

PY 555 Reaction Papers

This handout will serve as the set of instructions for the nine reaction papers you must complete for this class.

Purpose

The reaction papers should demonstrate the student's ability to process his/her internal responses personally and professionally. The ability to reflect upon and process feelings and thoughts – supported by informed information - is an important skill. Any sources used in the paper should be properly documented using the format provided by the Publication Manual of the American Psychological Association. Graduate level spelling, grammar and style are expected, and grades will be greatly reduced if written expression is poorly presented.

Objectives

1. The assimilate the information from the weekly topic into a broader understanding of Systems Theory
2. Demonstrate the ability to present research from multiple sources into a single, coherent research document.

Preparation Instructions

1. Compose your *Reaction Paper* in Microsoft Word or a compatible word processing application.
2. The paper should be formatted and typed using Times New Roman, 12-point font, single-spaced, and one-inch margins (no exceptions).
3. The length of the paper should be one page in length (page number does not include the title page or references pages).
4. Use APA 6th edition formatting and use a minimum of 2 references.

Content Instructions

1. Write a one-page reaction paper reflecting upon your understanding of the weekly chapters.
2. Please keep in mind that a reaction paper is not a summary of what the author wrote but rather your analysis and critique of the presented topic.

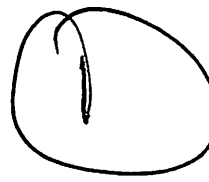
Submission Instructions

- Save this assignment as "fname_lname_reaction_paper_chp#.doc." (i.e., john_smith_reaction_paper_chp2.doc). Replace the # symbol with the chapter number.
- Access the *Assignments* link located on the Course Menu to upload the final document as an attachment to the *Reaction Paper Chapter #* drop box by the due date listed on the Course Schedule. Replace the # symbol with the chapter number.

individual development. When Bill and Lisa began to work on their issues with their own families, they were also better able to remove Ryan from a triangulated position. We might argue that over time he had learned to play his mom against his dad to escape responsibility, as the family had numerous examples similar to the one in which he missed his SAT prep class. A traditional psychological view of the problems in the family would alternately focus on a manipulative, underachieving teenager; a depressed, critical, negative mother; and a passive-aggressive, emotionally unavailable father.

This case illustrates that putting this problem in a broader context helps us see both the truth and the limitations in these descriptions. By looking at the problem in context, the problems are more understandable and more difficult to simply pathologize. Further, using a Bowenian approach to the family of origin issues allowed each member of the couple to experience the validity of their own perspective, while also seeing the way that the perspective fit with the whole. Like the blind men with the elephant, Bill and Lisa were able to become even more expert at their part of the elephant, while also becoming more respectful of the expertise of the other.

To return to the general systems theory concept, the idea of context is ubiquitous and foundational. Understanding a problem in context means seeing all of the systems and subsystems in which a problem is embedded. Using the idea of multiple perspectives, we can see that our understanding of a problem will be limited by the systems in which we are embedded and can shift when the context shifts. This ability to use multiple perspectives provides numerous vantage points for addressing a problem. Further, the idea of nonsummativity turns our attention to parts and wholes, noting that the whole cannot be understood by simply summing the parts. Instead, using the idea of open systems, we can understand the creation of wholes and the relationship between parts and wholes by observing interactions. Perspectives such as Bowen's theory help us see that as individuals we are separate systems with unique identities who are also part of larger systems. This dynamic tension between parts and wholes means that systems are always moving targets, a phenomenon that we will revisit when we examine causality and change.



CHAPTER 3

Causality

WHEN MY DAUGHTER was only a month old, we took a trip from Chicago to Denver for my husband and I to interview for jobs. While we were in Denver, my grandmother died, and my daughter and I flew to New Mexico for the funeral. The day after we returned to Chicago, we spent the afternoon and evening at a good friend's wedding. Although my daughter was relatively easy to soothe and manage during all of this upheaval, for three days after we returned to our (relatively new) routine, my daughter cried for hours each day. I took her to the pediatrician after a couple of days, thinking that she had picked up some strange illness during our travels or that she was developing an atypical form of colic. The doctor was unable to find anything wrong and encouraged me to be patient. I'll never forget pondering all of this with my own therapist, expressing my frustration that I didn't know why my daughter was crying. His response was "You'll probably never know what was wrong." I was shocked by his reply! It was inconceivable that I could tolerate not knowing why my baby had been crying.

THE NEED TO KNOW WHY

Just as human beings seem programmed to try to organize our experiences into meaningful wholes, we are also hardwired to understand and explain why things happen. Our philosophical and scientific traditions are based on this ongoing quest to find the causes for events that we experience. When something happens, we want to know why. This process of learning about cause and effect starts early in our cognitive development and continues throughout the life span. Think of the baby in the high chair, repeatedly dropping her spoon from

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Just as human beings seem programmed to try to organize our experiences into meaningful wholes, we are also hardwired to understand and explain why things happen. Our philosophical and scientific traditions are based on this ongoing quest to find the causes for events that we experience. When something happens, we want to know why. This process of learning about cause and effect starts early in our cognitive development and continues throughout the life span. Think of the baby in the high chair, repeatedly dropping her spoon from

the tray and watching it fall. Part of the scenario generally also includes watching the parent repeatedly return the spoon to the tray, so in this case, both brain development and positive reinforcement are encouraging the baby's physics experiment.

Our scientific method is designed to harness and organize our desire to understand causality. When we observe phenomena, we are asked to generate hypotheses that might explain what we have seen and then set up experiments to test the hypotheses we have generated. Based on the results of these experiments, we can revise our hypotheses and develop theories that further explain what we are observing. It is absolutely mind-boggling to consider all of the advances in technology, medicine, and a myriad of other areas that can ultimately be traced to this scientific method. Yet the method also has limitations, many of which come from some of the assumptions about its application.

In the last chapter, we looked at the ways that traditional laboratory science isolated and reduced phenomena when trying to address the problem of human obesity. As we saw, this practice can help us understand some aspects of systems functioning, yet it can also be misleading when it prevents us from looking at people and events in context. A similar problem exists when we look at causality. Traditional laboratory science looks for the best explanation for phenomena, which leads to an emphasis on singular causality. In addition, Western science views causality as a linear process. Like the baby in the high chair, we like to establish probability in a linear fashion, noting that if *a* happens, it will be followed by *b*. If I drop my spoon, it will fall to the floor.

While the predictability offered by this type of cause-and-effect thinking can be very reassuring, it has important drawbacks, as well. Another baby example comes to mind, this time with my son. When he was an infant, he was plagued with recurrent ear infections. He would be treated with one type of antibiotic and then recover, and then a few weeks later, he would be treated with a different antibiotic when the problem recurred. When he was 9 months old, we finally had tubes placed in his ears, yet he continued to get ear infections, and to be treated with antibiotics, for the next several months. I was complaining about the situation to a colleague whose partner was studying acupuncture, and he suggested that this treatment might help my son. Another colleague suggested that I needed to feed him yogurt and other foods that boost the immune system. We discontinued the antibiotics, started feeding him more yogurt (the only food on the list that he would eat), and took him to a pediatric acupuncture specialist.

Within a couple of weeks, his ears were clear, he did not get another ear infection for a full year, and the recurrent infections never returned.

I think that this story helps us understand the limits of our scientific method in different ways. If we start by looking at linear causality, then we have to ask what causes ear infections. Because we know that ear infections are caused by bacteria, then we know that the bacteria will be killed by an antibiotic. Our scientific method has yielded a simple and elegant solution to our problem on one level, but on another level, we see that the problem was not only not solved but instead became worse. The infection returned and needed another antibiotic. If we take a step back, we see a circular pattern: ear infection, antibiotic use, period of time without ear infection, ear infection, antibiotic use, and period of time without an ear infection.

As systems theory encourages us to look at the circular pattern, we inherently redefine the problem. Rather than stating that the problem is bacteria in the ear canal, which is the singular, linear explanation, we see that the problem is that the immune system cannot consistently manage the bacteria. If we look more at the relationship between my son's immune system and the bacteria, we will begin to look at the multiple causes for the immune system deficiency. In this instance, it now seems likely that the repeated antibiotic use actually inhibited his immune system, making it more likely that he would get sick in the future. Because of the limits of linear cause-and-effect thinking, it is not uncommon that some type of action will have unintended consequences. In this instance, the solution (antibiotic use) reinforced the problem (recurrent ear infections), an example of the type of well intentioned negative repercussion that we will explore more in later chapters, when we talk about change.

