in their relationship. Then, rather than trying to change the bride's nature, the minister suggested changes in the way the bride was functioning, having her bring new input into the system in order to shift the stress and increase her partner's motivation to change.

In short, he located the problem in the *structure* of the system rather than in the nature of the symptomatic member. Family therapy does this by describing the person with the symptom as the *identified patient*. The logic of this theory suggests that this way of thinking can be applied to any symptom, emotional or physical, and it fits equally well with all family members (parents, grandparents, spouse, or child) and in any culture (black or white, Jewish or Christian, Western or Oriental). This fact is extremely important. Because it is transcultural, the theory may be rooted in protoplasm itself; nothing could be more fundamental to the characteristics of ecumenicity.

## FAMILY SYSTEMS THEORY: FIVE BASIC CONCEPTS

Here are five basic, interrelated concepts that distinguish the family model from the individual model. They are the aforementioned idea of the *identified patient*, the concept of *homeostasis* (balance), *differentiation of self*, *the extended family field*, and *emotional triangles*. Each will be discussed in terms of its place in family theory and its importance for the families of the clergy. Not all schools of family therapy emphasize these five concepts to the same extent or with the same terminology. The choice reflects my own theoretical orientation within the family movement, and the fact that, taken together, they form a useful matrix for understanding the similarities and the crossovers among the clergy's three families.

## THE IDENTIFIED PATIENT

The concept of the identified patient, as stated earlier, is that the family member with the obvious symptom is to be seen not as the "sick one" but as the one in whom the family's stress or pathology has surfaced. In a child it could take the form of excessive bedwetting, hyperactivity, school failures, drugs, obesity, or juvenile diabetes; in a spouse its form could be excessive drinking, depression, chronic ailments, a heart condition or perhaps even cancer; in an aged member of the family it could show up as confusion, senility, or agitated and random behavior. In a congregational family it could surface as the drinking, burnout, or sexual acting out of the "family leader."

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The purpose of using the phrase *identified patient* is to avoid isolating the "problemated" family member from the overall relationship system of the family. Some have said that this is a break with the medical model used in individual theories of behavior. That is only partially correct. To the extent that the medical model employs diagnosis of individuals (diabetic, cardiac, hemophiliac), the concept certainly appears to be a break with that model, which when applied to emotional conditions uses terms like "hysteric," "manic-depressive," "obsessive," "alcoholic," or "hyperactive." However, to the extent the medical model suggests an organic way of thinking, the *identified patient* concept is harmonious with that model, and in some ways, as in the notion of referred pain, is simply an extension of it.

### The Family as the Unit of Treatment

Physicians obviously do not assume that the part of a human organism that is in pain, or failing to function properly, is necessarily the cause of its own distress. The color of the skin can be related to a problem in the liver; a pain in the jaw could be referred from angina. In addition, problems in any organ can be related to excessive overfunctioning, underfunctioning, or disfunctioning of another. For example, the failure of the kidneys to reduce salt content ultimately could increase stress on the heart. The failure of the pancreas to regulate its production of insulin could lead to stress on the kidneys. When it comes to the human organism, medicine has long realized that focusing on symptoms alone, or on a dysfunctional part in isolation from the rest of the body, will only bring short-term relief.

And so it is, says family theory, with the organism known as the human family. When one part of that organism is treated in isolation from its interconnections with another, as though the problem were solely its own, fundamental change is not likely. The symptom is apt to recycle, in the same or different form, in the same or a different member. Trying to "cure" a person in isolation from his or her family, says family theory, is as misdirected, and ultimately ineffective, as transplanting a healthy organ into a body whose imbalanced chemistry will destroy the new one as it did the old. It is easy to forget that the same "family" of organs that rejects a transplant contributed to the originally diseased part becoming "foreign."

In a family emotional system, when an unresolved problem is isolated in one of its members and fixed there by diagnosis, it enables the rest of the family to "purify" itself by locating the source of its "disease" in the disease of the *identified patient*. By keeping the focus on one of its members, the family, personal or congregational, can deny the very issues that contributed to making one of its members symptomatic,

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even if it ultimately harms the entire family. This notion will be explored more in depth in the discussion of *homeostasis*. It is mentioned here, however, because it is exactly this process of displacement that the coinage of the term *identified patient* was designed to prevent.

### The Family Projection Process

Some have equated the family process of alienation by labeling with scapegoating, and it does have much in common with scapegoating phenomena. The position of blacks in the United States can be conceptualized by family theorists as symptomatic of unresolved issues between whites, and a similar analogy can be made about the position of any small nation among larger powers. The term *scapegoating*, however, suggests far more conscious awareness than is usually present when this process occurs in families. The creation of an identified patient is often as mindless as the body's rejection of one of its own parts. A more important reason for not calling this labeling process scapegoating is that pathology can also surface as a "superpositive" symptom of a strikingly high achiever, for example, or an overly responsible sister. Such family members are just as likely to be overly stressed, particularly at times of crisis, because their position in the system allows them little freedom to function differently. As with the human body, severe overfunctioning, as well as severe dysfunctioning, is itself evidence of a problem in a system and will, in turn, promote problems elsewhere, whether the system is a family or a congregation.

