Chapter 2

A Family Orientation

There is a group of young people who behave in unusual and bizarre ways, frightening the community by unpredictable and unsocial behavior. They talk to imaginary people, or behave in agitated and seemingly random ways, or wander the earth as vagrants, or waste their lives obtaining and taking drugs and alcohol, or commit such unreasonable criminal acts as stealing unneeded objects. These young people typically go to one of two extremes of behavior: they make trouble, or they are apathetic and helpless and will not do anything to support themselves. At either extreme they bring community agents of social control into the lives of their families. What is most characteristic of such young people is that they are failures: they do not support themselves; they do not train successfully for a career; they do not form intimate relationships with other young people and so do not develop a normal social base outside the family. Whether withdrawn and unresponsive, or outspoken and offensive, such young people have in common their failure to live normal lives.

It is usually clear who belongs to this class of failing young people and who does not. They do not merely deviate from some popular norm and march to the beat of some different, but legitimate, drum. Young people can be without money or community acceptance because they belong to an unpopular political sect, or are deviant artists, or are rebels in some other way, but they are still not failures. It is when young people behave incompetently in whatever they do, no matter how promising their potential, that they belong in this class. They are professional failures in living, and their families must remain involved with them, if only to continually reject them.

Choosing a name for this class of problem young people is important; the label can determine the way the problem is defined and action taken. In recent years, a medical or psychiatric term has been commonly used; if one tries to discard the medical framework and seeks a more socially oriented name, it is difficult to find an appropriate one. The term "social deviant" is too broad and mild to do justice to someone who would sacrifice his life on the back ward of a mental hospital. To call the person "disturbed," or a "problem person," also tends to minimize the extreme behavior they exhibit.

The term "mad" can be used for this class of young people, although it has an unfortunate history and some bad connotations. The chief demerit is that it can be considered demeaning to call someone "mad." In this work, a "mad" act is defined as a way of doing service to others, often at considerable personal sacrifice, and therefore the term is not meant as demeaning. Another term which might be used is "eccentric." Young people can certainly be eccentric in the ways they deviate from normal behavior. At times they are also savage. Even though "eccentric" sounds like too casual a term for a person who wastes his life in an insane asylum, still it does not demean people or categorize them in the ways that previously led to the loss of all hope about them.

Excluded People

This book is not about scientific research on young eccentrics, nor is it about their nature and history. The focus is narrowly on the practical matter of how to change them. The work is also not about *all* problem people. Excluded are problem children and problem old people. The age range emphasized here is from the late teens through the late twenties: that is the age of leaving home, and this work is about people at that stage of family life.

This work is about young people whose difficulties begin because of family instability. To avoid argument, it should be conceded at once that there are undoubtedly a certain number of eccentrics whose difficulties are not caused by the family. There are young people with undiagnosed brain tumors, and those who have suffered irreversible damage from illegal drugs or legal medications. There are others whose strange behavior is caused by some form of mental retardation or by undiagnosed physiological difficulties. There are also young people scarred by poverty, mistreatment, frequent abandonments, many hospitalizations, or foster homes. The therapeutic approach described here is only partially effective with such young people. This work is about the average "mad" young person—those who populate psychiatric wards, juvenile halls, and drug rehabilitation centers, and who cause trouble in the community because of their mad and eccentric ways.

A therapist facing a mad young person should first assume that he or she is responding adaptively to a mad social situation. The therapist should expect the young person to have the potential to become normal. Very occasionally he may be dealing with a unique case, such as an organic problem that has no remedy, but that is unusual enough to be a last hypothesis. Often, a therapist can be fooled into thinking that a problem young person is not expressing a family problem. Part of the skill of the eccentric young person is the ability to persuade experts that he is a physiologically handicapped person, if not a congenital idiot. One should also keep in mind that a goal of therapy is to maximize a person's possibilities; even the physiologically limited can benefit from this family-oriented therapy. It is common to see mentally retarded youths who are limited, but not to the point where parents must button their shirts for them and keep them in the house. Extremely handicapped behavior has a family function whether physiological problems exist or not.

