

## 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.

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 expect 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

Assignment  
# 1

**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.

Why is change such an important concept in psychotherapy? This question may seem so obvious as to be ridiculous, but I think it is worthy of discussion. It brings to mind my favorite therapy joke: How many therapists does it take to change a lightbulb? Only one, but the lightbulb really needs to want to change. While the joke is quite silly, it points to a conflict that is more profound, the existential issue of human control and choice. Do we need to want to change for change to happen, or are we merely the pawns of environmental forces? Is our destiny predetermined by our genes, or our culture, or our early history? Why do we want to change, and how much are we really able to change? What happens when we want the other members of our system to change, but we don't want to change?

Again, while systems theory may not solve these existential dilemmas, I find that it helps me wrestle with these questions in meaningful ways. By resisting change, systems are predictable and reliable. The stability of systems gives us a sense of order and helps create identity. In spite of outside challenges, we can count on our families, our hometowns, or our workplaces to stay at least somewhat constant and immutable. At the same time, we constantly seek improvement and progress. Families evolve to become more functional, businesses grow and become more productive, and children grow and leave home. Or cities fall apart, schools are closed, and countries break apart. All of these changes give us a sense of hope and movement, or serve as cautionary tales that a positive institution must be protected and nurtured, or it can be destroyed.

#### RESISTING CHANGE: SYSTEM STABILITY

So how do systems change? Interestingly, early systems theorists focused more on how systems stay the same than on how systems change. Early family therapy theorists were heavily influenced by the study of cybernetics, or self-regulating systems. During World War II, the science of cybernetics made huge strides through the work of a number of prominent scientists and mathematicians, including Norbert Wiener (1948). Rather than looking at simple cause and effect, physicists such as Wiener looked at, and then created, systems that used external feedback to provide crucial information on maintaining the system's functioning. Using the concept that systems seek to maintain a steady state of equilibrium, or homeostasis, Wiener examined the processes by which a system can both pursue and then incorporate feedback from the supporting environment or context. The classic

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example of a self-regulating system is temperature control in modern buildings. A thermostat is set to constantly measure the temperature, or elicit feedback. If the thermostat is connected to a heating system, it will be set to sense the point at which the temperature reaches a particular threshold, and when it does, the heating unit is turned on until the temperature reaches another threshold. When the room is warm enough, the heat turns off. Although the temperature may fluctuate a few degrees, the system is set up to be self-regulating and to maintain a steady state.

Wiener and other scientists used the concept of self-regulating systems to revolutionize all kinds of machines, including developing designs for computers. Although we can't argue that there is a literal, measurable point of equilibrium in most human systems, Bateson and colleagues used these principles of homeostasis and feedback loops to understand the ways that human groups resist change (Bateson, 1972; Nichols & Schwartz, 2001). As in nonorganic systems, Bateson argued that there are rules that establish the types of behaviors that are permitted within a given system. These rules, which are often implicit, serve as a system's thermostat. As we will see later in the chapter, when behaviors begin to exceed certain rules within the system, some type of feedback will occur to keep the behavior in line. Similarly, when not enough behavior is occurring, other feedback will signal the need for more of this behavior.

## RULES THAT GOVERN BEHAVIOR

Some of these ideas seem abstract and arbitrary, especially given the fact that the rule governing communication is often out of our conscious awareness. Yet if you begin to examine the types of choices you make in your own context, these ideas typically make sense. I ask my students, "How long can you go without being in touch with your parents before they are worried about you? Similarly, how often would you have to call them for them to become worried about you?" Although these rules are generally not conscious or explicit, students are surprised that they can easily answer the question. In some families, daily phone calls are the norm; in other families a daily phone call would signal that something is wrong. These rules are certainly influenced by culture and by family history, and they may change over time. It is interesting to note the way that the availability of cell phones has changed the expected level of contact for many families. People of my generation often talk about the Sunday evening phone

call they made from college, when the long-distance calling rates were especially low. These same friends report that they talk to their own college-age children several times a week. Does this increased level of contact mean that they are closer to their children than they were to their parents? The answer to this question isn't clear, but it is clear that in either instance there are unspoken rules in most systems that tell us how close we should be, how separate we should be, and how both closeness and separation should be maintained. These rules are part of a feedback loop that governs the behavior of the members of the system.

Watzlawick and Bateson were intrigued by the ways that families didn't change, even when confronted by the best intentions of mental health professionals (Watzlawick, Bavelas, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974). Probably anyone who works with children has seen the phenomenon of family homeostasis firsthand, when a child whose symptoms have improved in treatment becomes symptomatic again with increased contact with the family. According to the theory, the child's symptoms serve some type of function for the system; therefore, a change in the child's symptoms would threaten the homeostasis. Of course, the vast majority of parents don't want their child to be symptomatic, and this logic can seem counterintuitive at best and pathologizing of parents at worst. And yet a more comprehensive view of homeostasis can reveal the difficulties in removing a child from a family context, teaching the child new skills and strategies, and then returning the child to the original context. The premise of homeostasis explains the pull that the child feels to revert to the previous behavior, even if the family doesn't have a "need" for the symptom.

#### MODIFICATIONS AND REORGANIZATION

An even more common scenario occurs when a symptomatic child improves, and then another child in the family becomes symptomatic. Again, this scenario is used to validate the principle that a dysfunctional system needs an identified patient, scapegoat or at least the symptomatic behavior to maintain homeostasis. A more careful examination of the theory says less about the pathological need for symptoms and more about the difficult nature of change. In exploring the process of change, systems theorists highlighted the difference between first-order change and second-order change. First-order changes are minor modifications in communication and behavior

long-distance calling rates were reported that they talk to their own sex. Does this increased level of contact with their children than they were? The question isn't clear, but it is interesting. Unspoken rules in most systems are often separate we should be, and could be maintained. These rules govern the behavior of the members of

rigged by the ways that families are controlled by the best intentions of the therapist (Watzlawick, Bavelas, & Jackson, 1967; Jackson, 1967). Probably anyone who works with families of family homeostasis first-order changes have improved in treatment. Increased contact with the family. Symptoms serve some type of function. Change in the child's symptoms over time, the vast majority of parents are symptomatic, and this logic can seem to be a rationalizing of parents at worst. And family homeostasis can reveal the difficulty of the family context, teaching the child to return the child to the original state. This explains the pull that the child has, even if the family doesn't have

## REORGANIZATION

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that allow the fundamental structure and rules of the system to remain the same; second-order change involves a fundamental reorganization of the system (Watzlawick, Weakland, & Fisch, 1974). According to systems theorists, when a child's behavior improves outside the family system, this change is typically a first-order change. In many instances, the original symptom reflects a broader systemic problem that can be addressed only by a second-order change. A recent book reviewing psychotherapy outcome literature calls second-order change "the golden thread that unifies effective treatments" (Fraser & Solovey, 2007, p. 4). In reviewing the outcome literature in anxiety, depression, family therapy, couples therapy, substance abuse, and suicidality, the authors make a compelling case that effective psychotherapy achieves second-order change.

## DEEPER LEVELS OF CHANGE

This principle brings to mind a family case that was rich with systemic dynamics and highly resistant to change. The symptom that brought the family to treatment was the 14-year-old daughter's refusal to speak to her father. The parents were in the process of filing for divorce, following the father's disclosure that he had been involved in a long-term affair. The daughter was extremely loyal to her mother and expressed outrage over her father's behavior, while her 12-year-old brother was managing the transition to the divorce by having a good relationship with both parents. The parents were conflicted about how to handle the daughter's reaction, with the mother feeling that the daughter simply needed time to adjust and the father feeling that his daughter's refusal to speak to him was unacceptable. Because the daughter's grades began to drop and she started to display symptoms of depression, the mother was willing to engage in therapy and to look into the daughter's concerns.

