Key Systemic Ideas as Seen Through the Eyes of First-Year Trainees

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This article offers an introduction to key systemic ideas as seen through the eyes of first-year trainees in a postgraduate systemic therapy course. Our aim is to present these ideas in user-friendly, accessible language, with examples to illustrate their use. The article is organised around three main themes: how a family system gets organised; how systemic work helps to effect change in families; and how a systemic therapist creates a context for change. Ideas covered include circular patterns, processes and questions, feedback loops, the importance of context, the interdependence of meaning and action, taking a meta-perspective, systemic hypothesising, neutrality, curiosity, second-order change, use of language and the position of the therapist. The article may be of particular interest to those who are new to systemic ideas, as well as for those involved in providing training in systemic practice.

Keywords: introduction, systemic practice, training, trainees

The idea for writing this article came from listening to presentations from a group of trainees in the first term of a 2-year postgraduate systemic therapy course that teaches systemic therapy as informed by the work of Gregory Bateson (1972), Paul Watzlawick, Janet Bavelas and Don Jackson (1967), Bradford Keeney (1983) and their influence on the Milan associates, Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin and Giuliana Prata (1980a, 1980b). The ideas of constructivism (Maturana & Varela, 1980), the Coordinated Management of Meaning (Cronen, Johnson, & Lannamann, 1982, Cronen & Pearce, 1985), and Social Constructionism (Gergen & McNamee, 1992, Shotter, 1993, White, 2007, de Shazer, 1991) are introduced in detail towards the end of the first year and in the second year. However, the course from beginning to end is influenced by these ideas.

The assignment questions for the presentation were:
• How does a family system get organised?
• What are the key systemic ideas about what helps people change?
• What issues do you need to address to create a context for change?

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The trainees were asked to include examples from personal or professional experience to highlight their answers. As trainers, we were struck by the clarity of the trainees' writing and the accessibility of their descriptions of key systemic ideas and practice. We immediately wished that we had gained access to these in our own training, as well as currently when colleagues and supervisees approach us searching for a succinct summary of systemic theory and its practice.

While good summaries can be found in introductory texts, we are not aware of any recent journal articles presenting the core concepts of systemic therapy in simple language. Given that we live in a culture that privileges linear, cause and effect explanations, it is already a challenge to ask people to make the shift to viewing things as existing within an interdependent framework. The task is compounded when newcomers also have to grapple with the language in which ideas are explained. As one trainee said, '... the introduction to systemic ideas has been like embarking on a new language in a new culture'. We do our best to explain some of the core concepts of systemic thinking and practice, in ways that are accessible to people not yet conversant with systemic language. Furthermore, as far as we know there are very few, if any, articles that include trainees' perspectives of these complex ideas as they meet them for the first time. What we hope to achieve therefore, is a single article in user-friendly language that presents some key systemic ideas as seen through the eyes of trainees in the process of making the shift to a systemic perspective. To illustrate these ideas we have included diagrams and practical examples from both trainees' and trainers' experience. For those interested in further reading on the ideas presented here, we have attached a reading list, which includes the term one readings from the course and other suggested texts (Appendix A).

The writing in this article is taken from the papers of six trainees. While we have synthesised their ideas, edited, and added explanation in particular areas, we have attempted to preserve as much of their original language as possible and included direct quotes from their work wherever possible. As the content is necessarily limited by what had been covered in the course at the time of the assignment, this article is more an introduction to systemic work than a comprehensive summary of systemic ideas and practice. The article is structured to follow the three questions posed in the assignment, each with subheadings that draw out the key themes identified and discussed by the trainees.

How Does a Family System Get Organised?

A system is made up of a set of parts that communicate with and influence each other in a circular way, such that the system is organised in response to the demands of the environment, and adapts and develops over time. (Trainee)

The Development of Patterns

Circumstance–Action–Reaction + Time = Pattern

A powerful illustration of how a family system gets organised occurred during a role-play in the first week of term where the class was asked to create a new family system on an ad hoc basis. No roles were assigned and no background story was
provided; the participants were merely instructed that they were a family coming into therapy with some kind of problem. There was one other instruction — responses had to be sequential, that is, each person's response had to be linked to previous speaker's comments and reactions.