An example of this type of overfunctioning especially familiar to clergy is found in men or women who get "cold feet" before a wedding. The apparent "cowardice" is almost always symptomatic of their position in their families of origin. In my experience, every male I have ever seen, and some females, who backed out after a wedding date was set, was in a position of "standard bearer" in his or her family of origin. The standard bearer usually is the oldest male, or the only one to carry on the family name, or anyone (male or female) who has replaced a significant progenitor two or even three generations back. Such individuals have great difficulty giving emotion or time to their marriage or their children. Success has the compelling drive of ghosts behind it. They have too much to do in the short span of a lifetime. In addition, failure is more significant because it is not only themselves or even their own generation that they will have failed. Individuals, for example, who commit suicide after business failures often occupy the standard bearer position. If it had been only their own failure, they might have been able to "live with themselves." Such family members are caught in a multigenerational cul-de-sac in which history is their destiny. Something similar is frequently found in the family history of

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members of the clergy and will be illustrated further in Section IV. For the moment, that multigeneration identifying process can be put in the form of a question: Which of your ancestors really ordained you?

### Ramifications for Counseling

The concept of the *identified patient* has two important practical ramifications for counseling that also help distinguish the family method from approaches based on the individual model. With the latter, by the nature of the case, the counselor works primarily with the problemed person, perhaps also seeing other members of the family to give them support or for additional insight into the identified member. With a family systems model, however, it is possible to work with a nonsymptomatic member of the family instead! There are situations where the symptomatic member is so unmotivated that it is probably advisable not to give them an opportunity to sabotage progress of the counseling. (Insight only works with people who are motivated to change.)

As will be seen later, this effort to defocus the symptomatic family member is really to focus on leadership and is the basis for the coaching model to be described throughout this work. With an organic systems model, the criterion of whom to counsel is no longer who has the symptom, but *who has the greatest capacity to bring change to the system*. That may or may not be the member with the identifiable symptom. To return to the previous medical analogy, an approach that leaves the symptomatic member out of the counseling eventually may become concerned with how other parts of the organism being examined relate to still other parts. As will be illustrated in coming chapters, it is possible to relieve a symptom in a child by leaving him or her out of the counseling altogether; the process can also be aided by focusing instead on mother's relationship with her own mother. It is possible to relieve a symptom in one spouse by seeing the other spouse alone; the process can also be facilitated by reconnecting that partner to his or her own extended family. Similarly, in congregational families it is possible to tone down, if not resolve completely, severe congregation-clergy disputes by defocusing the congregational issue and focusing the key parties on unresolved issues in other important relationships in their lives.

The second important practical ramification of the *identified patient* concept is that counseling based on the family model is not distinguished from individual model counseling with respect to how many people are seen at one time. *The difference has to do with where the focus is placed*, in a person or in the system. A major consequence of this distinction is that *family therapy* should not be confused with what has been traditionally understood as "family counseling." In the latter,

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family members are seen in order to help them cope with a problem in another family member. But that only reinforces the labeling process. Family therapy, instead of simply trying to calm the family, tends to treat crisis as an opportunity for bringing change to the entire emotional system, with the result that everyone, and not just the *identified patient*, personally benefits and grows.

To refer to the opening example once more, had the minister focused on the identified bride alone, not only would the system have remained unchanged and created more symptoms later (in the bride's health or perhaps in divorce), other members of the family would also have lost out because of the stillborn opportunity. They never would have benefited from the overall healthier atmosphere that resulted when the minister refused to "conspire" in the identifying process. The unresolved conflicts and attachments in that family eventually could have resulted in emotional or physical health problems in other members. It was a system in search of a symptom. The concept of the *identified patient*, therefore, is not only freeing for the symptomatic family member, it places a healing power in the hands of the counselor, a power that is far wider in range. No one is better situated to take advantage of that position than the clergy.

## HOMEOSTASIS (BALANCE)

As stated, family systems thinking locates a family's problem in the nature of the system rather than in the nature of its parts. A key to that relocation is the concept of homeostasis: the tendency of any set of relationships to strive perpetually, in self-corrective ways, to preserve the organizing principles of its existence. Theories based on the individual model tend to conceptualize the "illness" of a family in terms of the character traits of individual members, and the ways in which their various personal problems mesh. The family model, on the other hand, conceptualizes a system's problems in terms of an imbalance that must have occurred in the network of its various relationships, no matter what the nature of the individual personalities.

Family theory assumes that no matter what the various members' quirks or idiosyncrasies, if the system exists and has a name, it had to have achieved some kind of balance in order to permit the continuity necessary for maintaining its identity. The basic question family theory always asks, therefore, is not do these types of personalities fit, but, rather, what has happened to the fit that was there? Why has the symptom surfaced now? This is not a static concept, but a dynamic one, as when a thermostat controls the temperature balance, not at a fixed

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point, but within a range. Similarly, the fact that the balance in a family system has gone beyond the range of its own thermostat is not always bad. If only some families could be less stable!

The concept of homeostasis can help explain why a given relationship system, family or congregation, has become troubled. It sheds light on which family member becomes, or is likely to become, symptomatic (the *identified patient*). It elucidates the resistance families have to change. It guides in the creation of strategies for change. And it helps develop criteria for distinguishing real change from the recycling of a symptom.