In this case, a first-order change would involve addressing the daughter's grades, depression, and difficulty in communicating with her father. If only first order change occurred, she would reluctantly complete her homework, would get out of bed on the weekend, and would have minimal contact with her father. While these problems were addressed with her directly, they were also addressed with each of her parents in order to understand the potential need for second-order change. The daughter's symptoms provided an opportunity to work on key relational dynamics in the system. As the daughter explored her anger toward her father, he was able to listen

to her feelings directly and stop seeing them as an extension of her mother's anger. Similarly, the daughter was able to express directly to her mother her concern that her mother could not recover from the divorce, and her mother was able to show that while she was hurt by the father's betrayal, she did not need the protection of her daughter's anger. As the parents were able to build separate relationships with their daughter, they were able to move forward in letting go of each other and of the marriage. Ironically, as they were less embroiled in conflict with one another, they were able to work together more effectively in developing common strategies for helping their daughter with her school work and her mood. Although the theory would have predicted this development, I was still surprised to see that as the daughter seemed ready to end therapy, the 12-year-old brother was arrested for shoplifting!

In this instance, the difference between first- and second-order change was put to the test. If only a first-order change had occurred, the parents may have learned new skills, but the fundamental dynamics and organization of the system would remain the same. The father would have learned that instead of yelling at his son for the shoplifting, he would develop consequences such as requiring the son to earn the money necessary to pay for his legal fees. Similarly, the mother would have addressed the problem behavior rather than ignoring it or chalking it up to normal teenage acting out. But each parent would have maintained the systemic homeostasis by ultimately blaming the other for the son's problem. The mother would have alluded to her belief that if the son had an appropriate male role model, such as a father who did not have affairs, the son would not have been tempted to act dishonestly. Similarly, the father would have complained once again about the mother's indulgence and would have said that he had been telling her for years that her lack of rules and consequences would backfire.

Instead, the parents were able to work together, even as the son complained to each about the other parent. In a strange way, their ability to work together for their son's benefit helped them let go of each other and ultimately moved the divorce along. When their divorce was stalled, they continued to see each other as bad people, but through the process of therapy, they were able to begin to see each other as former partners who were now able to develop a co-parenting relationship for the benefit of their children. We had evidence of a second-order change, as the pattern of the children's symptoms eliciting conflict between the parents was replaced by a more businesslike teamwork between them.

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There was a new civility between the parents, and ultimately both children seemed relieved to be able to turn their attention away from their parents' conflict.

Given the positive outcome of this case, we might ask why any system would resist second-order change. Doesn't this story illustrate the fact that homeostasis is a negative force, like psychodynamic resistance, that prevents humans from achieving their potential? Again, the questions are legitimate, but systems theory is especially helpful in highlighting both the constructive and destructive aspects of a system's resistance to change, showing us a healthy skepticism for the potential pitfalls in pursuing change. The reasons that systems resist change are neither random nor arbitrary.

### ACCELERATING AND INHIBITING CHANGE

In looking at the potential pitfalls of change, systems theorists examined the specific mechanisms for creating and resisting change. Noting that systems are continuously incorporating messages that help them adapt to their environments, systems theorists labeled messages that tell systems to maintain their course of action *negative feedback* (Watzlawick, Bavelas, & Jackson, 1967). This term has fallen out of favor, largely because the term connotes criticism or complaint, but as used by the original systems theorists, the term was not evaluative and did not have an inherently constructive or destructive connotation. Instead, negative feedback is any message in a system that tells the system to resist change, or change back. Negative feedback tells us to slow down, proceed with caution, and retain the status quo. In our example, the negative feedback would come from one family member trying to reenact the conflictual dynamic between the parents. For example, if the daughter said to her mother, "You know that John would never have done this if Dad had been around more," it represents an enormous shift for the mother to resist the power of the status quo. If the mother accepts the change-back message, she will agree with the daughter and blame the father for the son's problems. It is likely that all family members will experience a strange sort of familiar relief, as the behavior is consistent with the dominant family stories. Mom blames Dad, Dad blames Mom, and whatever we do, we can count on them being upset with each other and having disparaging things to say about one another. This scenario sounds quite unpleasant, but the predictability is in fact comforting. Negative feedback creates stability and consistency in the system. In effect, the system is saying, "This is what we do."

The alternative, of course, is much riskier. Messages that tell the system to keep changing are known as *positive feedback* (Watzlawick, Weakland, & Fisch, 1974), but once again the evaluative connotation is a misnomer. While we as outsiders can point to the significant advantages of change, the process of change is anxiety producing, at best. If Mom and Dad are not fighting, what will they do instead? Will they ever have contact with each other? Will the family completely fall apart? Positive feedback tells the system to continue with the change process, but the outcome of the change is often far from clear.

As framed in this case, the fears that systemic change will lead to a breakdown of the family sound irrational and easy to counteract, but systems theory points out the real danger of second-order change. With a preponderance of positive feedback, systems are prone to change to the point that they are no longer regulated or recognizable. In this case, the second-order change could have looked quite different. The mother could have escalated the argument with the father to the point that she asked for full custody of the son. As she gathered evidence against him and worked to alienate him from his son, the father might have given up and ultimately pulled away. We would see that the positive feedback provided by the parents' actions would create a systemic change, but one that would not be described as positive by most people.

While it may be a family therapy urban legend, I'll never forget a story by a supervisor while I was in training. An outside therapist was doing a live interview and encouraging a family to express their unresolved grief and anger about the mother's earlier disappearance from the family. The therapist had interpreted the son's underachieving behavior as the result of unexpressed anger, and he pushed the family toward second-order change as he encouraged them to directly verbalize their disappointment and anger toward one another. According to the story, after the interview, the son found the family gun and shot his mother. In this instance, the change messages escalated to the point of breaking all of the rules in the system, including prohibitions against violence. Whether or not the story is accurate, the point that change can take on a life of its own and create chaos certainly rings true. Within systems language, this type of escalating positive feedback is known as a *runaway*, which captures the feeling of change being out of control and unregulated. As therapists, we are often called to look for ways to facilitate second-order changes that can bring more fundamental and lasting relief, without putting clients in danger of change that will be disintegrating or disorganizing. The complexity of this task certainly speaks to a less naïvely optimistic view of change.

## EVEN AND ABRUPT CHANGE

Another way that systems theory looks at transformation is through the distinction between continuous and discontinuous change. Although the two categories are not always mutually exclusive, these concepts also help capture some of the human experience of change. Continuous change is incremental, linear, cumulative, and gradual; discontinuous change is sudden and transformative. In many biological systems, there often is a complementary process between continuous and discontinuous change, as developmental stages shift, mature, and shift again. In a toddler learning to walk, there is often a period of continuous change, as toddlers learn to practice pulling themselves up and standing on two feet. At some point, however, the child will take off walking, a change that for most parents and toddlers feels discontinuous. As the child practices walking and the family accommodates the child's new skill, another period of continuous change emerges. Again, there are minor modifications in supporting the new stage, but these feel incremental rather than revolutionary.

Systems theorists who focus on the family life cycle, such as Betty Carter and Monica McGoldrick, point out that discontinuous change is indeed more likely around developmental transitions, particularly those that add or lose members of the system (Carter & McGoldrick, 1988). (I'm reminded of my minister's joke about the importance of hatching, matching, and dispatching—many churches' emphasis on birth, marriage, and death are no coincidence, according to systems theory!) McGoldrick starts with a staircase model of human change, noting that for a time continuous change can feel like being on a plateau (or the run of a stair), which is then followed by a period of discontinuous change, or stepping up to another level (the rise of the stair).

Lynn Hoffman (1981) expanded on this notion of change in what she calls the "spiral platter" model of change. We've all heard the phrase "two steps forward, one step back" to highlight the way that progress is rarely completely linear. Incorporating the metaphor of the spiral, Hoffman notes that an initial move forward, whether experienced as continuous change or discontinuous change, is often followed by a period of retreat or regrouping. If we think about a system's pull toward homeostasis, it makes sense that a change message may be followed by a change back message. After a period of retreat, however, it is often possible for the system to turn the corner and begin the ascent toward more progress. Looking back at the baby learning to walk, it is not uncommon for a toddler to take a few steps and fall, retreat to

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crawling again, and then finally master the task of walking. In typical physical development, the process does eventually move forward in a fairly linear fashion, but the process of psychological change often becomes bogged down or stuck. Rather than spiraling, often our attempts at change leave us stuck in vicious cycles, feeling that we are walking the same circle again and again.

