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CHAPTER 2

The Dilemma of Change

What Is a System?

The word "system" has become a cliché of family therapy—a word that has lost much of its meaning through overuse, generalization, and academic elaboration. Although "systems theory" is the cornerstone upon which family therapy is based, the diversity of clinical approaches indicates the many different ways in which a family system can be defined and treated.

Most trainees respond to an academic explanation of a family system with a dazed look, as though to say: "So what does one do with a self-corrective, homeostatic system which is error activated and regulates itself through negative and positive feedback loops in order to maintain its equilibrium?" (a cybernetic definition of a system). Or: "How does one deal with a unit with an internal design which evolves to new and unpredictable levels of organization through the process of discontinuous change and unpredictable leaps?" (an evolutionary definition of a system).

Unfortunately, these concepts are easier to define academically than they are to apply clinically. When working clinically, most therapists' definitions of a system are based on what they believe is causing the problem and how they intend to intervene. For example: Salvador Minuchin defines a system according to boundaries and hierarchical organization, as that is what he attempts to change; Murray Bowen's definition is based on a concept of triangles and degrees of differentiation, as this is his field of intervention; Jay Haley and Chloé Madanes view a system in terms of power structure and focus on altering this; Norman Paul looks for areas of unresolved mourning, Boszormenyi-Nagy for three-generational loyalties, and Selvini Palazzoli for systemic paradoxes, these being the focal points of their interventions. As Lynn Hoffman so aptly states, "Family therapy was, and still is, a wondrous Tower of Babel; people in it speak many different tongues" (1981, p. 9).

What is referred to by "systems theory" in family therapy is a loosely connected series of concepts rooted in general systems theory and cybernetics. The many different ways in which systems theory has been interpreted and applied have been written about extensively (see Watzlawick, Beavin, & Jackson, 1967; Watzlawick *et al.*, 1974; G. Bateson, 1972; Hoffman, 1981; Keeney, 1983; Paolino & McCrady, 1978; Minuchin, 1974; Bowen, 1978; Selvini Palazzoli *et al.*, 1978; Haley, 1977; and Napier & Whitaker, 1978). For the purposes of this book, I shall limit myself to describing the most basic tenets of this theory and how these are translated into clinical practice in this particular approach.

The key concepts of systems thinking have to do with wholeness, organization, and patterning. Events are studied within the context in which they are occurring, and attention is focused on connections and relationships rather than on individual characteristics. The central ideas of this theory are that the whole is considered to be greater than the sum of its parts; each part can only be understood in the context of the whole; a change in any one part will affect every other part; and the whole regulates itself through a series of feedback loops that are referred to as cybernetic circuits. Information travels back and forth within these feedback loops in order to provide stability or homeostasis for the system. The parts are constantly changing in order to keep the system balanced (as a tightrope walker constantly shifts his/her weight to preserve equilibrium). The overall system maintains its shape as the pattern of linkage between the parts changes. This concept of patterning and circular organization, as opposed to individual description and linear explanation, has become the foundation upon which family therapy rests.

Such a concept means that no one event or piece of behavior causes another but, rather, that each is linked in a circular manner to many other events and pieces of behavior. These events and behaviors form consistent, recurring patterns over time that function to balance the family and permit it to evolve from one developmental stage to another. All behavior, including the symptom, establishes and maintains these patterns. This regulatory function is considered to be more important than the behavior or symptom as an entity in and of itself. The therapist's primary concern is with the *functioning* of behavior and how the function of one piece of behavior is connected with the function of another piece of behavior in order to preserve family equilibrium.

Family members are not seen as *possessing* certain innate characteristics but *manifesting* behavior in relation to the behavior of others. Rather than attempting to understand the cause of the behavior, the therapist attempts to understand the fluctuation of the pattern from which it derives its meaning. For example: A linear cause-and-effect explanation of a problem might be that a child is withdrawn because he has a rejecting mother. The therapist would then focus on trying to get the mother to be less rejecting of the child. This linear perspective might also include a three-generational cause-and-effect description, which states that the mother is rejecting because she herself had a rejecting mother. A systemic view, on the other hand, would see the withdrawal of the child as part of a set of relationships that form a cybernetic circuit, namely, mother becomes critical of the son when father, who feels controlled by mother, undermines her authority by being overly permissive with the son. In response, the son supports father against mother, causing mother to become increasingly antagonistic toward the son.

