**Chapter 1 the Dallos and Draper**

**Chapter 1- The first phase – 1950s to mid-1970s**

**Cultural landscape**

Appropriately for a psychotherapy based on the idea that the whole is greater than the sum of its parts, there were a range of developments in psychology, communications, psychotherapy and elsewhere which prompted the development of systemic theory and therapy, and no one person or event can be credited as its author. Some of these developments were as follows:

Dissatisfactions with the effectiveness of psychoanalytic and other individual therapies, especially in relation to severe clinical problems such as schizophrenia.

The emergence of general systems theory as a model and its application to research on human interaction.

Research into the role of communication in the development and maintenance of severe intractable clinical problems such as schizophrenia.

The evolving practice of child and marital guidance which brought parts of families together and started to shift the exclusive emphasis from individual treatments.

The development of group psychotherapies which revealed the powerful therapeutic impact of bringing people together to communicate about their difficulties.

Indications that psychoanalytic approaches could even lead to an escalation of the problems. Jackson (1957), for example, described how working in a psychoanalytic way with a woman on her own resulted in the deterioration and eventual suicide of her husband, leaving the woman in a considerably more distressed state than at the start of therapy.

The focus in intrapsychic work on historical factors deeply embedded in the psyche tended to ignore the possible contribution of factors such as the current circumstances, especially interpersonal problems and conflicts that might have had a contributory effect.

Recognition of resistance, where psychoanalytic approaches had noted that patients were frequently ‘resistant’ to change. This was seen in terms of the depth of their anxieties and subsequent defensive mechanisms excluding the possibility that change for a person involves changes in their relationships and the roles that others play in their lives.

Considerations of cost-effectiveness – perhaps one of the most straightforward critiques was that intrapsychic approaches tended to be very long term, time consuming and therefore expensive. In the context of limited public funding of healthcare this tended to preclude treatment of large numbers of people.

Influential people and ideas Seeds of systemic and family therapy Early systemic ideas appear to have developed and evolved along two pathways. The start of systems theory and cybernetics – a term coined by Norbert Wiener (1961) from the Greek word for steersman – dates back to the Macy conferences in New York in the 1940s, which were attended by scientists, engineers, mathematicians and social scientists with a strong interest in communication and control. The interests were partly theory concepts to biological systems. Walter Cannon (1932) had earlier suggested the concept of dynamic equilibrium to explain how the body is capable of maintaining steady states despite external changes. For example, despite large changes in external temperature, we are capable of maintaining body temperature very close to 98.6 (37 °C). Similarly, the body is able to maintain an optimal level of blood sugar, light into the eyes, arousal of the central nervous system, balance of various hormones, and so on. However, though biological systems can be described in similar ways to mechanical systems, it is important to note some differences and confusions about these that have plagued early systems theory thinking in family therapy. In fact, it is possible that the elegantly simple mechanical metaphor used in early discussion, such as a central heating system, subsequently caused an oversimplistic view of families:

1 Biological systems, unlike mechanical ones, are not artificial but are designed through processes of natural selection. Hence they have evolved within and in response to the demands of the external environment in which they are located.

2 Biological systems are fantastically complex, and we have at best an approximate idea of how they work. It is only possible to develop approximate explanations which have the status of inferences, not absolute knowledge.

3 Biological systems have the capacity to evolve and change. This can be in the short term in that systems can make adaptations, for example we can acclimatize to colder or warmer climates. In the long term, through natural selection, more fundamental adaptations may be made.

4 Biological systems have a developmental process and history and the environment impacts on the basic design or phenotype to influence the development of the system.

5 In mechanical systems the patterns displayed are determined by the designer; in biological systems we do not determine the patterns but merely observe them. This observation in itself is an active process and different observers may see different patterns, for example at different levels of the biological system – its behavior , overall macroscopic structure, microscopic structure, chemical and electrical activity, and so on.

**Key people, places and events (bird’s-eye view)**

Early family theorists, researchers and therapists focused in the 1950s on the study of schizophrenia in the context of family relationships. The intellectual soil out of which this work grew can be traced to the Josiah Macy Foundation conferences in the 1940s, at which leading scientists, engineers, mathematicians and social scientists of the time explored issues of communication and control. Ludwig von Bertalanffy, a biologist, proposed a general systems theory as an attempt to develop a coherent theoretical model which would have relevance to all living systems. He believed that the whole is greater than the sum of its parts, and that in order to understand how an organism works we must study the transactional processes occurring between the components of the system and notice emerging patterns and the organized relationships between the parts. Norbert Wiener, a mathematician, coined the term cybernetics and was especially interested in information processing and the part feedback mechanisms play in controlling and regulating both simple and complex systems. For Wiener, cybernetics represented the science of communication and control in humans as well as in machines. William Buckley, a social scientist, proposed that human relationships could be seen as analogous to a ‘system’ in that groups of families could be viewed as a set or a network of components (people) which were interrelated over time in a more or less stable way. Another influential author was Korzybski, who in 1942 published Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics. His now famous phrase, ‘the map is not the territory’, was used by Gregory Bateson as he developed ideas of the importance of both content and process in human communication. Bateson, an English-born anthropologist and ethnologist, recognized the application of these mathematical, engineering and biological concepts to the social and behavioural sciences and introduced the notion that a family could be viewed as a cybernetic system, particularly since by assuming social systems, like physical and mechanical systems, were rule governed, both the uniformity and variability of human behaviour could be accounted for. Although the family was only one of many different types of natural system that interested Bateson, he is credited with providing the intellectual foundation for the field because of his ideas and studies of patterns and communication. In 1952 Jay Haley and John Weakland joined Bateson to study (with a Rockefeller Foundation grant) patterns and paradoxes in human and animal communication. In 1954 Don Jackson joined their research team and (with a Macy Foundation grant) they studied schizophrenic communication patterns and in 1956 published the seminal text ‘Towards a theory of schizophrenia’ (Bateson et al. 1956). He was also the first to formally and elegantly articulate the model of families as operating in an analogous way to homeostatic biological systems in his paper ‘The question of family homeostasis’ (Jackson 1957). In the late 1950s other now well-known family therapy pioneers were studying schizophrenia. Carl Whitaker in Tennessee was developing with colleagues a psychotherapy of chronic schizophrenic patients. Lyman Wynne and colleagues were developing ideas about pseudomutuality in the family relationships of schizophrenics. Murray Bowen in Washington proposed an approach to schizophrenic families based on the idea of emotional divorce between members. Theodore Lidz in Baltimore was looking at ‘marital schism’ and schizophrenia. Ronald Laing in England was proposing that schizophrenic family members were the most sane members of a family system. Ivan Böszörményi-Nagy in Philadelphia (newly emigrated from Hungary) was also researching into schizophrenia. In Massachussetts, New York and London respectively, John Bell, Nathan Ackerman and John Bowlby were working with families who had problems other than a schizophrenic family member. The end of the decade saw Don Jackson found the Mental Research Institute (MRI) in Palo Alto (1959). Nathan Ackerman created the Family Institute in New York in 1960 (renamed the Ackerman Institute after his death in 1970). By the end of the 1960s Virginia Satir at MRI was recognized as a pioneer in the field with her ‘unshakable conviction about people’s potential for growth and the respectful role helpers needed to assume in the process of change’ (Simon 1992). Salvador Minuchin et al. had published Families of the Slums (1967), and Minuchin became director of the Philadelphia Child Guidance Clinic. Jay Haley worked there with him from 1967. The Brief Therapy Project was begun in 1967 at MRI, and Don Jackson died suddenly in 1968. In Europe, Robin Skynner was creating the Institute of Family Therapy in London and a systems group was developed in the Department of Children and Parents at the Tavistock Clinic, London. In 1969 Sue Walrond Skinner founded the Family Institute in Cardiff. Mara Selvini Palazzoli had begun with colleagues in Italy to look beyond psychoanalysis for a model to work with anorexic and schizophrenic patients and their families. Helm Stierlin in Germany was looking at ‘the family as the patient’. This phase saw, in the early 1970s, distinct schools of family therapy emerge: structural (Salvador Minuchin); strategic (Jay Haley and Cloe Madanes); communication and validation (Virginia Satir); existential (Carl Whitaker); family of origin (James Framo and Murray Bowen) and more – all of which supported the interventionist role of the therapist.