#### FINDING THE LOGIC IN RESISTANCE

It is with this sense of psychological stuckness that I have found systemic concepts of change so helpful, particularly strategic approaches. Jay Haley (1963, 1973, 1976, and 1980) and Milton Erickson (Erickson & Haley, 1985) were the originators of strategic therapy. Haley worked first with Bateson and Watzlawick in Palo Alto and then went on to work with Salvador Minuchin in Philadelphia (Nichols & Schwartz, 2001). Haley and Minuchin's ideas are often combined into a single structural-strategic approach, but each takes a distinctive aspect of systems theory as the key foundation to his approach. Haley had a degree in communications, had been in the army, and then came to Palo Alto to work with veterans. Milton Erickson was a psychiatrist who was noted for his creative and often unusual use of hypnosis (Erickson & Haley, 1985), and Haley was heavily influenced by Erickson. As Haley observed the interaction of family members in Bateson's lab, he was intrigued by the implicit rules that seemed to keep people locked in unproductive interactions. While family members certainly didn't intend to drive each other crazy, he noted that there was often an underlying logic to the negative cycles that trapped families. Although no one consciously chose or wanted the symptom that brought the family to treatment, the therapist could see that symptom often served an important function in maintaining the family homeostasis, once the logic of the symptom made sense.

Typical for the systemic approaches of the time, Haley located the cause of human problems in the interactions between family members. Rather than looking at individual pathology or family history, Haley examined the feedback loops that tell family members to behave in ways that keep the problem in place. From the nature of these feedback loops, Haley identified a common pattern known as the solution becoming the problem. In the classic pursuer-distancer pattern, for example, we might see that a wife is starting to feel distant from her husband, and she tells him that she wants to go to the movies over the weekend. The husband has already made plans to attend a baseball

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game with his friends, and when he tells her about these plans, she  
becomes angry and talks about how she spends much of the weekend  
cleaning the house, while he is able to have fun by going to the  
ballgame. She decides to reorganize all of their closets while he is at  
the game, and she calls him numerous times to tell of her progress. He  
is distant on the phone and doesn't seem impressed by her work when  
he returns home.

The husband responds by staying late at work the next night, telling  
her that he is also doing his share to contribute to the marriage, but she  
is even angrier about this distance. She again calls him repeatedly  
while he is at the office. The more she calls, the later he stays. Soon they  
have established a pattern in which the more the wife pursues, the  
more the husband distances, and the more that he distances, the more  
she pursues. They each have an airtight case to show that their  
behavior is reasonable, and if the other party would change, every-  
thing would be fine. Given the psychodynamic psychotherapy that  
was practiced as Haley was developing this theory, we can assume  
that in this case a therapist would want to analyze and ultimately  
interpret either the husband's fear of intimacy or the wife's need for  
attention and control. Haley rejected these notions of individual  
psychopathology, instead saying that in the context of the interactions,  
these behaviors make sense and don't reflect pathology. For Haley, the  
interaction was the problem, and the key to change was altering the  
interaction, not the person.

If the goal is to change the interaction, however, the therapist must be  
knowledgeable enough about the system dynamic to harness rather  
than simply confront the system's natural resistance. Again getting  
away from an individual, pathology-based view, Haley would say that  
often moving full speed ahead to try to force change only reinforces  
the problematic feedback loops. In our example, we can see that each  
partner was trying to create change by increasing the behavior that  
didn't work, and in doing so, they were caught in feelings of futility and  
frustration. However, if each partner saw the cycle they were in, rather  
than seeing their inability to change their partner, the frustration would  
fade away, and there would be more room for behavioral creativity.

## BEYOND REVERSE PSYCHOLOGY

Haley's means of sharing his assessment of the systemic dynamic is  
known as the positive reframe, and I find it to be an incredibly powerful  
therapeutic tool. Perhaps in part because of Haley's sarcastic, irreverent

tone in writing and in his teaching videos, however, at times Haley's ideas of the positive reframe and the paradoxical injunction are seen as manipulative, coy therapy tricks. Judging the interventions in this way misses the conceptual richness on which they are based, in my opinion. In this instance, the positive reframe might highlight the way that the wife is trying to seek closeness and connection by complaining about the husband's distance, and by calling him repeatedly, she is hoping that he will give her more attention and spend more time with her, because she finds him so funny and interesting. Similarly, the husband's staying late at work is designed to give him more credibility as a good husband and allow him to meet her needs. The hope is that if he works harder and stays away more, she will appreciate him more and be in a better mood when he returns. Unfortunately, the nature of the pattern guarantees that the behavior will only elicit the unwanted reaction from the partner, and the unwanted reaction will increase the already negative cycle.

The positive reframe provides the first step in the change process. When the therapist says, "Of course, you call him every hour at work. You want to show him that you miss him, and you want him to appreciate all that you are doing at home," the husband will be in a better position to think about the problem differently. Suddenly her calls are not about criticism and control; they are about care and connection. Similarly, when the therapist says, "Of course, you need to stay late at work, and the more she calls, the later you will need to stay. You are trying to be productive and get ahead at work to take care of your family. You are staying late at work in order to be a better husband," the wife will also be in position to see the problem differently. Rather than seeing his lateness as a rejection of her, she can see it as an attempt to fulfill the marital contract.

Because the strategic approach relies on behavioral change, the positive reframe is just the first step in setting the stage for change. Haley didn't believe that the reframe provided some type of positive thinking solution that allowed the problem to be better tolerated. Instead, he followed the reframe with a behavioral prescription, which is generally a paradoxical injunction. Haley found a clever way to request that the symptomatic behavior be repeated, which is often called prescribing the symptom. The therapist in this case might say to the wife, "You need to keep calling your husband to show him you care and to feel that you care. I want you to be sure to call him at least five times a day and at least once an hour after you get home from work. You need to let him know that you are thinking of him."

leos, however, at times Haley's paradoxical injunction are seen as being the interventions in this way when they are based, in my opinion. I might highlight the way that the connection by complaining about him repeatedly, she is hoping to spend more time with her, is interesting. Similarly, the husband to give him more credibility as a provider for her needs. The hope is that if he will appreciate him more and value him more. Unfortunately, the nature of the wife's reaction will only elicit the unwanted reaction will increase the

first step in the change process. "You call him every hour at work. Stop calling him, and you want him to come," the husband will be in a dilemma differently. Suddenly her control; they are about care and control. The therapist says, "Of course, you need to stop calling, the later you will need to get ahead at work to take care of your family. If you are not at work in order to be a better provider to see the problem differently. If she is a rejection of her, she can see it attract.

lies on behavioral change, the therapist is in setting the stage for change. The therapist provided some type of positive problem to be better tolerated. The therapist gave a behavioral prescription, which is a behavioral prescription, which is a behavioral prescription. Haley found a clever way to avoid the behavior be repeated, which is often what the therapist in this case might say to your husband to show him you want him to be sure to call him at least once an hour after you get home. The therapist says, "I hope that you are thinking of him."

To the husband, the therapist might say, "You need to continue showing your devotion to the family by staying late at work. Be sure to watch how much time you spend on the phone and then stay longer, depending on how much time you have been on the phone. You need to show your wife that you are determined to be productive and successful."

The goal of these prescriptions is to set up a therapeutic win-win situation on a couple of different levels. First, if they follow through with the prescription, they will be engaging in the behaviors to please the therapist and to comply with the treatment, not to treat each other badly. The meaning of the behaviors will have to change, and the sense of frustration and futility will no longer cause the pattern to escalate. You can also imagine that the wife's phone calls will be shorter and more pleasant, and given this change, the husband will be less distant when he does finally return home. At the same time, the couple may decide not to follow through with the prescriptions and instead elect to change their behavior. The wife may decide that she is tired of calling her husband, now that she takes it less personally that he isn't coming home. She may use her time to call friends instead and may reverse the pursuer dynamic. Similarly, the husband may not get as much out of staying at work when it doesn't elicit the same disapproval from his wife. He may decide to return home earlier or may respond to his wife's understanding that she wants to be closer by inviting her to the next ballgame. Either way, the therapist has set up a situation in which change is inevitable.

