

Sept 28th

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 story "Gina is a woman and
standing of wanting to feel special
ness about being good enough or
not being able to give and receive
s. I'm focusing on just one set of
case was less linear than I am
to see that the change in these
h both self and other with more
ultimately these changes allowed

ave embraced the postmodernist
age in shaping experience. Build-
constructed, systems approaches
inant narratives can perpetuate
recognizing and confronting the
bit change, narrative therapists
n from the problem and empower
relationship with the problem.
s help clients identify their own
age to set the stage for incremental
nforces the importance of context

3

CHAPTER 9

Applications to Theory, Research, and Organizations

COMING FULL CIRCLE from where we started, I continue to believe that systems theory is an invaluable lens through which to examine human behavior. I've tried to illustrate the ways that systemic concepts have enriched my work with individuals, couples, and families. The beauty and the frustration of systems theory is that it can be applied so broadly, and in my experience, the value of systems theory is not limited to the therapy room. I have also found that systemic concepts are extremely valuable in understanding and integrating psychological theory, in evaluating and improving psychological research, and in participating in and managing groups and organizations. A full description of these applications of systems theory is clearly beyond the scope of this book, but I can't resist ending by challenging you to continue to utilize a systems perspective in all of these ways.

As you can see from the various family therapy theories that I have drawn from throughout the text, systems theory can easily be used as a metatheory, which can serve as a foundation for the other major psychological schools of thought. Systems theory works best on broad, big-picture patterns or on specific, moment-to-moment interactions, and I often find it helpful to fill in an intermediate level of analysis with other psychological theories. A both-and approach to psychological theories would indicate that it is naive to try to see which theoretical tradition is correct or holds the ultimate truth. Instead, our knowledge of context and the importance of perspective allow us to ask more sophisticated and helpful questions: What are the strengths and limitations of the theory? How is the theory similar to other theories, and

what are the key differences? What is gained and what is lost by combining the theory with other theories? For me, a useful metaphor in looking at psychological theories is seeing them as distinct languages. Like languages, many psychological theories share common foundations yet, through regional and historical developments, have evolved into distinct entities. Using this metaphor, I would argue that systems theory can serve as a metatheory, just as there is a broad theory of human speech and language acquisition that transcends any separate language. As psychologists, there are probably more advantages to being theoretically bilingual than monolingual, but what is even more important is to recognize and respect the fact that each theory speaks its own language. My experience is that a background in systems theory provides the broad perspective that allows us to know that all languages are in fact human speech and also provides a common platform to create better understanding between different theories.

SYSTEMS THEORY AS PLATFORM

In addition to creating respectful dialogue between theories, systems theory can serve as an organizing structure to integrate theories. While several promising integrative models have been developed (Breunlin, Schwartz, & Kune-Karrer, 1992; Gurman, 2008), I have the greatest familiarity with Pinsof's integrative problem-centered therapy model (Pinsof, 1994), and here I'll briefly present the ways that this model both rests on and is infused with core systemic principles. Pinsof's model is not a theory; instead, it provides an organized way to utilize major psychological theories. It is designed to be cost effective, to maximize treatment outcome by allowing therapy to be individualized, and to capitalize on a wide repertoire of intervention strategies.

Pinsof has updated his model to include additional factors (1995) but for brevity I have taken the liberty of presenting in Figure 9. an older model (Pinsof, 1994), which includes slightly fewer variables. The themes and application of the model are similar in both versions, and I have found that both offer conceptual clarity and therapeutic utility.

Pinsof first organizes three therapeutic modalities, left to right: family therapy, couples therapy, and individual therapy. Along the left side of the grid, Pinsof highlights three types of psychological theory: behavioral theories, experiential theories, and historical theories. As it is drawn on the grid, you can see that it is possible to do individual, couple, or family therapy from a behavioral, experiential, or

is gained and what is lost by es? For me, a useful metaphor in eing them as distinct languages. heories share common founda- cal developments, have evolved hor, I would argue that systems it as there is a broad theory of on that transcends any separate : probably more advantages to olingual, but what is even more ie fact that each theory speaks its a background in systems theory allows us to know that all lan- so provides a common platform n different theories.