No one person is considered to have unilateral control over any other person. The control is in the way the circuit is organized and continues to operate.

The Milan team has developed a unique way of avoiding linear thinking when forming a hypothesis by substituting the infinitive *to show* for the infinitive *to be*. For example: "The father, Mr. Franchi, shows during the session a veiled erotic interest in the designated patient, who, for her part, shows

hostility and scorn toward him. Mrs. Franchi shows intense jealousy toward husband and daughter, while she shows strong affection toward her other daughter, who, in turn, shows no sign of reciprocating this affection" (Selvini Palazzoli *et al.*, 1978, p. 28). This description does not label any of the individual members as being "jealous," "hostile," "seductive," "affectionate," or "rejecting." Rather, it describes a series of interconnected responses and relates those responses to the context in which they are being shown. They are viewed as mere moves and countermoves that are essential to the family game.

In systems thinking, there are no absolutes or certainties; reality and truth are circular. The "pragmatic truth," as it is referred to by the Milan team, is the truth that is the most "useful," that is, the truth that connects certain events and behavior in such a way as to enable the family to make constructive changes.

Symptom Formation

The question that might well be asked at this point is why, if the system constantly balances itself in order to maintain its equilibrium, should there be any problems requiring clinical help? The answer is that sometimes the family's way of balancing itself includes a symptom that is unacceptable to them and/or to society. When the symptom causes intolerable stress, either inside or outside the family, the family is compelled to seek help.

The occurrence of a symptom may be precipitated by a multitude of events. It may be triggered by a change in one of the larger systems in which the family exists, such as the social, political, cultural, or educational system. For example: an economic depression resulting in unemployment or disastrous financial losses; a political crisis that tears the family apart, either physically or ideologically; a social revolution, such as occurred during the 1960s, that overturns conventions and rigid roles; poor educational methods or facilities; and racial, social, or sexual discrimination. All are part of wider cybernetic circuits that affect those of the family. Or, the precipitating event may come from inside the family as a reac-

tion to some life cycle occurrence, such as the death of a grandparent, the birth of a child, a debilitating illness, or the departure of children from the home. Elizabeth Carter and Monica McGoldrick (1980) have described in detail the different kinds of symptoms that are likely to emerge at different points in the life cycle.

Any one of these events may shatter the family's familiar coping patterns, and a symptom may develop as a means of establishing a different pattern. Because one particular pattern is not working in a family doesn't mean that other patterns are not working. The therapist's job is to identify the particular pattern that is related to the symptom and to find a way of changing that particular pattern.

The current controversy in the field as to whether the symptom serves a homeostatic function or an evolutionary function—that is, whether it is in the service of keeping the family the same or encouraging it to evolve to a different stage—is of little consequence in this approach, since the crucial clinical issue is that the symptom and system are *connected* and defined as *serving one another*. It is left to the therapist's discretion to define the precise nature of the reciprocity in a way that is most therapeutically useful. Since change and stability are viewed as two sides of the same coin, the choice is purely a pragmatic one. "All change can be understood as the effort to maintain some constancy, and all constancy is maintained through change" (G. Bateson, quoted in M. Bateson, 1972, p. 17).

The question is often raised as to whether a symptom always serves a function in the system or whether it may be a reaction to a situation outside the family, such as work, school, or social relationships. Although the origins of a symptom may be rooted in an outside event, its persistence would indicate it is being *used* by the family in some ongoing transaction. For example: If a husband is laid off from his job because of an economic recession, he may become depressed as a result of being unemployed. The depression will most likely disappear when he obtains another job. However, if in the meantime he begins to use this depression as a weapon in an ongoing power struggle between him and his wife, the depression is likely to become chronic, because it will be serving a function in the marital relationship. The extent to which a symptom is functional varies according to circumstances, time, and place. The symptom may serve different functions at different times for different sets of relationships. Families who do not use transitory symptoms as weapons in ongoing family transactions seldom appear for therapy.