It is possible to list further differences but these point to some important issues, perhaps one of the most fundamental being that mechanical systems are fully determined and predictable, whereas with biological systems we can only develop hypotheses or inferences. Put simply, human and biological systems are infinitely complex. The seeds for the evolution of systemic and family therapy probably germinated simultaneously but at first relatively independently in a number of different settings. Significantly, though, the emergence of family therapy, its guiding theories and practice, was rooted in research. The failure of psychoanalytic and other psychological treatments for serious conditions, such as schizophrenia, led to funding for research into its causation. In turn this research suggested that communication played a strong role in its aetiology and this led to explorations in therapy with families to provide further research data (Lidz et al. 1957; Wynne et al. 1958; Haley 1962; Bateson 1972). Initially the process of family therapy was in itself seen as a form of research and as providing a rich vein of new and significantly different types of interactional evidence. There is a story that the development of the attempts at family therapy resulted from a misunderstanding. John Bell, one of the unsung pioneers of family therapy, is said to have overheard a casual remark while visiting the Tavistock Clinic in London in 1951 that John Bowlby (1969), a prominent psychoanalyst and researcher into childhood emotional attachment, was experimenting with group therapy with entire families. Bell assumed from this that Bowlby was undertaking therapy with families regularly, and when he returned to the USA this idea inspired him to develop methods for working therapeutically on a regular basis with entire families. In fact Bowlby only occasionally held a family conference as an adjunct to individual therapy with the ‘problem child’. Bell started his ‘family therapy’ in the early 1950s but, possibly because he was relatively unambitious and modest, did not publish a description of his work until 10 years later (Bell 1961). This story also indicates the central position that an exploration of communication came to occupy in family therapy. It also suggests, though this has been less emphasized, that even misunderstandings can have creative effects. Systemic thinking – from intrapsychic to interpersonal One of the most enduring contributions of systemic thinking has been to offer a view of problems and ‘pathology’ as fundamentally interpersonal as opposed to individual. Systems theory offered a compassionate view of individual experience but also a reductionist and possibly mechanistic one. Regarding symptoms as interpersonal helped to liberate individuals from the oppressive and pathologizing frameworks that had predominated. Particularly for children and other disempowered family members, it offered a lifeline from the double abuse of being oppressed by the family dynamics and simultaneously being stigmatized for the consequences experienced. More broadly, the view of individual experience shared with other theories, such as symbolic interactionism, emphasized the centrality of relationships, communication and interaction for the development of identity and experience. Furthermore, it suggested that identity, personality, the self is malleable; individual experience was continually being shaped. People are not prisoners of their pasts, as psychodynamic and to some extent behavioural theories had implied. Systemic thinking suggests that as family dynamics change, so individual identity and experience can change alongside it. Certainly early theorists were not blind to the importance of individual experiences of family members, but nevertheless such individual experience took a back seat in theory and clinical formulations. Each family member’s identity and experience appeared to be determined by their part in the pattern and as a consequence this led to some confusion around the question of individual autonomy and responsibility. The spotlight of problem explanation moved from the narrow beam that had focused on the individual to a broader one that illuminated the rest of the cast. Eventually it became clear that this spotlight needed to be widened further to consider who was holding the spotlight and where and why the play was being staged. This shift was a profound one and shook the psychiatric establishment to its roots, as well as much of psychology and other person-centred sciences. Problems and ‘pathology’ which had hitherto been regarded as individual phenomena came to be viewed as resulting from interpersonal processes. Early formulations promoted the idea of functionalism, which had also gained ground in behavioural theories of pathology. This rested on the idea that problems could only arise and survive if they offered some form of gain for members of the family. Work with children provided some of the clearest illustrations and applications of a systemic model. It was suggested, for example, that a child’s problems might have developed from her response to her parents’ escalating quarrels, for example by her becoming upset or ill. Eventually these actions would function to distract the parents from their own conflicts to show concern over the child. If this process continued for some time the family might come to, in a sense, ‘need’ the child to be ill or deviant in order to continue to distract or detour the conflicts between the parents (see conflict detouring, page 36). Such an analysis came to play a central part in early systemic and family therapy and became increasingly sophisticated as it was realized that the analysis needed to include all of the family members, so, for example, a functional analysis might also suggest that the child’s symptoms would eventually confer some power and privileges on the child. Systems theory – biological analogy Using a biological analogy, systems theory proposes that various activities of the body are composed of interconnected but distinct systems of components that operate together in an integrated and coordinated way to maintain stability (von Bertalanffy 1968; Bateson 1972). This coordination is achieved through communication between the components or parts of the system. To take a simple example, the regulation of body temperature involves an interaction between the sweat glands and perspiration, physical activity, breathing rate and control mechanisms in the brain. These components act together (much like a thermostat) to maintain the temperature of the body within tolerable and ‘safe’ limits. Very simply, a system is any unit structured on feedback (Bateson 1972). More fully, a system is seen as existing when we can identify an entity made up of a set of interacting parts which communicate with and influence each other. The parts are connected so that each part influences and is influenced by each other part. In turn these continually interacting parts are connected together such that they display identifiable coherent patterns. These overall patterns are not simply reducible to the sum of the actions of the individual’s parts – a system is more than simply the sum of its composite parts. It is the observed pattern that connects the parts in a coherent and meaningful way. Aspects of mechanical models were also applied to families, with Jackson (1965a) suggesting that a family was similar to a central heating system in that it operated on the basis of a set of rules, with deviations from these rules being resisted. For example, there might be a pattern of interaction which featured an escalating conflict between mother and daughter during which the father would withdraw in exasperation. Eventually the mother would turn to him in anger, accusing him of not helping or joint construction of actions and meanings. It is not possible therefore to fully predict how two or more people will interact, how they will get on, what sort of relationship will emerge. The nature and development of the relationship are seen as emergent and evolving rather than as determined by the individual characteristics of the people involved. Each and every interaction is therefore seen as to some extent unique even though it may superficially appear to share similarities with other relationships. Circularities Systems theory stresses the interdependence of action in families and other relationships. Each person is seen as influencing the other/s and their responses in turn influence them, which influences the first person’s responses and so on. Any action is therefore seen as also a response and a response as also an action. Watzlawick et al. (1967, 1974) coined the term circularities to capture these essentially repetitive patterns of interaction. This represented a fundamental shift from how relationship difficulties had previously been explained. In effect the question of looking for a starting point – who started it – is seen as unproductive. Even if we can identify who appeared to start a particular family sequence (such as an argument), this may in turn have been a response to a previous episode. Related to this is the common pattern found in families and other relationships, when, as a result of an escalating conflict between two members, a third person is drawn in. This may occur at a largely unconscious level so that all of them may be unaware that the third person is repeatedly involved in this way. These repetitive patterns, these circularities, stress a continual, mutually determined pattern of action over time. The following exchange is a common circularity identifiable in many families: Sandra: Diane [mother]: Sandra: Diane: John [father]: Diane: John: Diane: John: Diane: Can I stir that, Mummy? Not just now, be careful, you’ll burn yourself. [climbing on to a chair near the cooker] What’s that? Can I put some sugar in? You can cut up some pastry, don’t drop it . . . all right, don’t worry, don’t wipe it, we’ll use some more . . . [exasperated] John, do you think you could do something with Sandra? Doesn’t she want to help you? Look, she is going to burn herself . . . I’ve asked you before. Come here, Sandra, get down . . . let’s go out to the workshop, we can do some hammering. [Ten minutes later, Diane thinks she has heard Sandra cry and comes to the workshop.] Oh god, John, she’s cut her can’t you see? I thought you’d watch her. It’s just a scratch. She’s OK . . . I couldn’t get this screw out. It’s all right sweetie. Come on, I’ve made some more pastry. finger, The behavior of this family can be seen to be repetitive and we can predict how they might interact in a variety of different situations, such as bedtime, bathing, going to the park and so on. The presence of these regularities in behavior makes it look, to an outsider, as if the family is following a set of rules which seem to be necessary to maintain some form of equilibrium ( Jackson 1957). As observers, we can see regularities in the actions of members of a family and we can go on to infer a set of rules that might give rise to such regularities. These are, however, only inferences in the minds of us as observers. The examples in Figure 1.1 illustrate the different ideas of causation inherent in systemic thinking. Participants in the relationship may explain their own and each other’s actions in linear terms, as in Figure 1.2. Within a circular explanation each partner’s behaviour in the examples in Figures 1.2 and 1.3 is maintained by the actions of the other. So John’s inability to express his feelings may serve to fuel Mary’s demands for a show of feelings and affectionate behaviour which in turn leads to more of the same from John. Likewise, Mary’s dependent actions and demands may serve to fuel attempts by John to withdraw and become detached. Linear explanations are often couched in terms of invariant personality traits, such as John’s avoidant or introverted personality, or Mary’s dependency. Whether Mary is more or less insecure than other people is less relevant than the fact that her level of insecurity may be maintained by the interaction between herself and John. Likewise, John’s level of detachment is maintained by Mary’s seemingly demanding behaviour. Although the gender positions reflected in these examples may be reversed in some couples, these are common gender patterns. This suggests that, though interpersonally maintained, such cycles are also shaped by dominant cultural gender roles. Bateson (1972) employed evolutionary metaphors to argue that biological and human systems developed on basic stochastic or ‘trial and error’ processes. Thus a family system is seen as continually adapting to its ecological context. That is, a family is situated within its extended family network, the local community and culture which place various and shifting demands upon it. A variety of actions or responses may be emitted as a response, but only some fit the demands and are allowed to endure. A typical example is of a young couple with a new baby experiencing various pressures and conflicts where a variety of actions may emerge, such as the couple avoiding each other, arguing, talking to others, the baby becoming distressed, crying, sick, not sleeping. Distress in the baby may have the effect of temporarily distracting the couple from their conflict but may evolve over time into a pattern whereby the distress in the baby functions to stabilize the family system. Arguably systems theory is essentially a theory of stability rather than change and development. The models describe how patterns can be maintained and suggest that once patterns are established homeostatic tendencies compel a system to remain the same.