During this exercise it became clear how responses to a statement or action were influenced by the meaning individuals had attributed to it and how these responses, in turn, fed back into patterns of behaviour around the problem.

It quickly became evident that even in the space of a short interaction, family members could become constrained in their language and behaviour. Roles were created by repetitive sequences of action and reaction, expectations developed and reputations were established, limiting certain responses and organising members' behaviours within the system. These patterns of behaviour, known as feedback loops, can be either complementary (based on opposing responses, for example, the more that one member of a family takes responsibility the less others tend to take it) or symmetrical (based on similarity, for example, when one person yells the other yells back) and can have either an amplifying or dampening effect. Feedback loops are circular, in that behaviours are seen as connected to one another through mutual influence, rather than in a linear or unidirectional manner.

Once such patterns are formed it is often the case that they become unconscious, whereby members continue to interact with each other in a prescribed way and this pattern of behaviour becomes normal and familiar for them.

Circular Processes

In a family system the members are organised into a group, made up of a set of parts that communicate with and influence each other in a circular way. The whole that is formed transcends the sum of its separate parts and includes the dynamic relationships that exist between the family members. This has an implication on how we view individual identity. Neither individual characteristics nor relationships are seen as predetermined, but rather as continually evolving with one another. A systemic approach postulates that if family dynamics change, individual identity and experience can change alongside it and vice versa; if an individual changes, his or her relationships will also change.

By way of example, imagine a situation where an adult son with a busy life goes to visit his ageing father in a neighbouring town. When it is time for the son to leave to get back to his own family, the father asks him to stay a little longer. Figure 1 is an example of repetitive interactions, with behaviours and responses over time creating reputations, which then contribute to future behaviours and responses and so forth.

Figure 2 shows the evolution of a potential new cycle, establishing different behaviours, responses and reputations. The break in the established pattern could have come from a change in viewing the other's behaviour from either the son or the father (the son viewing his father as appreciating his company or the father viewing his son as generous and caring for visiting him). Or it can come from a change in behaviour (such as a change in the father's tone when he asks his son to stay, the son's acknowledgment of his father's wish), which then feeds back into the new alternative views.
Key Systemic Ideas as Described by Trainees

Father asks son to stay

Reputations
Father as demanding/needy
Son as selfish/uncaring
Son explains why he needs to go

Father becomes more insistent

FIGURE 1
Example of a feedback loop.

Son feels pressured and increases his attempts to leave

Son more inclined to stay/visit more often

Father asks son to stay

Reputations
Father as reasonable
Son as understanding
Son feels less pressured
Son acknowledges father's wish

Father does not make request as often

Father accepting of son leaving

FIGURE 2
Evolution of a new cycle.
Context

Family systems are organised in relation to things (each other, a viewpoint, roles, an idea or a problem) and in response to the beliefs and expectations present in their environments. Some of these may pre-date the formation of the family itself, including significant cultural, societal, religious and gender expectations that shape assumptions about what a family might look like, who it might contain and how those within it may interact. Also, the previous generations (particularly the family of origin in which each member was raised) have their own set of powerful assumptions that they impose on the members of the system, which may be largely subconscious.

In looking at this from a personal perspective and reflecting on my current life I can see that my partner and I are still trying to construct our own “family life” even if it is just the two of us at this stage! We were both brought up in the traditional nuclear family model with the father as the main breadwinner and the mother taking responsibility for childcare and house duties. Now, with both us working full-time, I often find myself in conflict with my partner over whose responsibility it is to do the household chores. Currently we have adapted to both coming from two different religious and cultural backgrounds and have incorporated family traditions into our relationship that will continue into the future (for me a traditional English Sunday roast with the family). I anticipate in the future our ‘mini family’ will encounter further negotiations of roles and organisation such as, will we marry, have children, who will care for the children, etc. (Trainee)

Rules

Children in families start to learn how to behave and what the expectations are within the family from the moment they enter the world. This includes what is acceptable behaviour, how to behave to get one’s needs met, which parent to go to when hurt or in trouble or who is easier to manipulate. Rules for families can be both explicit and implicit. When rules are explicit, it is easy to identify how members should behave; for example, children go to bed at 8:00 pm. When rules are implicit, it can be difficult for new members to identify how they are expected to interact, as these are unspoken rules, which have formed through the use of repetitive patterns.