### Symptom and Position

The most important ramification of homeostasis for family theory is its emphasis on position rather than personality when explaining the emergence of a symptom. For example, imagine a set of conduits connected in an asymmetrical pattern. Let us assume that one of the pipes becomes blocked, causing the pressure in the rest of the system to increase. Eventually, if the added pressure cannot be redistributed, in order for the system to stay stable, one pipe or another will have to spring a leak. But the pipe so "chosen" will not necessarily be the one that was structurally the weakest. It will be rather that conduit whose *position* in the overall system caused it to pick up most of the pressure. This is exactly what can happen in a family when a death, a geographical move, a divorce, or a sudden cutoff results in added pressure (focus) on another member. And the process can appear to be just as automatic.

The concept of homeostasis also helps explain a system's resistance to change. This time our set of pipes is in a house. Underneath every sink is the well-known vertical looped cylinder. The purpose of that pipe, called a trap, is to prevent noxious gasses from entering the system. Every time it fills up or "chokes" on the influx, it saves the house and ultimately the entire network. But now let us animate those pipes. Suppose one of those traps under a sink decided to straighten itself out. We may well imagine the increased anxiety in the others, some of which might well "go through the roof." And it would seem right to conjecture that they would do everything they could to pressure that newly autonomous pipe not to straighten itself out, or, if that were too late, to bend it back in shape (out of shape?) again.

There are family members who seem to function as the anxiety trap for their system, and who regularly go to their form of "plumber" to be disgorged so that they can protect the rest of their system again. It would be nice to think that humans function on a higher level. But take a family with an ineffective mother; she lectures and

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threatens rather than taking stands on what she is willing to do. The husband, however, depends on her to be adaptive in their marital relationship. As much as he (as parent) would like his child to “get better,” if he senses that the change in his adaptive wife necessary for continued growth in their child will disturb the balance of his marriage, he will often quit the counseling process. Sometimes he will decide suddenly that they can’t afford it any more. There are husbands who even have gotten themselves transferred in order to preserve the homeostasis of their marriage.

In work systems, the stabilizing effect of an identified patient and the resistance from the togetherness at all costs help explain why even the most ruthless corporations (no less churches and synagogues) often will tolerate and adapt to trouble-making complainers and downright incompetents, whereas the creative thinker who disturbs the balance of things will be ignored, if not let go. Such homeostatically induced sabotage is a major obstacle to change in any emotional system, family or congregation. Ironically, the same qualities that allow for “familiness” (that is, stability) in the first place, are precisely what hinder change (that is, less stability) when the family system is too fixed.

### Two Kinds of Interdependency

Not all systems are connected in so interdependent a fashion, of course. The reactivity of family members to one another is not always as automatic. Sets of electrical connections help illustrate this point. It is possible to connect electrical systems in what is known as “series” or “parallel.” When a system of electrical components is connected in series, the outlets are related in such a way that the source of energy runs directly through each part (Figure 1-5). In such a system, if one connection goes bad, they will all go out.

But it is also possible to connect electrical components in what is called parallel (Figure 1-6). In this type of system, each outlet has its own independent connection to the main source of energy, and the functioning of each component is less dependent upon the functioning of the other members of its network.

With human networks, also, some are connected more in series, and some more in parallel. In the former, when one marital partner is depressed, so is the other, or conversely, automatically compensates. When one becomes energized by anxiety, so does everyone else. For the same reasons, in such families trouble seems to come in clusters. Often such systems can have a lot of togetherness, but the “circuit-breaker” effect of self, necessary for a system to survive crisis, is missing. It has less togetherness than stuck-togetherness.

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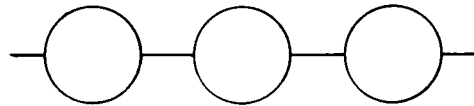


FIGURE 1-5.  
Serial electrical system.

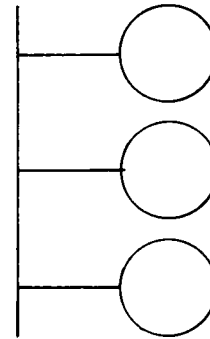


FIGURE 1-6.  
Parallel electrical system.

On the other hand, to the extent any family is connected in parallel, while the members may appear to be less closely connected, they are also capable of handling more stress precisely because there is less automatic interdependency. They generally are less anxious about change in the system, and the effect of their being less reactive is that when any family member does dysfunction, he or she is enabled to heal more easily.

No human family is connected totally in series or in parallel, but all can be placed on a continuum between the two extremes, with most families closer to the "series" end. (During crisis, all families tend to slide in that direction.) The major variable that determines where any nuclear family falls on such a continuum is the degree of emotional distance between the spouses and their own extended families. Where there is great distance, the cutoff tends to make emotional forces in the nuclear family system implosive, with the result that the reactivity of its members becomes more automatic. Where there is not enough distance, the parents create a "series" connection between their families of origin and their marriage.