Once we start looking at multiple causality, we also have multiple avenues for intervention. In this case, we might say that I was a poor scientist because I started feeding my son yogurt and taking him to the acupuncturist at the same time. Do I know which of these interventions was actually effective? But because this experiment is taking place in an open system, it would be difficult to determine causality even if I had tried these interventions sequentially.

The systems pioneer Gregory Bateson used a much-cited example to look at the limitations of linear causality with living things (Bateson, 1972; Nichols & Schwartz, 2001). In the first instance, the group is instructed to set up an experiment to answer the following question: "What will happen when a woman kicks a rock?" We can predict that the force of the woman's kick will move the rock and that the precise

distance will depend on the size of the rock and the strength of the kick. When the experiment is finished, the rock will stay where it was moved. Now the group is asked to stage another experiment to answer the question: "What will happen when a woman kicks a dog?" Prediction is much more difficult in this case and depends on a great deal more than the strength of the woman and the size of the dog. In addition, we would have a hard time identifying when the experiment is over. Imagine that the woman was nervous about kicking the dog and kicked him very lightly. The dog thought the woman wanted to play and began to nibble at her pant leg in return. The woman was fearful that the dog would bite her and tried to run away from the dog. As she ran, the dog chased her. The woman continued running and then started to scream. The woman turned, yelled at the dog, and gave the dog a harder kick. At that point, the dog bit her.

Bateson's example, which I have embellished, starts with showing the stark difference between the rock as subject and the dog as subject. The story highlights the fact that multiple variables contribute to our ability to predict outcomes, and it shows that a simple description of linear cause and effect is likely to leave out important information. Watzlawick discusses the fact that kicking the rock is an inherently linear process, as the energy from the kick is transferred to the rock. This type of linear energy transfer has long been studied in physics, but we see that kicking the dog represents an entirely different study. While some energy is transferred from the kick to the dog, numerous other processes are at work and influence the outcome (Watzlawick, Bavelas, & Jackson, 1967). In this example, we could summarize our experiment by saying that the woman kicked the dog, and the outcome was that the dog bit the woman. While these facts are true, this description leaves out the circular pattern that contributed to the behavior. Based on this example, we could certainly advise the woman not to kick dogs if she wanted to avoid being bitten, but if she wanted to learn more about how to get along with dogs, she could benefit from understanding the entire sequence.

WHO IS AT FAULT?

Although Bateson's example is a bit absurd, the predilection to lose valuable information through simple linear causality is rife in the mental health field. Consider Carol, a 44-year-old woman who was referred to me by her 13-year-old daughter's therapist, Samantha. Samantha said that the daughter, Emma, was struggling with issues

of depression and self-esteem, but "given Carol's poor parenting skill, of course Emma struggles." Samantha experienced Carol as erratic and volatile, at times enthusiastic about Emma's growing competence and at other times hostile and undermining. She believed that Carol lacked the ability to empathize with Emma's experience, and therefore Emma was even more prone to hopelessness and depression than most 13-year-old girls. Samantha told me, "I can't get anywhere with this mom because she sees me as competition for Emma's affection. I haven't been able to get a good history from mom, but I'm sure that there is trauma or abuse there somewhere."

When Carol came to see me, she started by saying, "I'm sure you have heard all about what a bad mother I am from Samantha. I know she thinks I'm too hard on Emma, but I can tell that she has no clue about what it's like living with a moody 13-year-old." While her manner was somewhat brittle and negative, I was impressed by how accurately she summed up Samantha's perception, and I wondered if she knew that Samantha did not have children. When I went on to ask how Carol felt about coming to therapy, she said, "I don't really think this will help. I've tried therapy several times before, we always spend lots of time on my crappy childhood, and it never goes anywhere. But Emma really likes Samantha and knows that Samantha recommended that I come here. If I ask Emma to work on her issues, I guess I should, too."

We can easily see Samantha's assumptions in this case, and they are firmly grounded in psychological tradition. As Emma's therapist, there is a strong pull for her to become aligned with Emma's perspective. Samantha experiences Carol as interpersonally difficult and witnesses Emma's mood difficulties. Her implicit message is that Carol's difficult personality is the cause of Emma's struggles and, in turn, her difficult personality was caused by some kind of childhood trauma. Using this lens, the child's problem is always the fault of the parent; historically, usually the problem was blamed on the mother, but more recently, fathers have been included in this equation, even if only through their lack of involvement.

Given the prevalence of this lens, I often try to help my students understand how inevitable it is that parents will be anxious and defensive when they seek therapy with or for their children. Yet this case illustrates the dilemma faced by Samantha and by me as Carol's therapist. We are both hoping that Carol can use her therapy to become a better parent. Fortunately, the focus on multiple and circular causality helps us see that Carol can make constructive changes in her parenting

without reinforcing the idea that Emma's problems are all her fault. And while this distinction between responsibility and blame may at first sound like semantics, in my experience this subtle but important distinction can be extremely therapeutic.

MANY PATHS TO THE SAME DESTINATION

Another systems concept that moves away from linear cause and effect is *equifinality*, which refers to the fact that the same outcome can be reached from different original conditions. As Bertalanffy points out, within a closed system the final result of an experiment can be predicted by the original condition, but in an open system, the result is the product of an interaction of variables. For example, when a child is having problems, it is easy to employ linear causality and say that a child's problems are the result of poor parenting. The principle of equifinality shows that a child's problem can result from a variety of starting points and that within an open system it is likely that several factors have contributed to the problem. This realization can both cut through defensiveness and help parents understand that improved parenting can be part of the solution to the child's problem.

To be more specific, Carol came to one session describing a difficult interaction she had with Emma. Emma came home from school complaining that two of her friends had decided to do a group project and did not include her. In trying to make Emma feel better, Carol told Emma that it would be easier to do the project by herself, rather than working with her friends. Emma was dejected, and when Carol tried to ask about her feelings, Emma simply said that her mother didn't understand her. Frustrated by Emma's increasing emotionality, Carol told her, "Well, maybe you should ask them why they didn't pick you. Last time you did a project with them, you didn't work very hard, so maybe they don't trust you anymore." While Carol's stated goal in giving Emma this feedback was to help her see that she could go back to her friends and promise them she would work harder, you can imagine that this wasn't the effect of her comments. Instead, Emma screamed at her, "You think I'm a terrible person! I knew it all along!" and ran to her room, crying.

In this instance, we see that Carol contributed to the problem by missing the chance to empathize with Emma's hurt feelings, and that if she had started there, she might have had the chance to help Emma solve her problem. Yet Emma gave Carol very little to work with, and certainly Emma's negativity and reactivity was part of the problem. Together they repeated the pattern of subtly invalidating each other.

Looking at the interaction in circular terms, each approached the other with the hope of making a connection, and when that hope was frustrated, they found indirect ways to attack the other. The more emotional and despondent Emma became the more incompetent and anxious Carol felt. She responded to this anxiety by trying to be businesslike, but not only did she miss Emma's feelings, she ultimately blamed Emma for the problem.

As we processed this example in session, Carol was able to see the challenges that Emma presented to her, as well as her own deficits in meeting the challenges. Rather than attributing the problem to her being a bad mother or Emma being a bad kid, she could see that in this interaction they each triggered negative reactions in the other. As Carol examined her part of the pattern, she identified the ways that her own history made Emma's negative feelings especially difficult. Carol had experienced her own mother as frequently hostile and occasionally abusive. She had reacted to her mother's rejection and criticism by focusing on external achievements and keeping her distance emotionally.

Carol was determined to make Emma feel loved and accepted in a way that she did not experience with her mother, and it was very triggering for her to see Emma feel hurt or upset. As we worked together, she was able to understand that at times negative feelings were inevitable, but that these feelings could be accepted and worked with in a way that she had never experienced. Having this model allowed her to change her destructive behavior without blaming or punishing herself. At the same time, she could challenge Emma to behave differently without being so critical or negative. In this specific example, she went back and asked Emma to talk about her feelings more openly and directly. As Carol was able to focus on Emma's experience, she felt more confident as a parent and was therefore more accepting of herself and of Emma. Using this case, we can return to Bateson's example and understand that a focus on multiple causality was empowering to Carol. Instead of blaming the woman for being bitten by the dog (it is the parents' fault when children have problems) or assuming that dogs will be dogs (what do you expect from a teenager?), Carol looked at what she could influence in the situation and was ultimately less anxious and more effective.

