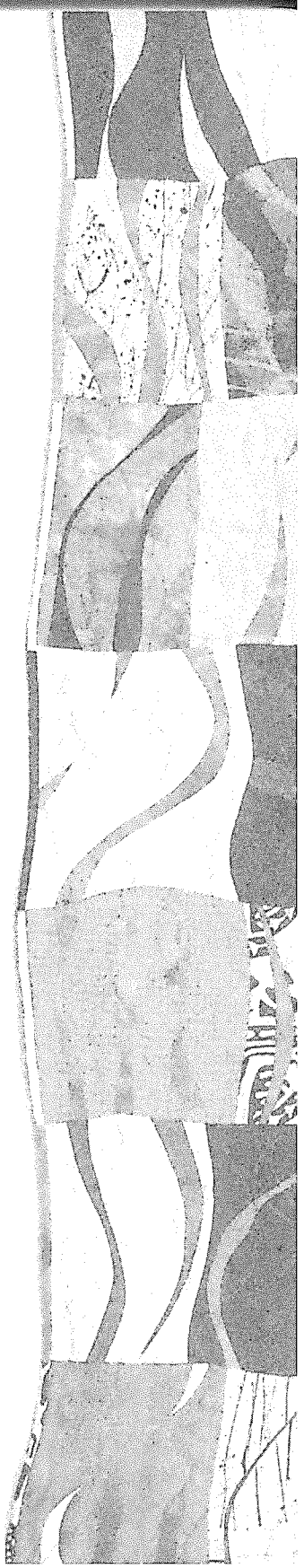


INTEGRATIVE MULTITHEORETICAL PSYCHOTHERAPY

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Chapter 9

Systemic-Constructivist Psychotherapy: Living within Social Systems

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INTRODUCTION TO SYSTEMIC-CONSTRUCTIVIST PSYCHOTHERAPY

Historical Context

Family Therapy emerged as a distinct form of treatment during the 1950s. John Clarkin and Daniel Carpenter (1995) traced the history of *Family Therapy* and cited many influences, including the work of three pioneers: Nathan Ackerman, Murray Bowen, and Gregory Bateson. Ackerman was a child psychiatrist who began meeting with families and defined individual problems within their social context. Bowen worked with psychotic children and found that family treatment resulted in more positive results than individual therapy. Bateson was an anthropologist who studied communication patterns related to schizophrenia. Bateson's research group in Palo Alto, California, included Paul Watzlawick, Don Jackson, and Jay Haley. The Palo Alto group focused on communication and defined families as cybernetic systems that rely on feedback loops to maintain homeostasis. The pioneering work of the Palo Alto group resulted in a paradigm shift that led to the development of systemic psychotherapy theories that could be used to understand individuals in their social context as well as to treat families and couples.

During the last fifty years, systemic psychotherapy has been shaped by many important theorists that have developed diverse theoretical viewpoints including experiential, transgenerational, structural, strategic, and constructivist family therapies. In tracing these historic movements, Irene Goldenberg and Herbert Goldenberg (2000) highlighted the contributions of some of the following pioneers: Virginia Satir and Carl Whitaker proposed an experiential approach, suggesting that families need a "growth experience" with an involved

therapist. Murray Bowen proposed a transgenerational view that highlighted the way dysfunctional patterns can appear across several generations of family history. Salvador Minuchin developed a structural approach to *Family Therapy* focusing on how families are organized and what rules govern their transactions. Jay Haley proposed a strategic approach in which family therapists design novel interventions to change the way family members interact with one another.