**Triads, triangulation and conflict detouring**

A key step in the development of systems theory was to move from a study of individuals and pairs to an exploration of triads (three-person interactions). An analysis of the dynamics of triads helped to illustrate how the twin concepts of closed and open systems could operate side by side in such a way that overall a stability or homeostasis could be preserved. For example, escalating conflict (open system) in a pair might be offset by the involvement of a third person. Such a repetitive dynamic could thereby preserve stability (closed system). In effect, such a system displays a rule along the lines of ‘if the conflict between two persons escalates beyond a critical point then involve the third person to restore stability’. Importantly, it was suggested that if the involvement of the third person was through a symptom then the system overall was functioning so that this symptom helped to maintain the balance or homeostasis of the triad: When therapists observed that what one spouse did provoked the other, who provoked the first in turn, they began to see that a dyad was unstable and it required a third person to prevent a ‘runaway’. For example, if two spouses competed over who was most ill, total collapse could only be prevented by pulling in a third party. Rivalrous quarrels that amplified in intensity required someone outside the dyad to intervene and stabilize it. If a third person is regularly activated to stabilize a dyad, the unit is in fact not a dyad but is at least a triad. With this view, the unit becomes a unit of three people. Similarly if a husband and wife regularly communicate to each other through a third person, the unit is three people instead of a married ‘couple’. (Haley 1976a: 153) Similar triadic patterns can occur in other, various relationships, for example between colleagues or friends, as shown in Figure 1.4. Mary, a young assistant, may respond to the conflicts between her superiors Bill and Ted by making some minor errors and becoming emotional herself. Her ‘symptoms’ may temporarily distract the men from their conflicts. The focus may then move to Mary and ‘her problems’, leading the men perhaps initially to try to protect her and possibly accuse each other of upsetting her. However, if they are stressed, overtired and irritable, they may it hard eventually to avoid blaming her for being ‘overemotional’ or ‘weak’. Mary’s distress consequently may escalate to the point where she develops a ‘problem’, perhaps taking time off work, and so on. The focus of the difficulties may now move firmly to Mary’s problems, perhaps even more generally about the ‘difficulties of working with women’, ‘women’s high level of emotionality’, and so on, and the conflict between Bill and Ted becomes submerged, except perhaps over disagreements about how to deal with the situation, whether Mary should be replaced and so on. A person in a conflict detouring position becomes drawn into the relationship between another two people but then their involvement can also serve to prevent resolution of their underlying problems and conflicts. Related to the emotional processes are likely to be changes in perceptions, for example Bill and Ted above come to see themselves as similar, that is, as male, less emotional and more free of problems than Mary. In social interaction the functioning of groups of people made up a pattern, a meaningful whole which was greater than the sum of its individual parts. By analogy, family dynamics are like a piece of music or a melody which we hear as a combination of notes but where each individual note gains its meaning in the context of the others – the total gestalt or whole. The concept of homeostasis was employed to describe the tendencies of systems to preserve a balance or stability in its functioning in the face of changing circumstances and demands. A system was seen to display homeostasis when it appeared to be organized in a rule-bound, predictable and apparently stable manner. As an example Hoffman (1976: 503– 4) cites a triadic family process: The triangle consists of an ineffectively domineering father, a mildly rebellious son and a mother, who sides with the son. Father keeps getting into an argument with son over smoking, which both mother and father say they disapprove of. However, mother will break into these escalating arguments to agree with son, after which father will back down. Eventually father does not even wait for her to come in; he backs down anyway. A pattern of actions can be discerned here, but how do we draw this as a system? One version might be to focus on the smoking as the trigger, which, when it is perceived, leads to the activation of a set of beliefs and rules leading to further actions (see Figure 1.5). However, there are potentially an infinite number of other ways we could describe this system, for example focusing on father’s level of dominance, or the level of collusion between mother and son, or even on the son as a system – his nicotine intake, arousal level, level of addiction, and so on. A system is not static but always in motion, ever changing. In the example above, what we are seeing, arguably, as homeostasis is patterning over time. We can even call this a narrative or story about how these people interact over a period of time. However, during this period the system will look different at any given point, that is, the son does not always have a cigarette in his hand, at times the parents are not discussing his smoking but doing something totally different and unconnected to it, going to work, making love, and so on. No behaviour, interaction, or system . . . is ever constantly the same. Families, for example, are perpetual climates of change – each individual varies his behaviour in a whirlwind of interactional permutations . . . a ‘homeostatic cycle’ is a cycle that maintains constancy of relations among interactants through of their behaviour. fluctuations (Keeney 1983: 68, 119) Rules, pattern and process Families do of course have explicit rules, such as the children’s bedtimes, manners at the dinner table and so on, but the more interesting rules were seen to be the implicit ones that we, as therapists, could infer, for example, that when the mother scolds her son, the father usually pretends to go along with it but subtly takes the boy’s side. The smoking example given earlier can be seen to contain a covert rule that the mother will take the boy’s side in family arguments even over issues where she actually agrees with the father. However, we could suggest various alternative rules depending on where we choose to look, such as the fact that contact between the boy and his father is initiated through his smoking. In practice what constitutes a system is always a construction, a belief or an idea in the mind of the observer. Keeney (1983) had suggested that within a cybernetic epistemology we can depict a family in terms of as many cybernetic systems as we can formulate distinctions about the system. Which view we adopt is partly a question of choice and usefulness. However, some versions may certainly appear to make more obvious sense than others. Feedback The concept of feedback, as applied to human systems, encapsulates the idea of reflexivity – a system has the capacity to monitor or reflect on its own actions. It is possible to build simple mechanical systems to demonstrate some adaptability (for example, a central heating system) but in human relationships the notion of a system contains the idea of assessing what the needs of a particular situation or relationship are and adjusting to deviations from attaining these. Feedback is a method of controlling a system by reinserting into it the results of its past performance. If these results are merely used as numerical data for the criticism of the system and its regulation, we have the simple feedback of the control engineers. If, however, the information which proceeds backwards from the performance is able to change the general method and pattern of performance, we have a process which may be called learning. (Wiener 1967: 84)