Failure to Disengage from the Family

At one time, it was theorized that a young person behaved bizarrely at the moment of success because of his or her fragile nature and inability to tolerate responsibility. It was also postulated that there was an inner fear, perhaps carried over from childhood, that terrified the young person when confronted by self-sufficiency and autonomy. Failure was thought to be caused by inner anxiety. Such an explanation was the only one available, because causes were assumed to reside inside the person rather than in the social context, which was not observed. In the 1950s, when whole families were brought together and observed within a concept of systems, it was noticed that a young person who behaved in a bizarre way could be described as responding adaptively to peculiar communication within his family. For the first time, it was suggested that the thought processes and inner anxiety of a person were responses to the kind of communication system in which he was embedded. When people communicate in deviant ways, their thought processes are deviant.

As observation of families continued, it was noted that people communicate in deviant ways in response to an organizational structure of a deviant type. A special organization leads to special communication behavior, which leads to peculiar inner thought processes.

Today, when clinicians and researchers look at a young person behaving in a bizarre way, they tend to conceptualize the problem in different ways:

1. Some clinicians assume the issue is peculiar thought processes. These thoughts cause peculiar communicative behavior, and the person forms relationships which make a deviant organization. The therapy focuses on correcting disordered thinking and misperceptions.

2. Other clinicians assume that the disordered, deviant communicative behavior of the people intimate with the problem person causes the bizarre behavior and thought processes. Their therapeutic endeavor is therefore to clarify and change communication among intimates in the family.

3. Still other clinicians assume that the problem is a malfunctioning and deviant organization. That organization requires peculiar communicative behavior and therefore peculiar thought processes.

It is the argument of this work that the most effective therapeutic intervention is directed at the basic organizational structure. As that changes, so do other factors. In fact, if one thinks in organizational terms, a therapist cannot avoid being part of the family organization. As a therapist talks to a young person about his thought processes, he is an outsider dealing with a family member, and the organization has rules for dealing with outsiders. If he clarifies family communication, by that act he has become an authority in the family hierarchy. To overlook the organizational situation can lead to naïve interventions which prevent change or even make matters worse. In fact, families will make use of a naïve clinician to stabilize and avoid change.

The importance of the social situation has been overlooked in the clinical field for a number of reasons. For centuries, individual character and personality had been emphasized; the scientific task was to classify individuals, not social situations, into types. In addition, cultural institutions are based on the idea of the individual as the unit of responsibility. To allow the social situation to be causal would lead to the jailing or hospitalization of families and friends rather than individuals. Many facets of the culture depend on the fact, or myth, of the individual as a unit.

Until the concept of systems, there was no adequate theory of social situations. To describe behavior which keeps repeating, and so forms an organizational structure of habitual responses, is a new way of thinking about people. The concept of a self-correcting system of relationships is difficult for many people to grasp, much less to take for granted. It is easier to say a particular person caused a difficulty than it is to think of the difficulty as one step in a repeating cycle in which everyone participates.

Another problem in accepting the social situation as a unit is the simple idea that people live in social situations, and so they take them for granted. Ordinary situations, like stages of family life, seemed so obvious that they were not considered a subject of scientific concern. Everyone knew there was a family life-stage when young people leave home, but it was not thought important, so no one noticed the conjunction of malfunctioning people and that life-stage. It is now appearing that, in any organization, the time of greatest change occurs when someone is entering the organization or leaving it.

The other way the family can stabilize by means of a failing offspring is for the young person to wander about in a failing life. He can be a vagrant on the road and serve as a stabilizing agent in the family, as long as he regularly lets the parents know that he is continuing to fail. He can do this by writing to them regularly and asking for money, by letting them know he is in jail, or through some other unfortunate circumstance.

There are borderline situations, where the young person is failing in one sense and not another. He can live on a commune as a deviant and be a failure in the eyes of the parents. Or, a more common situation these days, he can join a deviant religious cult. Within the cult he may be a success at begging or recruiting new members, but as far as the parents are concerned he is still a failure. Often they not only commiserate with each other for their unfortunate offspring but even hire people to kidnap them from the cult and deprogram them. The focus continues to be on the offspring.

Whether dependent on an institution arranged by the family or community, or on an institution sought out by the young person, the offspring is defined as a failure by the parents, and they communicate about him as if he has not left home. For example, the parents can blame each other for causing the problem or argue about what still might be done. The offspring cannot be left out of their plans as could a successful offspring earning a living. The parents also do not change their relationship with each other; it continues frozen, as if they cannot move to the next stage of family life any more than the dependent offspring can. Their difficulties with each other do not get resolved because when an issue between them comes up, the child is introduced into it just as if he were in the room. For example, a father can complain that his wife did something that irritated him and he didn't mention it to her. When asked why he did nothing about it, he will say, "Well, I know my wife is worried about our son." The concern and preoccupation with the young person prevents an organizational change because the triangle persists unchanged.

