

# Family Process

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## Material, Myth, and Magic: A Cultural Approach to Family Therapy

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*This paper presents a model for a therapeutic approach to the cultural systems of families. Using anthropologically derived concepts of material and ideational planes of culture, magic, and ritualistic intervention, the inducement of culture change in frozen familial systems is framed in dialectical terms. Four brief case studies are presented describing the systems engaged, the material-ideational rituals employed, and the cultural transformations induced. The paper concludes with a brief discussion of some of the theoretical and practical implications of this cultural approach to the family in therapy.*

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ONE WAY OF conceptualizing family therapy is to see it from an anthropological perspective. In this way, it becomes something more than a therapeutic situation involving a family group and a practitioner trained in certain Euro-American theories and techniques. Framed anthropologically, it begins to resemble the universal phenomenon of curative magic. It thus assumes a form not unlike the treatment practices of other societies in which the routinized manipulation of symbolic material by magicians is presumed to transform the person or persons being treated.

This view by no means diminishes family therapy's status as a scientific system of rational knowledge. Rather, it reveals family therapy's kinship with those practices operating elsewhere, on the assumption that change in human systems can be effected by the performance of appropriate spoken and acted rituals. The picture of family therapy emerging from this frame is thus one in which the magical (i.e., symbol

manipulative) practices of one actor aim at the transformation of a cultural system borne by a set of other actors. The therapeutic situation becomes, in short, an exercise in the inducement of culture change.

Many of the elements constituting such a picture have existed for some time in the literature of family therapy and related fields. Numerous studies, for example, have drawn attention to and examined in depth the parallel practices of Euro-American psychotherapists and curative magicians in other societies (18, 19, 22, 29). The notion of family culture, too, has been presented in various forms by family therapists and social scientists (10, 11, 13, 20, 21, 23). Despite this interest as well as a recent concern with the magical aspects of family therapy (1, 25), the interplay of the magician and the culture of the family in therapy has yet to be analyzed in a detailed, holistic framework.

One step toward a fuller understanding of this "shamanistic complex" (19) begins with a view of its more elemental components and dimensions. It can thus be reformulated as the coming together of two behavior systems: that of familial culture and that of magician. Each of these sets of actions, thoughts, and feelings can be further reduced into identifiable substructures: one existing on a material plane and the other on an ideational plane.

At the material plane of family culture are found those observable patterns of behavior exhibited by family members. In operation, these patterns are most clearly represented by the rituals of the family: the particular procedures for action and reaction adhered to—in varying degrees—by family members. The ideational plane of family culture is the locus of the nonmaterialized, hence nonobservable, beliefs and affects shared wholly or differentially by the members of the family. It is along this plane that cognitions and affects associated with family rituals are localized in such forms as myths and thematic beliefs. It is also along this plane that the secrets and

the history of the family are recorded in such forms as origin and inheritance myths as well as other recollections of the real or imagined past of the family and its ancestors.

The components of the magician's acts, ideas, and feelings are similarly arranged. Materially, these behaviors manifest themselves in the various patterns of concrete action and reaction exhibited by the magician. Prominent among these are the various ritualized procedures involving the manipulation of different sorts of material in the context of therapy. The ideational substructure of the magician's system is first and foremost a repository of meanings, each capable of being attached to the material stimuli of the therapy situation. Central to this ideational mosaic are those myths and themes related to the magician's own beliefs in the efficacy of his or her rituals and other manipulations of meaning-bearing material in the therapy setting.

The structural picture of the magician's system and the culture of the family is thus far skeletal and static. What is lacking is an account of the dynamic relations of these systems and their respective substructures in therapeutic situations. Since therapy has already been defined as the site at which one system attempts to induce change in the other, the most natural point for exploring the interplay of these systems is the target of the magician's efforts: the culture of the family entering therapy.

#### The Presenting Culture

The culture borne by the family coming to therapy differs from those traditionally analyzed by anthropologists. In most of the world's ethnographically recorded cultures, the actions of culture bearers generally appear to relate to their ideologies in ways conducive to change. These systems, with few exceptions (12, 30), usually appear to possess enough relational flexibility to allow their bearers to change in response to alterations in their respective environments. In one sense, the dialectical tension

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formed in these cultures appears to enhance processes of change and becoming.