Upon consideration of family rules I am reminded of the constant frustration I feel towards my sister-in-law. I was raised in a family where an individual’s privacy was paramount; it was a known rule that you did not enter each other’s bedrooms. Upon leaving my nuclear family, I have transferred this rule to my own family. Recently, I moved into a new home and my sister-in-law visited. As I was preoccupied, my sister-in-law decided to show herself around the house. When I looked up I saw her enter my bedroom. Immediately, I felt that she had “broken the rules” and wanted to yell at her for being so rude and disrespectful! When my sister-in-law exited my bedroom she complimented me on my house; clearly she had no idea that she had broken the rules. It would appear that in my sister-in-law’s family there were different rules regarding entering the bedrooms of others! She had no other expectation from me other than to appreciate her positive comments about my home. (Trainee)
Life Cycle
Families, like people, move through transitional points in their life. Goding (1992) describes the life-cycle process for families as a process of navigation through various stages of a family's development including early relationship, early commitment, birth of children, middle-years relationship, leaving home, retirement and old age. Each stage requires an adjustment to the relationship changes and evolution of the system.

With a family wedding coming up I have been acutely aware of how the family life cycle transitions causes stress in the system and causes the family system to respond in sometimes unpredictable ways to reorient itself. (Trainee)

Families that present in distress are often struggling to adapt and reorganise themselves in response to these changes.

Nature of the Family’s Boundary
One thing that appears important for change to occur is that a family system is flexible enough in its boundaries to allow external information from the environment, including the therapy environment, to permeate its walls and alter its doctrines. (Trainee)

When a system’s boundaries are relatively impermeable and new ideas or alternative ways of viewing things are not able to penetrate it, the system is more likely to remain in a vicious cycle of unhelpful interactions. An example of this is arguments occurring in a migrant family where the parents are adhering to the cultural expectations of their home country, while the children struggle to negotiate the expectations of their peers that may conflict with these values.

Conversely, when a system’s boundaries are very open the constant flood of new information means there are few opportunities for the development of stable and predictable patterns, and chaos can ensue. For example, new parents changing their parenting practices with each new piece of advice from well-meaning friends and relatives, making it hard for them to find their own rhythm and routine.

A system needs to find the right balance in how it relates to influence — either internal or external.

What Are the Key Systemic Ideas About What Helps People Change?
The systemic idea that has struck me most so far is the viewing of all behaviour as communication — that words and actions carry meanings bundled with them, infused with our experiences, values and beliefs — our context. These meanings are received and interpreted, not always the way they are intended, and it seems to me that one of the overarching goals in systemic family therapy is to work with families to make this extra dimension more visible. (Trainee)

Emphasis on Context
The systemic perspective focuses on context rather than content. An effect of this approach is that presenting difficulties are not seen as fixed or residing within an individual but as framed by the surrounding network of relationships and beliefs.
This allows us to be less pathologising of individuals as we become more aware of the effects of patterns and how they can hold individuals in place. A contextual view, offering a wider field of vision can therefore trigger more ideas for both the therapist and the family.

By way of example, I have a client who was the youngest of his large family. His father worked away from home a lot of the time and was abusive towards his sons and his wife when he was present. Being the youngest, my client was teased by other members of the family and called names such as 'cry-baby'. His mother slept — and still sleeps — in the living room on the couch and watches television until late at night. My client developed an interpersonal style of moving away from others. He physically avoided people, stayed alone in his room and withdrew emotionally. He told me that until now, he had never asked for help from anybody. He came to counselling because he was abusing substances and alcohol, was hurting himself physically and his girlfriend had recently broken off their 4-year relationship. He was able to understand that his responses to others were, to a large extent, dictated by his own experience in his family-of-origin and that it was possible to modify them. He is now spending more time with other members of his family and is being more assertive. He is more disclosing with his girlfriend and feels more connected.

A Circular View

A key systemic idea in helping people change is assisting the family to identify and understand the implicit rules, patterns and processes in place in their family. Attention is drawn to context by asking family members questions, which reveal the connections between beliefs, behaviours, events and relationships. This is done in order to help the family to achieve a more holistic, circular and complex explanation of events, as opposed to individual, linear 'cause and effect' explanations.