The most recent development in *Family Therapy* reflects the influence of social constructionism that proposes that all people construct a unique view of reality (Dallos & Draper, 2000). Constructivists “argue that each of our perceptions is not an exact duplication of the world, but rather a point of view seen through the limiting lens of our assumptions about people” (Goldenberg & Goldenberg, 2000, p. 385). Constructivist approaches to *Family Therapy* and individual psychotherapy include *Narrative Therapy* (e.g., White & Epston, 1990) and *Solution-Focused Therapy* (e.g., de Shazer, 1985; Berg & Miller, 1992). Some constructivists credit Milton Erickson as a pioneer who initiated a paradigm shift in psychotherapy that identified client resources and focused on solutions in the present and future (e.g., Hoyt, 1994). Others point out that constructivism has roots in cognitive psychology and highlight the influence of George Kelly’s (1955) *Psychology of Personal Constructs* (e.g., Mahoney, 1995).

Systemic-Constructivist Adaptation

Chapter Three proposed that the purpose of psychotherapy is to help clients respond to different environments with adaptive thoughts, actions, and feelings. Social systems are a central part of any human environment and the purpose of systemic and constructivist psychotherapy is to encourage active adaptation to social systems. A systemic approach to *Family Therapy* focuses on the external part of social adaptation by helping clients understand the social environment created by a family and by encouraging families to make changes to create a more functional environment. When systemic ideas are used to guide individual psychotherapy, the focus is on helping clients understand the family environment and to make active choices about how to balance the individual’s need for individuation and the family’s need for stability (Allen, 1993). At times, psychotherapy clients may conclude that they cannot maintain contact with a dysfunctional family. Within MTP’s definition of adaptation, systemic psychotherapy can be seen as an attempt to make the family a more hospitable environment for all members and to help individuals find effective ways to adapt to the social environment of the family.

Constructivist psychotherapy focuses on the internal part of social adaptation. Constructivist approaches, like *Narrative Therapy*, encourage clients

to construct personal narratives that promote adaptation to the social environment. Individuals often seek psychotherapy when personal narratives have been distorted by families or other social groups (White & Epston, 1990). When this type of distortion has occurred, psychotherapy can help clients regain control over personal narratives and to tell their life stories in ways that are oriented toward future success and satisfaction (Gold, 1996). Therefore, the purpose of systemic-constructivist psychotherapy is to help clients make active adaptations to the social environment and to construct adaptive personal narratives.

Systemic-Constructivist Conceptualization

Focusing on Social Systems

Chapter Three suggested that a systemic-constructivist conceptualization should be formulated when social systems become a focal dimension in psychotherapy. A conceptualization based on systemic and constructivist ideas involves describing an individual's family and how it shapes the way the world is viewed. This type of formulation acknowledges both the exterior environment of the family and other social groups, as well as the interior construction of personal narratives that develop within families and are influenced by social and cultural contexts.

Figure 9.1 provides a visual depiction of four elements that can be used to formulate a systemic-constructivist conceptualization. First, social and cultural environments are depicted in the outer circle to serve as a reminder that families do not exist in isolation and that families are the primary transmitters of social and cultural values (understanding cultural contexts as part of a multicultural-feminist conceptualization will be detailed in Chapter 10). Second, family structures and roles are depicted in the next circle and represent ways to describe the external environment of the family. Third, family belief

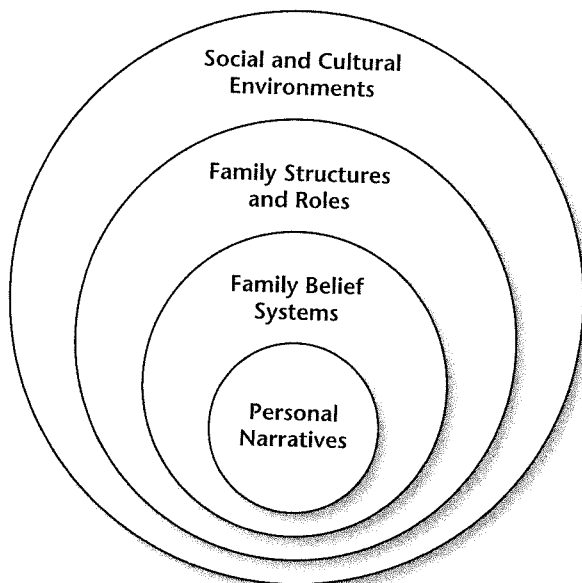


FIGURE 9.1 A systemic-constructivist conceptualization looks at the way personal narratives are shaped by family beliefs and structures within sociocultural environments.

systems are depicted as a middle ground between social environments and internal interpretations. Finally, personal narratives are depicted in the inner circle and represent an individual's personal construction of social reality. The relationship between family belief systems and personal narratives provides an important conceptual link between systemic and constructivist theories. Personal narratives are built on an internalized interpretation of the belief system that individuals learn in their family of origin.