Such fluidity is seldom apparent in the cultures presented by families entering therapy. Here, the relational picture of the system is often one of inflexibility and stagnation. The material and ideational planes of the family culture appear to be frozen or locked together at certain points along, or near, their shared interface. In some families, the sites of these locks seem more ideational than material. Here, myths and thematic beliefs appear to function as crystalline nuclei radiating outward to lock family members in fixed interrelational postures. In other families, these nuclei seem more material than ideational. Here, rituals of various sorts appear to assume roles as freezing generators. The nuclei of some frozen familial cultures often seem localized in the person of one family member. Sometimes this individual appears to act out the behaviors associated with the particular myth or theme occupying a sacred, secret, or tabued place in the ideology of the family. In other families, this person seems to assume a more passive role and functions as the repository for the myths and other ideational elements related to the ritual performances of other actors in the system.

Other variants of ideational-material locks exist in the cultures initially presented in therapy. In this respect, every presenting family is unique. Yet, despite these variations, the systems borne into therapy often appear to share a kind of "ice-nine" (32) character: a static permeation of the culture as a whole. The overall picture of these various cultural configurations is one in which the members of families seem suspended or captured in frozen interactional molds.

### The Dynamics of Magic

The principal task of the therapist/magician meeting such systems is then a qualitative one. It involves acts aimed at trans-

forming the solidified constellations into more fluid ones. The magical inducement of change involves, in short, certain kinds of processes by which a thawing effect is produced in a family culture influenced by the therapist.

Frozen familial cultures, by their very nature, are highly resistant to change. Thus the key to therapeutic magic revolves around the question of how the therapist manages both to penetrate and to engage systems in processes resulting in their transformation. In the curing situations analyzed by anthropologists, shamans and sorcerers induce change in their patients through ritualized manipulations of material heavy with meaning (16, 18, 19, 33). Patients become engaged in shamanistic cures because they believe in the themes and myths reinforced by the rituals conducted by the magician. These belong to groups that believe in the legitimacy and efficacy of the magician. In the dynamics of magic, they become intensely involved in ritual processes incorporating the parallel development of both matter and ideology manipulated by the magician.

By applying what is known about this kind of change-inducing magic to the therapy situation, a model for the penetration, engagement, and transformation of frozen familial cultures develops, as follows:

First, the role of the therapist embodies features of ideology already accepted as articles of belief by the bearers of family culture. This role bases itself on what the family "knows" to be legitimate and thus allows the therapist a natural-appearing avenue for penetrating and engaging an otherwise closed system. This closely parallels the "celebrant" role of the family therapist described by Zuk (35). Like the celebrant, the incumbent of this role possesses short-term therapeutic power and can function both to induce as well as to celebrate/punctuate change in the family. In assuming this role, the therapist is invested with manifest power by the family members because she or he represents powerful and respected

legitimate institutions in the society of which the family is a part. It is, however, the derived power of this role that is crucial in the context of the cultural approach in therapy. By assuming this role, the therapist is accepted as a specialist in conducting rituals on behalf of institutions recognized and legitimized by society. Like the priest, judge, and physician, the therapist becomes a director of rites, an expert in procedure embodying the religious, legal/political, and medical institutions of the family's host society. As the incumbent of this role, the therapist can thus initiate and direct rituals compelling the engagement of the bearers of family culture. If similar ritual participation were to be suggested by a person lacking the institutional power attribute of the therapist, the members of the family could ignore, ridicule, or otherwise reject this suggested engagement.

Second, the mode of the therapist employing this approach to the culture of the family is dialectical. Although this resembles the therapeutic positions discussed by Stierlin (26) and others (2, 15), it is primarily dialectical because the material and ideational components united in all therapeutic rituals engage both spheres of family culture. As concrete procedures loaded with meaning, the rituals initiated by the therapist force an engagement of the dialectic between ideology and concrete action in the family system. By employing a mode based on the use of these two-pronged tools of dialectical penetration and engagement, the therapist avoids unilateral and reductionistic modes of approaching the family. The ritualistic mode of inducing changes is incompatible with those unilateral, causal therapeutic modes used to engage the family at either *one* or the *other* of their ideational and material spheres. In other words, the therapist using rituals cannot *solely* address the family's ideology of insights, feelings, and beliefs in a manner suggesting that these determined the functioning of the system as a whole. Nor can the therapist employing this mode *singularly* ad-

dress the concrete patterns of family behavior as if these determined the functioning of the system.