You might be wondering how Haley's approach is different from a simple reverse-psychology procedure, and the distinction is actually important. Certainly, using some of the notions of resistance to change can show us the potential efficacy of reverse psychology. Rather than pursuing change head-on and creating a power struggle, a reverse-psychology perspective employs an almost martial arts sort of acceptance of our human tendency to be oppositional. If your children won't go to bed at night, take away their bedtime and encourage them to stay up late. In fact, you might want to prohibit them from going to bed at their regular time. The expected outcome is that in time, your children will be begging to go to sleep at their regular time. But as most parents can attest, this strategy can sometimes backfire. And while the ultimate goal of strategic therapy is to change the problematic behavioral cycle, the difference between a simple prescription of the symptom and a more complete strategic intervention is that the therapist's understanding of the feedback cycle is the foundation for the specific injunction.

## NOT A THERAPY TRICK

Early in my training, I viewed strategic therapy warily, as I felt that there was something unempathic and somewhat deceitful in asking clients to do more of what was already making them miserable. When a 1992 article in the *Journal of Marital and Family Therapy* was devoted to the ethical application of strategic therapy (Solovy & Duncan, 1992), I saw that many of the interventions that I had used were conceptually based on strategic work, although they had none of the tongue-in-cheek tone that seemed to characterize strategic therapy to me. The case that came to mind was one of a 13-year-old girl, Nina, who had recently attempted suicide when she had been grounded by her parents and missed her best friend's slumber party. Initially, I was surprised that Nina was not hospitalized and that the emergency room staff agreed with the parents that family treatment was the best course of action. The parents were very concerned about the events that led to the attempt and felt that the family conflict had been escalating for the past several weeks. They noted that Nina had become moodier, more difficult and increasingly oppositional in the last few months. She had previously been very close to her mother and to her two younger sisters, ages 11 and 8. But since she started the eighth grade, she had stopped letting her younger sister borrow her clothes, had spent more time in her room and less time with the family, and had recently been caught with a cigarette lighter in her pocket. She was angry and sarcastic much of the time, and her parents felt they were losing their daughter.

In the week before the grounding, Nina had told her parents that she and her friends were going to stage a war protest at their small private school. The parents were pleased by this announcement, as it seemed an appropriate use of her adolescent anger. They purchased supplies for making posters and used the event as a chance to talk about politics and history. On the day of the protest, school officials told the students that if they held the protest, they would be suspended. Most of the group, including Nina, continued the protest. They were then taken to the principal's office and suspended from school for the remainder of the week. When Nina's parents came to pick her up, they let her know that she would be grounded for the rest of the week, since she would be missing school all of this time. She felt this punishment was extremely unfair, as her parents had supported her in staging the protest, but her parents were surprised by her lack of judgment in continuing the protest when it was prohibited by school officials. They felt the grounding would help her learn to be more respectful of

## PY TRICK

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authority. Nina noted that her friends who were involved in the protest had to pay some type of consequence but were still permitted to attend the slumber party that was scheduled for Friday night. On Saturday morning, while all her friends were still at the slumber party, Nina took a lethal dose of pills. She said she wasn't sure that she wanted to die, but she felt that she couldn't face her friends and said, "I can't live with my parents for another five years!"

## FRAMING THE PROBLEM

Although other situational factors were important in this case, the initial positive reframe was easy to provide. Without a hint of irony, I could say to the daughter, "You need to be angry and assertive to get your parents to notice that you are an adolescent and are changing. Unless you get angry and assertive, they will expect you to continue sharing clothes with your sister, listening to school officials without questioning, and being the easy, compliant daughter that you were when you were younger. You aren't going to be able to grow up if that doesn't change." At the same time, I could say to the parents, "Grounding your daughter and fighting with your daughter come from your desire to be involved and show her that you are still her parents. You need to stay involved with your daughter to help her develop better judgment. Without your involvement, she has taken risks that will damage her future, and she needs to see that she can be angry and be separate without being out of control." This positive reframe set the stage for some of the communication and parenting work that followed. Rather than being fearful or resentful of Nina's anger, her parents were able to recognize her bids for greater independence and to stick with the process of setting rules and privileges as they saw that she needed both autonomy and guidance. Similarly, when the parents' restrictions were seen as providing structure rather than as constraining or undermining, we could all look at what kind of structure Nina actually needed. While Nina continued to speak up against her parents' rules, the process was less about whether they would let her grow up and more about helping her develop responsibility and judgment.

## ACCEPTANCE AND CHANGE

Given the nature of the reframe, the interventions that followed could also have been seen as paradoxical injunctions, although at the time I would not have described them this way. As we negotiated rules and

consequences, I let Nina know that she needed to be angry, speak up, and show her parents that at times they needed to thwart her independence. I now see these types of systemic maneuvers as reflecting a strategic wisdom about the process of change, as I tried to manage the competing needs of stability and transformation. I realize that my underlying attitude moved back and forth between two poles, which in the current literature is described as the tension between acceptance and change. It is beyond the scope of this chapter to do justice to these current ideas, but it is worth noting that the strategic tradition has been carried forward in a variety of contemporary theories.

One of the most notable of these contemporary theories is Andrew Christensen's integrative behavioral couples therapy (Christensen & Jacobson, 2000; Jacobson & Christensen, 1998), which adds an acceptance component to the more traditional behavioral couples therapy popularized and researched by the late Neil Jacobson (Jacobson & Margolin, 1979). Within this approach, couples move back and forth in examining what they need to accept about one another (what can't change) and what they will work to modify (what can change). Of course, for many couples the process of accepting one another reflects a huge change! Other current approaches that take a similar view of the balance between stability and change include Marsha Linehan's DBT (1993) and Stephen Hayes's acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999). In each of these approaches, a great deal of attention is paid to the energy that is wasted and the frustration that is created by trying to change something that is fundamentally immutable. Both approaches borrow from Buddhist philosophy in noting the futility of trying to change or control our emotions (Hayes, Follette, & Linehan, 2004), and the corresponding potential that is released when we can focus on our behaviors, which we can control.

Both DBT and ACT have been applied most frequently with individuals and groups, and in my mind they also show the relevance of incorporating systems theory in working with modalities other than couples and family therapy. These approaches harness the systemic notion that change should not be viewed in a simplistic, linear manner. At times, change may not be possible or desirable, and an understanding of the current situation (positive reframe) may allow clients to relate to the symptom more adaptively rather than trying to remove the symptom. In fact, at times the most productive change that can occur in a system is the relinquishment of change: When a client says, "I am going to stop trying to not be sad and instead accept my sadness," the act of embracing the symptom can derail a counterproductive pattern.

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Further, as therapists, we can see that change is a dynamic, circular process that sometimes reflects minor modifications and sometimes reflects an overarching transformation. In either case, the satisfaction of understanding the types of processes that encourage stability and transformation is a huge payoff in applying systemic thinking to clinical work, adding both flexibility and realistic optimism to our work with clients.

In sum, systems theory provides a unique window into the process of human change. Although psychotherapists may equate change with progress and see it as entirely positive, a systems view gives a more balanced, complex view of change. As self-regulating entities, systems use feedback to maintain equilibrium or homeostasis. At the same time, feedback loops also allow systems to transform themselves. Systems use change-inhibiting messages, or negative feedback, to reduce perturbations and maintain homeostasis but also use change-enhancing messages, or positive feedback, to transform themselves. When the change is minor or routine, it is known as first-order change, whereas change that alters the structure of the system is known as second-order change. Change can be gradual and continuous or abrupt and discontinuous. By understanding the fundamental logic of a system, the therapist can take a more sophisticated view of the obstacles to change, which can be useful in creating a positive reframe of the symptom. Based on this positive reframe, the therapist may be able to create a therapeutic win-win situation by prescribing the symptom, a paradoxical injunction. In any event, systems theory helps us understand the dialectic between acceptance and change, which is likely to benefit the therapeutic process.