Although the family crisis and failure of the young person usually occur in the late teens or early twenties, it can occur later. Sometimes a child who has left home collapses back when his youngest sibling leaves the parent's home. For example, a woman in her late thirties had been out of the home for several years. She began to behave bizarrely, and her parents set out to help her by hospitalizing her and planning her return home to be cared for. This event coincided with the family's youngest child leaving home for college. Because of the older daughter's failure and return home, the family continued to be an organization with a child at home.

When one approaches a mad young person with an interest in organizational change, it is evident that such change does not occur with institutionalization but rather with normal behavior in the community. Therapeutic change therefore occurs most rapidly when the family is encouraged to push the child into normal activities immediately—that is when action in the family happens.

The Cycle

One of the ways to describe the situation is in terms of a recurring cycle. As the young person reaches the age of leaving home, he or she begins to succeed in work or school or in forming intimate relations outside the family. At that point the family becomes unstable, and the young person begins to manifest strange and troublesome behavior. All family members seem upset and behaving in deviant ways, but when the offspring is selected as the problem his behavior appears more extreme, and the other family members stabilize and appear to be reacting to him. The parents, who are divided over many issues, become so divided that they cannot deal with the young person, who begins to take charge and have power over the family. If the parents begin to pull together to deal with their child, it is not unusual for him or her to gain support from more distant relatives, such as the father's mother, against the parents. As the wider kin system comes into conflict with the parents over the young person, the parents become more unable to control him or her, and the behavior escalates. Outside experts are turned to for help, and the expert typically is used by the parents to restrain the offspring with medication or custody; the family stabilizes itself by such restraints. Conflict often increases, however, as family members blame each other for what has happened. The expert then typically attempts to rescue the young person from the parents and so joins him or her in a cross-generational coalition against them, thereby undermining their executive position. This mad situation becomes cyclical when the young person is released from restraint and begins once again to function in the community. As he or she begins to take preliminary steps to succeed in work or school or in forming intimate relations outside the family, the conflict and instability appear again. The young person begins to behave eccentrically, the family says it cannot deal with him, and experts are called. The young person is sent back to the place he was sent before. The second time, everyone knows where he belongs--the place he went the first time. Once again in the institution, the young person is treated for a period and then sent home. The situation is stable until the young person starts to succeed in work or school, the parents threaten separation, the family becomes unstable, and the cycle repeats. The goal of the therapy proposed here is to end that cycle, to get the young person past that eccentric episode and successfully functioning outside the family, with the family reorganized to survive that change.

Failure in Intimate Relations Outside the Family

Ordinarily, a young person forms intimate relations outside the family which in time become more important than the relations within the family. There is a transition from one's family of origin to a new one that is created. Usually, the family is a base from which one tries different relationships until ultimately a mate is chosen and a new family begun.

When it is necessary for the young person to remain involved at home, procedures are developed for preventing and avoiding intimate relationships outside the family. The boundary around the family of origin becomes impermeable, and the young person stays within it. Attempts to get involved outside are aborted, and ultimately the only involvement is within the family.

Typically in these situations, the young person is unable to develop friends outside the family. The person is shy and withdrawn, avoiding all peers, or associating only with lost and unstable young people in short friendships, and so on.

At times, a young person in this situation will get married, but such a marriage tends to be of a special kind. Instead of establishing a new family with the marriage, the spouse becomes co-opted into the family of origin. That is, some parents will permit a marriage when it is clear that the spouse will not take their child away but merely be a compliant addition to the family. Then the child has still not left home.

Failure of the Family to Change Eccentric Behavior

Agents of social control are brought into a family to deal with a problem young person when the family cannot contain the difficulties developing within it. When the parents are about to separate or do harm to each other, the child will make trouble in the community in such a way that the parents are forced to deal with the community intrusion. This can cause them to stabilize by uniting them against the community. It is like a nation starting a war with another nation when internal dissension threatens total disruption.

The problem young person will either make trouble or simply become apathetic and unmoving, requiring the parents to remain together to take care of him or her. When siblings or other relatives insist that parents do something with the "vegetable," the situation becomes unstable. Or outsiders may make comments which embarrass the parents to the point where they arrange therapy, so they can say they are doing what should be done. If the therapy is only custody, medication, or long-term insight therapy, the family can stabilize and the parents can succeed in claiming that they are doing all they can, while not being threatened with change.