There is one other aspect of the concept of homeostasis worth noting because it has particular implications for the position of the clergy among their various families. With few exceptions, a nonfamily emotional system rarely achieves the same level of emotional interdependency as a personal family. The one nonfamily emotional system that comes closest to a personal family's intensity is a church or synagogue, in part because it is made up of families, and in part because so much of the force of religion is realized within the family. What this means for the clergy is that we are constantly caught between counteracting forces of two separate but interlocking homeostatic systems, each of which is difficult enough to keep on an even keel much less to keep afloat when they are influencing one another!



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### DIFFERENTIATION OF SELF

But if systems are self-corrective, why does or how can change occur at all? If we are trying to help a family change, what resources are available within the family for helping it overcome its own homeostatic resistance? Analogies to inanimate systems can only show us a way of thinking. With organic or animate systems there are the added factors of will and of mind (though lower biological forms of life can create symbioses that are completely homeostatic, and in human families, when there is little self-differentiation, the symbiosis in a marriage or a parent-child relationship can resemble the fusion in lower forms of cellular life). Generally, the human components of a family system have the capacity for some self-differentiation, the capacity for some awareness of their own position in the relationship system, how it is affected by balancing forces, and how changes in each individual's functioning can in turn influence that homeostasis.

One way of trying to preserve the value of a systems orientation, yet not let it become totally deterministic, has been developed by Murray Bowen of Georgetown Medical School, one of the founding fathers of family therapy. He has suggested that a key variable in the degree to which any family can change fundamentally is the amount of self-differentiation that existed in previous generations in the extended families of both partners. This multigenerational notion is worth examining for a moment, not only because it helps explain the "individual" factors in creating or overcoming homeostatic resistance, but also because it provides a theoretical framework for strategies of healing and leadership.

#### Scale of Differentiation

What Bowen has hypothesized is a scale of differentiation. Differentiation means the capacity of a family member to define his or her own life's goals and values apart from surrounding togetherness pressures, to say "I" when others are demanding "you" and "we." It includes the capacity to maintain a (relatively) nonanxious presence in the midst of anxious systems, to take maximum responsibility for one's own destiny and emotional being. It can be measured somewhat by the breadth of one's repertoire of responses when confronted with crisis. The concept should not be confused with autonomy or narcissism, however. Differentiation means the capacity to be an "I" while remaining connected.

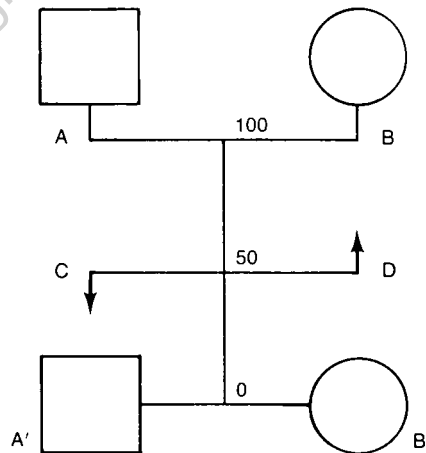
Bowen suggests that all members of the human family are placed on a continuum. Where one falls on the scale, according to the theory, is determined in large part by where our parents, their parents, etc., were on the scale, with various children in each generation being

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slightly more or less mature than their parents and tending to marry individuals with similar ranges. (This is a far more important factor in marital compatibility than cultural or other similarities.) Over several generations, different limbs on a family tree would be ascending or descending in relation to maturity. Families composed of individuals toward the bottom of the scale are not necessarily sicker, nor do they necessarily have more problems, nor are they necessarily less competent in the work world. They would, however, be far less equipped to deal with crisis, and by the nature of the case, would respond more quickly to redress the balance if the homeostasis of the family were disturbed, particularly if the disturbance were caused by another member trying to achieve a higher level of differentiation (maturity).

Such a scale might be used to describe homeostatic forces in any partnership, husband and wife, or clergyman and congregation (Figure 1-7). It can also illuminate the problems of achieving change, the homeostatic resistance to change, and the leadership quality needed to persist in the face of such resistance. A hypothetical couple at 100 on the scale would have their relationship A-B marked by infinite elasticity. Each could move toward or away from the other in separate, disengaged movements. If the husband said he was going to the movies, his wife would not be insulted if she were not invited. In fact, she could state, "I would like to go along." Or, if he asked her to go along she could feel free to say no and he could still go. There would be a maximum of "I" statements defining position rather than blaming, "you," statements that hold the other responsible for their own condition or destiny. At times, the partners might appear to be disconnected.

FIGURE 1-7. Scale of differentiation.



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But there is nothing internally wrong with the way they are connected, nothing to keep them from being close one minute or separating another minute, with minimum tugging on each other.

At the opposite end of the scale (to which we are all closer) is a couple diagrammed as though they were fused to the ends of a stick (A'-B'). Whatever either does automatically moves the other. There is no thinking of self, only *we* and *us* and the blaming *you*. The nature of the relationship might appear close. They might appear to be together, but they are really *stuck together*. They will wind up either perpetually in conflict, because they are so reactive to one another, or they will have a homey togetherness achieved through the total sacrifice of their own selves. In the latter case, their marriage might last 50 years, but their kids are likely to dysfunction all over America because, coming out of such an ill-defined system, they carry with them little capacity for autonomy in any emotional system.