BLAME AND RESPONSIBILITY

Issues of blame and responsibility have a long history in family systems work and deserve further discussion. Although family systems work

developed in part in reaction to psychoanalytic models that were seen as overly mother-blaming, early family systems research on schizophrenia seemed to shift the cause from the mother to the family—while still maintaining a fairly linear, blaming stance. As we will see in the next chapter, when discussing communication, Bateson and the Palo Alto group noticed a particular type of problematic communication that existed in families with a schizophrenic member (Bateson, 1972, 1979; Nichols & Schwartz, 2001). As they observed and catalogued the now famous double-bind communications, they fell into the very nonsystemic trap of linear and singular causality. While the descriptions of double-bind communication highlight the statements of each member of the family, it is clear that the parent (usually the mother) creates the double bind that then causes the so-called crazy response of the schizophrenic.

Luckily, there are current conceptualizations of schizophrenic symptomatology that reflect both multiple and circular causality. Schizophrenia is thought to result from a combination of genetic predisposition and environmental stressors, which could include a variety of family or social problems. In addition, the level of functionality or adjustment can be increased by structured routines, medication, and social support. Current family treatments for schizophrenia highlight the importance of reducing negative expressed emotion, which highlights a circular causality model (C. M. Anderson, 1986). Within this model, families learn that as there is increased symptomatology in the system, family members may all experience greater anxiety and affect. If this affect is expressed directly, it is likely to exacerbate psychotic symptomatology, which in turn generates greater negative affect. By reducing these negative affective chains, families with schizophrenic members reduce distress as well as psychotic symptoms. Rather than blaming the family for the symptoms, this approach highlights the ways that family members can escape patterns of negatively triggering one another.

SHARED RESPONSIBILITY IS NOT EQUAL RESPONSIBILITY

Of course, multiple and circular causality does not imply equal responsibility for all problems, and family therapy has had to face numerous criticisms for the inappropriate application of ideas such as circular causality. Beginning in the late 1980s, Virginia Goldner and other feminist family therapists began writing about the ways that domestic violence had been ignored in the family therapy literature

(Goldner, 1985; Goldner, Penn, Sheinberg, & Walker, 1990). By focusing on the fact that both members of the couple contribute to the problem, the reality of unequal relational power was overlooked, at times leading to a blame-the-victim stance. While we will examine issues of power and privilege in more depth in later chapters, this distinction between contributing to a problem and being responsible for a problem can frequently be a useful clinical discussion. In the case of Carol and Emma, it was helpful to acknowledge Emma's contribution to their cycle, but as the parent in the system, Carol held more of the power and the responsibility for change.

There is a similar challenge in helping couples recover from affairs. To begin the healing process, it is frequently necessary for the person who had the affair to be fully accountable for betraying the relationship and causing the breach in trust (Pittman, 1989). By taking complete responsibility for having the affair, the partner who violated the relationship can begin to regain the trust of the wronged partner and in that process can often restore a sense of integrity in owning the wrongdoing. As the work continues, it may also involve looking at problems in the relationship for which both members were responsible. There is a delicate balance between allowing the affair partner to take responsibility for the affair and helping both partners own problems in the relationship.

One of the most interesting theoretical shifts in looking at causality can be seen in behavioral therapies. These theories were heavily grounded in the practice of basic science and many behavioral descriptions of events were extremely linear. Starting with classical conditioning, we see that Pavlov helped us understand how emotional reactions are conditioned through experience (Munger, 2003; Sheehy, 2004). Through the elegant simplicity of noticing that by pairing the sound of a bell with the pleasurable experience of being fed, the sound of the bell could then elicit the pleasurable sensation of anticipating food, leading to salivation. These scientific findings were quickly applied to humans, most famously in the 1920s by the psychologist John Watson (Sheehy, 2004). Watson was able to show that he could create a fear reaction in a small child where none had existed before.

Although current sensibilities question the famous experiment, Watson did contribute to our understanding of emotional learning in his work with Albert and the white rabbit. By pairing a frightening stimulus (loud noise) with an inherently pleasant object (a cuddly white rabbit), Watson conditioned the child to become afraid of the rabbit.

In contrast to the Freudian views of the day, which attributed emotions to internal, unconscious conflicts, the behavioral perspective looked at emotions as learned phenomena. According to this theory, we walk through the world accruing both pleasurable and aversive experiences, and this emotional learning helps us seek pleasure and avoid pain.

Skinner went further in looking at the ways that organisms operate on their environment to seek pleasure and avoid pain (Sheehy, 2004). Working first with pigeons, he noted that any behavior that was followed by a reward was likely to be repeated, behaviors that were followed by something painful were less likely to be repeated, and behaviors that received no reinforcement whatsoever were eventually dropped. Again, applying these ideas of operant conditioning to humans, Skinner saw human behavior as the product of contingencies in the environment (Skinner, 1974). Like classical conditioning, the mechanism for behavior change is direct and linear. To develop a desired behavior, first find a way to elicit the desired behavior, reinforce the behavior intermittently when it occurs, and expect that the behavior will be repeated. To eliminate an undesirable behavior, remove all reinforcement for the behavior, if possible, and wait for it to be extinguished. If the reinforcement cannot be removed, the behavior should be punished so that it will be discontinued temporarily, allowing a more desirable behavior to be reinforced in its place.

While operant and classical conditioning have had utility as foundational principles, other theorists have expanded these theories to make them more applicable to human behavior. Although he isn't generally considered a systems theorist, Albert Bandura elaborated on Skinner's operant conditioning by examining reinforcement schedules in a relational context (Bandura, 1977; Sheehy, 2004). Calling his approach *social learning theory*, Bandura was able to highlight the ways that the type of pleasure and pain that is meaningful to human beings generally occurs in the context of relationships. While traditional stimulus/response behavioral approaches often focused on tangible reinforcement, Bandura saw that humans learned by watching each other and that approval and rejection could be powerful sources of pleasure and pain.

EXPLAINING VICIOUS CYCLES

In the 1970s, couples and family therapists began to combine systemic and behavioral principles, an effort that has continued to the present. One of the best known of this group, Gerald Patterson (1971), started

with applying operant conditioning and social learning theory principles to problem behavior in children. Patterson and his group methodically analyzed the reinforcement schedules of children in their practice and began to elaborate the circular patterns that kept problem behaviors in place. A traditional behavioral approach focused on the ways that parents reinforce their children for undesired behavior, generally by ignoring positive behavior and giving intense attention to negative behavior. But Patterson and his group took these ideas forward in a couple of ways. First, in social contexts, behaviors simultaneously serve as stimuli and reinforcement, so that a behavior will elicit a response from another family member, and this response will elicit a subsequent behavior. Rather than a linear stimulus-response pattern, we see an ongoing and mutual cycle of people shaping each other's behavior.

Second, Patterson recognized that operant and classical conditioning go hand in hand in these situations. He pointed out that when negative behavioral cycles persist, family members become aversive stimuli for one another (Patterson, 1970). The classical conditioning that occurs further solidifies the operant conditioning; for example, as parents feel upset by their child's behavior, they feel anger and anxiety, and the mere presence of the child elicits a painful negative emotion. Trying to avoid that feeling, parents keep an emotional distance from the child that is also experienced negatively by the child. When given requests or directives, the child is not motivated by a positive relationship to comply. Instead, the request is perceived negatively and ignored until the parent becomes frustrated enough to pay a great deal of attention to the child. When the parent is acting in some extreme manner, the child finally complies. This prototypical example shows that the parent has trained the child to ignore requests initially (reinforcing the behavior after many requests), while the child has trained the parent to go to extremes to get his attention. In addition, the outcome of this cycle is that each party feels anxious and upset in the presence of the other. Patterson points out that the key behavioral efficacy that each party has in this cycle is aversive control (Patterson, 1993). Parents and children are joined in their ability to make each other miserable!

As I mentioned in the first chapter, because I started my career as an elementary school teacher, I felt well-versed in behavioral principles, which I applied in a linear manner (star charts on the desks of my students) to very good effect. When I returned to graduate school to study clinical psychology, I was drawn to psychodynamic theories, and I was somewhat dismayed to learn that in the integrative model I was taught through my systems training, I would have to implement

behavioral theories, which in my mind did not address the deeper truth of human suffering.

From this perspective, I had the good fortune of being supervised on a family case that helped me appreciate the depth of the systemic behaviorism developed by Patterson and his colleagues. Pia was a 10-year-old girl who was brought to therapy by her parents, Roberta and Gillian, for a recent increase in noncompliant behavior. Roberta had recently been laid off from her job in marketing and had been working from home for the past six months. Both parents felt that an increase in Roberta's availability in the home would be positive for Pia, who had always struggled in minor ways with small acts of compliance, such as keeping her room clean and keeping up with homework. But instead of improving, Pia's behavior had steadily worsened since Roberta had been working from home. Although she was extremely bright, her grades were only mediocre and had dropped in the past few months. She seemed to enjoy upsetting Gillian with minor behavioral violations, such as belching at the table and wearing dirty clothes. Even more distressing to Gillian, Pia was resisting activities that they used to enjoy together, such as craft projects and board games, and instead repeatedly requested that she be allowed to do these things with only Roberta.