AS PLATFORM

ogue between theories, systems structure to integrate theories. models have been developed 1992; Gurman, 2008), I have the grative problem-centered ther- ll briefly present the ways that d with core systemic principles. l, it provides an organized way ies. It is designed to be cost- tcome by allowing therapy to n a wide repertoire of interven-

clude additional factors (1995), rty of presenting in Figure 9.1 ncludes slightly fewer variables. el are similar in both versions, as l clarity and therapeutic utility. eutic modalities, left to right: individual therapy. Along the ts three types of psychological ial theories, and historical theo- can see that it is possible to do om a behavioral, experiential, or

	Modalities/Contexts		
	Family/Community	Couple/Dyadic	Individual
Orientations			
Behavioral/Interactional — Social learning — Strategic — Functional — Structural			
Experiential — Cognitive — Affective — Communication — Interpersonal			
Historical — Family of Origin — Psychodynamic — Psychoanalytic			

Figure 9.1 Pinsof's 1994 Integrative Problem-Centered Orientation/Modality Matrix

historical perspective. Frequently, clinicians see clients in all of these modalities, and whether they actually work with a case in all of these formats or work collaboratively with another therapist; clinicians are accustomed to thinking about the way that a problem is organized at each of these levels. Similarly, most clinicians have at least been exposed to each of these types of theory, and most psychotherapy research suggests that clinicians choose to pull from more than one theoretical tradition in working with clients, whether they label themselves as eclectic or integrative in orientation. Further, we could argue that most contemporary theories are inherently integrative, regardless of whether they use that label. The cognitive-behavioral theories bridge two levels of Pinsof's model, and current psychodynamic theories combine the experiential and historical levels.

Regardless of the semantics of describing each model, I find that the levels that Pinsof describes are distinct enough to clarify my thinking and help me organize the intervention strategies that I will use. The behavioral level looks at concrete, observable behavior and focuses on

the importance of direct behavioral change. Specific theoretical traditions listed at this level include behavioral couple and family therapy, strategic therapy, and structural therapy. The overt goal at this level is for clients to experiment with new behaviors and to treat each other differently. In contrast, the experiential level looks at the felt and thought experience of the clients in the room. This immediate, here-and-now experience is the focus of intervention. The goal is to raise consciousness about the ways that thoughts and feelings contribute to problems. Ultimately, thoughts and feelings should either help to solve problems or help to enhance relationships. Theoretical traditions that are grouped in this level include the work of Virginia Satir (1972) and Carl Whitaker (1977), but this level also includes emotionally focused and cognitive approaches. The third level of the model is dedicated to historical approaches, which examine the role of the unconscious in determining both behavior and experience. This level incorporates both psychodynamic and family-of-origin perspectives. The common thread at this level is the way that earlier experience creates templates and patterns that are then pursued and repeated.

There is no single way to apply the model, and I consider the model to be a map that helps me describe and plan my options for intervention in the room. Pinsof states that to be most cost-effective, it is best to start treatment in the left top area of the grid and then move to smaller groups of people and more involved theoretical strategies as needed. All things being equal, it is assumed that working on direct behaviors with the most people possible in the room will allow the most expedient results. However, Pinsof points out that the overarching principle in the treatment is the therapeutic alliance, and the creation of a positive alliance requires collaboration with the client. Part of establishing the treatment relationship is hearing the client's understanding of the problem and utilizing the client's preferred way to address the problem. The therapist may choose to work in a sequential way with the client, proceeding through each level as needed, or may choose interventions from a variety of levels in each session. The style and flow of the sessions will emerge as the therapist guides the client through the possible treatment options, finding the best match for the client's needs.

We see that this model combines a wide variety of family therapy theories, but how does this model actually use systems theory? We can answer this question on a couple of levels, first looking at the theories themselves and then looking at the client. In looking at the ways that the theories are combined, we see the influence of multiple perspectives

change. Specific theoretical tradi-
 tional couple and family therapy,
 py. The overt goal at this level is
 behaviors and to treat each other
 tial level looks at the felt and
 the room. This immediate, here-
 intervention. The goal is to raise
 thoughts and feelings contribute to
 elings should either help to solve
 ships. Theoretical traditions that
 work of Virginia Satir (1972) and
 so includes emotionally focused
 level of the model is dedicated to
 e the role of the unconscious in
 ence. This level incorporates both
 perspectives. The common thread
 experience creates templates and
 epeated.