An important point to note, though, is that because people in a relationship are capable of reflexivity this does not mean that the most effective, functional or ‘healthy’ course of action is always pursued. The experience of various forms of therapy reveal that insight into problems does not always guarantee the ability to change them. As we will see later, reflexivity is based upon a set of underlying premises or beliefs that we hold and these may function in a self-fulfilling way so that problems are maintained or even aggravated. Family coordination through communication Returning to a biological metaphor, systems theorists suggested that the body could be seen as a set of components which operated together in an integrated and coordinated way to maintain stability (see also homeostasis, p. 41). The coordination was seen to be achieved through communication between the components or parts of the system. Bateson (1958) was one of the first to suggest that a variety of social relationships, rituals, ceremonies and family life could be seen as patterns of interactions developed and maintained through the process of feedback. This became a key concept in family therapy, namely, that some information about the effects or consequences of actions returns to alter subsequent action. Rather than focusing on how one event or action causes another, it was suggested that it is more appropriate to think of people as mutually generating jointly constructed patterns of actions based on continual processes of change. Double-bind concept The influence and importance of family communication sequences was highlighted by Bateson and his colleagues in their research on the causes of schizophrenia. They asked in what context schizophrenic behaviour would make sense. One of the answers they proposed was that it made sense in an interpersonal context characterized by repeated contradictory and confusing communications. In particular, they employed the concept of levels of communication and ‘logical types’ to explain the nature of some characteristic forms of communication that were apparent in the families of young people with a diagnosis of schizophrenia. The following is a now famous example cited by Bateson (1972: 216). A young man who had fairly well recovered from his acute schizophrenic episode was visited in the hospital by his mother. He was glad to see her and impulsively put his arms around her shoulders, whereupon she stiffened. He withdrew his arm and she asked, ‘Don’t you love me any more?’ He then blushed, and she said, ‘Dear, you must not be so easily embarrassed and afraid of your feelings.’ The patient was able to stay with her only a few minutes more and following her departure he assaulted an aide and was put in the tubs. Relationships are seen to proceed through successive attempts to make sense of what is happening. At times people communicate directly about this by phrases, such as ‘what do you mean?’, ‘you don’t seem too happy about that’, and so on. A feature of the double-bind phenomenon is that such meta-communication is not allowed, apparently due to unconscious fears of provoking anxiety. ‘According to our theory, the communication situation described is essential to the mother’s security, and by inference to the family homeostasis’ (Bateson 1972: 221).

**Meta-communication**

Communication takes place at two levels – at a surface or content level, and at a meta-communication or qualifying level. These higher-order communications or meta-communications play a significant role in managing relationships (Watzlawick et al. 1967, 1974). In fact this multilayered appraisal may be one of the distinguishing features of long-term relationships. The reflexivity or meta-communication in a relationship system can be seen to be at ascending levels, with each higher level defining those below. Bateson subsequently revised the double-bind theory to suggest that the process is a reciprocal one, with the child also engaged in double-binding communication. Even less attention appears to have been paid to Weakland’s (1976: 29) suggestion that it can in fact be seen as a three-person process: ‘The three-person situation has possibilities for a “victim” to be faced with conflicting messages in ways that the inconsistency is most difficult to observe and comment on that are quite similar to the two-person case.’ At a verbal level parents may express unity – ‘we want you to be independent’ – but may negate this by how they individually express this message to the child or how they act, that is, overt agreement and covert disagreement. For example, there may be an overt message from the father that he disapproves of hostility and that everyone in the family is happy. Though appearing superficially to support this, the mother frequently criticizes the father’s dislike of physical activities. Further, she may offer justification for her difference to him, not in terms of her disagreement with him but in terms of a ‘benevolent’ interest in the welfare of the children – thereby laying responsibility for parental differences of opinion on them. Weakland (1976: 33) offers the following example of a family with a schizophrenic son: The father and mother insisted for some time that they were in agreement on all matters and that everything was right in their family – except of course, the concern and worries caused by their son’s schizophrenia. At this time he was almost mute, except for mumbling ‘I dunno’ when asked questions. During several months of weekly family interviews, the therapist tried to get the parents to speak up more openly about some matters that were obviously family problems, such as the mother’s heavy drinking. Both parents denied at some length that this was any problem. At last the father revealed himself and spoke out with only partially disguised anger, accusing his wife of drinking so much every afternoon with her friends that she offered no companionship to him in the evenings. She retaliated rather harshly, accusing him of dominating and neglecting her, but in the course of this accusation she expressed some of her own feelings much more openly and also spoke out on the differences between them . . . In the following session the son began to talk fairly coherently and at some length about his desire to get out of hospital and get a job, and thereafter he continued to improve markedly.

**Open and closed systems**

An open system is one with boundaries that allow a continuous of information to and from the outside world, while a closed system is one with more rigid boundaries that are not easily crossed. Early theorists (Jackson 1957; Bateson 1972) suggested that relationships could be described as reflexive systems which operated on the basis of two types of feedback: open systems, in which feedback serves to produce escalation (for example, an argument between two people which runs out of control and leads to physical conflict and perhaps the termination of a relationship); and closed systems, which employ feedback to correct any deviations from a setting or a norm. The latter therefore tend to reinforce stability and the maintenance of existing patterns. In order for a relationship to function or be viable as a social unit, it needs to show both patterns. Functioning as an open system allows change and adaptation to alterations inside or outside the system (as long as the escalation did not proceed so far as to destroy the system). Alternatively, a system that is rigidly closed would be unable to adapt to new demands and changes in the environment. In order for a relationship to function or be viable as a social unit, it needs to contain and be able to alternate between these two patterns. Functioning as an open system could bring about change and adaptation to alterations inside or outside the system, as long as the escalation did not proceed so far as to destroy the system. Alternatively, a system that was rigidly closed would be unable to adapt to novel demands and changes in the environment. Positive examples of mutual escalation in relationships are also possible, for example mutual joking or sexual arousal or flow flattery.

**Family homeostasis**

The body has an automatic tendency to maintain balance or equilibrium, and this homeostatic tendency can also be seen in family systems. Jackson (1957) proposed that a symptom in one or more of the family members develops and functions as a response to the actions of the others in the family, and in some way becomes part of the patterning of the system. Attempts to change the symptom or other parts of the system were seen to encounter ‘resistance’ since the system operated as an integrated whole and strove to maintain homeostasis. By ‘resistance’ Jackson implied not a conscious but a largely unconscious pattern of emotional responses to change in one or other family member. For example, ‘a husband urged his wife into psychotherapy because of her frigidity. After several months of therapy she felt less sexually inhibited, whereupon the husband became impotent’ ( Jackson 1965a: 10). Jackson (1957) suggested that relationships containing ‘pathology’ could be seen to function as closed systems. These operated so that any change in the symptomatic member would be met by actions in the others which would have the sum effect of reducing, rather than encouraging, change. Despite family members expressing a desire to change, it was argued that in some sense the symptoms had been incorporated into the relationship dynamics and the habitual behaviour in relation to the symptoms served to maintain rather than change the problems. Jackson borrowed the term homeostasis to describe this process and added the idea that relationships could be seen as if governed by a set of largely unconscious rules, which guided people’s actions and embodied the homeostasis.

**Family life cycle**

An influential model of change and development was proposed in the concept of the family life cycle. This emphasized how development and change in families followed common patterns which were shaped by the shifting patterns of internal and external demands in any given society. Families may at times be faced with massive demands for change and adaptation. This may be the result of changes in family composition – the birth of a child, a divorce or remarriage, a death – or perhaps due to changes in autonomy within the family – children becoming adolescents, a woman going back to work after childrearing, retirement. It was argued that the emergence of problems was frequently associated with these life cycle transitions and their inherent demands and stresses. However, less was said about the possible positive effect of external inputs, for example, the arrival of a child possibly uniting a couple or a bereavement drawing family members closer together. Without an analysis of the meanings such events contained for family members, accounts of change tended to be merely descriptive. A key issue for any family was how to maintain some form of identity and structure while at the same time needing to continually evolve, adapt, change and respond to external stimuli. There may also be community demands such as local social upheavals and major cultural changes (see Figure 1.6a). Duvall (1977) extended the idea of the individual life cycle model to the idea of a family life cycle. The implications of this model for the practice of family therapy were set out by Haley (1973) in his book describing the therapeutic techniques of Milton Erickson (see Chapter 2). Haley (1973) describes how Milton Erickson had noted that problems were often associated with critical periods of change and transition in families. For example, psychotic episodes in late adolescence were seen to be related to difficulties for the family over the departure of the young person about to leave and set up his or her own home. Haley described six key stages as critical, transitional stages for families (see Figure 2.6b). Milton Erickson’s concept of family development emphasized a lifelong process of socialization, adjustment and learning within families (Haley 1973). Hence socialization did not end with child-rearing but involved a reciprocal process whereby parents were also continually learning and adjusting to their children. Haley did not expand greatly on the subject, but he does make clear that the model assumes that there exists a common set of values and norms inherent to Western society and to which families are expected to comply. For example, he describes how young people ‘need’ to practise courtship skills in order to successfully find a suitable mate. Disruptions with this process, for example through involvement in family conflicts, can cause problems for the young if it leads to disengagement from their peers. Carter and McGoldrick (1980) have offered some elaborations of the family life cycle model by additionally noting the significance of intergenerational traditions.