Family Structure

A systemic conceptualization focuses on understanding the way clients may have learned to play particular roles within the structure of their family of origin. MTP suggests that it is helpful to look closely at family structure when social systems become a focal dimension in psychotherapy and when maladaptive thoughts, actions, or feelings may have been learned within a client's family. When formulating a systemic conceptualization, it is important to explore family structures and roles that may have an enduring impact on functioning throughout life by serving as a script for later interactions. Minuchin (1974) suggested that family structure organizes how families interact by establishing patterns of how, when, and to whom to relate. Minuchin also described the way families often contain subsystems and boundaries that can be described to understand how the family is organized. Subsystems are groups within the family based on complementary relationships between family members playing different roles. In most families, each member is likely to belong to different subsystems at the same time, such as the parental subsystem or the sibling subsystem. In dysfunctional families, members may split into long-term coalitions such as males against females or parents versus children (Goldenberg & Goldenberg, 2000). Boundaries are invisible lines that separate a system or subsystem to protect the system's integrity by identifying insiders and outsiders. Rigid boundaries may result in disengaged families in which members feel isolated from one another. Diffuse boundaries may result in enmeshed families in which members' lives are intertwined in unhealthy ways (Goldenberg & Goldenberg, 2000). Strategy SYS-4 highlights the way family structures can be explored in psychotherapy.

Family Roles

Family structure impacts individual behavior by shaping roles that different members play within the family. The identification of family roles involves looking at the functions that individuals played in their families of origin and seeing how these roles may be impacting current functioning. Satir (1972) identified four patterns of communication that she called placating, blaming, computing, and distracting. Claudia Black (1982) described four family roles called the responsible one, adjuster, placater, and acting out child. Other common labels for family roles include hero, rebel, mediator, jester, and lost child.

Some families develop unique roles to describe members' relationships to one another, such as momma's helper or daddy's little princess. Family roles can also be used to distinguish between siblings by focusing on different strengths. For example in a family with two daughters, one daughter who excels in school might be seen as the *smart daughter*; whereas the other child who is more social and oriented toward relationships might be described as the *outgoing daughter*. These family roles may have an impact on the way that both daughters see themselves as well as the way others view them outside the family. When identifying family roles in psychotherapy, it is important to explore how these roles were enacted within the family as well as to see how they may have shaped behavior outside the family. Strategy SYS-5 describes the way family roles can be explored in psychotherapy.

Family Belief System

One way to explore how families shape the way the world is viewed is to identify belief systems or paradigms that guide the way families collectively interpret events inside and outside the family system. David Reiss (1981) highlighted the family's construction of reality and concluded that each family "fashions fundamental and enduring assumptions about the world in which it lives" (p. 1). Reiss argued that an individual's acceptance of the shared assumptions of the family was a crucial part of family membership. Psychotherapists can help families or individual clients explore "epistemological premises and systems of meaning" (Boscolo & Bertrando, 1996, p. 10) that influence the way families interact and learn. Family belief systems may be thought of as explicit or implicit mottos or slogans. For example, one family may claim that "the Henderson's always stick together" as its motto and may state this out loud when facing adversity. Another family may act in a way that suggests that "everyone is on their own," even if this message is never spoken overtly. Examining family belief systems as a part of psychotherapy is described in Strategy SYS-7.