Lisa, a 16-year-old girl, had been referred to family therapy along with her father and brother, Mark, after many years of individual therapy and of being scapegoated by her family as the problem. After a number of family therapy sessions Lisa was asked to comment on what she had found useful thus far.

Lisa: I've come to the realisation that I'm not the cause of the problem, I am the result. In order to start changing we all need to change together. It's like rowing a boat and you've got two people on one side and one on the other and if the one on the other side doesn't bother to row then you're all just going to go kind of back in a circle.

Understanding the Logic of the Problem: The Interdependence of Meanings and Action

Families can sometimes become blinkered, focusing solely on the problem behaviours, without exploring the reasons for and intentions behind these behaviours. Helping families to understand how these behaviours make sense in their current context can help families get out of a vicious cycle of interaction.

A 17-year-old boy, Tom, has been working hard to reduce his drug use, motivated by a desire to reduce family conflict and to remain living at home. After
3 months of success with this, he has a slip. His father finds out, and is very angry. In the ensuing argument Tom says, 'I will never stop using drugs'. The father saw this as evidence that the problem needed a hard line response and accordingly, threw Tom out of home. In a family session, the meanings and the context of Tom's statement are explored, and we find out that he said this in order to hurt his parents, because they showed lack of faith in his overall progress. On hearing this, the mother became more reflective and, over time, the parents began to pay more attention to signs of progress and were able to focus on the bigger picture rather than getting caught up in conflict over minor slip-ups.

If people can change the way they view things, then it is more likely that they will be able to respond to them in a different way.

_Capacity for Change is Inherent: Using the Notions of Difference and Time_

One of the most valuable things I have learnt in the course this term is that, if I lose the knowing that change is possible, it is a sign to me that I have lost my manoeuvrability and my ability to facilitate change with my clients. (Trainee)

Given that families organise themselves in a dynamic way in response to their context, the capacity for change is inherently built in to the family system, needing only the news of difference (Bateson, 1972) as a trigger. Systemic therapists utilise this by asking families questions that incorporate notions of time and difference — for example, questions about how relationships were before the symptom, or when the symptom is absent, questions about differences observed in between sessions, questions that ask about behaviours in a variety of contexts and questions that ask families to visualise their relationships in hypothetical situations (Selvini Palazzoli et al., 1980a).

_Second-Order Change_

While the family system always has the potential to evolve in response to new information, problems can arise when family members keep applying the same ineffective solution to a problem. Often the solution to problem 'A' is logically defined as 'not-A' or the opposite of A (Watzlawick, Weakland, & Fisch, 1974). Under some circumstances, the attempt to use such a logical solution to a problem (first-order change) can either greatly contribute to the problem that it is supposed to solve, or actually become a problem in itself. An example of this is the common practice of cheering up a person who is complaining of sadness or depression. These efforts may unwittingly compound the problem, as the person receiving them may feel misunderstood, pushed to feel something else, or guilty for not feeling more cheerful.

One way to break this cycle is to use the concept of second-order change (see Figure 3) — to apply the intervention at the point of the solution that has been attempted rather than focusing on the original problem. By attending to this level, the relationships can often organise themselves along new lines. For example, if attention is paid to the effects of the cheering up efforts on the depression and on the individual, rather than focusing solely on the depression itself, it is likely that a picture will emerge showing how these cheering up efforts are backfiring. Family members may then consider doing something different, such as acknowledging the
feeling of depression and restraining from fixing it. This type of change would then constitute second-order change.

I have a client who worries about her boyfriend every time he goes out without telling her where he is going. This worry gets her to ask him questions about his whereabouts. His response to this is to tell her less, which then exacerbates her worry. The more she worries, the more she asks him questions, thus perpetuating the problem.

In my view it seemed that my client was engaged in first order solutions. During this stage of the therapy I was also engaged in first order change by focusing on the

**FIGURE 3**

First- and second-order change.
‘why’ of the ‘problem’ and the origins of her mistrust, with the intention of decreasing her worry. However this had little effect on the problem.