Given a couple at the middle of the scale (C-D), if either partner tries to move up, it is predictable that the other will respond in a compensatory move downward, usually in seductive or sabotaging ways to rebalance the togetherness. (Marriage counseling itself could be defined as trying to help couples move up the scale.) The farther down the scale any family is located to start with, the more automatically this principle will operate, and the more difficult it will be to find a family member who can maintain the kind of nonanxious presence needed to keep the family on a course for change. Anxious systems are less likely to allow for differentiated leaders, while leaderless systems are more likely to be anxious.

While it may sound unsympathetic, it will be shown that supporting the strengths in the family (as manifested in the differentiating member) by coaching that person to stay on a committed course can bring more fundamental healing to the entire family than can focusing on the family's weaknesses (as manifested in the dysfunctional or recalcitrant member). This does not mean coaching the leader to leave; on the contrary, that usually is neither differentiation nor a promotion of change. It is the maintaining of self-differentiation while remaining a part of the family that optimizes the opportunities for fundamental change. This emphasis on supporting family strengths, rather than shoring up family weakness, is also the basis for the leadership model. (See Chapter 9.)

### Leadership and the Scale

The scale of differentiation also can be used as a means of unifying leadership in the congregational family with counseling families in the congregation because exactly the same homeostatic process is involved

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in the reactions of congregations to growth in their religious leaders. Here one also encounters henpecking comments: "Rabbi, your sermons need better preparation"; "Minister, why didn't you visit so-and-so at the hospital?"; "Father, we can never find you when we want you." All of these can be understood as sabotaging efforts to keep their "partner" close. In this respect, the scale helps explain which families in a congregation tend to gravitate toward one another, how various members of a congregation tend to relate to their spiritual leader, as well as why in all faith groups some congregational "families" are perceived as "pills" or "plums." It also explains one of the crossover networks between emotional process in families within the congregation and emotional process in the congregation itself. Families that function lower down on the scale are more likely to produce members who are quick to adore or be easily hurt by their clergy. They are more likely to deify (or crucify) their leaders.

Actually, there is a very accurate test any religious leader can use to obtain a reading on where the members of his congregation tend to cluster along this scale of differentiation. All we have to do is give a talk in which we carefully differentiate ourselves—define clearly what we believe and where we stand on issues, in a way that is totally devoid of "shoulds" and "musts." The response of the congregational family, no matter what the faith, will always range along the following spectrum. Those who function emotionally toward the "better differentiated" end will respond *by defining themselves*: "Father, I agree"; "I disagree"; "I believe"; etc.; or, "Ms. Jones, I like what you said, though I am not sure I can agree with you on. . . ." Those at the "less well-differentiated" end will respond not by defining themselves but by continuing to *define their clergyman or clergywoman*: "Father, how can you say that when . . ."; "Ms. Smith, how do you reconcile this with what you said the other day when you . . ."; "Rabbi, sometimes I wonder if you are even Jewish."

These responses can be extraordinarily important information in understanding and predicting how parishioners will function in crises in their own families, particularly during major life-cycle events, or during crises within the congregational family, particularly when there is a sudden loss of membership. In Chapter 9, when the resistance problems all leaders face are discussed, it will be seen that those who respond in the least differentiated manner are precisely those who sabotage progress when their leaders are functioning best. (One can also use this test with one's own children and any other partner, of course.)

One other dimension of Bowen's scale of differentiation is worth noting. It comes up four-square on the side of personal responsibility because it does not blame forces outside the family for problems inside the family. Today there is much important discussion among concerned

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people about schools, neighborhoods, etc., and their effect on families. But the focus on how society affects the family, rather than on how the family affects the family, can be self-defeating. Cults, for example, do not destroy families as much as stuck-togetherness attitudes in families create candidates for cults. When parents focus on societal influence it actually serves to increase their anxiety even though it helps them avoid personal responsibility. On the other hand, parents who accept the fact that their children are less likely to be influenced by other systems to the extent that they are comfortable in their own, while they might find the idea more painful at first, are given a means of approaching the problem that is quite within their power, and that can, in turn, contribute to their own self-respect.

## EXTENDED FAMILY FIELD

A fourth notion that deserves introductory discussion is the concept of the extended family field. It will be explained in more detail in other chapters. The term refers to our family of origin, that is, our original nuclear family (parents and siblings) plus our other relatives (grandparents, aunts, uncles, cousins, etc.). The only members of the extended family that individual theory tends to consider important are one's parents, and their influence tends to be relegated to their impact in the past. In contrast, family theory sees the entire network of the extended family system as important, and the influence of that network is considered to be significant in the here and now as well. In addition, the concept suggests that parents themselves are someone's children, even when they are adults, and that they are still part of their own sibling systems, even after marriage.

The importance of emphasizing the contemporary relevance of the extended family field is that one "can go home again." Gaining a better understanding of the emotional processes still at work with regard to our family of origin, and modifying our response to them, can aid significantly in the resolution of emotional problems in our immediate family (marriage or parenting) or of leadership problems in a church or synagogue. In Chapter 12 it will be seen that crises of faith among the clergy also can be resolved by taking them back to their families of origin.