The Dilemma of Change

The systems approach that I am describing depends on the ability of the therapist to adopt and maintain a particular attitude toward change and to use that attitude therapeutically. This attitude emerges by following systems and cybernetic thinking to their ultimate conclusion: If the family is seen as a self-regulating system and the symptom as a mechanism for regulation, and if the symptom is eliminated, then the system will be temporarily unregulated. In systemic terms, change is not a single solution to a single problem but a dilemma to be resolved. This is true whether the system is biological, ecological, psychological, social, or political. Change exacts a price and raises the question as to what the repercussions will be for the rest of the system. To ignore these repercussions is to act out of what Bradford Keeney (1983) terms "ecological ignorance." These repercussions have become strikingly evident in recent years as scientists from various fields have observed the effects of altering one part of a system. Solving an immediate problem often creates another problem in the larger ecology. For example: DDT destroyed insects but was discovered toxic to animals and humans; prohibition generated a new profession of bootleggers who acted homeostatically to maintain the supply of alcohol; killing off coyotes to protect farmers' sheep increased the rabbit supply, which in turn destroyed farmers' crops; forest fires, once considered a natural disaster, were discovered to serve long-term beneficial functions and recently have sometimes been left to burn. If solutions are to be more than transitory, they must take into account the complexity of larger systems over time. Experienced family therapists have become well aware of this as they have observed new problems emerge from the elimination of

the old: parents returning after the symptom in the child has disappeared to say, "Everything is fine with Jane, but now we aren't getting along"; or an optimistic spouse becoming depressed as the depressed spouse becomes more optimistic; or a "well" sibling turning troublesome when the identified patient does better. These consequences of shifting a system are graphically illustrated in Chapter 9, "Treating Couples," when the wife declares that her husband is now everything she has ever wanted him to be, "and I just can't bear it." Or, when the pursuing wife realizes how much she liked being alone as soon as her husband begins coming home every night. The distancing of the husbands had clearly served a function in the marital relationships that was only realized once they were no longer distant. An artistic depiction of the consequences of "cure" is seen in Marco Bellocchio's remarkable film, *Leap into the Void*, in which a brother's life is shattered when the burden of his sister's illness is removed from him. It was this universal phenomenon that led George Bernard Shaw to observe that there are two tragedies in life: one is not to get your heart's desire, and the other is to get it.

This does not mean that people should not strive to get their heart's desire or to change but simply that the consequences of doing so are unpredictable, filled with unexpected twists and ironic turns. If the therapist can be aware of the rich complexities involved in changing a system, he/she can use those complexities in the service of producing change.

Some recent critics of the cybernetic model contend that this model is a theory of stability rather than of change and is therefore inadequate as a basis for therapy. "The chief demerit of the theory for therapeutic purposes is that it is not a theory of change but a theory of stability" (Haley, 1980, p. 15). This critique depends on whether or not the theory is used merely to describe the self-corrective processes in the family or used clinically to produce a therapeutic result. In the approach of the Brief Therapy Project, the theory of stability or homeostasis is used paradoxically to effect change. The concept of self-regulation is used to connect the symptom with the system and thus change one of the crucial premises under which the family is operating—the premise that the symptom is a foreign element outside the system and can be changed separately. When the

family comes for therapy they have disconnected the symptom and are asking the therapist to change the symptom without changing their system. The therapist connects the symptom and the system to show that one cannot be changed without changing the other and presents the family with their own dilemma. This *dilemma* of change, and all the issues pertinent to it, becomes the focal point of therapy. The central therapeutic issue is not how to eliminate the symptom but what will happen if it is eliminated; the therapeutic argument is shifted from the problem, who has it, what caused it, and how to get rid of it, to how the family will function without it, what price will have to be paid for its removal, who will pay it, and whether it is worth it.

The reverberations of systemic change, and the dilemmas that are created by them, become the central point of a therapeutic debate between the therapist and family. This debate contains within it a series of drastic redefinitions that change the family members' perception of the problem and, consequently, their perception of the solution to the problem. During the process of debate, all the issues that are related to change and that lie on the ulterior level of the family—the secret alliances, hidden coalitions, covert contests, and disguised arrangements—are made manifest and connected with the symptom. As family members repeatedly attempt to reinstate their premise by disassociating the symptom, the therapist continues to negate their premise by connecting it. When the family accepts the new premise, it is possible for change to take place suddenly and in an undetermined direction. "Because only some of the personal characteristics of the elements are fully absorbed and utilized by the system, others remain available and can be put to use in constructing a working family system, for instance when the equilibrium of the old has been destroyed. . . . This interaction does not demand hard and protracted work on the part of the therapist but only the ability to seize the right moment and the right time" (Selvini Palazzoli *et al.*, 1978, p. 199).