When I shifted my attention to exploring the effects of her attempted solution (the questions) on the original problem (the worry) my client started noticing how these questions were backfiring. Rather than trying to allay her fears by seeking information from him, she decided to talk to her boyfriend about these fears. As a result of this conversation her boyfriend understood her more and began to tell her more about his plans. My client felt reassured by this and no longer felt the need to question him. (Trainee)

**Facilitating a Meta-Perspective: Helping Families Become Observers of Their System**

Providing an opportunity for the family to step back and view themselves from a meta-perspective allows family members to develop an increased awareness of the interactions between people and the broader context of the values, beliefs and meanings that are communicated through these interactions. This in turn frees them up to consider different views and actions. The therapist aims to achieve this by slowing down the family’s thought processes through the use of circular questions that identify and explore feedback loops and assist the family to identify and understand the implicit rules, patterns and processes in place in their family.

By creating a reflective surface, with our questions, family members can notice and observe themselves in relation to each other and the problem. They can start to examine their solutions to the problem, news of difference can be discovered and positive changes that may initially go unnoticed or undervalued by the family can be amplified. (Trainee)

**Sustainability of Change**

By bringing forward a holistic and contextual view of problems, systemic therapy brings about change that is likely to be more sustainable. As family members become more aware of the connections between individual’s ideas, their responses to others, and the effects of these on the problem, they are more able to perceive their participation with the problem and therefore how they can contribute to the solution. Change is more likely to be sustained from this experience as it arises and develops from the family’s own ideas, rather than being imposed upon them from an external source.

Change within a family is more likely to be maintained if it is self-directed, or internally driven. This also gives the family a sense of having drawn from their own internal resources, and may increase the possibility that they will look inside, rather than outside the family, for solutions when they encounter their next challenge. (Trainee)

Here’s what Lisa’s family had to say after the therapy team had given their reflections, which included wondering whether the family still needed to be in the same boat or if it was time for family members to separate and get their own boats.

**Lisa:** When they were talking about the rowing the boat thing they were talking about maybe there should be 2 boats or 3 boats or 1 boat. What I think needs to
happen is I think we all need to start rowing together because unless Mark starts changing and I start changing and Dad starts changing all at once, then we’re all going to keep going in that same circle.

**Therapist:** The question remains whether the therapists need to be in the boat, rowing or steering or whatever?

**Father:** Preferably not. I think that’s a very bad idea, then they’re solving our problems aren’t they? We do not need that, ’cos what happens when those guys leave? Everything goes back to the way it was.

**Lisa:** You know how you get those lifeguards like in the Olympics, when the kayaking people go rowing and you’ve got the lifeguards travelling along behind them? I think we need the therapy team until we can start rowing without them being there.

**Creating a Context for Change**

The way systemic therapists help to implement change is by creating a context for change rather than aiming for a specific, predetermined treatment outcome. A context for change is created through facilitating a conversation in which the family and therapist explore previously unexamined ideas about the relationships between actions, interpretations and responses. This, in turn, enables family members to observe their own system and their part in it, thus increasing their personal agency to solve the problem.

If a family therapist can assist a family to experience change and a sense of confidence around being creative with their difficulties, then there is a good chance that they will be able to recognise that it can always be available to them when future difficulties emerge. (Trainee)

**What Issues Need to be Addressed to Create a Context for Change?**

In order to create an environment that is conducive to change I need to recognise that problems occur within relationships, are jointly constructed, multilayered, complex, influenced by context and are sustained by repetitive patterns of interaction (feedback loops). (Trainee)

**Forming a Collaborative Therapeutic Relationship**

Change is best achieved within a context that is supportive and nonblaming of individual family members. When people feel either blamed or unsupported they are more likely to be preoccupied with defending themselves or striving to be heard and thus be less available to take in any new information. Establishing a collaborative relationship includes:

• Ensuring all family members who have an influence on the current situation are included. This assists us to not reinforce any scapegoating process that may be present and to gather multiple viewpoints.

• ‘Listening like crazy’, and connecting our questions to the keywords of our clients’ answers. This enables us to stay close to the clients, enhancing their sense
Key Systemic Ideas as Described by Trainees

of being heard, and ensuring our work is relevant to their experience and to their hopes for therapy.

• Maintaining intense curiosity (Cecchin, 1987) and not making assumptions about the problem or solutions. This helps us create a situation where the therapist is working ‘with’ families as opposed to working ‘on’ families.