They propose a two-dimensional model as shown McGoldrick (1980: 10) describe their model as follows: in Figure 1.7. Carter and The vertical in a system includes patterns of relating and functioning that are transmitted down the generations in a family . . . It includes all the family attitudes, taboos, expectations and loaded issues with which we grow up. One could say that these aspects of our lives are like the hand that we are dealt: they are a given. What we do with them is the issue for us. The horizontal includes . . . both the predictable developmental stresses, and those unpredictable events, ‘the slings and arrows of outrageous fortune’ that may disrupt the life cycle process. flow flow Feminist therapists argued that in fact such patterns represented wider cultural factors, such as expectations about gender roles and opportunities for work outside the family. Attempts to simply fix such patterns in families without due recognition of the cultural factors were seen as potentially oppressive and as implicitly endorsing such inequalities. Most importantly, it was argued that cybernetics often first-order contained, in a concealed form, a range of normative assumptions about healthy family functioning. Structural models most clearly contained assumptions about appropriate organizations, parental control, appropriate closeness and so on. Objective, systemic neutrality, it was argued, was not possible and disguised a range of patriarchal, middle-class, white assumptions (McKinnon and Miller 1987). Practice Structural family therapy At this point, theoretical assumptions were: families are regarded as evolving and capable of change but at any given time a set of rules can be discerned that govern the nature of the family organization. Central aspects of the family organization are seen to be the hierarchical structure – who is in charge, how decisions are made regarding various issues and difficulties which inevitably arise. Particularly significant to this was Minuchin’s (1974) view that clarity regarding decision-making was vital: ‘Salvador Minuchin and his colleagues in the 1960s and 70s made a simple and enduring point about families: that children thrive when parents, or other caregivers, can collaborate in looking after them’ (Kraemer 1997: 47). This fundamental observation has many related strands. For example, it is intimately related to the concept of triangulation, whereby a child may be drawn or invited into the conflicts or distress between parents. Part of the resulting difficulty may be that the child may be enticed to take sides; for example, by taking their mother’s side against the father they may be drawn into an adult role and appear to gain power. As a result the power balance may become skewed, for example with the father opting out or becoming peripheral, and the child increasingly being asked to adopt an inappropriate adult role as opposed to receiving the guidance and support that they may need from their parents. Related structural concepts included the idea of clear boundaries between family members and between subsystems. Most families contain various subsystems, such as the parental/couple subsystem, the sibling subsystem, the grandparent subsystem, adult/children subsystem and other extended family members. Clarity between these different subsystems is regarded as important and a particular problem was seen in cross-generational problems or coalitions, for example where the grandparents exercise inappropriate power over their grandchildren by undermining the parents’ authority and wishes. This theme of clarity about decision-making was also evident in the notion of boundaries. Minuchin (1974) suggested that family members could range from being too close (over-involved or enmeshed) to too distant (disengaged, detached and overrigid) with each other. Enmeshment could be seen in interactions and ways of relating where, for example, a parent continually spoke on the child’s behalf or acted as if they knew more about what a child was ‘really feeling or thinking’ than the child did. At the opposite end, family members could be too aloof and cold towards each so that they had little idea of or apparent interest in each other’s feelings and thoughts. This could lead to a sense of isolation and inability to work together on decisions. Either pattern could be seen to incapacitate the family’s ability to work together, to effectively deal with problems in a consistent and constructive manner.

**Beliefs and structures**

Though structural approaches are seen to be focused on the organizational patterns in a family, these go hand in hand with alterations in the family’s belief systems. In fact, as we saw earlier on page 9, Minuchin gives an example of a family therapy session where he begins by posing a challenge to the father’s (and the family’s) dominant construction of the difficulties as residing in him. When Mr Smith states that ‘I think it’s my problem’, Minuchin immediately contests this saying, ‘Don’t be sure. Never be so sure.’ Minuchin goes on to explain that his statement, ‘Don’t be so sure’, challenges from the outset of the therapeutic encounter the dominant view of the problem as residing in Mr Smith. In fact in defining his theory of change Minuchin (1974: 119) makes it clear that alteration in a family’s beliefs is regarded as fundamental to change: Patients move for three reasons. First, they are challenged in their perception of reality. Second, they are given alternative possibilities that make sense to them, and third, once they have tried out the alternative transactional patterns, new relationships appear that are self-reinforcing. The ways of challenging beliefs, however, may take various forms depending on the apparent ability or otherwise of the family to incorporate advice and insights. In some cases it is presumed that beliefs will only change as an accompaniment to changes in behaviors – seeing is believing.

**Therapeutic orientations**

The fundamental view is that alterations made to the organizational structure of a family will change the symptomatic behaviours. Once the rules of the family system alter, so too will the behaviours; for example, if instead of enlisting a child into coalitions against each other the parents start to work together, then the child will no longer display various symptoms. The implications are that as the structure of the family changes, each and every member of the family also changes in terms of their roles, experiences and identities. Underlying the therapeutic orientation are a set of assumptions about ‘healthy’ family functioning. It is proposed that certain forms of family organizations are dysfunctional and inevitably lead to problems. At times this may be latent, for example, a family may manage reasonably well despite a child being drawn into the parental conflicts, but the inherent instability of the system may become exposed when the child reaches the age at which he or she is expected to leave home and disengage from the family to find an occupation and a mate. The combination of cultural requirements and biological changes requires that the family develops ways of accommodating these demands for change. Since the changes will involve all the members of a family, there is a requirement for joint and concensual decision-making which may not be possible if the family is organized triangularly. Arguably such a structural view is not simply normative and moralistic but acknowledges the cultural realities in which families operate. It has been argued that the approach stigmatizes non-standard family forms, such as single-parent families. However, it is possible to see that, for example, a clear adult decision-making subsystem might equally consist of a mother and a close friend or her parents. The important point is that the child experiences support, a sense of cooperation and clarity from the adults placed in charge of her or him.

**Directive stance**

Since the fundamental assumption of a structural approach is that families have an objective structure, it follows that therapy involves a process of assessment and mapping of this structure, followed by clear attempts to alter it where necessary. The therapist therefore adopts a sympathetic but nevertheless expert role in which he or she takes on the responsibility of initiating changes. These may be interventions or manipulations that are essentially outside the family’s awareness. We can examine three techniques briefly.