Equally important is the use of the dialectical mode of ritual intervention as a tactic. Used properly, it can flank the defenses of change-resistant families. Thus the family defending itself on the ideational plane becomes engaged by ritual procedure on its material plane. Conversely, the family defending itself on the material plane becomes engaged by the meaning-bearing component of ritual on its ideational plane.

Finally, the selection and timing of ritual interventions in the cultural approach to the family in therapy depend, as they do in shamanistic magic, on the therapist's "reading" of the target system (21). The inducement of change in some cultures seems to demand rituals of reversal or rebellion or both (9). In other systems, degradation rites profaning the sacred seem more appropriate (8). Some therapy situations appear to call for rites of passage (31), whereas others seem to demand simpler rituals involving different sorts of contagious or sympathetic magic (7). In these and other situations arising in the course of therapy, questions related to ritual form and scheduling, as well as the handling of ritually related primary and secondary anxiety (14), are matters best left to the experiential discretion of the therapist.

#### A Cultural Approach to Family Therapy: Four Examples

In order to illustrate how rituals are utilized in the practice of this cultural approach, the following clinical examples taken from therapy with Norwegian families will be presented. Each example is identified by the title of the ritualistic intervention used.

##### *The Masking of the Witch*

A culture borne by a family consisting of a widowed mother and two teen-aged daughters entered therapy. They complained of not being able to get along with

each other of being a manding d had become children fo in a fishi daughters had functi role when they grew tioning as overwhelm lized and scream an the family The daug acted like she had tl what they do so. To appeared sonable. T a mytholc the daugh bility for t self-sacrifi damage de felt arrest move tow:

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each other. The mother expressed feelings of being an ineffective parent for her demanding daughters. She explained that she had become both mother and father for her children following the death of her husband in a fishing accident at sea when both daughters were babies. The mother felt she had functioned adequately in this parental role when her daughters were children. As they grew older, however, the task of functioning as if she were both parents became overwhelming and left her feeling immobilized and depressed. Sometimes she would scream and display a kind of helpless rage the family had never experienced earlier. The daughters stated that their mother acted like a witch. They also believed that she had the capacity to provide for them what they felt was suitable but declined to do so. To the therapist, these daughters appeared extremely demanding and unreasonable. The family culture, however, had a mythology involving the deprivation of the daughters and the mother's responsibility for this wrong. The myth demanded self-sacrifice from the mother to repair the damage done to the daughters. The family felt arrested in a dilemma and unable to move toward further development.

During one of the first sessions with the family, the therapist provided the daughters with scissors and art material and asked them to make a mask they felt would fit the family's dilemma. The daughters then constructed a mask they claimed resembled the face of a witch. This they then fastened to the face of their mother, who accepted it without protest. The family was then instructed to behave toward one another as they usually did at home. At the end of the session, the therapist asked the mother to remove the mask but instructed the family to continue behaving at home as if the mother still wore it.

In the first postritual session, the conduct of the family had taken on another quality. In contrast to earlier sessions, the mother emphasized positively her personal appearance. She also sat erect and spoke forcefully.

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The mother said she had realized since the last session that she was "only and gladly of the human kind with all its pleasures and limitations." She had also realized that she could only be one parent—not two—and that her daughters had the capacity at this time to assume more responsibility for themselves. The mother added that she also felt entitled to some "good in life away from the girls." (In a later session, the mother spoke openly for the first time about a previously secret relationship with a man). The daughters reported that "pretending" the mother was a witch had become ridiculous. They felt wrong in demanding so much from her. The daughters explained that they had begun—for some strange reason—to see their mother as more of a regular person with human limitations: someone from whom they could no longer demand the impossible.

The ritual employed here can be understood as serving to concretize and to expose thoroughly an imbedded ideational theme in the family culture. The theme appeared to revolve around the family's expectations of the mother as a creature with superhuman capacities and the daughters as deprived by the absence of a father. It was powerful enough to prevent family members from moving on to new and more age-appropriate developmental stages. A more traditional therapeutic approach to this family might have engaged this system ideationally in discussions of these thematic expectations. The ritual, however, engaged the family differently. It initiated a process involving the inescapable attachment of this "inhuman" mask to the mother's accepting face, her persistence in wearing it throughout the session, and the "inhuman" treatment she received from her daughters following the masking. A central ideational element in the family culture was thus exposed, materialized, and intensified through a process of ritual penetration and engagement. In doing so, the power of the mythology was deflated, and it could no longer

uncritically rule the relations among the bearers of the family culture.