When I form a collaborative alliance with all members of the family I then avoid scapegoating one member of the family or having a situation where one person (the “expert”) is helping another who has the problem. (Trainee)

Hypothesising

It is new to me to view hypotheses as neither right nor wrong, just more or less useful, and it is also new that I can hold multiple hypotheses in relation to a certain family. (Trainee)

Hypothesising establishes a starting point for the therapist’s investigation (Selvini Palazzoli et al., 1980a) and encourages the sparking of curiosity, which can open new lines of enquiry for the therapist. Systemic hypothesising asks us to think about the patterns of relationships and beliefs held within the family’s context, and how they influence the problem. Being curious about circular patterns steers us away from the pull of seeing things in terms of cause and effect and moves us away from focusing on individual pathology.

Systemic hypothesising does not look for a single ‘right’ or ‘true’ hypothesis, instead it involves entertaining multiple and even contradictory hunches about the problem, that are then viewed as either more or less useful, depending on the family’s feedback. The exploration of these ideas may introduce new information into the family system.

Some Areas to Explore When Hypothesising

• The referrer’s relationship with the family, the influence of the referring context and the referrer’s hypothesis.

• Exploring information about the previous therapeutic experiences of family members and their relationship to change.

• Identifying whether a family is going through a major stage of the life cycle, asking ‘Why now?’

• The possible influence of intergenerational patterns and beliefs.

• The possible influences of behaviours/symptoms on relationships.

• Looking for the logic of the problem and other behaviours, and imagining in which context such behaviours would make sense.

• Exploring repetitive patterns and the influence of first order solutions.

Below is an example of a family described by a trainee and how the training group began developing a systemic hypothesis about the difficulties being described by the referred client.
Alice is a 26-year-old woman, who has recently been referred to a mental health service for panic attacks. Alice has a 53-year-old aunt, Ruth, who has been diagnosed with depression and has been involved with the mental health service for 2 years. The depression was described as having lifted when Alice moved to Ruth’s town with her infant and husband. Ruth became very involved with this family and during a family session Alice described her aunt as a ‘better mother than her own mother’ (Ruth’s sister).

An initial hypothesis yielded curiosity about the influence of the close relationship between Alice and Ruth on other relationships. Was it possible that the panic attacks were communicating a distressing dilemma for Alice? If she were to continue the closeness with her aunt, she may experience an increase in distance between herself and her mother. Alice may also have felt the pull from her husband to be less reliant on her aunt. If Alice were to relieve this conflict by moving closer to her husband and mother, she may fear a decline in her aunt’s condition.

Neutrality

Selvini Palazzoli et al. (1980a) state that neutrality is an overall effect the therapist’s behaviour exerts on the family during the session. A neutral position is one where if you asked the family at the end of the session if the therapist had supported one person’s position over another, they would say ‘no’. This stance allows the therapist to move between the differing realities held by individual family members without becoming aligned to one view or person. The concept was later defined more fully by including the notion of curiosity (Cecchin, 1987).

‘I propose the description of neutrality as the creation in the mind of the therapist of a state of curiosity. Curiosity leads to exploration and invention of alternative views and moves, and different moves and views breed curiosity’ (Cecchin, 1987, p. 408).

Curiosity

Curiosity is obviously very important in creating a context for change, as I find that it helps me to move beyond unhelpful presumptions and expectations I may hold for a family and how they came to be where they are. I have found that intense curiosity, and ‘listening like crazy’ helps the family feel heard and followed, and also assists me in finding empathy and validation for each and every member of the family. (Trainee)

A position of curiosity is one in which there is a focus on exploring and learning about the family’s context, rather than finding an immediate solution. Taking a stance of curiosity asks the therapist to suspend their own values, judgments and biases and pushes them to want to develop a shared understanding with the family of their situation. Curiosity about the family’s ecology helps the therapist to not anticipate solutions that are ‘best’ for the family and maintain manoeuvrability. Remaining manoeuvrable and curious helps us to uncover possibilities for news of difference in all situations.

Rather than family members feeling stuck and lost for ideas, saying ‘nothing works’, exploring the problem and its context from a position of curiosity encour-
ages the family to ‘not know’ what is going to happen next, which creates space for creative solutions and change.