Therapists are often surprised at how tolerant parents have been of deviant and eccentric behavior. For example, a young man burned the palms of his hands with cigarettes and called himself "Christ." His parents dismissed this behavior lightly as merely mischievous. There can be a large disparity between the community's shock at eccentric behavior and the family's acceptance of it. Sometimes this is because the strange behavior developed slowly, with each stage of it accepted, so that the next one did not seem extreme. Sometimes the family is actually shocked by what is happening but will not admit it because they do not wish to concede a problem when they believe nothing can be done. If the family comes to public attention, it means the community is asked to resolve the extreme behavior of the young person. It also means that the family has been caught in a runaway change which has caused the previous stability to fail.

A communication description of this class of young people is presented in the following outline.

1. FUNDAMENTAL SOCIAL PROBLEMS (present in every case)
   a. Failure of the young person to disengage from the family or of the family to disengage from him or her. A social base outside the family is therefore not developed because the young person fails to establish enduring intimate relations.
   b. Failure of the young person to succeed in work or school, and so continuing support is required from other people.
   c. Failure of the family to contain and change eccentric behavior, and so agents of social control are activated in the community.
2. SPECIAL COMMUNICATION PROBLEMS (may or may not be present at a given time with a given person)
   a. Disruptive and discourteous communication
      (1) Threatens to harm self or is violent toward other people.
      (2) Acts in a confused and uncertain way, requiring that normal discourse be stopped and something be done, but also makes the doing of anything difficult or impossible.
      (3) Unpredictable eruptions of bad temper for unclear reasons, causing uncertainty and social confusion.
      (4) Drinks or injects drugs irresponsibly, and then behaves in a helpless and physically incapacitated way or with rude and aggressive behavior.
      (5) Generally breaks rules of social courtesy in either subtle or gross ways. May interrupt a conversation or disrupt a

household by walking the floors all night and sleeping all day.

(6) Is disobedient to authority, whether parents or community authorities. Often is disobedient in a way that appears to be involuntary, and so the authorities hesitate to use the usual sanctions against disobedience.

b. Deviant communication: acts

(1) Criminal acts, such as stealing and other delinquent behavior, are done without apparent self-gain or in a seemingly random way.

(2) In physical appearance can be starved and look like a skeleton or may be obese in an unpleasant way.

(3) Wears strange clothes, or appears unclean or too clean, and in dress and behavior attracts attention in a way that frightens or antagonizes other people.

(4) Walks and moves in stilted and strange ways that make people uneasy.

(5) Refuses to speak or move.

c. Deviant communication: words

(1) Will talk with odd speech mannerisms and sometimes in strange languages with made-up words.

(2) Will write in a peculiar manner, both in the content of the statements and in the improper way the writing is placed on the page.

(3) Talks or listens to imaginary people.

(4) Will frame situations in peculiar ways. For example, will say that in this social situation the time, place, purpose, or people involved are really not what other people say they are.

(5) Will communicate about physical ailments when there is no evidence for them or they seem bizarre.

The Professional Failure

One can be distracted by the bizarre nature of the behavior or offenses of problem young people and overlook the main theme that runs through their lives—failure. When they approach success, they do something that ends it. Success and failure will vary with the definition of a particular family, but success is generally defined here as behaving competently in work or school and successfully forming intimate relations outside the family. Essentially success is defined as being self-supporting and able to form

a family of one's own. It does not mean that a person is a failure if he or she does not marry and have children, but it does mean that one should be able to have intimate relations outside one's family of origin.

It is typical of these eccentric young people to fail at the point where success is imminent. A typical time to begin to behave strangely is just before high school graduation. For many people graduation from high school is a symbol of success and a first step toward emancipation from the family. Often the young person will quit high school a few weeks before graduation, commit some strange delinquent act, or exhibit bizarre behavior which causes institutionalization and failure to graduate.

In many families graduation from high school is a minor matter, whereas graduation from college is the moment of success. In such families the young eccentric does not begin to exhibit the "inappropriate" behavior until just before graduating from college. Often he or she avoids one course that is required for the degree, simply quits during the last semester (saying that college is irrelevant), or attempts suicide just before taking an examination required for graduation.