model, and I consider the model
 id plan my options for interven-
 be most cost-effective, it is best
 a of the grid and then move to
 nvolved theoretical strategies as
 assumed that working on direct
 sible in the room will allow the
 'nsop points out that the over-
 the therapeutic alliance, and the
 es collaboration with the client.
 ationship is hearing the client's
 ilizing the client's preferred way
 may choose to work in a sequen-
 hrough each level as needed, or
 ety of levels in each session. The
 erge as the therapist guides the
 options, finding the best match

a wide variety of family therapy
 ally use systems theory? We can
 evels, first looking at the theories
 nt. In looking at the ways that the
 fluence of multiple perspectives

and the clear foundation of multiple and circular causality. Although the grid is drawn in a linear manner to fit the two-dimensional space, in reality we see that the theories are organized in a circular fashion with bidirectional influence. Each theory exists in relation to other theories, sharing the ability to be applied in different modalities but having unique contributions to our understanding of the problem. Finally, the model rests on a systemic understanding of change, with the assumption that change is both sought and resisted. Understanding that problems are maintained in multiple ways and at multiple levels, we see that there are numerous choices for change when it becomes impossible in the form that we initially chose.

When we look at the systemic elements of the work with the client, first and foremost, the model is based on relationships. The therapist works to establish a warm, caring relationship that recognizes the many contexts in which the client is embedded. The therapist acknowledges circular and multiple causality by helping the client move from blaming someone for the problem to empowering the client to act for change. In sum, the model rests on the both-and perspective, acknowledges the role of context, takes a balanced and creative perspective on change, and emphasizes collaborative communication between the therapist and client and between clients.

The case of Tim and Gina in the last chapter provides a rich example of the benefits of using a systemic, integrative therapy. Tim and Gina were a motivated, likable couple who were invested in therapy, but their progress was slower and more uneven than any of us would have hoped. They were initially referred for couples therapy by Tim's individual therapist, who had worked with Tim on his long-standing depression. As Tim's individual functioning had improved, he noticed problems in the marriage that he wanted to address. At the beginning of therapy, Tim and Gina noted that they had always loved traveling together, but they had curtailed much of their travel 3 years ago, when they purchased a new home. Tim felt that Gina was constantly scheduling home projects for him to do and was critical and demanding in the way she managed these projects. Gina felt that Tim resisted doing his fair share in their new home and believed that she carried too much responsibility for their household. We initially worked on communication skills, helping them hear each other's concerns and make more direct requests of the other. We identified their pattern of bickering followed by avoidance and helped them replace it with a clearer negotiation of time and tasks. Both were relieved to be able to address their concerns more overtly, and the behavioral emphasis allowed them

to feel less negative in the relationship. But both reported that something was still missing, and the therapy felt flat and uninspired.

Although their initial complaints were improved, none of us felt that the therapy had achieved its goal, and I was grateful to draw on the systemic integrative model I have described to understand what still needed to change. I began to explore their complaints on an experiential level. Tim talked about all that he felt he had lost during the time he was depressed. He was grateful to Gina for her patience and steadfastness, but once he felt better, he didn't know how to recapture a feeling of vitality and connection with her. He tried to prove his devotion by stepping up his participation around the home, but instead of feeling admired and acknowledged by Gina, he felt unappreciated. Gina also explored her feelings of having to be strong and steady when Tim's functioning had decreased. She was pleased that he was feeling better but realized that she was still waiting for him to acknowledge the full extent of her efforts during his difficult time. During this stage of exploring their emotional distance, the incident at the kitchen sink described in Chapter 8 occurred. At this point, we explored their thoughts and feelings in much greater depth and also helped them make sense of their experience in the context of their gender beliefs and expectations. They were warmer and more understanding of one another but again felt that something was holding them back from experiencing the kind of comfort and excitement they had felt earlier in their marriage.