In order to fully understand the ulterior level of the family—the hidden alliances, coalitions, contests—it is helpful to understand something of the family belief system that governs this level.

Belief System

The behavioral cycles in each family are governed by a belief system that is composed of a combination of attitudes, basic assumptions, expectations, prejudices, convictions, and beliefs brought to the nuclear family by each parent from his/her family of origin. These individual beliefs interlock to form the governing premises that rule the family. Once again, it is not the individual beliefs or assumptions of either parent that the therapist considers important but how these are linked to form the operating rules of the family.

Some of these beliefs are shared; others are reciprocal and provide the basis for the parents' original attraction to one another. During courtship and the early phases of marriage, a series of negotations takes place around these beliefs and is expressed in the form of family themes. Important behavioral sequences then become organized around these themes which often serve as metaphors for the type of symptom that is chosen. By "theme" is meant a specific emotionally laden issue around which there is a recurring conflict. Since there are many such themes in every family, the therapist looks for the one that is most relevant to the symptom. Some common family themes are: responsibility versus irresponsibility, with one spouse assuming the role of the responsible one and the other spouse assuming the role of the irresponsible one; illness versus health, with one spouse becoming emotionally or physically ill and the other spouse acting as the psychiatrist or doctor; closeness versus distance, with one spouse pursuing the other in an attempt to gain emotional closeness and the other spouse evading the pursuit in an effort to create emotional distance; teacher versus student, with one spouse assuming a position of authority and competence and the other spouse remaining helpless and incompetent. The positions may shift in different situations, but the central theme remains the same. When either spouse becomes dissatisfied with the other spouse's behavior in the service of the theme, he/she may turn to a child to enact a solution. The child comes to the aid of the parents by assuming a reciprocal position to one of the parents, thereby substituting for the position formerly taken by the other spouse.

Comprehension of these beliefs and ensuing themes cannot be arrived at through direct questioning but must be deduced. This deduction is based on listening for metaphorical language, tracking behavioral sequences, and picking up key attitudinal statements such as, "I knew all these things about him when I married him, but I thought the love of a good woman would cure him." Such a comment illuminates the repeated attempts of a wife to rescue her husband from his errant ways. She believes if she is good enough and loving enough long enough, she will save him from himself, and this will make her feel needed and important. Her husband's statement, "My wife's character is stronger than mine and her judgment is better," indicates his belief that he has a weak character and needs to be rescued from his irresponsible ways by his responsible wife. These reciprocal beliefs result in predictable behavior patterns that center on the central theme of rescuing. These patterns may be functional and asymptomatic over a long period of time. They cease to become so if either spouse escalates or changes his/her position. For example: If the husband, at some point, decides that his wife's rescue efforts are choking him rather than saving him, he might begin to try to escape from her. The wife may then turn her rescuing efforts toward their son, who obligingly develops a symptom so she can save him instead. The father may then signal their daughter to rescue him since his wife has failed, and the daughter may then begin to compete with her mother over who is the best rescuer of men in the family. The theme of rescue and escape governs the family's transactions, with each person operating from a different position in relation to the central theme.

The belief system and the themes that emerge from it have been described by different authors as family myths (Ferreira, 1966), family constructs (Reiss, 1971), family themes (Hess & Handel, 1969), and family identity (Wolin, Bennett, & Noonan, unpublished). Wolin *et al.*, describing family identity as the family's "subjective sense of its own situation, continuity, and character," contend that this identity is a way of establishing connections between one generation and another.

Some schools of therapy concentrate only on the behavioral cycle and, while recognizing the existence of the belief

system, do not use it therapeutically. "The effects of behaviors upon behaviors, the way interpersonal sequences are organized, will be carefully noted, while on the contrary, no inference will be made about the motivations of the participants" (Sluzki, 1978, p. 367). It goes without saying that change can be brought about in many different ways on many different levels. Although it is not necessary for either family members or the therapist to concern themselves with the belief system in order to effect change, a knowledge of it gives a broader context from which to intervene, particularly when a paradoxical approach is used, as these beliefs and themes lay the groundwork for intervening indirectly and metaphorically. The influence of belief systems on the ideational levels of family members will be discussed in detail in Chapter 3.