Gillian and Roberta were in general agreement about their standards for Pia's behavior, but Gillian tended to be the enforcer of these standards, while Roberta was more easygoing and thought that Pia would gradually come around. When I explored the strategies they used to address Pia's behavior, Gillian employed frequent reminders and complained when Pia did not comply, while Roberta was inclined to leave the task of disciplining Pia to Gillian. Not surprisingly, Roberta felt that Gillian was overly harsh and critical of Pia, and Gillian felt that Roberta was weak and indulgent. It was a relief to both to see that their standards were similar and to hear that together they could teach Pia to maintain these behaviors, although this teaching would involve changes for both of them.

CREATING POSITIVE CYCLES

We started with a behavioral plan to encourage Pia to do her homework, clean her room, and clear the table after dinner. Knowing that positive reinforcement provides the best way to establish good habits, we set up a plan by which Pia would earn points each day for doing 30 minutes of homework, making her bed, getting her clothes in the

hamper, and taking the dinner dishes to the sink. Pia was neutral about these tasks initially, saying that they weren't hard but weren't really important, but she became more invested when we looked at positive reinforcement for completing them. Pia had been asking to be allowed to watch *The Simpsons* on television and to sleep on the pull-out couch in the living room. Gillian worried that Bart Simpson would be a negative influence on Pia's behavior, but Roberta felt that they could watch the show together and change the reward if indeed Pia started to copy Bart's negative behaviors. Both parents wanted to stay away from material rewards, and I agreed with them completely. We also determined that Pia would earn 10 minutes of additional computer time for meeting the target behavior each day, so that she had both immediate and cumulative rewards. As is typical in this type of work, developing the behavioral plan also required the family to improve their communication skills, as they were more accustomed to arguing and avoiding difficult topics than to listening to one another and solving problems together.

Although it isn't always the case, in this instance the behavioral plan worked like a charm. All the family members were skeptical about the other's ability to change: Pia thought Gillian would be unwilling to follow through with rewards; Gillian thought Roberta would reward Pia whether or not she did the work, and Roberta thought that both Gillian and Pia would be unable to change. When we look at circular causality, however, we see that as each member made small changes, the entire pattern could change in a larger way. Roberta bought into the behavioral plan and began attending to Pia's compliance. She also appreciated Gillian's willingness to employ positive reinforcement. Gillian felt Roberta's investment and was relieved to have her help. Pia experienced less tension between her parents, as well as more power and competence through earning rewards than through upsetting Gillian.

As we continued monitoring the family progress in therapy, we moved on to address the subtler problem of the increased distance between Pia and Gillian. While Pia's behavior was significantly better and all family members were happy with their progress, Pia continued to refuse to do activities with Gillian, which was very disappointing to Gillian. Because they had always enjoyed doing craft projects together, we decided to spend a session making individual and group collages in order to understand how their positive time together could work better. As we were all thumbing through magazines and making small talk, Pia went right to work. She found a picture of an attractive brunette

in profile, attached it to a poster board, and then cut out the letters "n-o-n-o-n-o-n-o" to come out of the woman's mouth. Gillian watched intently and asked the obvious question, "Is that me?" Pia coyly said, "Yes!" I was worried that Gillian would become defensive, and Roberta looked tense and unhappy. To our surprise, Gillian was able to ask Pia about her perception of all the restrictions that were placed on her, and she reassured Pia that she also didn't want to be the "all no" mother. As Roberta saw that there wasn't going to be a conflict between Pia and Gillian, she relaxed and noted that if she said no more frequently, Gillian could be more flexible. Pia explained that she never wanted to hear no from either parent, and although this comment rubbed Gillian the wrong way, with a little help from me, both parents were able to respect Pia's comment without feeling that it undermined their authority.

Behavioral theory can help us understand what happened between Pia and her parents, and a systemic application of behavioral theory gives an even more complete picture. When both parents reinforced the target behavior and ignored her negative attitude (operant conditioning), Pia's nondesired behavior was fairly quickly extinguished and replaced. This happened in a circular fashion: Pia's compliance reinforced her parents for being warmly structuring, rather than her resistance reinforcing Roberta's avoidance and Gillian's nagging. In addition, a change in classical conditioning occurred. The positive behaviors created a calmer, more relaxed atmosphere that replaced the anxious, resentful tone in the house. Again in a circular fashion, as Gillian was less critical and vigilant, Roberta was more engaged and involved. As this shift occurred in the parents, Pia was less pulled to Roberta and less avoidant of Gillian. All family members began to look forward to their time together, rather than avoiding and dreading their time at home.

Similar to the way that an understanding of circular causality helped each family member change the cycle, the systemic emphasis on multiple causality was very helpful in this case. As is typical in most family cases, each family member initially saw the others as the problem. Gillian actively blamed Roberta's easygoing attitude, Pia blamed Gillian's negativity, and Roberta wanted to deny that there was a problem. Starting with multiple definitions of the problem allowed the family to move away from the kind of finger-pointing that was so painful for all of them.

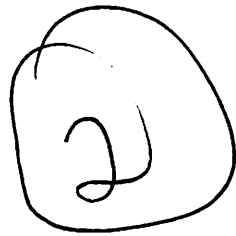
While I've chosen to focus on Patterson's behavioral family therapy (Patterson, 1993) as a good example of the systemic view of circular

causality, numerous other examples exist. John Gottman's foundational research on couple interactions, based on a behavioral perspective, highlights the way that behavioral sequences can become ingrained (Gottman & Gottman, 2008). In several well-replicated studies, Gottman documents the importance of the balance between positive and negative interactional cycles. Again highlighting the complementary nature of operant and classical conditioning, Gottman notes that positive and negative affective cycles tend to be self-reinforcing. In addition, Gottman stresses the power of negative interactional cycles. Overall, it takes five positive interactions to counteract the effect of one negative interaction. Gottman's more recent work helps us understand why couples can become so stuck in either positive or negative cycles. He notes that in happy couples, a negative interaction frequently does not start a negative cycle. He calls this phenomenon the ability to up-regulate positive affect during conflict. We could easily apply this concept to our family case: When the ratio of positive interactions has significantly increased, we will assume that each family member will be conditioned to appreciate and enjoy the presence of the other. In the context of these positive feelings, Gillian may still experience an initial feeling of annoyance when Pia misbehaves, but the positive feelings will override her initial negative reaction. This override stops the negative cycle that would have occurred a few weeks before.

According to the core concept, early applications of systems theory to psychology emphasized the prevalence of both multiple and circular causality. This model counteracts the very human tendency to look for single, linear explanations for behavior. The movement beyond linear causality can correct mistakes that occur from a narrow focus on single causes and offer a greater breadth of intervention strategies.

Further, in my experience, the emphasis on multiple and circular causality is a huge component of successful therapy because it replaces blame with responsibility. This shift from shame and defensiveness to genuine regret and accountability is equally helpful in working with individuals, couples, or families. Most of us harbor primitive and profound wishes to be completely blameless in our life's problems and simultaneously fear that we are totally at fault for our own misery. To be able to step back and acknowledge that there are numerous contributors to our problems takes the idea of context a step further. As my husband has pointed out to me in the midst of an argument, "You teach systems theory, so you know that it is unlikely that the problem is *all* my fault." By recognizing multiple contributions to a

problem, we can move away from a posture of blame to create an atmosphere of understanding and problem solving. In addition, by adding the concept of circular causality, we see that frequently the pattern created in a negative cycle keeps a problem locked in place. To be able to say, "You have developed a pattern in which you bring out the worst in each other" is not only less blaming; it also offers a focus on problem behavior rather than problem people. As we will see in the next chapter, many of those problem behaviors revolve around communication.



CHAPTER 4

Communication

I TEACH A seminar to doctoral students in which we work with couples and families, and a few years ago we decided, as a joke, that we would never accept a couple's case that didn't list communication difficulties as one of their presenting problems. The joke got old very quickly, because every single couple that came through our clinic described communication issues as one of their major difficulties. As therapists, we know that communication problems are rampant when there is distress in a relationship, but when we say that a couple or family has communication problems, do we know what that means?