It should be emphasized that success is defined by the particular family in different ways. In some families, just going away to college is defined as success, and the young people collapse in the first semester. The collapse takes them back home, and they have failed to go to college. In other families even college graduation is not a sign of success, because graduate school is expected. The young person is therefore not a failure until he or she leaves school just before receiving a graduate degree. Failure is defined as the time when training is to be completed and the young person becomes self-sufficient in the view of the family. That training may range from the vocational, lasting a few months, to the medical or legal, which takes many years.

When work, rather than school, is the arena for failure, the young person setting out on an eccentric career just does not find a job. Often he behaves in some peculiar way at job interviews so that he will not be hired. When he does get employment, it is clearly below his abilities, as when a bright young person takes a menial job. He or she may continue to work and make some income, but the family defines the job as indicating failure, and therefore the young person has failed.

Sometimes the young person works for the father or some other relative, and the implication is that he or she cannot handle a job where competence is really expected. In such cases the eccentric behavior and the failure come about after the young person is defined as a success, because he shifted from a job with a relative to a job outside the family.

In some families the doing of any paid work is defined as success, while in other families success is doing a certain kind of job at a certain level of pay. Often the eccentric young person manages quite a good job and

threatens to be a success, but then he or she loses it (only to get another one later) and is defined as a failure because of his or her continuing failure to stay regularly employed.

A Communication View

The kind of behavior exhibited by a young person who is stabilizing a family by failing can have great variety and still function to prevent family disengagement. What is important for therapy is to develop a way of thinking about the problem that clarifies how to bring about change. An organizational framework and communication description tends toward this goal more than other theoretical approaches do. The first requirement of a communication description is that it be at least dyadic and preferably triadic—that is, for every behavior by a person that is communicative, it is *to* one or more other people. Therefore, a young person who communicates by wearing strange clothes is giving a message with a social function. It is not merely an expression of the person or a report about his or her thought processes, but both a message and a response *to* others. As an example of the difference in point of view, I recall a psychiatrist doing therapy with a young man who would not talk or go to the toilet. He wet himself and fouled his pants and so was a twenty-two-year-old youth in diapers. The therapist gave the young man a pan to urinate in, and the young man began to wear the pan as a hat and walked about with it. The psychiatrist took this as a random act expressing the young man's confusion, but from the communication view it would be assumed that wearing the pan as a hat was a message to others in that social situation. It is characteristic of such young eccentrics that they manage to decline to do what they are told, but in a way that leaves other people puzzled over whether the issue is disobedience.

Organizational Protection as a Basic Motivation

Disobedience is an issue with eccentric young people, but before considering it the therapist should first accept the fundamental premise that eccentric and mad behavior is basically protective.[1] No matter how strange, violent, and extreme the behavior, it functions to stabilize an organization. Being disobedient is in itself a way of forcing a group to organize with more stability.

Perhaps an example will illustrate this point of view about madness. I was once asked to give a talk to the staff of a psychiatric ward; the people

[1] I owe the emphasis on the young person's protection of his family to Cloe Madanes. See C. Madanes, "The Prevention of Rehospitalization of Adolescents and Young Adults," to be published.

who gathered in the day-room were a mixture of nurses, aides, psychiatrists, social workers, and psychologists. They were of different sexes, ages, and races. I stood waiting for the group to settle down as they pulled up chairs and arranged themselves. At that point a young patient wandered into the room looking confused and uncertain. He wore striped pajamas and a wrinkled bathrobe. A bearded staff member said to him, "You can't come in now, Peter, this meeting is just for the staff." He took the young man's arm and led him out of the room. When the staff member came back, the staff gave a little laugh, sharing embarrassment at the intrusion.

I waited for everyone to get settled before I began to speak, and at that point Peter wandered back into the room. The staff member stood up again and said, "Peter, the group therapy meeting isn't until one o'clock. This is a meeting of just the staff." He took the young man's arm and led him from the room. When he came back, he smiled, and the people in the group chuckled with him. As they all turned to me expectantly, Peter again wandered into the room. Everyone laughed out loud. Someone who seemed to be in charge said to an aide, "Take him out." A large aide escorted Peter out and then came back and sat down. The young man did not enter again.

As I looked over that group and thought about what had happened, I was sure that my explanation of why Peter had made his entrances and exits was different from that of the staff. Of course a range of explanations is possible. The most common idea within a medical setting would be that Peter was disoriented as to time and place and that he wandered almost randomly into that particular room. An alternate explanation would be that the young man's entrances were partly random but at least partly an expression of hostility toward authority and therefore toward the staff who symbolized authority. The strange costume which had been put on the young man, as well as his confused and rather idiotic manner, would provoke most people to look on him in a patronizing, rather amused way.