Personal Narratives

A constructivist conceptualization focuses on personal narratives that indicate the way individuals perceive the world and their place in it. MTP suggests that it may be helpful to formulate a constructivist conceptualization when social systems are a focal dimension in psychotherapy or when personal narratives appear to be hindering optimal functioning. Michael White and David Epston (1990) described personal narratives in this way: "We believe that persons generally ascribe meaning to their lives by plotting their experience into stories, and that these stories shape their lives and relationships" (p. 79). By exploring the way clients construct personal stories, a psychotherapist can foster a narrative mode of thought that focuses on subjective meaning and encourages clients to perceive the opportunity for change. Working with

personal narratives allows clients to see their own participation in the emerging story and encourages a sense of authorship of one's life that supports proactive change (White & Epston, 1990).

One way to understand the link between a systemic and a constructivist understanding of a client is to consider the ways that personal narratives are shaped by family roles and belief systems. It is important to remember that personal narratives are often closely related to family roles. For example, in the family with two daughters (described earlier), the *outgoing daughter* may construct a narrative in which she is not smart because that is her sister's role. As a result of not being defined by her family as the *smart daughter*, this young woman may not apply herself at school and may not seek opportunities that might uncover her intellectual gifts. As a result of internalizing a family role, she begins to tell her own story in a way that is consistent with the role she was assigned by her family.

It is also helpful to understand personal narratives as they relate to family belief systems. For most people, one's own narrative begins as an internalization of the family's beliefs and assumptions. Through the process of separation and individuation, personal narratives are differentiated from family belief systems. Reiss (1981) suggested that when individuals distance themselves from the shared assumptions of the family, they dilute their own membership and begin a process of alienation from the family. Therefore, when formulating a systemic-constructivist conceptualization, it is important to understand how personal narratives are similar to or different from the family belief systems in which they arose. Psychotherapists can explore how clients' perceptions may have been shaped by social systems (Strategy SYS-9) as well as encouraging more adaptive personal narratives (Strategy SYS-11). A systemic-constructivist conceptualization based on exploring the relationship between family structures, roles, belief systems, and personal narratives can help a psychotherapist to understand a client's social system and the way it has been internalized. Questions that can be used in formulating a systemic-constructivist conceptualization are listed in Table 9.1.

Case Examples of Systemic-Constructivist Conceptualization

Systemic-Constructivist Conceptualization of Anxiety

In trying to understand Ben's anxiety from a systemic-constructivist perspective, Dr. P. explored the family structure, Ben's role in the family of origin, the family belief system, and the way Ben had constructed his own life story.

- **Family Structure:** Ben described his family as a typical Chicano-American family in which his father played a patriarchal role and his mother honored his leadership but also nurtured the children. Ben was the youngest of five children. His older brothers created a subsystem

TABLE 9.1 Questions for a Systemic-Constructivist Conceptualization

Family Structure

- Can you tell me about the structure of your family?
- Who was in charge of different aspects of family life?
- Were you closer to some family members than others?
- How did these different groups within the family relate to one another?

Family Role

- How would you describe your role in the family?
- Did you play a special function that was different than other people in your family?
- How did you feel about assuming this role in your family?
- Do you continue to play this role in other social groups?

Family Belief System

- How did your family view the world?
- What things were most valued in your family?
- If you had to identify a motto or slogan for your family, what would it be?
- How does your family's view of the world impact you now?

Personal Narrative

- How would you describe your own view of the world?
 - How is your view of the world the same or different from your family's view?
 - If you were telling the story of your life, what kind of story would it be?
 - How would you describe the current chapter in your life story?
 - How do you want the next chapter in your story to be different from this chapter?
-

with his father by engaging in male-oriented activities like learning how to fix cars. Ben's older sisters created a subsystem with his mother and often helped in the kitchen. Because Ben was several years younger than his brothers and closer in age to his sisters, Ben became part of the subsystem that was more closely aligned with his mother. Ben reported feeling closer to his mother and sisters than to his father and brothers.