**Bringing Forward Multiple Realities**

I think that by exploring the multiple realities within a family — including the various ‘maps’ [the beliefs and expectations] that they have created for their territory [their current experience] — we allow them to experience the possibility that multiple explanations can exist, and that no single one is more accurate or more ‘right’ than any other. In this way, the family may move away from a position of certainty and stickiness to a position that allows the holding of differing possibilities. (Trainee)

Families presenting with difficulties, especially long-term ones, may be stuck with a particular view of the situation, which they hold as the single, ‘correct’ reality. As therapists, holding the concept of multiple realities in our heads enables us to move away from a linear problem-focused approach. Inviting the family to entertain the idea that there can be multiple explanations, can help the family move away from an ‘either or’ perspective and opens up new possibilities.

For example, when exploring the context and meanings of Tom’s impulsive statement about drug use, the parents were asked, ‘When Tom said he would never give up drugs, do you think this was more to do with the context of conflict, more to do with his ideas and plans for his future, or was there some other reason behind it?’ This question introduces the possibility of there being more than one way to view Tom’s intentions in making this statement and opens up alternative ways of responding to Tom.

**News of Difference – Circular Questioning**

‘By circularity we mean the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships, and therefore, about difference and change’ (Selvini Palazzoli et al, 1980a, p. 8).

Useful information can be elicited through questions that ask people to make comparisons between different ideas, relationships over time, between situations and between people. These questions initiate interest in effects, and intentions. For example, asking a brother, ‘Before your father took on his new job, how was your mother’s relationship with your sister?’ could have several effects:

- It brings forward the change in context and explores any possible links between that change and a key relationship.
- It locates a particular behavioural complaint in a period of time and circumstance, offering another explanation besides individual pathology.
- It asks family members to listen to the views of another.
- It reminds the family of a time when the girl’s position in the family was different, which may instil hope that change is possible.
- In order to stay close to the family’s experience, it is important that these questions are connected to the family’s answers to previous questions.
Exploring Feedback Loops and Tracking Sequences of Interaction

Tracking feedback loops, such as the one illustrated in Figure 1, assists the family to define the problem in an interconnected way. Exploring families’ responses to the problem, the meanings they attribute to it and the effects of their responses on the problem and on others, gives families and therapists a snapshot of the circular interactions around the problem. Eliciting the details of the seemingly automatic and prescribed actions and reactions allows family members to observe these in a different light.

Reframing

The world remains the same, our perspective becomes different. (Trainee).

Reframing means changing the way particular action is viewed by placing it in another frame, which then changes its meaning. This is a helpful tool as it promotes the possibility of difference. In the case of a couple coming to therapy for marital conflict, a man’s silence was being interpreted by his wife as disinterest. Through exploration and questions about his intentions, a different frame emerged, when he told us that he was trying to avoid any further escalation of conflict in their relationship. With this news, the silence was reframed and the wife felt less hurt and was able to take a less angry position.

Language

The language (including body language) that we use with a family surely must convey a sense of optimism and hope that things can get better, and a faith in the family’s capacity to achieve this. When the language that we use frames the symptoms or problems they present with as relational, communications in and of themselves, and logical within the context of the family’s system, it may lend the family renewed hope, with a lessening of blame or self blame. Their sense of autonomy and manoeuvrability may, as a result, be strengthened. (Trainee)

Systemic therapy views language as significantly contributing to our construction of reality. The ways in which we ask questions can make a big difference, both to the answers we get and to the impact of the question on the family. Consider the differences between these two questions and how each could contribute to a different construction of reality:

• ‘Why do you think your daughter is a compulsive liar?’
• ‘In which situations does the lying happen the most?’

The first implies an acceptance of the parent’s explanation of the girl as a compulsive liar, and maybe confirms a view that places the problem in the daughter. The second question is more likely to construct a view that the lying is connected to a context rather than being an inherent trait of the daughter, and may help unveil some logic for the lying.

Adhering to the systemic principles means ensuring that the language of the problem is descriptive, relational and suppositional. This can be done by replacing
the verb ‘to be’ with ‘to behave’, ‘to act’ or ‘to show’. These linguistic shifts serve to evoke context and encourage the problem to be seen as malleable.