In addition, specific patterns of behavior, perceptions, and thinking, as well as specific issues, for example, sex, money, territory, drinking, separation, health, have an uncanny way of reappearing. When family members are able to see beyond the horizons of their own nuclear family area of trouble and observe the transmission of such issues from generation to generation, they often can obtain more

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distance from their immediate problems and, as a result, become freer to make changes. As will be seen, family trees are always trees of knowledge and often they are also trees of life.

Here are two examples of how multigenerational transmission can be charted on genograms to help family members gain more distance from their immediate lives.

*The Figurine on a Ship's Prow:* A 40-year-old woman (represented by circle number 40 in Figure 1-8) with four daughters said she was the "baby maker" of her family. She saw herself as the "figurine on the prow of a ship." Though well educated, she had never been able to get going with a career. She had become involved in several short-term affairs. The woman wished to get on with her "own" life and was unable to understand what kept her so stuck, despite her intelligence, her desire, and her efforts.

A family history showed, first, that though all the other members of her generation, her siblings and first cousins, were of reproductive age, she was the only one reproducing. Second, her mother had given up a promising career as an attorney when she married (just after her own brother had died). She also seemed content just to reproduce. In addition, both the woman's brother and her only male cousin had married women who could not conceive. They were named for their dead uncle! Grandmother also was the only one to conceive among her siblings; one brother had died early, and the other, though very successful in business, had never left home. Further investigation back another generation showed a catastrophe that had started the shock wave that was still being felt in the next two generations.

Observing family transmission over the generations can also be helpful in making predictions. This is particularly useful in premarital counseling. (See Figure 1-9).

*Like Mother, Like Daughter:* A history of the bride's side showed three consecutive generations in which a marriage broke up upon the birth of the first child (always a daughter). This couple can be told that their marriage might have some rough sledding after their first child is born, particularly if it is a girl. However, if the bride is willing to investigate the process further by learning about the family, from her mother and grandmother, she might be able to differentiate herself out of the cycle of multigenerational transmission.

### Differentiation and Family of Origin

The most significant aspect of the extended family field is the role it can play in the process of self-differentiation. The position we occupy

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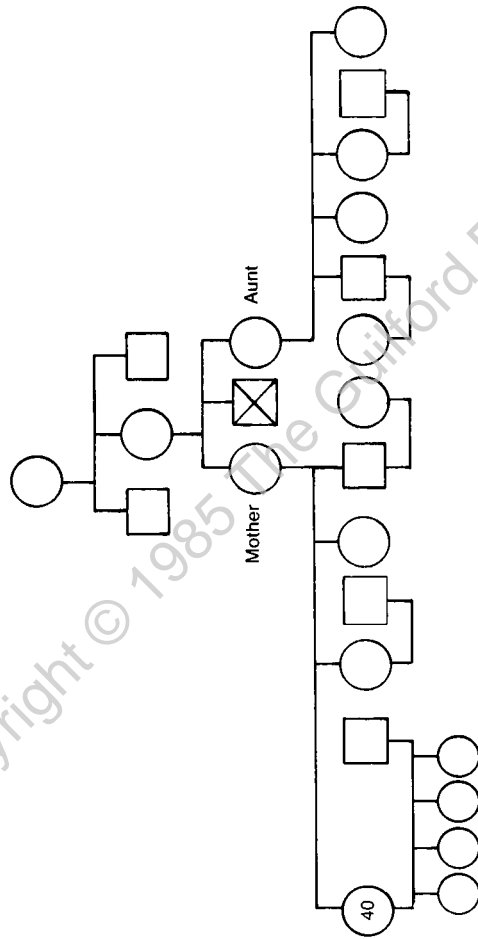


FIGURE 1-8. Genogram I: Multigenerational transmission.

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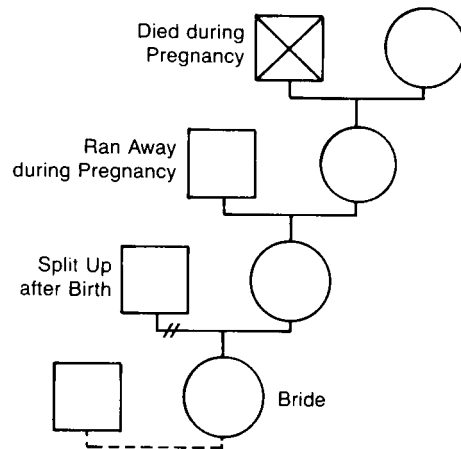


FIGURE 1-9. Genogram II: Multigenerational transmission.

in our families of origin is the only thing we can never share or give to another while we are still alive. It is the source of our uniqueness, and, hence, the basic parameter for our emotional potential as well as our difficulties. This unique position can dilute or nourish natural strengths; it can be a dragging weight that slows our progress throughout life, or an additive that enriches the mixture of our propelling fuel. The more we understand that position, therefore, and the more we can learn to occupy it with grace and “savvy,” rather than fleeing from it or unwittingly allowing it to program our destiny, the more effectively we can function in any other area of our life.