We may have a general sense that when someone has communication problems, the individual is having a hard time feeling heard or understood. She may yell and fight rather than resolving problems, or he may avoid discussing difficult or emotional issues. Yet stating that there is a communication problem doesn't give us specific information about the difficulty and it certainly doesn't tell us how to intervene. From my experience, communication theory is one of the areas in which systems theory is so incredibly helpful. The ability to analyze communication problems on multiple levels and then to replace destructive communication with more constructive communication is one of the hallmarks of systems theory. In spite of what you may hear in the popular media, the task of reworking communication is often more difficult and more complex than it initially appears.

OBSERVING COMMUNICATION

One of the major contributors to a systemic view of communication is Paul Watzlawick (Watzlawick, Weakland, & Fisch, 1974). As mentioned earlier, his *Pragmatics of Human Communication*, published in 1967,

summarized some of the work that Watzlawick did with Gregory Bateson and the Palo Alto group in the early 1960s (Watzlawick, Bavelas, & Jackson, 1967). Watzlawick, who died in 2007, was a psychologist who studied families with psychotic members and was especially interested in the analysis of human relationships. In looking at human communication, Watzlawick noted "the impossibility of not communicating" (Watzlawick, Bavelas, & Jackson, 1967, p. 48). Watzlawick notes the omnipresent and ubiquitous nature of human communication in this statement, in that all of our actions or inactions convey some type of meaning, which will be interpreted by those around us. Systems theory takes a step back to observe the cycles of communication that constitute the message sent and the message received, and this type of observation is known as metacommunication. Metacommunication examines the actual act of communication, and is a common thread in the practice of psychotherapy. As the therapist examines the metacommunication, or communicates about the communication, it is also helpful to distinguish between process and content. Process and content are different, and a metacommunication perspective helps to elucidate the ways that process and content can work together to create constructive communication.

Watzlawick illustrates the fact that human communication involves a message being sent and a message being received. Numerous factors influence both the sent and received messages. One way of examining these messages is to look at the difference between the *report function* of a communication and the *command function* of a communication. As Watzlawick used these terms, he noted how our decoding of messages is always influenced by context. The report function is the literal, face-value meaning of a communication. It is the surface level of meaning, and in verbal communication, it involves semantics. In contrast, the command function involves the latent content of communication. The command function is based on the relationship between the parties involved in the communication, and it includes the nonverbal cues that help the receiver encode the full meaning of the sender's message. The report function is generally thought of as the explicit message being expressed, and the command function describes the implicit message, especially the implicit message about the relationship between the sender and receiver.

Looking at both functions of communication shows us that we constantly, and usually unconsciously, weave together the report and the command to translate messages around us. If my 15-year-old son says to me, "Mom, you are a great driver," I could take this

message literally and accept the words on their face value. Knowing more about the context of the relationship, however, I would tune in to the fact that my son has his driver's permit, he likes to show off, and he loves sarcasm. In this case, the report function of the communication indicated that he is giving me a compliment, but the command function of the communication suggests that he is either teasing or insulting me (which may be the same thing with 15-year-old sons).

When I think of the difference between the report and command functions of communication, I can never forget a personal example that provided a vivid illustration of the difference between the two levels. I was standing outside a Paris nightclub with a (former) partner. It was a beautiful evening, and we were waiting to go inside and listen to some jazz. The dialogue went something like this:

MY PARTNER: "You should buy that Miles Davis album I told you about."

MY RESPONSE: (incredulous) "I can't believe you would say that to me!"
(I turn away, angry tears in my eyes.)

HIS RESPONSE: (rolling his eyes) "You're going to get mad at me for this? That's ridiculous!"

You can see that so far the conversation doesn't really make sense. Without more contextual information, we can only guess at my negative reaction. Did he forget that I don't like Miles Davis? Do I believe that he is insensitive to my financial issues? Did I tell him that I wanted him to buy me this album as a gift?

With more background, you would know that we had just finished a conversation processing the way that I felt invisible and inferior in our relationship because my partner was always being the expert and telling me what to do. I thought that I had sincerely and convincingly shown him examples of how I experienced him as controlling and condescending. The fact that my partner repeated the dynamic that we had just discussed illustrated an unchanging dynamic to me and suggested that the command function of his communication was to continually put me in my place. At the same time, he experienced my communication as irrational, unfair, and overly sensitive. The command function of my communication was that he needed to walk on eggshells and didn't have room to make mistakes. Returning to the issue of circular causality, you can see that with this type of communication, we were likely to reinforce both negative views and negative experiences of each other. The report function ensured that I

experienced his comments as dominating and judgmental and that he experienced my reaction as irrational and petty.

MESSAGE SENT AND MESSAGE RECEIVED

This example also illustrates another set of communication constructs, the difference between intent and impact. In my experience, because we often confuse the two ideas, we often end up arguing about whether someone has a right to an emotional reaction. Even if my partner did not intend to insult me, the impact that I felt at his reaction was real, and there was no benefit in trying to deny the way that his comment hurt me. Understanding communication more fully allows us to separate intent and impact, which can clarify misunderstandings.

You can see that if we had not been so rigidly mired in the command function of the communication, we might have been able to repair our misunderstanding, and part of that reparation might have involved separating intent from impact. If I could have used better communication, I could have let him know that the way he phrased the statement felt condescending and that I wished he would have actively shown me that he perceived me as an equal. He could have responded with curiosity or empathy. The dialogue could have been repaired:

MY REACTION: "Yeah, I know that I'm overreacting, but when you make that kind of statement I feel like you are acting like my boss again. It feels awful, especially after the talk we just had."

HIS RESPONSE: "Wow, that's not what I meant, but I can see how you would feel that way. I was thinking of how much you would like some of the songs, but I can see how you felt that once again I was telling you what to do."

MY RESPONSE: "Sometimes it would be nice if you asked me about the music I have been listening to, instead of just telling me what I should listen to."

HIS REACTION: "Yeah, I'll try to do that more. It helps when you tell me this instead of just getting mad."

Of course, this dialogue happened only in my fantasy. Our actual dynamic felt so stuck to me that I ended the relationship a couple of days after this dialogue. I'm still not convinced that he didn't intend to take the upper hand with this type of exchange, but regardless of his contribution to the problem, I know that at the time I didn't have the ability to change my piece of the cycle. Ironically, I went home and

purchased the Miles Davis album, which went on to become one of my all-time favorites.

FUNCTIONS OF COMMUNICATION

Yet another way of looking at communication difficulties is to examine the goals of communication. Within human relationships, communication can be used to solve problems or to create emotional connections. While both purposes of communication are legitimate, problems can occur when partners differ in how they value each function. I often find some of the descriptions of gender-based communication overly simplistic, but like most stereotypes, there is some truth to the idea that in our culture, males and females communicate differently. According to gender stereotypes, men typically use verbal communication to establish status or to solve problems, and women use verbal communication to create social bonds (Tannen, 2001). Regardless of whether the gender explanation makes sense to you, I imagine that you can find numerous examples of the difference between problem-solving communication and connecting communication. Of course, these types of communication are not mutually exclusive, as often good problem solving creates bonds, and emotional connections promote better problem solving. Yet in my clinical work, this distinction helps me understand the way that couples and families are often completely out of sync with one another, talking with two different agendas without even realizing that they are unwittingly working at cross purposes.

CORRECTING MISUNDERSTANDINGS

There is a substantial body of literature on the benefits of teaching communication skills to couples to prevent the kinds of misunderstandings I described (Markman, Stanley, & Blumberg, 1994). The cornerstone of this approach involves teaching the speaker-listener technique, which aims to maximize the chance that the message sent by the speaker will be the same as the message received by the partner. Skills training for the speaker focus on helping each member of the couple take responsibility for what is said to the partner, so that messages are clear, short, and understandable. Similarly, the listener is taught to put aside his own agenda temporarily in order to understand, and then paraphrase, the speaker's message. The speaker and listener make the commitment to adhere to their respective roles until

the speaker feels that the message was understood, and then the roles are reversed. One goal of developing these communication skills and strategies is to limit destructive conflict and replace conflict with problem resolution.

Studies generally show that this type of skills training is most effective at preventing problems (Markman, 1993), and couples often complain that it feels artificial or contrived to use these techniques. Yet I often find it interesting to witness just how difficult it is for individuals to accurately state their positions and then correctly comprehend a partner's message. Thinking about communication from a systems perspective, it makes sense that there are a number of ways that communication can go awry, and it seems inevitable that a therapist will need a variety of tools to help couples communicate effectively. It is incredibly useful to know how to slow down the communication sufficiently to clarify each person's basic intent. When the goal of communication is to resolve conflict, it is essential that each side of a conflict is correctly identified and understood. When the goal of communication is emotional connection as well as problem solving, the opportunities for miscommunication increase even further.