- **Family Role:** As the youngest of five children, Ben had been assigned the role of *the baby* who was taken care of by his older siblings and was not given many family responsibilities. In relationship to his family, and particularly to his mother, Ben became a placater, always trying to please his mother and maintain her approval (Satir, 1972). As a child, Ben always tried to be a good boy, never getting in trouble and trying to follow rules.

- **Family Belief System:** Ben's parents had immigrated to the United States from Mexico and felt that it was important to stick together as a family and to hold on to the family's traditions. The Catholic Church was seen as an important part of the cultural traditions of the family. Traditional gender roles were also embraced by the family as a way to maintain tradition.
- **Personal Narrative:** As a child, Ben had constructed his narrative based on the assumption that he should always follow rules and never disappoint his family. As a teen, when Ben began to realize that he might be gay, this possibility conflicted with his family role of being a good boy. Ben began experiencing anxiety when the internal reality of his sexual orientation began to conflict with the script that he had assumed in his family of origin. Ben did not know how to construct a personal narrative in which he could be openly gay and be a loyal family member who fulfilled cultural expectations.

Systemic-Constructivist Conceptualization of Substance Abuse

Dr. P. believed it was important to help Dana understand the role her family had played in the development of her drinking problem. Dr. P. explored the way that behavior patterns learned in Dana's family of origin may have influenced her use of alcohol.

- **Family Structure:** Dana grew up in a poor family and had one older brother. Dana's parents divorced when she was a teenager as a result of her father's alcoholism. After the divorce, Dana's brother had remained close to both parents, living with Dana and their mother but frequently spending time on the weekends with their father, hunting and fishing. After the divorce, Dana did not feel close to either parent or her brother. She seemed to be angry at her parents about the divorce but responded to these feelings by turning away and isolating herself from other family members.
- **Family Role:** In her family of origin, especially as a teenager, Dana had played the role of the *acting out child* and her older brother had been the *responsible one* (Black, 1982). After her parent's divorce, Dana began drinking alcohol with friends from high school and became sexually active at a young age. From a systemic perspective, children in alcoholic families sometimes play a rebellious role in order to cry for help or to distract the family from the problem of alcoholism.
- **Family Belief System:** As a poor family from the rural South, Dana's family defined itself somewhat outside of what they saw as mainstream America. They saw themselves as different from Northerners and city-dwellers depicted in the media. Within this belief system, they prided

themselves on making do without lots of material belongings and without aspiring to higher education.

- **Personal Narrative:** Dana had constructed a personal narrative based on being a rebel and saw herself as an outcast from her own family. Starting in high school, she chose to hang out with friends who drank alcohol as part of social gatherings. Dana saw herself as someone who liked to have a good time and was always the life of the party. Dana's alienation from her family was internalized by seeing herself as an independent free spirit.

SYSTEMIC-CONSTRUCTIVIST STRATEGIES

This chapter describes fourteen key strategies drawn from systemic and constructivist approaches to psychotherapy. The first eight strategies are drawn from systemic approaches including structural family therapy (Minuchin, 1974), transgenerational family therapy (Kerr & Bowen, 1988), and strategic family therapy (Haley, 1976), as well as highlighting the contributions of other *Family Therapy* pioneers (e.g., Ackerman, 1958; Watzlawick, Beavin & Jackson, 1967; Jackson, 1968; Satir, 1972; Reiss, 1981). Although many of these systemic strategies were developed in the context of *Family Therapy*, this chapter describes their application to individual psychotherapy where they are used to help clients understand the influence of social systems on current functioning. The last six strategies are drawn from constructivist approaches to psychotherapy (e.g., Hoyt, 1994, 2000; Neimeyer & Mahoney, 1995), including *Narrative Therapy* (e.g., White & Epston, 1990), *Ericksonian Therapy* (e.g., Zeig, 1985), and *Solution-Focused Therapy* (e.g., de Shazer, 1985; Berg & Miller, 1992). These fourteen strategies are meant to provide a broad sample of the ways that psychotherapists can help clients live in social systems and tell their own stories in adaptive ways. The strategies described in this chapter are summarized in Table 9.2.