In marriage, such awareness of the power of the extended family field can enable a partner to take more responsibility for, and make changes in his or her contributions to, marital problems that are chronic; in parenting, this knowledge can enable a father or mother to be more aware of, and thus diminish uptightness about, various children; and in all matters of faith and responsibility it can enable any religious leader to maximize commitment as a conscious act of self rather than duty.

For the clergy and their families there is an added bonus: No one on this earth, no counselor or even family physician, is in quite the same position for coming into contact with the multigenerational processes. They show up in a multitude of ways at rites of passage; they endure in our memories as we have different kinds of intimate contact with the same family over many years; they surface in family health crises, or problems associated with aged members. We can even see them in the emotional processes of our churches and synagogues, in



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the way such institutions become part of a given congregant's or parishioner's extended family, with all the consequences that holds for emotional intensity in both systems. As will be shown in Section III, the problems in the emotional system of the congregational family also can be understood by setting them in the framework of its own extended family (the hierarchy) and by tracing its own multigenerational transmission down through the years.

The thinking that surrounds the individual model tends to see the extended family field almost exclusively as the source of difficulties or pathology. The family becomes something to learn to deal with so that it won't get you. The model tends to focus on what is sick or weak in the family, what to avoid or keep at a distance. It therefore encourages individuals with problems to see their family of origin only as a source of their weakness and not as also a source of their strengths.

The family systems model, on the other hand, enables individuals to seek relationships with their family of origin; the problem with parents, after all, is that they had parents. As I will describe, the counseling approaches that encourage extended family contact are not simply techniques for bringing about change; they are, in effect, angles of reentry into the world that shaped the "ground of our being."

## EMOTIONAL TRIANGLE

The fifth construct useful in understanding personal and congregational families is the concept of the emotional triangle. It offers a way of operationalizing the previous four concepts in both counseling and administrative functioning. The concept is also basic to understanding the depth and complexity of the interlocking emotional processes that link the three families of the clergy. It also provides strategies that promote survival within this "system of systems."

An emotional triangle is formed by any three persons or issues. In the case example that introduced this chapter, the bride was in a triangle with her fiancé and his former wife; her fiancé was in a triangle with both of these women. The bride was also in a triangle between her mother and the issue of becoming a mother herself, and the groom was also in a triangle between his own mother and his first wife (or with all women). Had the families of origin of both bride and groom belonged to the congregation, then the minister would have been in a triangle between those two families' various triangles.

The basic law of emotional triangles is that when any two parts of a system become uncomfortable with one another, they will "triangle in" or focus upon a third person, or issue, as a way of stabilizing their own relationship with one another. A person may be said to be "tri-

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angled" if he or she gets caught in the middle as the focus of such an unresolved issue. Conversely, when individuals try to change the relationship of two others (two people, or a person and his or her symptom or belief), they "triangle" themselves into that relationship (and often stabilize the very situation they are trying to change).

Typical emotional triangles found in families are mother-father-child; a parent and any two children; a parent, his or her child, and his or her own parents; a parent, a child, and a symptom in the child (doing badly in school, drugs, stealing, sexual acting out, allergies); one spouse, the other, and the other's dysfunction (drinking, gambling, an affair, depression).

A triangle basic to all work systems is any position of responsibility, someone you oversee, and the person who oversees you. Triangles typical of clergy work systems are the religious leader, the ruling body of lay people, and the rest of the congregation; a member of the clergy, the congregation, the budget deficit or a theological issue; a member of the clergy, the congregation, and any other professional religious leader in the same congregation (choir director, director of education, another minister, or the retired rabbi who has an emeritus position); a priest, the bishop, and the order (if not the entire hierarchy).

The two most pervasive triangles for all clergy are: (1) minister, rabbi, priest, or nun, each of his or her "charges," and that individual's own personal salvation (in this world or the next); (2) the triangle that is the basic thrust of this book: the clergy's own personal family, the congregational family itself, and any family within the congregation.

Emotional triangles have some very specific rules that they invariably obey. Awareness of these rules can help us to understand the emotional processes swirling around us, to remain more objective about intense situations, and to protect our position in counseling situations (where one spouse is bad-mouthing the other) or in congregational divisions: "Father, Mrs. Smith is out to get you, but I'm on your side." The emotional triangle concept focuses on process rather than content; it therefore provides a new way to hear people, as well as criteria for what information is important. It has been said, "What Peter says about Paul tells you more about Peter than it does about Paul." In the concept of an emotional triangle, "What Peter says to you about his relationship with Paul has to do with his relationship with you."

Here are seven laws of an emotional triangle. They are equally applicable to all families of the human species, of whatever religious persuasions, and in whatever variety of congregation of faith.

1. The relationship of any two members of an emotional triangle is kept in balance by the way a third party relates to each of them or to

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their relationship. When a given relationship is stuck, therefore, there is probably a third person or issue that is part of the homeostasis.

2. If one is the third party in an emotional triangle it is generally not possible to bring change (for more than a week) to the relationship of the other two parts by trying to change their relationship directly. This includes anything from trying to make a child become more orderly, trying to make someone give up his or her "habit," or urging someone to come to church more frequently. It well may be that, in the history of our species, no family member upon trying to correct the perception of another family member about a third has ever received the response, "You're right honey. I don't know why I didn't see it that way myself."