# Assignment

## CHAPTER 6

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### Structure

**M**ANY YEARS AGO, I attended a weekend retreat sponsored by the agency in which I was doing my postdoctoral fellowship. This agency was experiencing several transitions, including moving from one parent organization to an affiliated parent organization, and as in many mental health organizations, most of the people who worked there felt that they worked too hard for too little money. The uncertainty of the transition compounded some of these concerns, so the agency hosted a retreat to help us determine how to best weather the change. One of the exercises had all of us organize ourselves into groups based on our function and status in the organization. I don't remember the exact directions, but it was something like, "Find the people in the organization who are at your level for the next exercise." I found the other four postdocs, and together we went looking for the administrative and clerical staff, sure that they would want to be in our group. These were the people we hung out with in the evening, after the senior staff had gone home, and commiserated in feeling overworked and underpaid. We were all uncertain about our futures and had a fair amount of anxiety about the impact of the upcoming changes in the organization. I can still remember feeling shocked that the staff members refused to be part of our group. They were not completely surprised to hear that the postdocs believed we occupied the same status that they did in the organization, but their experience was completely different. I was humbled to hear how much privilege I had as a clinical staff member with a doctoral degree, in comparison with the person who had to make the coffee and answer the phones. Even before the actual exercise began, the task of consciously identifying the subsystems within the agency was illuminating.

### INVISIBLE LEVELS AND POSITIONS

Most systems have an invisible but identifiable structure that establishes some type of hierarchy and role differentiation and is made up of subsystems that then constitute the larger system. In the last chapter, we saw that systems are governed by rules that help them maintain consistency and identity and also navigate change. In a related manner, this chapter looks at the ways that systems are structured and organized. This structural approach is often used in conjunction with the strategic approach we explored in the last chapter, as the rules that maintain homeostasis are certainly part of what determines a system's structure. But structural theory goes beyond strategic therapy in examining the hierarchy, roles, and boundaries that give the system a form so that it can function.

### SUBSYSTEMS

As we saw when we looked at context, systems are made up of parts, or subsystems, that then make up larger wholes. This relationship between parts and wholes is both simple and profound and particularly important in looking at system structure. In the 1950s, the writer Arthur Koestler (1979) coined the term *holon* (p. 33) to label distinct subsystems that are part of larger systems. This term was designed to capture the important systems notion that most objects are simultaneously parts and whole and that examining whether we are considering an object a part or a whole at any given moment will help us understand a phenomenon more accurately. The term is somewhat awkward and is rarely used today, but I find that the concept continues to have utility. In looking at my work example, we see that the postdocs believed that there was a junior-staff holon, which was comprised of the postdoc holon and the support staff holon. If we were to graph the structure of the agency, we could see that the junior-staff holon shared some functions in the agency (working in the evening, answering telephones), yet the postdoc holon also had more status by virtue of sharing certain functions with the senior-staff holon (seeing clients, writing articles for the agency newsletter). This example shows that while the idea of structure in a system may seem obvious, the simple exercise of identifying subsystems can be useful. Further, the shift between parts and wholes can help us identify what is and isn't working in a system.

Within family therapy, the originator of structural therapy is Salvador Minuchin, one of the few family therapy pioneers who is practicing

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today (Minuchin & Fishman, 1981). Minuchin was trained as a physician, worked with Nathan Ackerman in New York, went to Israel to work with displaced children in 1952, and then returned to the United States in 1954 to begin psychoanalytic training at the William Alanson White Institute, which utilized the interpersonal theory of Harry Stack Sullivan. In 1962, he visited Palo Alto and began his friendship and collaboration with Jay Haley (Nichols, 2010). He later worked with Haley in Philadelphia, so the complementary nature of the structural and strategic approaches is no accident. Minuchin's basic premise is both simple and profound—that when there is a problem in a system, it signals a dysfunction in the structure of that system. By first understanding and then realigning the structure of the system, the problem can be resolved.

## UNIVERSAL FAMILY STRUCTURES?

While Minuchin's premise is simple, it is not without controversy. Minuchin has been criticized for suggesting that there are universal family structures that create health and others that create dysfunction. The belief that there is a correct structure for families (one that is universally functional) and an incorrect structure for families (one that is universally dysfunctional) seems to fly in the face of the both-and thinking that is common to systems approaches. The implication of the theory, for example, is that parents should have more power than grandparents in raising children. Yet, there is a wide range of beliefs across cultures about the acceptable level of involvement for grandparents, and these cultural differences are not addressed in the theory. In addition, the theory places a good deal of emphasis on hierarchy. A clear, unambiguous hierarchy is seen as a sign of system health. In the 1980s, however, feminist family therapists began challenging ideas around the functionality of hierarchy. At this point in time, the term *feminist* has become so loaded that I am hesitant to use it without a great deal of explanation. Yet the tension between the newly established family therapy order, particularly as represented by Minuchin's structural theory, and the feminist family therapy movement ultimately lead to a dialogue that can help us understand hierarchy and power in a more realistic, comprehensive manner.

## THE PROBLEM WITH HIERARCHY

In working with families, one of Minuchin's classic prescriptions was to reduce the involvement of the mother and increase the involvement

of the father. In doing so, Minuchin would challenge mothers to create a stronger generational boundary between themselves and their children and to allow fathers a greater voice in the parenting process. Feminist family therapists noted that these prescriptions didn't take into account the cultural context of this family dynamic and frequently pathologized a mother's investment in her children, which has a long tradition in a variety of psychological theories. How do we know how much a mother should be involved with her children? When a father feels uninvolved with his family, how do we know that the mother has kept him at a distance? Walters, Carter, Papp, and Silverstein (1988) wrote extensively about our assumptions that close relationships cause psychopathology and looked at the lack of evidence for these theories. These theorists rightly question the underlying values of the therapist, which are frequently unexamined and can be unconsciously imposed on the client. As a middle-class American therapist, I may have beliefs that a mother who wants to remain close to her children during their adolescence does so because she has unresolved dependency needs. Walters and colleagues question the cultural assumptions that overvalue independence and autonomy and pathologize connection and closeness.

As we have already seen, even more than challenging the question of a mother's involvement with her children, the feminist movement of the 1970s and 1980s took the family therapy establishment to task for colluding with the problem of domestic violence (Goldner, Penn, Sheinberg, & Walker, 1990). As we have discussed in looking at multiple and circular causality, one grave problem of blindly applying systems theory to intimate violence is that it can be used to blame the victim of violence. A look at structural theory takes these concerns one step further to note the problems inherent in a patriarchal society. What are the consequences of a hierarchical structure? Who determines how power is distributed in a system? How do economic and political power translate into what happens in families?

Using these questions, feminist psychologists have worked to raise awareness of the invisible power structures in our culture and in families and have often taken the perspective that psychological change must include social change. Early on, attempts were made to create more egalitarian power structures, both in the therapy room and in treatment agencies. From this perspective, we could say that power often corrupts and is used to suppress and stifle marginalized voices. An acceptance of current power structures gives unfair advantage to those at the top, whether the head of a corporation or the head of a

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family. Those at the bottom of the hierarchy are expected to accept the authority of those at the top, and in submitting to authority, they are often exploited. Because this patriarchal system has been in place so long, it is easy to accept it as a natural social order, and it is difficult to see the costs and consequences of such a system. However, the symptoms of an exploitive, dominance-based hierarchical system are easy to see, whether you look at child abuse, domestic violence, or corporate fraud and theft.

While no one would argue the virtues of child abuse, a structural perspective would argue that hierarchy is not only *not* evil but also necessary in healthy systems. From this perspective, authority limits chaos and provides safety. Rather than oppressing those at the bottom of the hierarchy, an appropriate structure provides clarity and improves functioning. Whether we are talking about workers or children, in this paradigm people feel more secure when they know their role and when the parameters around that role are clear. So how do we resolve the conflict between these two perspectives?

#### EMPOWERMENT VERSUS DOMINATION

One answer to the conflict lies in the concept of power. The initial social justice concept of power implies dominance, coercion, and force. In exploring this concept, Rampage (2002) labeled it *power over*. This power involves an unquestioning acceptance of authority, a type of "do it because I said so" mentality. In contrast, *power to* includes having the authority and agency to get things done. This type of power involves efficacy and competence but does not utilize force or domination. Although this concept of empowerment may seem to fit best in egalitarian power structures, it can also be applied to hierarchical structures and helps explain why some hierarchical structures work well. If we look back at my work retreat, we see that everyone in the system was feeling overworked and wanted more acknowledgment. The postdocs complained that we felt exploited because we completed many hours of clinical service for less reward than the senior staff, and our future with the agency and in the field was uncertain. The staff complained that they were asked to do all kinds of menial jobs that seemed invisible and unimportant, and most also wanted their job to have a career path. In both instances, a *power over* mentality suggests one of two solutions. In accepting the *power over* structure, we stick with the premise that what we were asked to do was in our job descriptions and that we should accept our position and quit

complaining. Rejecting the *power over* mentality suggests that the agency was inappropriately exploiting the workers at the bottom of the hierarchy and should try to create a more egalitarian structure. We would share responsibilities for making coffee, we would rotate evening hours, and we would create a more collaborative system for making decisions, including a greater voice for the postdocs and the staff members.