Understanding Problems within Their Social Context

Strategy SYS-1. Understanding individuals' psychological problems within the social context of families and other relational groups

Theoretical Context

Systemic psychotherapy represented a paradigm shift from focusing on the intrapsychic reality of individuals to the interpersonal context of social groups. Nathan Ackerman was a child psychiatrist who became an early advocate for *Family Therapy* by arguing the need to go beyond the psychoanalytic focus

TABLE 9.2 Summary of Systemic-Constructivist Strategies

SYS-1	Understanding Problems within their Social Context
SYS-2	Viewing Families as Systems
SYS-3	Detecting Repetitive Interaction Patterns
SYS-4	Describing the Structure of the Family
SYS-5	Identifying Family Roles
SYS-6	Searching for Multigenerational Patterns
SYS-7	Clarifying Family Belief Systems
SYS-8	Giving Directives for Strategic Change
SYS-9	Exploring the Social Construction of Meaning
SYS-10	Externalizing Problems
SYS-11	Encouraging Adaptive Narratives
SYS-12	Utilizing Clients' Resources
SYS-13	Constructing Solutions
SYS-14	Orienting Toward the Future

on dyadic relationships between mother and child. He believed that Freudian theory put too much emphasis on inborn instincts and did not attend to the importance of learning within the family. In his book, *The Psychodynamics of Family Life*, Ackerman (1958) argued that considering the family context and the influence of other social groups would provide a more complete picture of human development:

The child's membership in the family group molds his character over and above the emotional content of his tie to any one member. On emerging from the family the child's character is further modified, though more gradually, by membership in an expanding series of groups. . . . As he grows older and moves from one group to the next, each group plays its part in shaping character traits and dominant modes of social adaptation. (p. 275)

This conclusion that human behavior is shaped by the family and other social groups would be echoed by other systemic theories. For example, Jay Haley (1976) concluded that psychological symptoms were best understood as contracts between people within a social organization. Therefore, it is essential that psychotherapists understand the meaning of psychological problems within the social context of families and other relational groups.

Strategy Marker

When trying to understand clients' psychological problems, it is important to explore the social context in which the problems arose and in which they may be maintained. Many long-standing struggles have their origin in childhood

experiences within the family system. Current psychological concerns are often related to social interactions within groups beyond the family. When looking at the social origin and context of clients' presenting concerns, it is helpful to look at the complex web of social relationships that may need to be understood in order to support individual and systemic change.

Suggestions for Use

When exploring the social context of adults' problems, it is usually helpful to look at both past and present social contexts. It is important to understand a client's family background and to see whether there were systemic patterns related to the onset of problematic thoughts, feelings, or actions. In addition, you should explore how current problems impact social functioning as well as how social systems like families, friendship networks, work groups, and other social units impact the client's current psychological functioning as an adult.

Expected Consequence

When problems are understood within their social context, goals are more likely to take into account barriers and resources that may exist within the social environment. Problematic behaviors may have become an expected part of a family or another social group's functioning, and this group may not immediately support changes that are desired by the client. In other situations, clients may be able to seek the social support of family members or significant others who can assist in the attainment of therapeutic goals.

Case Example

Ben had told Dr. P. that his symptoms of anxiety had increased dramatically when he moved home from college to begin his internship. Dr. P. wanted to explore how Ben's anxiety was influenced by the contrast between these two social environments.

Dr. P.: Why do you think your symptoms of anxiety increased when you moved home?

Ben: I guess I was just facing lots of changes. Leaving school. Starting my internship.

Dr. P.: Living with your family?

Ben: Yes, that's been really hard.

Dr. P.: Why has that been so hard?

Ben: Because I can't be who I really am with my family.

Dr. P.: Because you don't want to let them know you're gay?