Similar to the stage I described earlier, rather than seeing the lack of satisfaction as a problem, we were all able to sit with the sense of dissatisfaction and wonder what still needed to change. Tim was able to express the guilt he felt for burdening Gina with his depression and came to understand that he had similar guilt around his sexual desire for her. But sharing these feelings did not help Tim move through them, and we began to explore some of the earlier roots of these feelings of guilt. We went through a similar process with Gina, in that she got stuck in feeling that there was no room for her to have wants or wishes in the marriage and then was completely unable to articulate what those wants and wishes were. As we moved forward in the therapy, Tim was able to talk about his father's poor treatment of his mother and the guilt he felt in not doing more to protect her from his father's abusive temper. His ambivalence about "being a man" was made even more complex by the negative feelings he continued to harbor toward his father. In contrast, Gina's father had died when she was an adolescent, and she had immensely positive memories of him. She

ip. But both reported that some-
 apy felt flat and uninspired.
 ere improved, none of us felt that
 nd I was grateful to draw on the
 escribed to understand what still
 neur complaints on an experiential
 ne had lost during the time he was
 or her patience and steadfastness,
 ow how to recapture a feeling of
 e tried to prove his devotion by
 the home, but instead of feeling
 he felt unappreciated. Gina also
 e strong and steady when Tim's
 pleased that he was feeling better
 g for him to acknowledge the full
 ficult time. During this stage of
 the incident at the kitchen sink
 at this point, we explored their
 ter depth and also helped them
 context of their gender beliefs and
 nd more understanding of one
 g was holding them back from
 d excitement they had felt earlier

lier, rather than seeing the lack of
 all able to sit with the sense of
 needed to change. Tim was able to
 ng Gina with his depression and
 lar guilt around his sexual desire
 not help Tim move through them,
 e earlier roots of these feelings of
 ocess with Gina, in that she got
 n for her to have wants or wishes
 letely unable to articulate what
 e moved forward in the therapy,
 poor treatment of his mother and
 to protect her from his father's
 ut "being a man" was made even
 s he continued to harbor toward
 er had died when she was an
 positive memories of him. She

felt that she was the one in the family who kept it all together when he
 died and that she had never had the chance to fall apart and have
 someone else care for her.

In this case, the combination of the behavioral, experiential, and
 historical levels of intervention were all used to help Tim and Gina
 rekindle their feelings for one another, which in turn reenergized their
 marriage. We worked on their dynamics as a couple and on each of
 their individual issues. Although each of these approaches was helpful
 separately, the real power of the intervention came when the approaches
 were combined. Tim and Gina were able to understand their issues in
 the context of their current communication, their cultural context, and
 the patterns they internalized through their developmental and family
 experiences. Without a systems perspective, they might have pursued
 behavioral change or might have achieved insight into the family
 patterns that they were repeating, but the systems perspective allowed
 them to consolidate these changes in a way that helped each feel
 strongly supported and deeply understood. They left therapy feeling
 they had a clearer knowledge of themselves and each other and that
 their capacity to love each other and to feel loved was what they had
 hoped for early in their marriage.

MAXIMIZING THE UTILITY OF RESEARCH

I have made the case that systems perspectives can help us understand,
 evaluate, and work with psychological theories, and I believe that the
 same concept can be applied to psychological research. In Chapters 2
 and 3, we looked at many of the limitations of traditional Western
 research, in particular at the danger of applying a reductionist, isola-
 tionist lens to the study of any human phenomenon. To take this
 critique a step further, systems theory offers a rich template through
 which we can also understand, evaluate, and work with psychological
 research. On a very basic level, we understand that research can be
 misused to support almost any argument and that the conclusions of
 much psychological research are impossible to correctly interpret. I'm
 afraid that I am infamous in my family for quoting psychological
 research to my advantage. I can think of a recent example of a study
 I saw in passing that stated that men who are close to their mothers
 make better romantic partners. I didn't look up any of the details of
 the study before I mentioned it casually at dinner to bolster my belief
 that the close relationship I share with my 15-year-old son benefits him
 as much as it benefits me. By now, my family teases me about any

comment that begins with "The research shows," but this example helps me see the ways that systems theory actually helps me become a dramatically better producer and consumer of research. In this instance, I saw the research conclusion ("Sons who are close to their mothers are better partners"), and yet I know very little about how this conclusion was drawn and what it really means. I am using the research in a clearly inappropriate way—justification for staying very close to my son, because this will help him be a better romantic partner later in life. I am adding a second piece of research evidence to my conclusion, which is that people who are better romantic partners have a higher quality of life. ("The research says. . . .") From a commonsense standpoint, I can argue that both of these contentions make sense. But are they really supported by research?