#### *The Bad-Sex Funeral*

A couple in their thirties came to therapy. They expressed dissatisfaction about their sexual relationship. The couple related a decade-long history of marital disappointment and discord. They had a 10-year-old daughter, and, since her birth, the husband had traveled a great deal in his job. The wife was left at home for long periods feeling lonely and having sole responsibility for the care of the child. This had led to many arguments as well as a cold, infrequent, and dissatisfying sexual relationship.

Shortly before entering therapy, the husband found a stationary job and was living permanently at home. The couple said they constantly discussed the ill feelings between them, but despite this "working through," they were unable to resume a satisfactory sexual relationship. They explained that even when they had positive feelings toward each other and attempted to be together sexually, they felt immobilized by memories of the "bad sex" of the past. These had become so powerful, in fact, that they were at this point feeling unable to initiate and to engage in marital sex.

During one of the first sessions with this couple, the therapist asked them to arrange a "bad-sex" funeral in their home. They were instructed to choose a quiet Saturday evening when their daughter was staying overnight with her grandparents. The couple were asked to buy some good wine and prepare their favorite foods. They were then instructed to make a fire in the fireplace and to sit near it equipped with small pieces of paper and pencils. They were then to take turns writing down key words labeling different aspects of the bad sex they had experienced together. They were then instructed to read each label aloud, throw it into the fire, and watch it burn and disappear as smoke. When this was completed,

they were to have a "fiesta" and consume the wine and food.

At the first postritual session, the couple reported that they had experienced the funeral as a sad occasion. Both had cried and felt in mourning during the two hours used to burn the labels. Afterward, they felt "fed up" with the bad sex. During the subsequent fiesta, they began making plans for traveling to a foreign country that neither had visited before. They reported that they felt revived for some strange reason even though the funeral had been a great emotional strain on them. They also volunteered that they had reengaged in satisfactory sexual activity. During subsequent sessions, the couple no longer discussed sexual topics but used their time in therapy to focus on other relational aspects of their partnership.

The ritual employed with this couple appeared to function in several ways. In one sense, it operated in this system, as it does in nonfamilial cultures known to anthropologists (7), as a mock funeral: a rite of imitative magic in which like produces like. It served as well as a ritualized transition for this couple by marking off the past concretely and by demarcating both a present and future in their lives. The ritual provided the couple with a level of ideational intensity (i.e., two hours of sustained affective recollection and mourning) and material concretion (i.e., the time-consuming procedure for the exposition and disposal of materialized ideational elements). This differed markedly from the verbalized ideational history that had already monopolized so much of their lives.

#### *The Binding Ritual*

A mother, father, and two girls, 9 and 4 years old, came to therapy. The 9-year-old suggested from anorexia nervosa and was hospitalized with critical weight loss and dehydration. As part of the anorexic treatment program at The National Hospital of Norway, the members of the patient's fam-

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this ritual served to bring forth previously hidden themes of conflict and disharmony. The subsequent exposure of these latent ideational areas appeared to function as a catalyst for many "bud-sprouting" developments in the family system—it activated many deeply embedded items on the hidden agenda of the ideational sphere of the family's culture.

### *The Coronation and Abdication of the King*

A couple in their early forties with two children, a 10-year-old boy and a 12-year-old girl, came to therapy for help with the boy. He had lost his ability to walk and repeated medical examinations had yielded no organic explanation for his "paralyzed" condition.

The son was carried to therapy atop his father's back. He seemed completely lifeless and lay limply in a fetal position on his mother's lap as the session opened. He refused to participate verbally but signaled through slight bodily movements that he was alert and aware of the session's activities.

The couple expressed great worry and helplessness regarding the boy's condition and were at a loss to find rational explanations for his behavior. With his extremely passive yet dramatic symptoms, the boy became the central focus in the family, and all discussion centered around him and his mysterious condition.

Early in the first session, the therapist defined the boy's behavior as that of a baby. She stated that he was in no shape to be such an intense focus in the family and carried him out of the therapy circle, placing him in a deep chair in another part of the room. There she instructed him to rest "as babies do" and make sure he avoided being "strained" by the adult conversation.