Although we didn't use this language at the time, I think the consultant who facilitated the retreat helped us examine our structure from a *power to* perspective. As we explored our various subgroups and looked at our complaints, a number of minor changes were implemented that helped all of us feel more empowered in our jobs. The senior staff was both surprised and ultimately grateful for all of the clerical staff's efforts to keep things moving forward, and they used this realization to be more explicit in both requesting tasks and acknowledging the work that was being done. The senior staff also devoted time to career counseling and planning for the postdocs, so that our efforts felt like a step in a professional trajectory rather than cheap labor. It is interesting to me that these *power to* interventions simultaneously helped us accept the power structure as they reinforced our roles in the system, and yet they modified the power structure because we were listened to and felt less invisible. As we will see when we talk about therapeutic interventions, this combination of both maintaining and modifying a structure is a common theme.

#### COLLABORATION AND COMPETITION

In the abstract, the idea of using an empowerment model is almost universally appealing, yet when conflict exists in relationships, it can be difficult to implement. Both Bateson (1972) and Watzlawick (Watzlawick, Bavelas, & Jackson, 1967) categorized patterns of conflict in relationships according to complementary and symmetrical interactions. In a complementary interaction, one type of behavior (e.g., dominance) elicits the opposite behavior from the other (e.g., submission), whereas in symmetrical interactions, a behavior (e.g., boasting) elicits a similar behavior (e.g., counter boasting) from the other. Expanding on the notion of circular causality, Watzlawick described the ways that complementary interactions can be self-reinforcing and can sometimes be polarizing. It is easy to picture interactions in which dominance is met with submission, which then reinforces and ultimately increases the dominance, and this in turn creates even more

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submission. These complementary patterns can lead to role rigidity and inhibit conflict resolution.

When I witness complementary patterns that seem entrenched, I have found it helpful to look at the difference between collaboration and competition. When conflict is addressed competitively, there will be a winning side and a losing side, and the loser is obliged to accept the wishes of the winner. In contrast, a collaborative perspective requires the conflict to be resolved to the satisfaction of both sides, at least in theory creating the classic win-win situation (Fisher & Ury, 1991). It is naïve to believe that all conflict can be solved collaboratively, and critics of this model note that resolving conflict collaboratively is almost always more time and energy intensive than more unilateral methods. Yet I have found the concept of collaborative conflict resolution to be one of the most powerful I have used in therapy. Similar to our discussion of moving from either-or to both-and perspectives, the idea of collaborative conflict resolution rests on the idea that within a close relationship, a competitive approach will inherently set up a power-over experience that will engender resentment. To paraphrase one of my favorite couple therapists, Frank Pittman, you can't be happily married and right at the same time (Pittman, 1989). Part of human nature is that it feels great to be right, and yet Pittman's statement illuminates an important truth: In most cases, if our partners feel they are wrong, it hurts the relationship, and there is no way to hurt the relationship without hurting the self. I have found that using this collaborative paradigm is extremely helpful in implementing a power-to approach, as it clarifies that sharing power is effective in the long run. Without this foundational perspective, sharing power looks like an act of generosity, and accepting the will of the other can feel like martyrdom. Although collaboration does not have to imply equality, collaborative conflict resolution does have a quality of fairness and respect that is not present in power-over approaches.

## POWER AND PRIVILEGE

Of course, there are many human systems that are neither equal nor fair. When we discuss a hierarchical structure, there is no way around the fact that those at the top of the hierarchy have more power and privilege. Understandably, a discussion of privilege is likely to make most of us uncomfortable. We want privilege, and yet in many situations, our privilege comes at the expense of someone else, so both

wanting and having privilege can make us feel guilty. Yet I would argue that a discussion of privilege is essential to elucidating the power structure of most systems and that understanding this structure can enable us to create more equitable, functional systems. One of my favorite metaphors for privilege comes from Peggy McIntosh (1988), who likens privilege to an invisible backpack that we all carry with us. The elements of privilege at our disposal are like items in the backpack in that they serve as resources at crucial moments. She notes that the backpack is invisible because most of us are unaware of our privilege, and like items in a backpack, we are most aware of what we don't have when we need it. It can be painful yet illuminating to become aware of the resources at our disposal when it highlights the fact that others do not have these resources.

During that same postdoc year, I was seeing clients in a community center and was frustrated when one of my clients could not receive her medical benefits. We located a paperwork problem, and I coached her in how to take the paperwork to the agency to fix the problem. She spent a morning waiting for her turn to speak with someone, only to be told that the problem could not be fixed and that she was not eligible for benefits. When she told me about the situation, I immediately picked up the phone and called the office, saying, "This is Dr. Smith-Acuña, and I need to speak with a supervisor." I continued up the chain of command, asking for each person's supervisor, until I found the person who could correct the problem. I tried to teach my client the skills of being appropriately assertive and persistent in asking for help, but I'll never know how much the privilege of my title and my race actually solved the problem.

Even outside the professional arena, issues of power and privilege are both ubiquitous and often invisible. When my daughter was in seventh grade, her school offered a special prize as an incentive to sell items for a fund-raiser. Students who sold a certain amount were taken to a recreation center by a double-decker bus for an afternoon of pizza and bowling. She qualified for the trip, and when we asked which other students had received the prize, we were uncomfortable to learn that all of the other winners were middle-class white students, even though the school had lots of racial, ethnic, and socioeconomic diversity. My daughter countered our discomfort by saying, "All of the kids had the same opportunity to earn these prizes. Anyone could have gone door-to-door to sell the wrapping paper." As is typical with invisible privilege, my daughter had no awareness that she had earned her prize by calling a few relatives and that having to go door-to-door in a poor neighborhood put her classmates at a disadvantage.

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### THE THERAPIST'S POSITION

Luckily, this greater understanding of power and privilege is consistent with a systemic view of structural theory. Returning to Minuchin's work, we can often translate these ideas of power and privilege into the ideas of status and hierarchy that he addresses in therapy (Minuchin & Fishman, 1981). One of my favorite examples comes from a live interview that he did at a conference in Chicago (Minuchin, 1997). He was starting an interview with a family in which the 14-year-old son had been aggressive and rageful, to the point of hitting his mother on more than one occasion. He stood in front of the son, held up his hand, and then asked the son to punch his hand. The son made a fist and hit Minuchin's palm. Minuchin nodded his head thoughtfully and said, "That's not bad, but I think you can hit harder." The son hit him again, and this time Minuchin said, "That's pretty good. You can hit pretty hard for a 14-year-old." As is true of Minuchin's best work, this intervention establishes structure and empowers people within that structure. We could say that he is showing the boy who is boss because he is not hurt by the blow and even asks to be hit harder. At the same time, he compliments the boy on his strength. Discussing the intervention later, he noted that the boy needs to feel strong and powerful in appropriate ways, not through hitting his mother or believing that he is stronger than the adults around him.

### HEALTHY AND UNHEALTHY BOUNDARIES

With an awareness of issues of power and privilege, we can look at the specific concepts that are associated with structural theory. One of the most useful concepts is boundaries. The term *boundary* has become part of our popular vernacular, as in "She has no boundaries!" But what do we really mean when we say a person has no boundaries? Boundaries are designed to define a space and determine what can enter and leave the space. Using the analogy of a cell membrane, we can see that boundaries need to have enough structure to contain what is inside but be permeable enough to allow substances to enter and exit the cell as needed. When we think of human social systems, the substance that generally enters and leaves the system is information, both verbal and nonverbal. Boundaries can be thought of as the rules that govern the amount and type of information that can enter and leave a system and therefore help regulate the amount of closeness and proximity we experience in relationships. Someone with poor boundaries will leak

information inappropriately; someone with rigid boundaries is overly closed and doesn't share enough information to be close or connected.