Escalating stress and creating a crisis Minuchin (1974) used this technique in an experiment designed to offer a demonstration of the interconnection of actions and feelings in a family where both the daughters suffered from diabetes. The intention was to explore how changes in the relationships in a family are experienced at a physiological level and how these changes are stabilized by the patterns of family dynamics. In order to demonstrate this, Minuchin employed a physiological measure of emotional arousal, the free fatty acid (FFA) level in the bloodstream, as changes in FFA levels have been found to relate closely to other measures of emotional arousal, such as self-reports and behavioural evidence. Both of the children in the family were diabetic; Dede (17 years old) had had diabetes for three years, while her sister Violet (aged 12) had been diabetic since infancy. There was no obvious difference in the girls’ individual responsiveness to stress, but Dede suffered much more severely from diabetes and had been admitted to the hospital for emergency treatment 23 times. Violet had some behavioural problems that her parents complained of, but her diabetes was under good medical control. Minuchin interviewed the parents for one hour (9– 10 a.m.) while the girls watched from behind a one-way mirror. From 9.30 onwards he deliberately encouraged the parents to discuss an issue of conflict between them, which led to some experience of stress, in order to see how this affected the children. Although the children could not take part in the conflict situation, their FFA levels (stress levels) rose as they observed their stressed parents. At 10 a.m. the children joined their parents and it became apparent that they played different roles in the family. Dede appeared to be trapped between her parents, each parent trying to get her support, so that Dede could not respond to one parent’s demands without seeming to side with the other. Violet’s allegiance was not sought. She could therefore react to her parents’ conflict without being caught in the middle. The effects of these two roles can be seen in the FFA results. Both children showed significant increments during the interview, between 9.00 and 10.00, and even higher increments between 10.00 and 10.30, when they were with their parents. At the end of the interview, however, Violet’s FFA returned to baseline promptly, but it took an hour and a half for Dede’s level to return to normal. The parents’ FFA levels increased between 9.30 and 10.00, confirming that they were experiencing stress, but their FFA decreased after the children had come into the room. It appeared that their conflict was reduced or detoured through the children. However, the children paid a price for this, as shown by their increased FFA levels and Dede’s inability to return to baseline. The Collins family were seen to be organized in terms of a central pattern whereby the parents would triangulate the older daughter Dede into their conflicts by changing the subject to her diabetes problem whenever they discussed any area of disagreement between them as a couple. Children typically become caught up in this process and can be seen to sacrifice themselves for the sake of preserving family harmony by manifesting a symptom when the conflicts start to escalate. Minuchin blocked this pattern by removing the children from the room and continually prompted the parents to discuss their areas of conflicts. He also blocked attempts to change the subject onto the children by bringing the parents back to the conflicts in order to break up the typical pattern. An underlying assumption of structural techniques is that people are more amenable to making changes when they are emotionally engaged and expressing, rather than suppressing, their feelings. However, this is not to be confused with simply encouraging conflict in families. Instead, inducing some emotional upheaval is seen as preparing the ground for directing the family to develop some more authentic and productive ways of communicating and relating to each other.

**Enactment**

Rather than simply talking about or describing situations and problems that occur at home or elsewhere outside of the therapy room, a family is invited to display the patterns there and then. For example, Minuchin et al. (1978) developed the technique with families with a child displaying eating disorders, such as anorexia. The therapy sessions would be held over lunchtime and the family would be invited to have a meal together. This could vividly highlight the patterns in the family, such as the inability of the parents to agree and work together on encouraging a girl to eat, and a shifting pattern of coalitions between each parent and the girl. It could also enable a broader discussion of control and independence. For example, through the conflict that might ensue the girl might be able make clear that her not eating was partly an act of defiance and an attempt to assert some independence from being tied up in the struggles between her parents.

**Unbalancing**

This involves the therapist in using himself or herself in a deliberate way to alter the dynamics of a relationship. For example, many couples attempt to pull the therapist on to their side, to try to convince them that the other partner is insensitive, abusive, awkward, stupid, uncaring, and so on. Attempts to stay neutral and to offer a reasonable, impartial point of view may be met with further attempts at enticing the therapist to take sides. The therapist may then deliberately side with one partner against the other in order to break up this repetitive cycle. For example, a woman who had been hospitalized with depression expressed great pessimism and hopelessness at the start of a session. The therapist, however, encouraged her to voice her distress at her husband’s failure to protect her from his intrusive family who were undermining and critical of her. As she gave vent to her feelings she appeared to grow increasingly less depressed and more empowered. The therapist then started to side with her husband in sympathizing with his predicament at trying to keep everyone happy but questioned whether he would be able to construct some clear boundaries between his family of origin and his new family. It was also suggested that the couple go out together to discuss how they might be able to work out some way of solving this dilemma. The wife wanted to solve this in the session, saying she did not trust her husband to do anything about this. They left the session with the wife appearing determined rather than depressed and the husband saying that he had heard clearly what she wanted and that he felt they could come to some decision about it themselves. Subsequently her husband took matters in hand and told his family to back off and give them more space. Unbalancing can be seen as operating over time such that the therapist can acknowledge that each person is contributing to the interactional pattern but may at one point appear to side with one family member in order to produce a change. However, it is important to be aware of the investment that members have in their relationships.

**Strategic family therapy**

One of the sources of inspiration for strategic therapy was the work of Milton Erickson who developed a rich variety of techniques, some of which have been developed as strategic techniques and others as forms of hypnotherapy (Haley 1973). Erickson frequently worked with families but also with parts of families or individuals. One of his guiding premises was that problems apparently residing in one person are frequently associated with the difficulties resulting from a family’s need to change and reorganize at key transitional stages, such as the birth of a child or when children are about to leave home. In work with young adults, for example, he described a key task as one of ‘weaning parents from their children’. In this he recognized that frequently the parents may have a hidden interest in a child remaining at home, for example in order to help them to avoid conflicts in their own relationship. Hence he might sometimes work individually with a young person and assist them in ways to become more confident and prepare to become free of their symptoms. However, he would be very aware that improvements in the youth might lead to the parents attempting to ‘sabotage’ the therapy, perhaps by withdrawing him or her from the therapy on some pretext. Consequently, he would also work with the parents. For example, in one case, involving a young woman who was suffering from acute schizophrenia, he arranged for the girl to stay in town near to him while the parents went back some distance to their home on the coast. In Erickson’s view it is important to encourage and enable the normal separation at this age to happen rather than to get all the family together to try to talk things through before a young adult moves out.

He also encouraged the young woman to express her resentment of the ‘bad ways’ in which her mother had treated her by deliberately siding with her and apparently agreeing with her complaint that her mother had treated her badly and that she should not stand for this any longer. In fact, he deliberately encouraged anger but at the same time employed hypnotic techniques, such as prompting her to simultaneously notice how her arms felt on her armchair. This was part of an attempt to enable her to get in touch with her feelings, as opposed to the disconnections and denials of feelings that she was experiencing as part of her schizophrenia. At the same time he encouraged her to feel better about herself in various ways; for example, the young woman was very overweight and through direct and indirect comments he encouraged her to accept her body and her ‘inner beauty hidden by the layers of fat’. In conjunction with this individual work he worked with the parents, encouraging them to have a temporary separation which enabled them to renegotiate their marriage without involving their daughter. His interventions were quite forceful:

I told the father to separate from his wife and live in a different place. Now and then his wife would get agreeable and he would go home and have sexual relations with her . . . The mother was an excellent golfer and a marvellous companion. I arranged that the mother call me regularly while I was treating the daughter. She used me as a sort of father . . . When she’d do something wrong she’d call figure me and tell me about it, and I would whip her over the telephone. So I kept in contact with the parents while seeing the daughter. (Haley 1973: 271)

Erickson’s approach perhaps appears to lack some of the niceties of gender sensitivity and political correctness but at the same time can be seen to reveal a deep compassion and acceptance of human frailty. It also suggests a sense of fun as well as the application of some benevolent trickery to produce profound and rapid changes with quite severe problems.

Strategic approaches encompass a wide range of ideas and tactics. A common feature is the focus on the dynamics of family interaction. Problems are seen as embedded in repetitive interactional patterns or circularities:

Our fundamental premise is that regardless of their basic origins and etiology – if, indeed, these can ever be reliably determined – the kinds of problems people bring to psychotherapy persist only if they are maintained by ongoing current behavior of the patient and others with whom he [the patient] interacts. Correspondingly, if such problem-maintaining behavior is appropriately changed and eliminated, the problem will be resolved or vanish, regardless of its nature, origin or duration. (Weakland et al. 1974: 145)