A systems perspective will say that research doesn't confirm or disconfirm truth but instead helps us clarify questions and our assumptions so that we can answer our questions in a manner that is consistent with our assumptions. In this instance, I am assuming that the researcher has defined closeness to mother and being a good romantic partner the same way that I would define these variables. I don't know anything about the sample used to draw these conclusions or whether the sample really makes the case I want to make. Is the study based on 60-year-old men who are still close to their 90-year-old mothers? I certainly aspire to be close to my son when I am 90, but I am curious whether I could generalize the results of this study to my relationship with my 15-year-old son. Moving beyond the context of the sample that was used in the study, we need to look at the specific ways the concept is defined or the language used to communicate the question and the results. Would I still agree with the conclusion of the study if they defined closeness to mother as sleeping in the same bed as mother? In my house, this would not work. Yet in other cultures, this might be a perfectly reasonable definition of closeness to mother. Finally, systems theory will ask us to go beyond the issues of context of population and explicit definition of constructs to the problem of causality. In this instance, I am using the research to state that being close to one's mother causes a good romantic relationship later in life. In fact, it is highly plausible that a good romantic relationship helps a man stay close to his mother (something that would also be fine in my future, by the way).

If we are looking to ask better questions and understand the extent to which research can answer questions, then systems theory has much to offer. In this instance, I tracked down the original research. In a

earch shows," but this example theory actually helps me become a consumer of research. In this on ("Sons who are close to their : I know very little about how this lly means. I am using the research ification for staying very close to e a better romantic partner later research evidence to my conclu- better romantic partners have a ys. . . .") From a commonsense hese contentions make sense. But h?

hat research doesn't confirm or clarify questions and our assumptions in a manner that is consistent nce, I am assuming that the re- other and being a good romantic fine these variables. I don't know raw these conclusions or whether nt to make. Is the study based on to their 90-year-old mothers? I 1 when I am 90, but I am curious s of this study to my relationship eyond the context of the sample l to look at the specific ways the sed to communicate the question rith the conclusion of the study if eeping in the same bed as mother? t in other cultures, this might be a eness to mother. Finally, systems e issues of context of population o the problem of causality. In this o state that being close to one's tionship later in life. In fact, it is ic relationship helps a man stay would also be fine in my future,

tions and understand the extent to s, then systems theory has much down the original research. In a

study done on 33 dating college couples, there was a positive correlation between men reporting that they were close to their mothers and happy with their partners (Roberts & Stein, 2003). Intuitively, we might say that men who have learned to be close to women through their close relationships with their mothers will apply this learning in their young adult relationships. I have no problem entertaining this idea and hope the researcher takes her initial finding and tries to explore this further. But we should be clear that this correlation means only that in a small sample, college men who reported being close to their mothers also reported being happy with their partners. Without investigating more about the study, we don't know whether being close to one's mother was also correlated with liking macaroni and cheese, being good at tennis, and being polite to strangers (all things that are true for my son, at least!). We also don't know whether these same men who report being close to their mothers will report being close to their professors, their dogs, and their mailmen. Are the correlations spurious? Did the men who reported being close to their mothers also report being close to everyone else? The fact that correlation gets linked to causality and that ultimate truth is erroneously gleaned from methodological artifacts, is well documented in the research literature.

My example may be far-fetched, yet we can see in many examples from the hard sciences that research can be misleading and that research that is done to isolate phenomena can be particularly misguided, as life in the real world does not involve isolating phenomena. Liking macaroni and cheese may actually be more predictive of having a satisfied partner than the other variables I mentioned. But if this is so, why would it be true? Are macaroni-and-cheese eaters happier with all aspects of life? Do people who are partnered with macaroni-and-cheese lovers treat them better because they are easier to please? Systems theory shows us that these questions aren't easy to answer but that it is important to ask the hard questions. Further, systems theory helps us see that critical thinking, ultimately, is contextual thinking.