Let me describe what I thought the young man did for me and the staff. As I watched the staff gathering for the meeting that day, I sensed severe bad feeling among the people there. Usually there is tension and covert conflict among the people who work in a mental hospital, but it seemed especially severe on this ward at that time. The staff were gathering reluctantly, and their manner expressed a distaste for me and for each other. Obviously there were personal and factional conflicts among them, as anyone could see by their sullen behavior.

I felt the bad feeling of that group and became more and more reluctant to lecture. I wondered what I might say to lighten the grim mood or relieve the desperation. I knew there was nothing I could do.

At that point Peter began his entrances and exits. By his third arrival and departure, everyone laughed, and the group had been transformed. They

were amused that a visiting speaker was delayed by Peter. Everyone was pulled together into a stable and amiable group by his actions. The dissension was no longer evident; everyone was friendly toward me and toward each other as we chatted together. I felt relieved to be talking with a pleasant group. Peter had done his job and did not need to return. He had done what neither I nor anyone on that staff could have done. The eccentric young man had brought order and some degree of harmony to an organization where there had been little or none. It is the argument of this book that the madness of young people has that function in mental hospitals and families.

It is best to assume that eccentric young people who stabilize a group by sacrificing themselves are doing so consciously and willingly. This assumption prevents a pointless attempt to give the eccentric person insight into what he or she is doing. He knows what he is doing and how he is doing it better than a therapist who might point it out to him. It is a sacrifice by a person who is willing to make a clown of himself, do himself harm, or do whatever is necessary to do his job. Attempting to persuade such a young eccentric to give up that sacrificial career typically fails. On rare occasions a therapist can simply persuade such a young person that the therapist knows the seriousness of the family situation and is competent to deal with it. The young person will become normal and leave his parents to the therapist. Only competent action causes such persuasion to occur, however, not talk or promises of trying to do one's best.

Deviant Communicative Behavior

One can become so fascinated or provoked by the strange movements, words, and behavior of young eccentrics that one overlooks their function and fails to focus on change. It should be kept in mind that distraction from family conflict is one of the purposes of such strange behavior. For a group to be stabilized by a deviant, the deviant must perform in such a way that his or her deviance is the focus of attention. If mildly eccentric behavior is not sufficient, the young person can threaten suicide or spread gasoline around the foundation of the house and play with matches, so that the group must organize in a functioning way to deal with him.

It would seem apparent that a group containing a young eccentric is not functioning well; otherwise a deviant would not be necessary. Often this is not immediately obvious. A daughter can be starving herself, and the family will arrive to see a therapist with a walking skeleton, presenting her as the problem. The parents and siblings appear to be reasonable people, sacrificing time and worry over their starving daughter. Yet it can be assumed as a fundamental premise that the organization of the family is malfunctioning, or the daughter would eat normally. One way to make this malfunctioning more evident is to have the parents require the daughter to eat. The situation changes from kindly parents and a compliant child into total confusion, with no one in charge except a screaming skeleton. Sometimes the nature of the organization's difficulties becomes apparent only when the young eccentric becomes more normal; in this case, when the young skeleton begins to eat and gain weight.

Although a scientific description of the deviant communicative behavior of a problem young person in the family is incredibly complex, a therapeutic description can be simplified. For therapeutic purposes, the behavior can be simplified into two main functions: (1) The social function: The young person stabilizes a group of intimates by his or her eccentric behavior. It is this function which is the main issue for therapeutic interventions. (2) The metaphoric function: Every deviant act is also a message to the members of the group and to outsiders. The act can be seen as a metaphor, often a parody, of a theme important to the group. Usually it is a group issue which is conflictual.

A young man who burns nail holes in his hands with cigarettes can be expressing something about religion in his family. A young man who puts a pan, given him to pee in, on his head as a hat is expressing something about a clown. The robot walk of an eccentric can indicate the group is too rigid in rules. A violent young person is signaling the issue of violence in the intimate group where he lives.

The metaphoric function of eccentric behavior is complex and often difficult to understand. Every act has multiple meanings, and one can overlook one significant message while emphasizing another. Verifying what the messages are about can be quite difficult, because inquiry and exploration of meaning are often not welcome to the family or staff group. The eccentric behavior typically expresses a theme which the group would rather deny and conceal. Group consensus to verify the meaning of a message is therefore not practical. The group usually responds to an inquiry with metaphor, which leads to more metaphor, and so on.