The boy complied with these instructions for several minutes. Without him as a central figure, the previously highly activated energy level of the parents seemed to plummet. In this situation, they appeared emo-

tionally vulnerable. When the therapy activity moved toward the adult unit, the boy began to stir in his chair, make noise, and finally call out his desire to be placed back into the circle. He was returned, and his presence obviously was a great relief to his parents. The boy clearly regulated the emotional climate in the family.

In the next session, the earlier pattern was reproduced. Despite his refusal to speak, the boy was again central, and the parents comfortably resumed their engagement in "figuring out" his inconsistent symptoms. The family culture thus projected a clear picture of frozen, dysfunctional harmony. As the center, the boy non-verbally sanctioned family behavior by nodding or shaking his head and by using other bodily gestures. In this manner, he indicated which topics were allowed or prohibited and received perfect compliance from his parents. Topics focused on him and his symptoms were permitted, but when therapy activity moved toward the spouse relationship, he diverted attention back to his own situation.

The therapist then moved a chair into the middle of the circle, placed several pillows upon it, and lifted the boy atop these. She declared the chair to be his throne. She then fetched a plastic, golden crown from an adjacent playroom, placed it atop the boy's head, and pronounced him the chosen king of the family realm. He was, she said, extremely mighty and possessed unlimited power. It was his job as king, she added, to maintain happiness and harmony in the realm. His most important task, however, was to protect his subjects from harm: especially the kind of harm they might inflict upon one another. The therapist then turned to the rest of the family and asked them to show respect and complete compliance with the wishes of their chosen king.

The coronation ceremony produced complete silence in the room. This lasted briefly until the boy threw himself on the floor and cried out that he did not want to be king of the family any more. The therapist re-

peated the pattern toward the parents and followed to an ordinary

The mother was not always available and who was that the boy was strange was and her husband

At the first reported that home when and followed "secret" en by the par- sions, the interrupted.

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peated the boy's statement, directing it to-  
ward the parents. Then the boy was lifted  
to an ordinary chair next to his sister.

The mother then commented that it had  
not always been clear who were parents  
and who were children in the family and  
that the boy had become responsible in a  
strange way for the well-being of herself  
and her husband.

At the following session, the parents re-  
ported that the boy had been walking at  
home when no one could see him. In this  
and following sessions, many tabooed and  
"secret" emotional themes were brought in  
by the parents. In contrast to previous ses-  
sions, the boy now participated but did not  
interrupt. One theme involved multi-gen-  
erational conflicts, many concerning rever-  
sals of parent-children roles. Another  
theme was a constant fear in the family  
that "unpleasant" topics might cause a ner-  
vous breakdown for the mother. In her  
youth she had suffered from paralysis of an  
unknown nature that was accompanied by  
what the family referred to as a nervous  
breakdown; they believed it could reoccur  
at any time. In addition, the family had  
recently experienced a series of cancer  
deaths in the extended family that they had  
chosen not to talk about. The mother re-  
ported that she had cancer fears of her own  
at that time but had chosen to keep these  
secret and help in this way to maintain a  
worry-free family. Her fears had disap-  
peared, however, with the onset of the son's  
mysterious illness.

At one of the postcoronation sessions,  
while these themes were being related, the  
boy reported a dream. In it, he saw his  
mother being carried away by a raging  
river. He stood immobilized on the bank,  
unable to help her, as she was cut and  
wounded by the stones in the river. The  
mother associated this dream to her own  
realization that she could no longer be re-  
sponsible for her own mother's happiness.  
She also reported that for the first time in  
her life, she had been able to confront her  
mother without feeling "lamed" by guilt.

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Shortly after this session, they boy re-  
gained strength in his legs and began to  
walk again. As therapy proceeded, focusing  
more on the parental dyad and with the  
children present and participating, the boy  
returned to school and soon regained his  
position as captain of the school soccer  
team.

In this family culture, the lameness of  
the son appeared to be a material manifes-  
tation of the arrested feelings of grief, anx-  
iety, and helplessness embedded in the ide-  
ology borne by family members. Histori-  
cally, some of these ideational configura-  
tions seemed to represent frozen reproduc-  
tions of transgenerational culture patterns.