As a clinician, I also find that a systemic perspective allows me to utilize research in a realistic and helpful way with my clients. One of the most replicated findings in all of couples' research is the outcome that it takes five positive interactions to counteract the effects of one negative interaction (Gottman & Gottman, 2008). I find this research fascinating, as it confirms my clinical experience that negative interactions are more powerful than positive interactions. Yet I certainly would not advocate keeping a tally of positive to negative interactions. How do I know that this research is valid, and how can I use it as a

clinician? To begin with, I do believe that clinicians have the responsibility to read and utilize research and have much to learn from our research colleagues. When I look at the studies that track the positive to negative ratios, I can see that the researchers are diligent in pursuing a meaningful question and are also willing to admit evidence that disconfirms their hypotheses. In this instance, it was initially believed that negative interactions were toxic and that the most important element of couples therapy was stopping negative interactions. Yet a more careful study showed that couples could have a high level of negative interactions as long as the positive interactions were high enough to adequately balance them. How does this apply clinically?

In addition to helping us adequately address issues of context and causality, systems theory challenges us to develop solid communication that allows a respectful, consensual perspective on reality. With clients, this focus on collaborative communication creates a win-win situation when it comes to reporting and using research, and I hope that this perspective ultimately adds to our ability to evaluate and revise research. In the therapy room, I have learned to say, "The research states that this pattern is common. Is this pattern true for you?" I have found that knowing and mentioning the research not only adds to my credibility but also speeds up the process of understanding a problem, whether the clients agree with my research perspective or not. When I say, "The research indicated that it takes five positive interactions to counteract the effects of one negative interaction. Is that true for the two of you?" I find that the question is meaningful, whether they agree or disagree. If a client says, "Yes, that is so helpful! I feel so guilty after I jab my partner, but if I remember that I can say five nice things afterwards, I know I can make it better," then I believe that the research has been put to good use. On the other hand, when a client says, "That statistic doesn't mean much to me, because all negative comments are not created equal. Some might take 2 positive comments to undo, and some might take 10," then as the clinician I can keep the discussion going to better understand the types of repair that will work with various types of jabs. Again, a systemic perspective on research would not suggest that research gives us the truth, just a single perspective on truth, which can always be revised.

Given current concerns about the need for scientific evidence for the efficacy of psychotherapy, I think a systems perspective is more necessary than ever before. A systems perspective can help us be clear and realistic about what we know, so that we not only say, "Cognitive behavioral treatments have been shown to be effective in treating

that clinicians have the responsibility and have much to learn from our studies that track the positive to researchers are diligent in pursuing a willing to admit evidence that instance, it was initially believed toxic and that the most important mapping negative interactions. Yet a couples could have a high level of e positive interactions were high .. How does this apply clinically? tely address issues of context and s us to develop solid communication. asual perspective on reality. With communication creates a win-win g and using research, and I hope ds to our ability to evaluate and om, I have learned to say, "The common. Is this pattern true for d mentioning the research not only ls up the process of understanding e with my research perspective or dicated that it takes five positive acts of one negative interaction. id that the question is meaningful, client says, "Yes, that is so helpful! but if I remember that I can say five make it better," then I believe that e. On the other hand, when a client much to me, because all negative ne might take 2 positive comments ' then as the clinician I can keep stand the types of repair that will Again, a systemic perspective on arch gives us the truth, just a single ways be revised.

we need for scientific evidence for nk a systems perspective is more ns perspective can help us be clear o that we not only say, "Cognitive shown to be effective in treating

anxiety" but also say, "Cognitive behavioral treatments have been studied more frequently than any other treatment for anxiety. When cognitive behavioral treatments are compared with other treatments, they tend to fare better than other treatments a small percentage of the time and then fare as well as other treatments the rest of the time. Psychodynamic treatments tend to fare better when clients have chosen them directly and don't fare as well with random assignment." Again, this type of subtle, gray-area analysis is not easy to do and not popular in a winner-takes-all type of competition for superior treatment, whether the prize is status or insurance dollars. But systems theory offers the opportunity to look at that gray-area alternative to the one-size-fits-all approach.

The newer research question, "What treatments are most effective, under what specific conditions, for which specific patients?" is a classic systems question. And the ability to apply research findings in a circular, recursive manner completes the systemic approach to research. If I am able to bring the research findings to my clients, they can say which part of the research is relevant and how they would change the parts that are not relevant. Over time, a systems perspective would suggest gathering these data from my clients and feeding it back into the research in some way. I might tell a researcher, "Your findings suggest that a 5-1 ratio of positive to negative interactions is important, but this average seems to miss something important clinically. Repeatedly, I have heard that there is a qualitative difference between the types of negative interactions that truly need repair. Could you please do some additional research to give me more insight into the difference between negative interactions that need repair and those that don't?" In the win-win paradigm of good systems work, the researcher would thank me for my helpful insights, and I would thank the researcher for her useful conclusions. We would see that in this complementary process, our experiences created a stronger perception of reality together, similar to the teacher's advice to the blind men with the elephant. Although it may appear that I am being somewhat simplistic in laying out this opportunity for collaboration, I earnestly believe that a true systemic collaboration is needed to move forward both the art and the science of psychology.