Just as the family does not welcome a translation of the message expressed by eccentric behavior, neither does the hospital staff nor the therapist. For example, an eccentric who randomly steals is likely to be in a family where covert dishonesty is occurring; the family members know what the young person's acts signify, even though they may protest that they do not. Usually family and staff would rather define eccentric behavior as meaningless and organically caused, because its meaning is not welcome to the group.

At one time it was thought important to explore the meaning of metaphoric behavior in the family. It now seems wiser not to do so. The metaphoric communication can be a problem to the therapist, since bringing

out meanings that are not welcome to the family (or staff) will antagonize a group whose cooperation is needed to bring about change. It is therefore important that the therapist not point out what he thinks the meaning of the behavior is: everyone knows it in any case, so there is not much point in making it explicit. The wise therapist will receive the meanings and keep them courteously to himself as a guide for what is happening. If the therapist does this, the eccentric and the family will become clearer in guiding the therapist.

The metaphors also offer the therapist warnings about certain eventualities that might occur if change is threatened. For example, if a young person ineffectually attempts suicide so that it is called a "gesture," the therapist should take that gesture to mean that suicidal issues are relevant among the people in this family. If the young person is threatening to set the house on fire, there are explosive issues in that family.

Even though such guidance can be helpful, however, the primary concern of the therapist should not be these metaphoric issues, as would be the case if he or she were doing research. Even the act of exploring metaphoric meaning in order to verify an idea is likely to arouse a resistance which can cause therapeutic failure (this is why insightful interpretations or confrontations to face "reality" can be fatal to successful therapy).

Again, just because a message in the form of eccentric behavior may be helpful in stabilizing a group, the message is not one the group is going to want to have expressed in an explicit way. If a mother is having an affair which threatens her marriage, a daughter might express that theme by peculiarly seductive words and behavior. The parents would not like to have it pointed out that the behavior is relevant to mother's conduct. Similarly, if a young woman, when hospitalized, talks about an abortion in a delusional way, it may be relevant that she is from a Catholic family and that her mother is burdened by many children. It is best to assume that the family is aware of the meaning of the young woman's behavior and will not welcome the therapist's explaining what is "really" being said by the girl's act. Eccentric behavior is always both helpful and threatening, just as it often touches on themes of serious desperation in a comic way.

At times people have said that madness is something to be admired, or that the mad and eccentric are more creative and alive than other people. They are said to be the rebels in a repressive society. Some authorities have even said that the mad know more about the secret of life than other people do. Admiration of the mad is not part of the therapeutic approach recommended here. The mad are failures, and failure is not admirable. To encourage madness, as some enthusiasts do, is to encourage failure. Arranging a place where eccentric people can be eccentric does not lead to normality.

Granting that madness is not admirable, one can still acknowledge the interpersonal skill of many mad young people. Their skills had best be respected by the therapist or he will be made to look foolish. It is also best to assume that the mad act of a young eccentric is positive, in the sense that it is an attempt at something better. It is a struggle to get out of an impossible situation and take a step forward. The result may be disaster because of the response of the community, but one should give credit to the mad young person for attempting to better his or her lot and the lot of his or her family.

THE ISSUE OF RESPONSIBILITY

Where there is madness, there is irresponsible behavior, by definition. People are not doing what they should do, or are doing what they should not do, according to accepted rules of social conduct. What differentiates mad and eccentric behavior from other behavior is not only its extreme form but the indication that the person cannot help himself and is not responsible for his actions. This inability to help oneself is also communicated by the ways the continuing acts lead to repeated failure and misery. It is characteristic of problem young people that they do something that breaks social rules and then qualify the act with an indication that it is not their fault. The drug addict lives a deviant life and indicates that his compulsion forces him to these acts. It is not his responsibility because he cannot help himself. Similarly, the girl starving herself says she is not responsible because she has no appetite or is repelled by food. The eccentric thief steals what he does not need, indicating that he is helpless to stop.

The truly mad are most expert at doing something and qualifying it in a way that indicates they are not responsible for the act. Sometimes they indicate that they are not really themselves but someone else, or that the place and time are not what others say they are, and therefore the act is not their doing.[2] A young person can refuse to get a job and say it is because he has millions of dollars in funds hidden away; in this way he indicates that he does not know what he is doing.