**The Position of the Therapist: We Too are Affected by Systemic Principles**

I need to be aware of my own assumptions and the beliefs that I carry as a result of my personal experience, my family, my culture and my values and any biases that have come with my previous training. I need to hold an expectation that a family is capable of change, even those that have been stuck in entrenched, chronic problems for years. (Trainee)

Therapists need to maintain an awareness of the effects that their own assumptions and beliefs have on their hypothesis and questions, as well as, keeping an eye on the effects of their hypotheses and questions on the therapy, the family and on themselves.

For example, if a therapist finds him/herself viewing a family as ‘resistant’ it may have the effect of influencing the therapist to attempt to force change, to view the client as being responsible for the lack of change, or to have a narrowed focus. In this case it would be important for the therapist to ask him/herself questions, such as:

- ‘What is happening in the therapy/the family/me/the system for me to be describing the family in this way?’
- ‘How does this view influence me as a therapist?’

Such questions will hopefully prompt the therapist to evaluate their beliefs about change and about the family, to consider the referring context (who wanted the referral the most?), or to hypothesise about how change might impact on a key relationship that has not yet been explored and thus be creating a barrier to change.

**Conclusion**

**Influence of Systemic Training on Trainees**

By way of a summary, we would like to finish with comments from the trainees on the many ways in which systemic ideas have influenced their practice.

**Changes in the Nature of Their Practice**

- Changing from looking for the ‘right’ hypothesis to recognising that each hypothesis is more or less ‘useful’.
- Shifting thinking from looking for the ‘function’ of the problem (where the problem is seen as serving a purpose; i.e., to bring the parents together) to understanding the ‘logic’ of the problem (where the problem is seen as making sense within this context of beliefs and relationships).
- Concentrating on the effects of the problem rather than its origins, replacing the ‘why’ questions with more respectful ‘what’ and ‘how’ questions.
- Creating a context for change in which creative ideas may emerge.
- Learning to pay attention to the ‘meta’ level of communication, where actions and words are made sense of by considering their context and the nature of the relationships around them.
Changes in the Way Their Position as Therapist is Viewed

• Shifting away from a linear problem-focused approach that places therapists in the expert role.
• Replacing judgment with curiosity.
• Remaining curious and so preventing the privileging of therapists’ assumptions over family members’ understanding of their situation.
• Being aware of the influence of therapist’s family experiences, values, beliefs and culture on the way they approach the therapy and interact with clients.

Changes in Technical Skills

• Being mindful of language and the way it can limit potential, constrain responses and privilege some stories and values over others.
• Using questions to amplify points of difference which have previously gone unnoticed by the family.
• Using circular questions to track sequences of behaviour and feedback loops in order to explore the logic of symptoms.
• Staying close to what the family brings to session, through questions and our responses.

Changes in How Change Itself Is Viewed

• Viewing change as often spontaneous, counter-intuitive and inexplicable, much like art and thus not being overly rigid or scientific in one’s approach, and being open to what families bring during the conversation.

A Word From the Trainers

We would like to thank our colleagues and supervisees for their helpful and guiding comments on this article, and of course to the trainees for allowing us to synthesise their six papers into one. The process of compiling this article has been an interesting, challenging and revealing exercise for the two of us. We have done our best to stay true to the trainees’ original writing, but have noted our tendency to want to add, expand and expound on the ideas described here. We noticed that whenever we did so our writing was more formal, used more jargon, and moved away from the simplicity and accessibility that had so impressed us in the original assignments. One trainee wrote of systemic work as ‘aiming to reduce complexity without denying it’ (based on Bateson, 1972) and it seems that this too would reflect our goal in putting together this article. We hope that we have managed to curb our tendency to obfuscate with fancy, technical language and have instead allowed the trainees’ descriptions and language to shine through. Most of all we hope that we have achieved our main aim of giving the reader the experience of viewing systemic ideas through the eyes of newcomers, and piquing people’s curiosity to find out more, as well as to reflect on the influence of their own context, training and practice on their language, ideas, and practice with families.
References


Appendix A

Systemic Consultation Centre Postgraduate Course in Systemic Family Therapy Reading List