The ritualistic intervention initially  
served to display the omnipotence of an  
almost royal grandeur previously implicit  
in this boy's role as symptom bearer and  
"savior" of the family's happiness. By mag-  
nifying this role through verbal description,  
the therapist ritualistically engaged the  
family system in a manner outside its ex-  
perience. The coronation functioned in this  
way as a kind of surgical instrument. It  
penetrated the family defenses and dislo-  
cated the locked nexus between ideology  
and material inaction pathogenically pro-  
tecting the culture bearers against pain and  
potential destruction. The ritual served as  
the first of a series of transformations of  
oppositions in the family system. The ri-  
tualized transition of the lame child to the  
status of the omnipotent king appeared to  
serve as a catalyst for a chain of these  
oppositional reactions in the culture. Osten-  
sibly the elevation of a commoner to the  
status of royalty, the ritual also functioned  
in another way as a degradation ceremony.  
Rather than moving the boy's status up-  
ward, the coronation forced sacred, secret,  
and tabooed ideology downward. In this  
way, these ideational elements became pro-  
faned through exposure and lost the po-  
tency incorporated into their sacred and  
unmentionable character. These and other  
processes of oppositional transformation in  
the family system eventually produced a

generalized thawing-out of ideology and action relationships inherited in part from an earlier generation of culture bearers.

### Conclusion

The theoretical and practical implications of this cultural approach to family therapy will be described in greater detail in a forthcoming report. The aim in this paper, however, has been the presentation in outline form of a conceptual model for family practitioners: a paradigm framed in anthropological terms and aimed at an understanding of the therapeutic encounter between two human systems.

In summary, this model suggests how a cultural reading of family systems, therapeutic magic, and the ritual license of the therapist can provide a multifaceted dialectical strategy for the inducement of culture change in families. In practice, it is a strategy involving the ritualistic dislocation of the static relations of mutually reproducing ideology and material action locking families in place. By inducing thawing effects of these relations, these kinds of interventions appear to allow the helix-like dynamics of the dialectic between the two planes of familial culture to resume operation.

The model incorporates as well a synthesis in a holistic format of phenomena already included in the working vocabularies of many family therapists. By attempting to integrate older ideas of family culture and therapeutic magic with more recently developed understandings of ritual and myth (3, 4, 5, 6, 17, 24, 27, 28, 34), the model has aimed at providing a contextual guide for practitioners endeavoring to induce qualitative transformations of frozen family systems.

Lack of space prevents a thorough discussion of many issues raised by this approach, but there are three areas deserving some attention here. The first is suggested by experience with the penetrating and engaging powers of therapeutic rituals.

In the therapies involving the funeral and coronation ceremonies as well as others not

described, family members volunteered dream reports in postritual sessions. Nearly all of these dreams reported in symbolic terms systems in transition from stagnant and lifeless states to those featuring dynamic and growing relationships. The dreams portrayed change in near classic, rites-of-passage frames: separation, transition, and incorporation into newer and more dynamic systems (31). The pattern of postrite dream reportage suggests that therapeutic rituals possess considerable power. They may go beyond the penetration and engagement of the material-ideational nexus of the family culture and extend into the preconscious and subconscious processes of individual culture bearers.

A second issue raised by experience with this approach involves what may be understood as the "deeplying" structure and dynamics of familial culture. Dialecticians have long argued that an entity will be transformed into its opposite if pushed far enough. In the examples presented here, as well as in other therapies, the use of ritual appears to do this. Family cultures exposed to the penetration, engagement, and intensification of these instruments often appear to undergo processes analogous to the flipping of a coin. The emergence, often in full bloom, of family culture representing an opposition to the preritual system suggests that the composition of such entities may be, as dialecticians would have it, an identity of opposites. The evidence from cultural approaches to the family in therapy accumulated thus far is, of course, inconclusive. It suggests, however, that each family system may have a deep-lying underside comprised of elements in opposition to its foreside. If that is indeed a true picture, effective therapy with family systems may be, in operation, a process of oppositional transformation.

Finally, experience with the cultural approach in therapy appears to reconfirm an understanding of magic and its relation to the human condition first formulated by

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Levi-Strauss (19). In his classic structural anthropological treatment of shamanistic magic, he concluded that effective magic ultimately transforms human reference frames involving the signifying and the signified. The successful magician, according to this formulation, is one providing the patient with a synthesized and new system for integrating the previously contradictory elements of these two systems.

Translating this into the terms and evidence of the cultural approach suggests that effective magic in the family therapy situation ultimately provides culture bearers with a new system. This is a culture borne by family members who have experienced a transformation of previously locked and stalemated relations between material behavior (the signifying) and ideational behavior (the signified) of their system. Change has occurred and the relations between these planes are again operating dialectically and adaptively for the bearers of the family culture.

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