Ben: That's right. I don't think they could handle it. I don't think I could live at home if they knew I was gay. I think they would be really judgmental.

Dr. P. How does that impact your anxiety?

Ben: I guess I feel uncomfortable hiding from them. It feels like I have to turn off part of myself when I'm around my family but I'm afraid they might find out.

Dr. P. You've said that your anxiety wasn't as bad when you were away at college.

Ben: Not the last couple years. I guess I was more comfortable with myself by then.

Dr. P. What made that environment less anxiety provoking?

Ben: The people I cared about there already knew I was gay. I didn't have to hide.

Dr. P. And you felt comfortable being out of the closet?

Ben: Not completely comfortable but a lot more so than here at home.

Dr. P. So, it seems like your anxiety has a lot to do with the shift from one social environment to another. I think it will be helpful for us to look more closely at the things that made you less anxious at college and see if you can recreate some of those elements here.

Ben: Okay. But I think the biggest problem will be with my family.

Dr. P. Yes, that's the big challenge.

Viewing Families as Systems

Strategy SYS-2. Viewing families as interactive systems in which all members impact one another through direct and indirect communication

Theoretical Context

The group of scholars who studied family communication in Palo Alto in the 1960s fundamentally changed the way psychotherapists think about families and their members. Rather than seeing families as groups of independent individuals, families came to be seen as dynamic and *interactive systems*, much more than the sum of their parts. Here is how Paul Watzlawick and his colleagues summarized this conclusion:

The behavior of every individual within the family is related to and dependent upon the behavior of all the others. All behavior is communication and therefore influences and is influenced by others. Specifically . . . changes for better or worse in the family member identified as the patient will usually have an effect on other family members, especially in terms of their own psychological, social, or even physical health. (Watzlawick, Beavin & Jackson, 1967, p. 134)

Communication can be verbal or nonverbal (for instance, a family member who becomes emotionally unavailable when angry) and direct or indirect. In other words, no member of a family system exists in isolation, and no member behaves entirely independently of the system as a whole. Furthermore, the family reflects individual members and their personalities, relationships among members, and influences of culture and society (Satir, 1971).

Families often experience conflict during times of transition due to changes in individual members, relationships among members, or environmental changes (Satir, 1971). Families in distress frequently identify one member as the source of a family problem, sometimes referred to as the *identified patient*. Family-focused counselors, however, see that every member of the family system contributes to a sequence of interactions that may result in frustration, anger, pain, or withdrawal of other members of the system (Haley, 1971). By viewing the family as a system, a psychotherapist may perceive one individual as being designated to express the pain or the pathology of the entire system (Satir, 1971). Some clients may have a tendency to perceive themselves as independent agents, free from the influence of family members (particularly if they hold a Euro-American worldview). These clients may view their relational world as involving interactions between two people (such as me and my partner, me and my sister, or me and my father) and to emphasize direct verbal communication. By focusing on the family as a system, a counselor can assist clients in understanding relationships consisting of more than two people at a time and can consider indirect and nonverbal behaviors of family members in the process of psychotherapy.

Strategy Marker

When clients are not aware of the way their own behavior is influenced by other family members, then it may be useful for a psychotherapist to explore the interaction of the family as a system. Clients will sometimes think of their actions as independent of others or will describe their relational world in dyadic pairs. This type of communication may indicate the need for a broader view that considers the reciprocal influences of a greater number of people within a social system.

Suggestions for Use

The most direct way to help clients view their own actions from a systemic perspective is to ask questions about the influence of others within a larger social system. Minuchin (1974) used the metaphor of a photographer with a zoom lens to describe this process. A psychotherapist may start with the lens focused on a close-up view of an individual, but to see the broader context, the therapist may adjust the lens to see a wide-angle view of an individual within his or her social surroundings. In order to encourage clients to recognize systemic interactions, a psychotherapist may ask questions like "Who else was

with you at the time?" "How did your actions impact others?" or "Where do you think you learned to think that way?"