Consider an unresolved argument that my clients Jim and Amy brought to their therapy session. Jim called Amy at work one afternoon and said, "Hey, what are you thinking for dinner tonight? I was thinking that bruschetta sounded good." Amy answered, "I haven't thought that far ahead; now that you ask, steak sounds good." He answered, "Well, you know that tomatoes are in season, and I can't stop thinking about bruschetta." Without much enthusiasm, she said, "Oh that sounds okay." He replied, "I may get off a little early, so I will see you at home." Jim and Amy have a nice garden and he's a great cook, so he decided to make the world's best bruschetta. He stopped by their favorite bakery for special bread to grill, and he used their best olive oil. The tomatoes were perfectly ripe, and Jim believed that he was making the dinner of Amy's dreams. When Amy arrived home from work, Jim said, "I have a surprise for you. How about some bruschetta?" Amy answered dejectedly, "I thought I told you I wanted steak!" Then the fight began in earnest, because they were both hurt and upset. He said to her, "I came home early just to make you bruschetta! I put all this work into making a nice meal for you. I wanted to make you happy. You don't have the capacity to appreciate me." To which she replied, "I didn't ask you to do this for me! I didn't ask for any of this. You asked me what I wanted, and I said steak. You don't care what I want. This is another example of your selfishness!"

MISSING THE BOAT

This clinical example illustrates the potential for miscommunication on a number of different levels. When Jim called Amy and asked what she wanted for dinner, the report function of the communication was literally to learn what she was in the mood to eat. But we know from the suggestion about the bruschetta, and from Jim's later comment about leaving work early, that the command function of the communication was to say, "I have something planned for dinner, and I hope that you enjoy it." Further, he seems to be saying, "I want you to feel loved when you eat my food, and I want you to love me for being such a good cook." In response, the command function of her communication seems to say, "I won't give you a lot of information, and I want you to care enough about me to listen very carefully and take me seriously." Already we see that the conflict between these levels of communication is sending a mixed message to Amy. In turn, Amy doesn't address the mixed message directly, but instead first responds only to the report function ("I want steak"). When Jim goes further in mentioning the bruschetta, Amy provides her own mixed message by agreeing to his request, without enthusiasm. The report function, "Bruschetta is fine," contrasts with the command function, "If you love me you will respect my desire for steak." In this case, Jim accepts the report function and misses the context of the command function.

At this point, Jim and Amy each blame the other for the miscommunication (You asked me what I wanted! You said bruschetta was okay!), and yet the underlying message has yet to be explored. If we look at Jim's intent, he was hoping to treat his wife to something that sounded wonderful to him. He intended to make her feel special, and he was hoping to receive admiration and appreciation in return. In turn, Amy responded to Jim's question by saying what she wanted. She intended to have her wishes heard and validated. In both cases, the intent did not match the impact. Jim's efforts in making the bruschetta didn't make Amy feel special but instead made her feel disregarded and ignored. Amy's insistence on her desire for steak didn't help Jim understand or respect her but instead made him feel unappreciated. Finally, in contrast to our predictions of gender-based communication, Jim called Amy (and made the bruschetta) out of a desire for connection. He didn't call to solve the problem of what to make for dinner; he called because he wanted to share his plan for creating a nice evening. Amy didn't feel the connection and instead saw the problem solving gone awry. If he called to ask what she wanted for dinner, then why

didn't he show her the courtesy of sticking with the conversation and coming up with a mutually satisfying entrée?

DESTRUCTIVE COMMUNICATION

When we look back at early applications of communication principles, we see that Watzlawick and Bateson worked from the hypothesis that problematic communication causes both symptomatology and distress (Watzlawick, Bavelas, & Jackson, 1967). They studied interactions of families with a member suffering from schizophrenia in depth, examining both verbal and nonverbal exchanges. They identified a type of communication that was seen to be common in these families and thought to be so distressing that it caused psychotic symptoms. They called this communication a double bind. While double binds have since been described in slightly different ways by other systems theorists, Bateson described a double bind as having three key components: First, the communication must occur in an emotionally important, connected relationship. Second, there must be a conflict between the meaning of the report function of the communication and the meaning of the command function of the communication. Third, the rules of the system must be specific that the mixed message can't be addressed directly. This type of communication sets up the proverbial "stuck between a rock and a hard place" kind of feeling, since the discrepancy between the levels of communication is felt but must be denied, as the relationship is too important to just leave. It is worth noting that the act of therapy is designed to surface and address mixed messages. The act of exposing the conflict doesn't resolve the conflict, but an open acknowledgment of the conflict in itself defuses the double bind.

Bateson and Watzlawick noted that double-bind communication often preceded an increase in psychotic behavior, and they speculated that this type of communication caused schizophrenia (Bateson, 1972; Nichols & Schwartz, 2001; Watzlawick, Bavelas, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974). Their logic seems strangely nonsystemic in some ways, as it implies a single cause for the problem (communication causes psychosis). Further, some of their examples of double-bind communication seem almost as linear and mother-blaming as the Freudian theories that they purported to replace (Nichols, 2010). For example, they describe a mother and father visiting their son in a mental hospital on Mother's Day. The son had been less symptomatic and had been able to get a pass to the infirmary to buy his

mother a card. She opened the card, and the message inside said, "You have been like a mother to me." The mother was visibly upset by this message because, of course, she was his mother and was not "like a mother" to him. She began to cry, but when the son asked what was wrong, she said, "Nothing, I'm glad you think I am like a mother to you." The son knew that his mother was upset but didn't understand why. When he pressed further, she became angry and stated, "I am here to visit you, not to talk about myself," effectively ending the opportunity to process the communication further. At this point, the son became quite agitated and described his fear that poisonous gas was being piped in through the vents. The visit ended with the son appearing actively psychotic. The implication was that after the mother's rejection of the son's card and the family's inability to process this rejection, the son's psychotic symptoms actually made sense.

In this age of biologically based psychiatry, it seems almost quaint to think that communication could actually cause schizophrenia, but the example does highlight the way that communication can cause distress and the way that constructive communication could have potentially relieved distress. The act of attending therapy is inherently geared to addressing double binds by directly challenging the prohibition against confronting the mixed message. If the case would have been a family therapy case rather than a research case, we can guess that the therapist would have helped the mother express her disappointment in the son's card in a way that was less hostile and reactive. Of course, we might also examine the intent of the communication of the son in choosing the card—was he trying to express his ambivalence toward his mother with the message in the card? A key theme in the importance of good communication is that expressing ambivalence directly, rather than acting it out, has more positive, manageable results.

Current research on family therapy for schizophrenic symptoms suggests that Watzlawick and Bateson were on to something important, although slightly different from what they described. The work of Carol Anderson (1986) and that of Ian Faloon (Faloon, Leff, Lopez-Ibor, May, & Okaska, 2005) have examined the interactions of families with members who have been diagnosed with schizophrenia. As mentioned earlier, their research validates the hypothesis that high levels of expressed emotion are likely to increase psychotic symptomatology. Their research programs have demonstrated the efficacy of teaching family members to reduce escalating emotional communication when psychotic members are agitated or distressed. If we go back to the issue of double-bind communication, we see that mixed messages create

agitation, and the inability to address the mixed message directly escalates the negative emotion. The painful, stuck, mutually undermining cycle established through the double bind is not unlike the aversive behavioral sequence described by Patterson (1971) and other behavioral systems theorists, as discussed in the last chapter. However, by looking at levels of communication that occur within the interaction, we have another way of understanding how these cycles are created and maintained.

ENHANCING AUTHENTICITY

There is a long tradition within the practice of family therapy of trying to restore family relationships by changing communication patterns. Although their styles of practicing therapy appear very different, both Carl Whitaker (1977) and Virginia Satir (1972) were influential family therapy pioneers who emphasized the healing power of emotional expression. As we are all influenced by our historical context, both Whitaker and Satir were heavily influenced by the humanistic-existential zeitgeist of the 1960s. When I show videos of Whitaker and Satir to my students now, they are outraged by the lack of boundaries, and they raise issues about the ethics of saying blatantly outrageous things to clients, or of hugging clients. These concerns are clearly valid, and there is no question that an unexamined and impulsive use of emotion simply for the sake of catharsis can have negative consequences. When we look at the principles behind the experiential work of Satir and Whitaker, however, we see they were able to identify and rework inconsistent and conflictual communication in a way that was authentic and compelling. Further, the foundations of this experiential approach have been expanded in Greenberg and Johnson's emotionally focused therapy, a well-researched approach that we'll discuss later in the chapter (Greenberg, 2002; Johnson, 2002).