We can describe boundaries around people, but the concept of boundaries is also helpful in defining and describing systems and subsystems. Early in the development of family therapy theory, attempts were made to categorize systems according to their structure and, in particular, their boundaries. In general, problematic systems were thought to be enmeshed or disengaged. Enmeshed relationships involve a high level of connection with lots of shared information but not enough structure between the individual members. Boundaries around enmeshed families were thought to be rigid, as the space between family members was fluid and connected, but outsiders were kept out. In contrast, disengaged families were thought to have rigid internal boundaries, which created both distance and separation between members but allowed more connection to the outside world. Certain presenting problems were considered more likely to occur in enmeshed systems, and others would be more common in disengaged systems. In reality, it is frequently difficult to characterize entire systems as enmeshed or disengaged. Further, the quality of these boundaries tends to change over time. Regardless of this difficulty with classification, however, the idea that relationships can have enmeshed or disengaged qualities, based on the nature of the boundaries between people, is quite helpful. When a relationship feels overly entangled, with an unclear sense of where one person ends and the other begins, interventions designed to strengthen boundaries and create a greater sense of individuality are likely to be helpful. Similarly, when relationships feel cold, distant, and uninvolved, interventions that relax boundaries and create more connection are generally worthwhile.

Boundaries around subsystems are often used to define and establish hierarchical structure. Family therapists are especially concerned with generational boundaries, but looking at the boundaries between and within various levels of any organization is often beneficial. Structural therapists pay special attention to the parental subsystem and the way it performs executive functions. This subsystem exists whether or not the parents are together as a couple; however, rules and boundaries are somewhat different if the parents are no longer together. Boundaries around this subsystem should be clear and distinct enough for children to know that their parents have a separate relationship that exists to provide for them but is not under their control. Boundaries around this subsystem should also be permeable and fluid enough for children to feel that they are valued and important. Regarding the famil-

with rigid boundaries is overly information to be close or connected. and people, but the concept of and describing systems and of family therapy theory, terms according to their structure. In general, problematic systems engaged. Enmeshed relationships with lots of shared information but individual members. Boundaries ought to be rigid, as the space is closed and connected, but outsiders in extended families were thought to have created both distance and separation from connection to the outside world. Enmeshment is considered more likely to occur in systems that are more common in disengaged systems. It is difficult to characterize entire systems by the quality of these boundaries. The nature of this difficulty with classifications of relationships can have enmeshed or disengaged relationships. The nature of the boundaries between relationships feels overly entangled, and person ends and the other begins, and boundaries and create a greater sense of helpful. Similarly, when relationships, interventions that relax boundaries are generally worthwhile. Boundaries are often used to define and establish relationships. Parents are especially concerned with boundaries between and relationships. Intervention is often beneficial. Structural theory of the parental subsystem and the way the subsystem exists whether or not. However, rules and boundaries are not always together. Boundaries are not as clear and distinct enough for children in a separate relationship that exists to give them control. Boundaries around the self are not as clear and fluid enough for children. Boundaries are important. Regarding the family

hierarchy, when boundaries are overly loose, there is a quality that parents are not in charge, which may result in the relationship feeling more like a friendship than a parent-child relationship.

Even in systems other than families, boundaries within a particular hierarchical level are expected to be looser than those between levels. If we picture this visually, without adequate boundaries between levels, the hierarchy will loosen and slip. I'm reminded of faculty colleagues who have become too close with students and blurred the boundaries by talking with students about confidential faculty business, such as student and faculty evaluations. In these instances, the students who are privy to the leaked information often feel a special sense of status, yet in most of these cases, the boundary violation creates other problems in the system. Students become confused by the conflict in the communication, and due to their student role they may lack the ability to put the information in perspective, and may then feel alienated from other faculty members. In the most extreme cases, this type of boundary violation can set up a pathological triangle in which the faculty member and the aligned students get connected at the expense of other faculty members or students.

Similarly, many systems thinkers, Haley (1980) in particular, note that double-bind communication is most problematic when it includes a generational boundary violation. While graduate students may or may not be in a different generation, Haley's concept is equally applicable to other hierarchical boundaries. In one instance, a group of students reported the bind they felt when a faculty member commented on what he believed was unethical behavior on the part of another faculty member. He did not address the problem directly, stating that the problem had no solution, and yet he mentioned that they could go to university personnel with the problem. Although they felt honored that the faculty member had shared this information with them, there was a mixed message about the most adaptive way to handle the information (there is no point in addressing this problem, but the responsible thing to do is to report the problem), and the implicit message was that discussing the problem was against the rules of the system. Of course, the fact that the rest of the faculty eventually learned about the problem indicates that the double bind was eventually addressed, but what I found most helpful in this case was understanding the level of distress caused by the boundary violation.

This example of boundary violations within a system also brings up another important concept in structural theory, that of roles. Within most systems, members play different roles to accomplish the task of

the system. To be adaptive, roles should be clear and defined but not rigid. Roles can be formal and explicit, such as the difference between faculty members and students, and they can be informal and implicit, such as peacemaker and troublemaker roles. Often one of the signs of dysfunction in a system is that roles are so rigid that they don't allow members to express their individuality. Conversely, unclear roles create confusion and anxiety. Family therapists labeled different roles that tend to be problematic, such as the parentified child, the identified patient, and the scapegoat. But other roles, such as the savior and the mascot, can be equally problematic if they become too rigid and don't encourage both individual and systemic growth and change.

Armed with background knowledge of power, collaboration, privilege, rules, roles, and boundaries, we can return to the work of the structural therapist. The goal of the therapy, broadly speaking, is to identify the problems in the structure and facilitate the realignment of the structure. When I think of this work, I often see a giant Calder mobile that for some reason isn't hanging in balance. I don't know initially if some pieces are too heavy or large or some are too small, if some are too close together or too far apart, or if there needs to be more space between the various levels of the mobile. But my first task is to see the system in action, so I can identify the problems in the structure.

#### OBSERVING THE STRUCTURE

The initial step in identifying the problem is to join with the system so that the therapist gets an accurate and authentic picture of the interactions that maintain the problem. When structural therapists talk about joining, they are referring to something similar to the type of alliance building that is common in most therapy, yet there is more to joining than building an alliance (Minuchin & Fishman, 1981; Minuchin, 1974). What I find especially useful about structural approaches is the sophistication involved in positioning relationships in the system. That positioning starts right from the beginning, as the therapist positions herself as someone who is both helpful and challenging to the entire system.

The typical steps described in joining are taking the time to hear from every member of the system and showing some appreciation for the perspective of each person. Unlike the experiential approaches we discussed, however, the point isn't necessarily to make room for the expression of thoughts and feelings; instead, it is to set the stage for the family to enact the structure in the room and to clearly exhibit the

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problematic structure through the enactment. The therapist looks for clues about system structure in behaviors such as where people sit, how much they talk, and with whom they make eye contact. As the therapist is joining the system, she is trying to position herself as an ally to each member of the system and, through her questions and observations, also as an ally to the system as a whole. Through these interventions the therapist becomes a part of the system, which reduces the homeostatic reaction that will occur if she is experienced as an outsider. My colleague Michael Karson calls this type of joining "finding a place to stand" (2010).

Next, through questions and tasks, the therapist moves from joining the system to creating an enactment. This term sounds very official and stage like, but any good therapy creates an enactment. Rather than simply describing the problem in a detached, experience-distant manner, therapy typically involves allowing the client to create the problem in the room and then showing the pattern to the client directly. When everyone in the room has actually experienced the dynamic in action, the therapist can move to the next stage of intervention, repositioning the structure of the system. Repositioning is generally done through some type of behavioral prescription, but this type of intervention has a different feeling than a straightforward behavioral exercise. There is a more dramatic feeling to running through the family script, then stopping the action and offering a different outcome. The novel outcome generally involves people treating each other in new ways, and again the goal of treating each other differently is to change rules, roles, or boundaries, which will alter a system's structure.