This view has many overlaps with behavioural approaches, especially in the idea of symptoms as a form of behaviour maintained by the actions of others. However, the others in a family are seen as usually not aware of how their actions are serving to maintain rather than reduce the symptoms. For example, the parents in a family may complain that their daughter is withdrawn and anxious, but every time she tries to haltingly express herself one or other parent tries to ‘rescue’ her by speaking for her. For her part, when directly asked a question by the therapist, the girl may invite her parents to intrude by shyly looking towards one or other parent before she answers or immediately seeking confirmation once she has started to speak. The parents’ actions of ‘helping her out’ can be seen as an ‘attempted solution’, an attempt to help her by clarifying what she wants to say. However, this may have quite the opposite effect. It is suggested that these attempted solutions can in fact function to aggravate rather than relieve the problems, leading to a spiral of increasing difficulty. Less frequently stated perhaps is the central premise of strategic approaches – that people are fundamentally strategic. All of us, including family members and therapists, are involved in making predictions about how others may act, feel and think. Based upon this we make decisions, more or less consciously, about the timing and appropriateness of particular actions and their likely consequences. Haley (1987) perhaps stated this most forcefully in terms of relationships as invariably involving a form of power struggle, for example in terms of how the relationship was to be defined, who was in charge, who initiated decisions, and so on. An important implication for therapy was that the therapist and family members were seen as engaged in attempts to influence each other. For example, members of a family typically try to enlist the therapist onto their side, to see things from their point of view and to be an ally to change the others. Hence therapy is inevitably strategic or tactical in that the therapist needs to be aware of these attempts at influence by family members and to act strategically to direct rather than become simply caught up in them. This is also consistent with a humanistic and existential view that people are fundamentally autonomous, with a desire to be in charge of and make choices in their lives. Invariably this suggests that therapy will involve a clash of wills. Though people may come to therapy to seek help, they also seek to maintain control of their own lives. Strategic approaches recognize this fundamental dilemma and seek ways to enable the therapist to act tactically so that change can occur. Writing about the connections between Western and Eastern psychotherapies, Alan Watts (1961: 55) suggested that connecting is the practice of ‘benevolent trickery’:

If I am to help someone else to see that a false problem is a false problem, I must pretend that I am taking his problem seriously. What I am actually taking seriously is his suffering, but he must be led to believe that it is what he considers as his problem.

**Beliefs and premises**

Though the emphasis is on exploring and helping to change problematic cycles of behaviour, strategic approaches also emphasize the central role of beliefs and cognitions. Problems can be seen to develop in two characteristic ways: people may come to see and treat relatively trivial or ordinary difficulties that we may all face as examples of a serious problem, or alternatively they may ‘bury their heads in the sand’ and treat difficulties (sometimes quite serious ones) as no problem at all. The of these can be seen as what Watzlawick et al. (1974) describe as the ‘utopia syndrome’ – a belief that the inevitable difficulties and stresses of life can be avoided. Alternatively, but with equally serious consequences, problems can arise from a denial of obvious difficulties. Failure to take remedial action can lead to initially relatively small difficulties escalating to a point where eventually they become so serious that the situation may come to look catastrophic and hopeless.

The premises or beliefs that family members hold shape both what is seen or not seen to be a problem. Furthermore, these beliefs also shape the ‘attempted solutions’, such as continual concern, anxiety and desperate attempts to solve matters, as opposed to denial and avoidance of facing issues. The importance of beliefs, or punctuations as described by Watzlawick et al. (1974), was therefore seen as fundamental. Interestingly, there was also an early recognition of the importance of cultural and societally shared beliefs:

Over or under-emphasis of life characteristics is not entirely a matter of personal or family characteristics; this depends also on more general cultural attitudes and conceptions. While these often may be helpful in defining and dealing with the common vicissitudes of social life, they can also be unrealistic and provoke problems. For example, except for the death of a spouse, our own culture characterizes most of the transitions . . . as wonderful steps forward along life’s path. Since all of these steps ordinarily involve significant and inescapable difficulties, such overoptimistic characterization increases the likelihood of problems developing – especially for people who take what they are told seriously. (Weakland et al. 1974: 149)

Strategic approaches appear not to hold a view of the family apart from seeing it in terms of a set of local interactional dynamics between family members and between the therapist and the family. An exception is the model of the family life cycle that offers a picture of family development through a series of key transitions and how these may be related to the onset of difficulties, which then can become aggravated by pernicious interactional dynamics. In contrast, structural approaches do have a view of the family as organized in terms of a set of roles and rules that are embodied in the overall family hierarchy, subsystems and boundaries. Furthermore, assumptions are made about ‘healthy’ family structures, such as a clear parental system with parents capable of working together to make mutual decisions.

However, neither of the approaches appears to recognize that the structures and dynamics are not simply created inside the family but constrained and constructed within the constraints of gender inequalities inherent in society. To take an example, to simply encourage a couple to have an equal role in decision-making about the children may fail to recognize that this is one of the few areas of validation and power that the woman possesses. Similarly, establishing a closer or ‘over-involved’ relationship with the children may be a result of the fact that the woman has to carry more of the childcare. Also, she may feel a need to have the children on her side to gain some semblance of influence over her partner who otherwise holds the economic and physical power.

As implied by the term ‘strategic’, the orientation is one that focuses on problems and contemplations about how to solve these. The underlying theoretical orientation (similar to structural approaches) is that family life invariably presents people with various difficulties. These difficulties may be perceived in various ways and these perceptions guide what steps are taken to solve the difficulties:

One of our main stated aims is to change overt behavior – to get people to stop doing things that maintain the problem and do other things that will lead toward the goal of treatment . . . it is often just that behavior that seems most logical to people that is perpetuating their problems. They then need special help to do what will seem illogical and mistaken. (Weakland et al. 1974: 157)

Strategic approaches are best known for offering a relatively brief approach which focuses on the core problems and attempts to break up the pattern of maintaining behaviours and failed solutions. This is usually attempted without the family being fully aware of what the therapist is up to. In effect, this represents an ‘expert’ position with the therapist and the team in charge of effecting changes. Strategic approaches involve the following key stages:

1. Detailed exploration and definition of the difficulties to be resolved.

2. A formulation of a strategic plan of action by the therapist designed to break up the sequences of interactions within which the problem is embedded and maintained.

3. The delivery of strategic interventions – these frequently involve a task or ‘homework’ that a family is requested to carry out between sessions. These tasks are designed specifically to disrupt the problematic sequences.

4. Assessment in terms of feedback regarding the outcome of the interventions.

5. Reappraisal of the therapeutic orientation or plan, including continuation or revision of tasks and other interventions employed.

**Strategic tasks**

Strategic tasks can be seen to fall broadly into two categories depending on whether family members are likely to carry out instructions offered or will fail or refuse to do so: directive tasks, asking families to do something that the therapist hopes will alter problematic sequences of interactions; and paradoxical tasks, where they are asked to do the opposite of what the therapist intends to happen.

**Directive tasks**

These usually consist of pieces of homework that family members are asked to carry out. Wherever possible it is seen as most effective to involve all of the members of a family in such tasks. The following extract from Haley’s work is illustrative:

In an actual case in which the grandmother is siding with her ten-year-old granddaughter against the mother, the therapist sees mother and child together. The girl is instructed to do something of a minor nature that would irritate grandmother, and the mother is asked to defend her daughter against the grandmother. This task forces a collaboration between mother and daughter and helps detach grandchild from grandmother . . .

When a husband and wife, or parent and grandparent, are at an impasse over who is correct in the way the child should be dealt with, a therapist can provide a behaviour modification programme. One person may be excluded by this arrangement, or they may be brought together. For example, the parent can say to the grandparent that this is a new procedure being learned at the clinic and from now on parent and not grandparent is to be the authority on what to do with the child with this new procedure. Or parents who have fought over different ways of dealing with the child can reach agreement on this new way and so resolve a parental conflict that has been maintaining a child problem. (Haley 1987: 70)

Frequently directive tasks can appear quite obvious and commonsensical, but nevertheless the intention behind the task will be focused on disrupting pernicious patterns. Many parents, for example, spend little time together as a couple and have become in their views of each other. A task can be to request that they purchase fixed each other some small gift that the other would not expect. In order to do this they must both think about each other carefully. Sometimes tasks can be employed in a metaphorical way, for example, a couple who are experiencing sexual difficulties may be asked to discuss and plan a meal together. They may talk about going out for a meal and what they would have and also discuss where and what they used to eat when they were in the early courtship period of their relationship. The discussion may range over the setting, candles and romantic settings, preparation, choice of wines, length of the course, who the main meal and so on. Following first finishes first a discussion about their preferences they may be asked to arrange such a mutually satisfying meal together.