Like Murray Bowen and Salvador Minuchin, Carl Whitaker was trained as a psychiatrist during the late 1940s and worked with patients with chronic mental illness (Nichols & Schwartz, 2001). All of these family therapy pioneers expressed dissatisfaction with the psychodynamic orthodoxy of that time, and Whitaker was especially contemptuous of the traditional application of Freudian theory. In fact, Whitaker rejected the idea that theory was useful in the practice of therapy (1976), instead seeing the use of theory as a way to become distant from experience. In an almost pure expression of communication theory, Whitaker believed that being genuine and honest in the

moment was the ultimate healing force, and he strove to jolt his clients out of their complacency and emotional dishonesty. Although he would reject a Freudian explanation of these forces, he did believe that human beings are socialized to deny their authentic feelings and that this socialization results in people being at war with themselves. This unexpressed internal conflict could cause a whole variety of individual symptoms and interpersonal problems. Whitaker felt that family beliefs and expectations constrained individuals from being true to themselves and that problems were compounded when families didn't know how to express or resolve conflict (Whitaker, 1981). For Whitaker, human relationships were inherently passionate and therefore naturally full of conflict, competition, and hatred, as well as joy and excitement. It is in denying and turning away from these intense feelings that we create problems for ourselves and for our families, according to Whitaker.

As a therapist, Whitaker was described as brash, blunt, and outrageous. He ran the psychotherapy clinic at the University of Wisconsin for 30 years. Not coincidentally, he typically worked with a cotherapist, most notably the talented clinician Gus Napier. Napier and Whitaker (1978) had a kind of good cop-bad cop approach, where Napier could be the more conventional therapist and help clients process and work through some of Whitaker's unconventional and often upsetting remarks. Whitaker professed an affinity for the absurd and was able to use his offbeat style to highlight the irony of the alienation that results from family disharmony. For example, Whitaker might say to an adolescent early in an interview, "How does it feel to know that your dad is a cripple?" when he explored the father's fight with polio and the son's difficulty with his father. Then Whitaker would stand back and, with the help of the cotherapist, watch where the pieces landed. The hope with this type of intervention was that the family could have a more honest conversation about the unexpressed anger, rejection, and resentment that were being surfaced through the adolescent's symptoms.

Virginia Satir's (1972) style was very different, yet she also worked from the premise that unexpressed feelings and issues were the root of human suffering. Satir was trained as a social worker and worked in Palo Alto with Bateson, Haley, and Watzlawick. Satir was also heavily influenced by the human potential movement of the 1960s, and she embraced humanistic theories that focused on actualization and other progressive ideas. In many ways, it is possible to see Satir and Whitaker as two sides of the same coin, with Whitaker highlighting the problems

with repressed negative affect and Satir celebrating the healing power of warm, loving communication (Satir, 1983). As a therapist, Satir practically oozed empathy, and some of her techniques seemed to almost parody our notions of using affect in therapy. In one family therapy video, she holds the hand of a mute, disengaged adolescent and intones, "Your hand is soft and warm. I like holding it. Your hand feels very nice to me." While this focus on human affection might seem contrived, for Satir the emphasis on the unexpressed need for compassion, validation, and appreciation is almost always beneficial. In the case of the adolescent girl, the direct physical affection first caused the daughter to become more symptomatic in the session, which then allowed Satir to invite the parents to become more involved in their daughter's care.

COMMUNICATION BUILDS ATTACHMENT

While Whitaker and Satir both focused on direct, affect-rich communication, more recent applications of experiential approaches emphasize a stronger theoretical underpinning. In different ways, Whitaker and Satir focused on feeling more than on ideas, to the point of seeing theories as tools for creating distance and empty intellectualization. Again, these criticisms may apply to certain applications of psychological theory, but there is nothing in systems theory that says that good communication is affective rather than logical in nature. Instead, a current application of systems theory is seen in the work of Sue Johnson (2004, 2002), who uses attachment theory as the basis for her experiential approach. Rather than rejecting theory as limiting, Johnson draws on both theory and research to help us understand the richness of human communication and to correct the potential pitfalls involved in pursuing affect in naïve, exaggerated ways.

According to Johnson, attachment is a primary human need, as basic as the need for food and water. Human beings are hardwired for attachment, as being in caring and involved attachment relationships is necessary for our survival. The primary means of developing, maintaining, and repairing our attachment relationships comes through our experience of affect and can be seen in the way that affect is communicated. An enormous body of research elucidates the development of attachment relationships between infants and their caretakers. It is now well documented that the bond between an infant and her caretaker develops through interactions that take place between them. As the caregiver feeds, changes, holds, and gazes at the infant, the infant

experiences a sense of well-being, feeling both calmed and soothed by this positive attention. In turn, the infant's response to the caregiver can create a reciprocal positive experience. As the baby is calmed and soothed, the caregiver experiences a sense of efficacy and competence in providing love and care to the infant. When this circular interaction goes well, both parties create a positive, safe, and responsive environment for the other.

Of course, any interaction is going to include problems, and part of what attachment theory helps us understand is the mechanism for reconnecting when there has been a rupture in the attachment. Even when the infant is very young, there will be times when the connection feels too close or too intense, and the baby will need to turn away from the comfort of the caregiver. Similarly, the caregiver sometimes disappoints the baby by being less responsive or available than the baby needs. The ability to tolerate the frustration inherent in these moments of broken connection is at the root of developing a truly secure attachment. However, it is just these small breaks in connection that can sometimes cause more extreme reactions and lead to insecure attachments. For example, when a parent overreacts to a baby's need for a break or for space, the parent may actually feel a sense of rejection from the baby. In this case, the parent's hurt or anger is experienced by the baby as disapproval, which then causes internal discomfort for the child. This sense of being out of sync with one another can escalate as each party becomes more desperate to engage the other, or the relationship may become disengaged as they retreat from each other. These negative interactions create anxiety and alienation rather than fostering coherence and affect regulation.

Interestingly, a number of current psychodynamic treatment approaches also utilize this attachment paradigm. Current research on the neurobiology of attachment builds on a rich psychodynamic tradition of examining psychic development through dyadic interaction (Beebe & Lachmann, 2002). Employing this attachment research, Daniel Siegel has described the intricate communication patterns involved in negotiating connections between parents and children (Siegel & Hartzell, 2003). Siegel highlights not only the formative nature of early attachment relationships but also delineates the ways that parents can repair negative interactions by fostering accurate emotional communication. Similarly, contemporary psychoanalytic theories of psychotherapy focus on the healing power of affective attunement. Intersubjective theories, as described by Buirski and Haglund (2001), focus on the profound human need to be heard

and understood. In all of these approaches, there is an emphasis on emotionally meaningful interactions that help us know ourselves and the other. The hallmark of affective attunement, in all of these approaches, is the feeling of clear, emotionally consistent communication. Although it isn't easy to define this type of communication, it does seem to be one of those phenomena that we know when we see it. When my students did a rock-opera parody of the therapy process, the refrain of the therapy client to the therapist was straight from Buirski's intersubjective paradigm "You really get me." When communication works well, we do indeed feel that others really get us.

In applying the attachment paradigm to couples therapy, Sue Johnson (2004, 2002) highlights the fact that attachment needs are lifelong rather than developmental. Noting that feeling grounded in secure, supportive relationships is the cornerstone of adult mental health, Johnson has studied the ways that the therapy process can repair ruptured attachments. As mentioned previously, Johnson moves beyond the singular focus on emotional expression that was common to Satir and Whitaker to analyze the function of human emotional communication. Similar to points made by Watzlawick and other systems theorists, Johnson notes that our communication often obscures rather than clarifies our message. Particularly when we react from a position of insecure attachment, our ability to express what we feel is limited or compromised. While we may be engaged in expressing ourselves, what is often expressed is the defensive surface layer of an experience. By getting underneath the defensive secondary emotions to explore the primary affect in a situation, Johnson makes room for that deeper feeling of being more thoroughly understood.

Although the idea of looking at what is underneath a defensive reaction has been common in many psychological theories, Johnson shows us both the complexity and the efficacy of exposing and reworking emotional miscommunication. Often, a heated argument can give us an entry point to understanding where people begin to misunderstand each other.