One excellent example of a structural intervention can be seen in a family therapy training tape done by Braulio Montalvo at the Philadelphia Child Guidance Center in the early 1970s (Minuchin, 1974). The case involves an African American single mother and her four children, who range in age from 10 to 4. The presenting problem is that the second oldest child was playing with matches from her older brother's chemistry set and accidentally lit a mattress on fire. The brother was caring for his three younger sisters and heroically took the mattress to the bathtub and extinguished the fire before calling his mother at work. As Montalvo moves about the room and talks with each family member, we see that the oldest child is in a parentified role, is extremely responsible, and talks for the other children. The second daughter is in the identified patient role, as the family is organized around all of the things that she does wrong. Rather than paying

## STRUCTURE IN WORK SYSTEMS

I'm reminded again of the case of Carol from Chapter 3, who was learning to be more effective with her adolescent daughter. Interestingly, Carol was also having trouble with her employer. Carol was an administrative assistant in a public relations firm, and she had taken on a project under one of the firm's directors, Ellen. She experienced Ellen as distant, harsh, and demanding and was beginning to dread going to work. Carol felt put down by her boss's questions and requests, and from her descriptions in session, it appeared that she responded to Ellen in an anxious, apologetic manner. Although being on the project could have represented an acknowledgment of Carol's previous good work, she described working under Ellen as a curse that she had hoped to avoid in the firm. She was worried that the only way out of her misery was to find another job.

Looking at Carol's problem structurally, we see that she experienced herself as being in the role of ineffective, incompetent subordinate. She resented the feeling of being put down and unappreciated but didn't know how to restructure her role and find more power in the system. As we explored her discomfort, Carol noticed that some of her peers resented working with Ellen and tried to avoid her, yet other women in her firm worked well with Ellen. Using a structural perspective, I was able to help Carol identify room for movement in the system. Instead of using her colleagues to complain about Ellen's demeaning behavior, Carol began to look at her own behavior and the behavior of her peers to understand how to improve her position in the system. She noticed that when Ellen was assigning her tasks, she was anxious and found it hard to get a clear picture of what Ellen wanted. Because she didn't understand what Ellen was requesting, she made more mistakes than usual, and Ellen was impatient and critical of Carol's mistakes. Carol would respond with apologies and promises to do better, sometimes even crying as she apologized, but later she would be angry with herself for appearing so weak and deferential, qualities that she believed made Ellen judge her even more harshly.

While I was empathic with how painful it was to be criticized by Ellen, I also confronted Carol to help her see that her deferential behavior and her anxiety were perpetuating the problem. You might see my empathy as the stroke in structural theory and my confrontation as the kick; the combination of these two perspectives helped Carol feel less angry and judgmental toward herself and more ready to actively address her situation. Carol could have put a great deal of energy into

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## THE KICK

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complaining to coworkers about Ellen, which could easily have set up a pathological triangle within the system. She could have been comforted by the knowledge that some of her coworkers dreaded working with Ellen, and their joint complaints could have created a kind of pseudo closeness that would have diverted Carol from her negative feelings about herself.

I believe that this type of triangle could also have occurred in therapy if I had simply validated Carol's negative feelings about Ellen without looking at her role in maintaining the problem. Instead, Carol looked for ways to feel stronger and more competent within the system. She noted that she had enjoyed working with someone else in the company, Theresa, who had recently been promoted. She invited Theresa to lunch and asked for advice about how to run projects more efficiently. As we discussed how she received information from Theresa, it became clear that she needed to do more preparation before her meetings with Ellen and that she could end meetings with Ellen with a review of her plan of action so that she could be sure that she understood Ellen's instructions. As Carol took more initiative in improving her work skills, she felt less anxious and made fewer mistakes. She had a clearer sense of how to accept Ellen's authority without feeling demeaned, and Ellen was more respectful as Carol was more engaged and assertive. Carol continued to experience Ellen as overly critical but was able to finish the project successfully and did not have to leave her job. In the end, she was invited to join Theresa in a different department in the company, and her job satisfaction improved dramatically.

You might say that the therapy was helpful to Carol because it provided a supportive environment in which to explore her painful feelings without fear of the judgment or criticism she experienced at work. Alternately, you might say that through my questions and observations, I provided assertiveness training and taught Carol communication skills so that she was effective in dealing with Ellen. While I think that there is truth in both of these perspectives, I believe that understanding the structural elements of Carol's situation made both of these interventions more potent. Carol's work system was problematic because the power structure allowed Ellen to be overly dominating, and Carol's personal characteristics reinforced this pattern. By recognizing the structural challenges in the system, we could identify the dysfunctional role that Carol was playing (incompetent, apologetic assistant) and the boundary problems that reinforce this role (that she was too afraid to ask questions and get enough information to get her

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job done effectively). The rules of the system allowed Carol to do things  
 like invite Theresa for lunch to get more mentoring. Further, the roles  
 were not rigid enough to prevent the problem from improving. As  
 Carol's work performance improved, Ellen became more respectful,  
 and the communication was better on all sides. The project was  
 completed successfully, adding to Carol's sense of competence and  
 efficacy. Although her position of assistant did not change, one could  
 argue that her success improved her status in the system.

Did Carol's individual work of becoming less anxious and more  
 competent actually change the system? It isn't easy to answer this  
 question as an individual therapist, but I believe that these changes  
 often do ripple throughout an organization. In Carol's case, a bad  
 outcome could have reinforced a culture of anxiety, poor performance,  
 and unhealthy criticism. Without the changes that we described, people  
 within the system might believe the idea that Ellen is impossible to  
 please and that she runs off good employees. For Carol, a continuation  
 of the original dynamic could have validated her fear that she can't  
 function as an adult in the real world. Fortunately, this more balanced  
 and three-dimensional view of the system allowed Carol to change her  
 behavior, and in turn, the system functioned more effectively.

Systems theory offers a unique perspective on organizational struc-  
 tures. Systems can be understood through the ways that their subsys-  
 tems are organized hierarchically. In turn, hierarchies are maintained by  
 boundaries, which ideally are distinct but permeable. Position within  
 a system is also determined by the roles of system members, which at  
 best are clear but not rigid. Challenges to the structural therapy model  
 have allowed a more in-depth exploration of issues of power and  
 privilege, which are often the product of hierarchical structures.

In this chapter, we focused on the ways that systems are organized  
 and on the interactions between people that create and maintain this  
 organization. Although systems theory looks at a variety of levels of  
 human experience, we see that the internal world of system members  
 can also help us understand and intervene with systems. The interplay  
 between individual and group histories over time is explored in more  
 depth in the next chapter.

attention in the session, she pulls out one of her schoolbooks, and her mother very critically admonishes her to pay attention. Montalvo uses that moment to create an enactment, as he instructs the mother to get the daughter to read aloud. The mother is dismissive of her daughter's skill, and Montalvo uses the enactment to set the stage for repositioning: He says to the mother, "What is going on with you? She is reading very well. You must be doing something right as her mother." This simple intervention highlights the mother's behavior in keeping her daughter in the identified patient role and simultaneously strengthens her role as the mother.

Montalvo goes on to give the behavioral prescription, which is for mother to spend 5 minutes each day teaching the daughter to light matches safely. This intervention clearly has strategic underpinnings, as the symptom (lighting matches) is being reframed as a skill to be mastered and is prescribed rather than prohibited. In assigning the mother to work with the identified patient, he also removes the parentified child from the place of authority and gives both the mother and the daughter a chance to be successful. There is a poignant beginning to the second session with this family, as we learn that the mother and daughter practiced lighting matches not once, but twice each day! The intervention gave the mother an achievable way to inhabit the maternal role, and gave the daughter a more adaptive way to seek and accept attention.

#### THE STROKE AND THE KICK

A simple description of structural therapy interventions is that the therapists must give every family member a stroke and a kick. We can certainly see the stroke and the kick in the intervention with the mother, as he says, "What is going on with you?" paired with "You must be doing something right as her mother." Although the terminology is too authoritarian for my taste, I have found the stroke and kick concept to be extremely useful in therapy, with individuals as well as with couples and families. More than many therapy approaches, I think that structural theory shows us that true empowerment involves owning our strengths and simultaneously addressing our weaknesses. To use different language, this systemic balancing act of realigning dysfunctional structures combines active support with direct interpretations. This combination can be easily misused when the therapist does not recognize issues of power and privilege, and yet it can be helpful when it is employed collaboratively.