**Paradoxical tasks**

These are employed when families it difficult to comply with directives offered by find the therapist. Early systemic therapists referred to families frequently being ‘resistant’ to change. The concept of resistance has been extensively criticized (Dell 1982) as overtly implying a positivist and mechanistic view of families. Instead inability to comply with directives can be seen in terms of the family’s exasperation and sense of failure which make it hard for them to trust straightforward directives. Weakland et al. (1974: 159) described the rationale for paradoxical tasks as follows:

[a paradoxical task] is used most frequently in the form of case specific ‘symptom prescription’, the apparent encouragement of symptomatic or other undesirable behavior in order to lessen such behavior or bring it under control. For example, a patient who complains of a circumscribed, physical symptom – headache, insomnia, nervous mannerism, or whatever – may be told that during the coming week, usually for specified periods, he should make every effort to increase the symptom. A motivating explanation usually is given, e.g., that if he can succeed in making it worse, he will at least suffer less from a feeling of helpless lack of control. Acting on such a prescription usually results in a decrease of the symptom – which is desirable. But even if the patient makes the symptom increase, this too is good. He has followed the therapist’s instruction, and the result has shown that the apparently unchangeable problem can change. Patients often present therapists with impossible-looking problems, to which every possible response seems a poor one. It is comforting, in turn, to be able to offer the patient a ‘therapeutic double-bind’ which promotes progress no matter which alternative response he makes.

Paradoxical tasks can sometimes involve an element of humour which may be helpful. De Shazer (1982) described a paradoxical intervention where a family complained that they were forever bickering and sniping at each other so that people felt upset, hurt and uncared for. In effect, their family life was a form of war where no one could feel safe from unexpected attack. The suggestion was made to the family that it may be important for them to keep on acting like this but it may also be useful to explore further what it felt like when they sniped at each other and also how it was likely to lead to escalating cycles of counter-attack and retaliation. The therapist then asked the family to buy a set of water pistols and for each member to use their pistol to squirt at the member of the family who they felt was sniping at them. The family returned for the next session saying that they had done as requested but found themselves dissolving in laughter very quickly the time. Subsequently it had helped first them to see the futility of what they had been doing, and they were now bickering much less with each other.

**Commentary**

Systems theory has received considerable criticism for the implication that all problems are essentially interpersonal. In particular, the stance of neutrality was severely criticized for implying that, for example, child abuse, domestic violence and emotional abuse should be seen as interpersonal. Central to this was an unwillingness to contemplate inequalities of power within families as significant and to recognize that these were related to wider cultural patterns of inequality, for example, the disadvantages commonly experienced by women. In turn it was argued that many of the characteristic patterns were not simply developed from within the family but reflected these wider cultural factors. For example, a commonly observed pattern was that many fathers occupied a distant, disengaged position in families, with the women making repeated attempts to involve them and criticizing their lack of involvement. Rather than simply seeing this as an example of family ‘dysfunction’, correctable by an ‘expert’ therapist, it was suggested that, particularly in Western cultures, this pattern was a direct product of patterns of gender and family socialization. Similarly, the family life cycle has attracted critical attention, especially on the grounds that it takes an overly normative view of family development and focuses on the nuclear family which, in its pure form, is not now the most common arrangement. The experiences of stepfamilies, for example, can involve complex overlapping of life cycle stages. A new couple may themselves in a courtship phase while at the same find time having to deal with adolescent children from previous marriages. There is also the danger of ignoring the diversity of choices people may feel are available about forms of family life. It is possible that adults may choose to live in a single-parent arrangement or a commune, but such choices are less available to a child and, as Haley (1973) argues, in extreme cases the parents’ ‘eccentric’ choices can have considerable ramifications for the child in terms of being rejected by his or her peers and becoming stigmatized and labelled in various destructive ways.

**Gender and shifting inequalities of power**

Relationships in families may be considered a matter of give and take – but who gives and who takes will vary during the course of a relationship. The balance of power can be seen to be determined by global considerations, such as the general balance of power between men and women, access to jobs, education and so on and also by local conditions – the relative balance of power between partners. One way of conceptualizing power is in terms of the resources that each partner possesses (Blood and Wolfe 1960; Homans 1961). The most obvious and objective resources are income, education, physical strength and occupational status. But there is also a range of relative resources, such as skills, physical attractiveness, love, affection, humour and emotional dependency. These are more open to negotiation and are to some extent constructed within the relationship, so that one partner may have considerable power because the other is deeply in love with, is emotionally dependent upon or feels inferior to them, or even greatly enjoys their cooking. Which resources are dominant and how they are to be employed is, however, also to some extent dependent on culturally shaped sets of obligations. For example, partners are ‘supposed’ to provide for each other financially, emotionally and physically. Failure to provide, or withholding or abusing these basic resources may be taken as grounds for complaint or for ending the relationship.

Gender differences in resources are also partly culturally determined. For example, in Western cultures women have generally been valued if they possess beauty, charm, and nurturing and supportive attributes. However, many of these not only have little exchange value but are short-lived. Beauty especially has been and perhaps continues to be seen as a central resource. Consequently women have been encouraged to emphasize their looks in contrast to substantial abilities and skills. Western culture tends to define female beauty as youthful, fit and slim. As women age this resource inevitably diminishes. Likewise, a woman’s ‘resource’ is determined by her role as a wife and mother, but as children grow up she is less needed to care for them. The value of the role of wife may also be transient and lost through separation or divorce, in that it is contingent on being in a relationship and being appreciated in that relationship. Indeed, many women who have described their relationships as egalitarian are shocked to realize the extent of their inequality and dependence when that relationship disintegrates. At this point they may become painfully aware that much of their power was contingent on the wishes of their partner, and the particular nature of their relationship (Williams and Watson 1988; Dallos and Dallos 1997).

A number of researchers and therapists (Homans 1961; Haley 1976a; Madanes 1981) have suggested that satisfaction in relationships is related to an equitable distribution of rewards in the relationship. The power each partner possesses lies in the range of resources they have available and which can be applied to influence their partner or other members of the family. It is suggested (Haley 1973; Carter and McGoldrick 1980; Hesse-Biber and Williamson 1984) that the distribution of power in a nuclear family alters during the family life cycle. Not only do men and women have access to different resources, but this changes during their lives. Typically, it can be argued that men and women have relatively equal power during courtship. Even if there are differences, their effects may be less marked since structures of dependence arising from living together have not been established. With the birth of a child, and incrementally with the birth of each additional child, a woman’s power is likely to decrease. It is common for a woman to stop working or reduce her commitment to work. She thus becomes increasingly dependent upon a husband, and the more children she has the longer she may need to withdraw from a job or career, thus losing out on experience, promotions, and so on. In contrast, a husband is likely to be based outside the home. He may take on extra work to help with the and this may even help his career to develop, thereby exacerbating the power inequalities in the relationship. As the children start school, and when they leave home, a woman’s power may increase if she is able to return to work. At the same time a man’s career may be starting to level off. As a couple move towards retirement the balance of power may become more equal, but cultural norms may still perpetuate power inequalities.

**Normative assumptions of life-cycle models**

Families exist within a cultural context and one of the key ways in which this regulates family life is through a set of normative assumptions about how family life should progress through a number of key stages. The family life-cycle model suggests an image or norm of what people believe family life ‘should’ be like. Inherent in this image are beliefs about the form that the family should take: how a family should develop, solve problems, communicate with each other, how the members should feel about each other and when it is appropriate for children to leave and start a new family of their own. In one sense the concept of the family life cycle merely maps out a formal set of assumptions that people in a given society hold about a particular form of family life.

At the same time the concept of the family life cycle embodies the ideological assumptions and imperatives that designate the nuclear family as a goal to be striven for, especially in terms of offering the most satisfactory form of nurturance for children. Given the high rates of divorce now prevalent in most Western societies, this model potentially serves as a form of implicit condemnation for many stepfamilies who may feel obliged to contort themselves into a nuclear family configuration. As with many models in the social sciences, attempts to describe and categorize phenomena, such as the stages that families are likely to proceed through, can lead to the model becoming prescriptive. It has been proposed, in contrast, that we fully acknowledge diversity and talk of life cycles plurally rather than of one superior or normal version. This necessitates that we recognize that events such as divorce be ‘viewed as normal rather than abnormal phases of the family life cycle and that this can be reframed in positive terms, such as a couple being “ready for a new relationship” or children “being the lucky possessors of two families instead of one” ’ (Morawetz 1984: 571).

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