Let's go back to the case of Jim and Amy and their argument about planning dinner. If I were to begin a discussion of the argument by asking how they feel, they both would say they feel angry. They are clearly frustrated with each other, and each feels their point is completely valid. At this point, a focus on getting the negative feelings out would be likely to reinforce their defensive, righteous positions. Jim can easily cite examples of times when Amy has been indifferent and unappreciative; Amy feels very strongly that she needs to stand up

for herself to feel like a visible adult. Going a bit deeper, we could look at the ways they each feel hurt by the other. There is clearly a great deal of pain in the room, and both Jim and Amy are disappointed by the rejection and invalidation they feel from each other. By going beyond the surface anger and frustration to look at their hurt and disappointment, there is an opportunity to approach each other with care and compassion rather than judgment and disdain.

Facilitating this type of constructive communication is often more difficult than it appears, however, and means applying several of the systems concepts that we have discussed so far. First, the context of the argument must be one of collaboration rather than competition. The therapist needs to make room for both of their viewpoints to help them see how to work together rather than how to win the argument. Second, by employing a circular and multiple-causality approach, the therapist can be curious about all of the factors that contributed to the argument. Like shifting the context of the argument, employing circular causality helps each partner see how they contribute to the pattern, which will feel different from the pattern of blame and defense that they initially use in describing the argument.

Coming from this basic systemic perspective, I can now slow down the communication and understand more about what each partner wanted to express to the other. Similar to what both Satir and Whitaker would have done, we can examine the underlying messages in their communication and try to use the affect to create more authentic connection. Seeing what Jim and Amy were each looking for was the first step in helping them understand each other and express themselves more clearly. Looking at their pattern from an emotionally focused perspective, we see that Jim has felt chronically unappreciated by Amy and has a history of missing the mark when trying to please her. As I help him explore these feelings, we are able to focus on his fear of disappointing her and his very poignant wish to make her happy. We can see that if he could have expressed this desire more directly, she could have tuned in to the intent of his communication. The fact that he wants to feel special and to have her eyes light up when he presents a surprise is so human that it ultimately draws Amy to a more compassionate stance.

At the same time, when we explore Amy's feelings, she is able to express how painful it is to feel invisible to Jim. She is so fearful that he really doesn't care what she wants, and she is longing to feel important to him. When he sees how much it would have meant to her to have him slow down and listen to her request for steak, the tone of the

conversation changed. Although the report-level conflict actually became clearer through the discussion (shall we have bruschetta or steak?), the emotionally focused work allowed us to explore and resolve the command-level conflict. The couple was able to see the legitimacy of both Jim's wish to feel special and Amy's wish to feel important and to listen to these needs in a different way. Not coincidentally, from this empathic position, it is much easier to resolve the literal conflict: Whether they decide to have both steak and bruschetta tonight, to take turns, or to do something completely different, the decision will feel different when it comes from a place of each experiencing that their attachment needs are being met.

COMMUNICATION CREATES ATTUNEMENT

The example I've used is from a couples therapy session, and yet I hope that you see the applicability to other forms of therapy. As mentioned in the discussion of intersubjective approaches, these same communication principles are equally relevant in creating the kind of attuned attachment promoting communication between therapist and client. By using miscommunication and relational ruptures as clues to understand unresolved attachment needs, the therapist can both elucidate relational themes and create a deep sense of mutual understanding. One excellent example of this theme is a case study described by Buirski (2005). Buirski is doing a clinical demonstration with a client who has experienced a recent divorce and is clearly in pain, yet seems to be unclear about the process of therapy and the ways that therapy might help. Upon reflection, Buirski notes that the interview demonstrates the difference between a traditional object relations approach to clinical work and a more relational, intersubjective approach to a client.

For the first part of the interview, the therapist is trying to help the client gain insight into the patterns that have led to his problems and to his distress. As Buirski explores the client's history and description of relationships, he becomes internally frustrated with the client's lack of insight and inability to build off the therapist's suggestions. From the therapist's description of his own experience, we know that he is feeling ineffective in working with the client. The client makes a statement that disparages coming to therapy, lamenting that "you have to go see a doctor to help you get interesting?" (Buirski, 2005, pp. 48-49). Buirski responds, "I guess your feeling is then that you're a pretty nice guy but not an interesting one." While the content of the

response is neutral, Buirski is aware of his negative internal experience. The client says, "It's sad to say I think you're, uh, I, that's, uh, I think you're right about that." The client experiences Buirski's negative reaction, and Buirski correctly identifies the client's painful feelings in his response. Buirski is touched by the client's openness after his remark. He is more congruent in his communication and the client responds by being more authentic. He shifts the focus to connecting to the client's felt experience and the interview becomes more successful and satisfying. The client also seems more emotionally available and shares deeper and more vulnerable thoughts and feelings.

Buirski provides a transcript of the session, as well as describing the nonverbal aspects of the interchange between him and the client. In addition, he adds his perspective on what he was thinking and feeling during the interview. As mentioned, he uses the case to illustrate the philosophical differences between an interpretive approach and a collaborative approach. Although both object relations theory and intersubjective theory are based on the importance of circular interactions, an intersubjective theorist sees his role as being present and engaged enough with the client to provide an experience of affective attunement.

Again, systems theory provides an explicit language for how to create this type of attuned communication. I would argue that Buirski's communication became more transparent in the exchange just before he switched tactics and remained more effective because it was clearer and more consistent. In the earlier part of the session, his words were communicating that he was curious and interested in the client, but he felt distant and unengaged. The focus on insight and exploration did not seem meaningful to the client, and the positive intent did not translate into a matching impact. Using systems language, the report function of the communication (I want to get to know you) was not matched by the command function (you are someone who is hard to get to know). We can guess that the client is having a similar experience, in that the report function of the communication is that the client is answering questions and participating in his treatment, whereas the command function is that the exchange is unhelpful and confusing. Even as the therapist becomes frustrated, the intent of the communication is to provide help to the client, yet in the beginning of the interview, this intent does not translate into impact. We might also guess that the interpretive approach provided at the beginning of the session felt as though it was geared toward providing insight, as the therapist attempted to explain the reasons

for the patient's distress. This approach is not what the client was looking for, but the client's discomfort was communicated only through the lack of connection in the room. When the therapist began to focus on his and the client's subjective experience, the resistance to problem analysis and problem solving ceased.

From a theoretical perspective, the intersubjective therapist would say that clients are always looking for affective connection rather than problem solving, regardless of the report function of their communication. Yet from a systemic perspective, it was the inconsistencies and mixed messages that kept the interview from moving forward in a productive manner. Similarly, when the therapist aligned the implicit and explicit messages of the communication and provided consistency between content and affect, the client experienced the therapist as genuine and began to experience his own story as one that made sense. This required a therapist willing to examine himself from multiple perspectives, rather than claiming and hiding behind the role of doctor. It is often this type of clear, coherent, in-sync communication that both transforms and maintains relationships, as we will see when we explore the concept of change in the next chapter.

In sum, systems theory helps us analyze and transform problematic communication when there is an inconsistency between message sent and message received. It allows us to look at the literal meaning, or report function, of a communication and to see that this meaning is always grounded in the context of relationship variables, or the command function of the message. Moving beyond the explicit and implicit aspects of the message, systems theory helps us understand that there is a difference between the sender's intent and impact and that confusion between these two aspects of communication can be both puzzling and distressing. Finally, communication can have various purposes, from establishing status to solving problems to creating emotional bonds. The ability to create constructive communication is central to productive systems therapy.

CHAPTER 5

Change

I SOMETIMES ASK my students to write down the following statements and then determine which one is correct:

The more things change, the more they stay the same.
You can never step in the same river twice.

Students often do have an opinion about these statements, based on their own experiences with change. Of course, my clever students generally challenge me immediately, noting that choosing one of the statements reflects the kind of either-or perspective that systems thinking is designed to eradicate. I have to agree with them but then can move on to look at the meaning of both statements and the ways that systems thinking relates to each statement. In the first statement, we see change as illusory. Real change is impossible, as there is nothing new under the sun. In the second statement, change is ubiquitous, something we must accept because we can't escape it. Can both statements really be true?

Within systems thinking, not only are both statements accurate, but both statements also reflect a fundamental truth. The first statement helps us see that systems inherently resist change and seek to maintain a certain predictable order. At the same time, systems are constantly reorganizing and transforming themselves. Thus, by design systems have mechanisms for both staying the same and evolving. Further, systems thinking helps us understand the specific conditions that both promote and prevent change. As you will see, I believe that systemic notions of change add immeasurable value to the practice of psychotherapy in a variety of ways.