ORGANIZATIONAL EFFICACY

A final way to apply systems theory outside the therapy room occurs in the day-to-day work of our organizations, and it is easy to approach

that work systemically, even without taking on political agendas. As I look at my own behavior in organizations, I see that systems theory has helped me prevent problems and maximize success, even when I was unaware that I was using systems theory. When I was doing my postdoctoral fellowship, I was asked by my supervisor to set up a family therapy consultation service at a community agency. Looking back, I am immensely grateful for my systems theory training, because I can see that without this training I would have probably made several key mistakes.

As I was setting up the program, I spoke with my supervisor about its goals. We established a detailed outline of the services that I should provide, which centered on using my family therapy expertise to strengthen the skills of the staff in the community agency. But his final response was "Above all else, keep the agency happy," and this seemingly insignificant remark both shaped the program and fostered my relationship with the staff. I went into the program expecting that I was going to sit in meetings and develop trainings for the paraprofessionals who dealt directly with the pregnant and parenting teens in the community program. But based on the words of my supervisor, I spent most of my initial energy trying to develop a working relationship with the staff, and of course, utilizing my knowledge that it is generally good practice to start a new process by joining with the target system.

As I observed the implicit communication that was taking place about the families who were discussed in our meeting, I correctly clarified that the community center wanted me to provide direct service to the families, in spite of this being a different vision than what had been provided at my agency. But I was able to be clear in my desire to create a service that would meet the needs of the community center, and my ability to develop and communicate a collaborative plan was important in establishing the success of the program, as would see over time.

My next challenge was facing the issue of confidentiality. I had wondered why the agency had been so reluctant to send family therapy cases to the community mental health center down the street, and quickly learned at least one of the obstacles. The community support staff openly shared information on every client and felt that mental health personnel withheld crucial information that would have helped the clients. The expectations of the staff were that I would report on what happened in the sessions so that they could use this information in working with their clients. In contrast, I expected that my sessions would be entirely confidential unless I needed to take emergency action.

: taking on political agendas. As I
ions, I see that systems theory has
imize success, even when I was
theory. When I was doing my
d by my supervisor to set up a
at a community agency. Looking
systems theory training, because I
ould have probably made several

spoke with my supervisor about
outline of the services that I should
my family therapy expertise to
the community agency. But his
keep the agency happy," and this
shaped the program and fostered
into the program expecting that I
elop trainings for the paraprofes-
egnant and parenting teens in the
e words of my supervisor, I spent
velop a working relationship with
nowledge that it is generally good
ining with the target system.

unication that was taking place
ssed in our meeting, I correctly
r wanted me to provide direct
his being a different vision than
y. But I was able to be clear in my
meet the needs of the community
nd communicate a collaborative
the success of the program, as I

ie issue of confidentiality. I had
o reluctant to send family therapy
lth center down the street, and I
stacles. The community support
every client and felt that mental
ormation that would have helped
staff were that I would report on
at they could use this information
trast, I expected that my sessions
I needed to take emergency action

around a safety issue. As I thought about what was communicated by
keeping confidentiality and what was communicated by sharing infor-
mation, I was able to see both sides more clearly. I knew that I needed to
fit in with the norms of their system enough to be accepted, and yet I
wanted to be a distinct entity and to provide a service that was not
already available in the system. I saw the classic need to be a differen-
tiated member of the system, with a separate identity and the ability to
be connected to the system. To achieve this differentiation, I had to
practice clear, affiliative communication. As I started each treatment, I
let the clients know that I met with the staff on a weekly basis and that
we all liked to work together, so that clients often found it useful for me
to share information with the staff. At the same time, therapy was an
endeavor that worked best when clients felt their concerns were held
privately, which reduced the need to plan and censor communication.
Given these competing demands, I structured the sessions so that at the
end of each session, we would determine just what information I
should share with the staff. Then, at the beginning of the next session,
I could review any information from the staff meeting with the clients.