For the therapist, it is important to acknowledge that a problem young person is behaving irresponsibly and must be required to take responsibility for his actions. It is equally important to note that the people around the eccentric are behaving irresponsibly. When there is nutty behavior, the eccentric will say it is not his fault because a voice from another planet told him to do it. The parents will each say they are not responsible because it

[2] For a description of schizophrenia from this point of view see J. Haley, *Strategies of Psychotherapy*, Grune & Stratton, New York, 1963.

is the fault of the other parent, or the influence of evil companions, or drugs, or heredity. The experts who are called in often blame the parents, or "illness," or genetics. They do not acknowledge that their interventions compound the problem. When the young person is locked up, the psychiatrist will deny responsibility for committing him, saying it is the judge who did it. The judge will say he is not responsible for giving a person an indefinite sentence because he must depend on the advice of the experts on mental illness. So no one takes responsibility for what has happened or for doing something about it.

When no one takes charge or assumes responsibility, it means that an organization is in confusion, with no hierarchy marking clear lines of authority. When the hierarchy of an organization is in confusion, mad and eccentric behavior occurs and is adaptive. The mad behavior will tend to stabilize the organization and clarify the hierarchy. When normality returns, the organization again enters confusion. To correct the mad behavior, it is necessary to correct the hierarchy of the organization so that the eccentric behavior is not necessary or appropriate.

STAGES OF THERAPY

Given this view of the problem, the therapy of young eccentrics can be outlined in the following stages:

1. When the young person comes to community attention, the experts must organize themselves in such a way that one therapist takes responsibility for the case. It is better not to have multiple therapists and modes of therapy. The therapist *must* be in charge of dosage of medication and, if possible, of institutionalization.

2. The therapist needs to gather the family for a first meeting. If the young person is living separately, even with a wife, he should be brought together with the family of origin. No blame should be placed on the parents. Instead, the parents (or mother and grandmother, or whoever it might be) should be put in charge of solving the young person's problem. They must be persuaded that they are the best therapists for the problem offspring. It is assumed that the members of the family are in conflict, and the child is expressing that. By being required to take charge and set the rules for the young person, the family members are communicating about the young person as usual, but in a positive way. Certain issues need to be clear:

a. The focus should be on the problem person and his behavior, not on a discussion of family relations. If the offspring is an addict, the family should focus on what is to happen if he ever takes the drug again; if mad and misbehaving, what they will do if he misbehaves again in the way that led to the hospital before.

b. The past, and past causes of the problem, are ignored, not explored. The focus is on what to do now.

c. It is assumed that the hierarchy in the family is in confusion. Therefore if the therapist, with his expert status, crosses the generation line and sides with the young person against the parents, he will make the problem worse. The therapist should side with the parents against the problem young person, even if this seems to be depriving him or her of individual choices and rights, and even if he or she seems too old to be made that dependent. If the young person does not like the situation, he or she can leave and become self-supporting. After the person is behaving normally, his or her rights can be considered.

d. Conflicts between the parents or among other family members are ignored and minimized, even if those involved bring them up, until the young person is getting back to normal. If the parents say they need help too, the therapist should say that that can be dealt with after their son or daughter is back to normal.

e. Everyone should expect the problem person to become normal and not excuse failure. The experts should indicate to the family that there is nothing wrong with the child and that he or she should behave like others of the same age. Medication should be eliminated as rapidly as possible. Going to work or school immediately should be expected, with no delay for day hospitalization or long-term therapy. It is going back to normal that brings about family crisis and change. It is the continuation of an abnormal situation that stabilizes the family in misery.

f. It is to be expected that as the young person becomes normal by going successfully to work or school or by making friends, the family will become unstable. The parents may threaten separation or divorce, and one or both may become disturbed. One of the reasons for the therapist fully siding with the parents at the first stage of therapy, even to the point of joining them against the child, is to be in a position to help them at this stage. If the therapist cannot help the parents, the problem young person will commit some mad act, and the family will stabilize around the young person and his eccentricity once again. Institutionalization needs to be prevented at this point to keep the cycle of home-to-institution-to-home from continuing. One way to put it is that the therapist replaces the young eccentric in the family, and the young person is then free to become normal and go about his business. The therapist must then either resolve the family conflict or move the young person out of that conflict so it will continue more directly and not through him. At that point the young person can continue to be normal.