3. Attempts to change the relationship of the other two sides of an emotional triangle not only are generally ineffective, but also, homeostatic forces often convert these efforts to their opposite intent. Trying harder to bring two people closer (brother and sister, child and parent) or another party and his or her symptom together (anyone and his or her sense of responsibility) will generally maintain or increase the distance between them. On the other hand, repeated efforts to separate a person and his or her symptom or any two parties (a spouse and his or her paramour, a child and his or her peer group, an engaged daughter and her "horrible" fiancé), or anyone and his or her cherished beliefs (a congregation and its conservatism) increases the possibility that they will fall "blindly in love" with one another.

For example, a mother became concerned when her 20-year-old son developed an imaginary girlfriend whom he used to bring home for dinner. She wanted him to see a therapist but he wouldn't go. She kept trying to "take her away" from him by forcing reality issues, but he only clung tighter. Then he said he was taking his "friend" with him on a vacation. Mother was encouraged not only to stop fighting his fantasy but to detriangle by buying Ms. Phantom a gift for the trip. He left his friend in the Caribbean. Had mother continued to try to straighten her son out, upon his return he and his friend might have moved in permanently.

4. To the extent a third party to an emotional triangle tries unsuccessfully to change the relationship of the other two, the more likely it is that the third party will wind up with the stress for the other two. This helps explain why the dysfunctional member in many families is often not the weakest person in the system, but on the contrary, often the one taking responsibility for the entire system. The concept of an emotional triangle thus creates an interrelational rather than a merely quantitative view of stress. (All diseases are communicable.) On the other hand, the concept of triangulation permits a style of leadership

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that is healthier for both leader and follower, in both personal and congregational families. (See Section III.)

5. The various triangles in an emotional system interlock so that efforts to bring change to any one of them is often resisted by homeostatic forces in the others or in the system itself. In the opening case history, the efforts of the bride to detriangle from the groom and his former wife were resisted by the homeostasis in a second triangle between the groom, his former wife, and his inability to define himself in relation to women (his relationship with his mother). Another example of an interlocking triangle found in some clergy families is the one between a minister's responsibilities to his congregation, his responsibilities to his own family, and both interlocked with his wife's triangle between her mother and that woman's need for a highly achieving son-in-law.

A rather humorous example of this kind of interlocking triangle involved two ministers who were brothers-in-law. Mother frequently visited her son-the-minister and was close to his children but rarely came to visit her daughter and her children. It happens that son-in-law minister had been far more successful in his career. Suddenly grandmother started to visit her daughter's children more frequently. The shift coincided with her son-the-minister obtaining an equally prominent congregation.

Usually one triangle in an interlocking system is primary, so that change in that one is more likely to induce change in the others. The primary triangles tend to be those that involve family of origin, even when the other interlocking triangle is in the work system. In Section III we will see how this may be applied to the extended system of a religious hierarchy. In Section IV it will be shown that clerical dilemmas of faith are often connected to unresolved emotional triangles in family of origin, and can often be resolved by taking the issues back to the extended family. This is so in part because the choice of the clerical profession is often a way of dealing with such triangles in the first place.

6. One side of an emotional triangle tends to be more conflictual than the others. In healthier families, conflict will tend to swing round the compass, so to speak, showing up in different persons or different relationships at different times (even on the same day). In relationship systems that are not as healthy, the conflict tends to be located on one particular side of a triangle (the identified patient or relationship). It is often the distribution and fluidity of conflict in a family that is crucial to its health rather than the quantity or the kind of issues that arise. Systems in which the triangles are more fluid can tolerate more conflict (and therefore more creativity) because of that capacity for distribution. (This is also why other parts of a triangle, despite being upset by

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conflict elsewhere, often resist change, since that would result in redistribution.)

7. We can only change a relationship to which we belong. Therefore, the way to bring change to the relationship of two others (and no one said it is easy) is to try to maintain a well-defined relationship with each, and to avoid the responsibility for their relationship with one another. To the extent we can maintain a “nonanxious presence” in a triangle, such a stance has the potential to modify the anxiety in the others. The problem is to be both nonanxious and present. Anyone can keep his or her own anxiety down by distancing, but that usually preserves the triangle. Variations on this theme, as it applies to the counseling, administrative, and personal aspects of clergy life, will be discussed below. Sometimes it involves staying out of a triangle that is just forming when we first enter a new post. Sometimes it means getting out of one that is in existence, perhaps between our spouse and the head of an important committee. And sometimes, since triangles are by nature paradoxical, it requires reversing our input by being paradoxical ourselves, or playful, or even “irreverent.” For example: Member of congregation, to minister (trying to avoid her own discontent—with spouse, parent, child, or life—by triangling minister into the middle as the *focus* of her discontent): “I wish you’d stop all this concern for the poor and stick to preaching the Gospel.” Minister (trying to stay out of the triangling process by avoiding the content of her remark, which he would fail to do if he responded in a defensive or critical manner): “Madam, do you think the devil has got my soul?” or “I get all my ideas from *Playboy*, you know.”

The most triangled position in any set of relationships is always the most vulnerable; when the laws of emotional triangles are understood, however, it tends to become the most powerful.