At first, I felt that this very deliberate and explicit emphasis on
boundaries and communication was more for me than for the clients,
but they seemed to indulge me in the regimented way that I began and
ended each session. As time moved on, however, I found that my
emphasis on clear communication actually established the kinds of
rules and boundaries that made my role different from that of other
staff members. My clients knew that they could talk about whatever
they wanted during the session but that we would end a session with a
plan on how this information would interface with the larger system.
At times, the sessions yielded little information that needed to be
shared; at other times, sharing information was crucial. I came to
see that my distinct role and the clear expectations for the functions
of my role were both essential elements in the success of the program.
The functions of my role were to help my client feel empathically
supported (which was protected by the confidentiality) and to feel
empowered with additional problem-solving resources (which was
enabled by the planning we did at the end of each session and my work
with the rest of the staff). Both of these functions were made clear in my
communication and therefore were evident in the structure of the
therapy system that was established.

Although there were other challenges to establishing the family
therapy program, another issue arose a year into the program that
was especially enlightening for me. After providing family therapy

services for a year, I was invited to do a parenting workshop for the staff. This workshop was exactly the type of task I had envisioned performing when I first went to work at the center, and I was very excited about working with the staff in this way. I prepared numerous worksheets and clinical examples, and I brought in my favorite parenting books to show the staff. I was talking about the importance of rules and consequences, and I had passed around the parenting books for the staff to examine. One of the staff members stopped me midsentence to say, "This book says it isn't okay to spank your kids." Not understanding the implicit message in his communication, I responded, "Exactly! The book that you are looking at outlines the parenting philosophy that I have been using here with our clients, and emphasizes the importance of using discipline methods other than spanking." Initially, I had expected that the staff would be relieved to have this philosophy described in such a clear and distinct manner, but the incredulous looks I was receiving from the staff helped me understand that that there was more going on with this topic.

I knew that I needed to sit back and hear the perspective of my colleagues, and I could see that many of them were passionate about their perspective. They felt that they had been told that spanking was wrong, yet many had experienced spanking as a key act of parenting that showed them that their caregivers were involved and had high standards for them. I began to understand a bit about the cultural context of spanking and saw that what I considered to being angry and out of control was instead interpreted as signaling engaged concern. Luckily, the staff had worked with me long enough to see that I had helped families have discipline, order, and structure; although they hadn't realized that I had supported these goals without corporal punishment. At the same time, I saw that these staff members were the success stories of the neighborhood and that I couldn't discount their belief in spanking without further thought.

At the end of the workshop, we agreed to disagree. The staff understood that I had been asking clients not to spank their children and had instead been working with them to find other effective means of discipline and behavioral control. The staff also saw that I had not needed to make a single child abuse report (although I had helped them make a neglect report, based on the experience of a family they were seeing), which helped them understand that my mission was not to punish the behavior of those in their community, but to improve functioning. I came to feel that the staff was impressed to know that I had achieved such good results without recommending spanking,

2. How does each member of the system describe the *cause* of the problem, and how can this causality be reframed? What is the circular pattern that maintains the problem, and what are the multiple factors that reinforce this pattern?
3. What is being *communicated* about the issues at hand? What are the conflicts between the explicit and implicit communication about the problem? How could the communication work better and be more effective?
4. What are the forces that encourage the issue to *change*, and what are the forces that resist change?
5. What are the rules, roles, and boundaries that establish the *structure* of the most relevant system? How is the structure functioning well, and how does the structure contribute to the problem?
6. What are the *historical and developmental* patterns that are being repeated in the system? How do these patterns cause resistance to change, and how do these patterns provide identity?
7. What are the *cultural stories* that influence the problem? How do these invisible stories reinforce oppression and inhibit empowerment? How can these stories be used for greater self-acceptance or to promote change?

Both in my work as a therapist and in my work as a professor, I have had the privilege of addressing these kinds of questions. I have witnessed the way that within healthy relationships, systems theory can promote flexibility, clarity, and curiosity. Armed with those three powerful allies, the work of creating healing and stimulating relationships is truly inspiring. I hope you find the same inspiration in this work.