Expected Consequence

The desired outcome of viewing families as systems is a deeper appreciation of the effect individuals and their families have on each other. Seeing individual actions within their social context can help people understand why they act the way they do. This process can help the client and counselor set realistic therapeutic goals as well as prepare for making changes that may meet resistance in the family system.

Case Example

Dana had told Dr. P. that she began drinking in high school, shortly after her parents divorced. Dr. P. wanted to look at how the changes in her family system may have been related to the change in her behavior.

Dr. P.: Can you tell me more about how your family changed at the time of the divorce?

Dana: I think Mom finally got fed up with Dad's drinking, and that's why she kicked him out and divorced him.

Dr. P.: So, your Dad's drinking was hurting your Mom, and she decided to end the marriage.

Dana: Mom had told Dad that if he really loved her he would stop drinking.

Dr. P.: And when he didn't stop drinking, did it mean to her that he didn't love her?

Dana: I guess so.

Dr. P.: What did it mean to you when your Mom decided to divorce your Dad?

Dana: For me it meant that my family was all messed up. I know Dad's drinking was a problem for Mom, but I guess I wasn't really clued into that. I was still close to Dad up 'til that point. When Dad moved out, I was really upset.

Dr. P.: What did it mean to you when he moved out?

Dana: It felt like he didn't want to be my Dad anymore.

Dr. P.: Were you mad at him for leaving?

Dana: No, I was mad at Mom for making him leave. I felt like she was the one who was ruining the family.

Dr. P.: So, you felt like your Mom was pushing your father out of the family?

Dana: Yes, I guess so. I felt like if my parents cared about me they would work things out and keep the family together.

Dr. P: I'm noticing an interesting chain of communication here. Your Dad's drinking indicated that he didn't love your Mom. And your parent's break-up made it seem like they didn't love you. It meant that your Dad didn't want to be your Dad and that your Mom didn't want you to have a family. Is that how it seemed?

Dana: At the time it did. Now I can see that it was more about them, but back then it felt like they didn't care about me.

Dr. P: I think it will be important for us to look at this stressful time in your life to understand how it may have led to changes in your own behavior.

Detecting Repetitive Interaction Patterns

Strategy SYS-3. Detecting repetitive interaction patterns and feedback loops that are used to maintain family homeostasis

Theoretical Context

One of the most important insights that came out of the systemic study of families was the concept of *family homeostasis*. Here is how Don Jackson (1968) defined this key concept:

Family homeostasis . . . implies the relative constancy of the internal environment, a constancy however, which is maintained by a continuous interplay of dynamic forces. Another way of considering the topic of "family homeostasis" would be in terms of communication theory: that is, depicting family interaction as a closed information system in which variations in output or behavior are fed back in order to correct the system's response. (p. 1-2)

All families develop and rely on repetitive patterns to help them function and maintain stability. These patterns consist of family roles, expectations, and rules (Satir, 1971). However, families face numerous changes through the course of their existence, and these changes can cause strain on the family system. How the family functions or how it strives to maintain homeostasis prior to and during change will impact the way the family approaches change. Satir (1971) believed that well-functioning family systems show openness and flexibility in the face of change. On the other hand, closed systems react to change by resisting it and trying to maintain the status quo. In a closed system, repetitive patterns may represent an attempt to prevent or resist change. For example, a family may insist that they maintain the same

meal schedule even though some members' responsibilities outside the home have changed. Rather than trying to set a new schedule that reflects the changing family reality, some members of a closed system may become rigid and resentful about attempted changes. At such times, repetitive or rigid patterns of actions, thoughts, and feelings may become counterproductive.

Strategy Marker

If clients talk about recent or upcoming changes and express worries about how their families (or other social systems) might react, it may be useful to assist clients in describing prior communication sequences that may resemble the current situation. A family-focused counselor can assist clients in predicting how social systems might react to changes that clients are contemplating.

Suggestions for Use

When exploring repetitive interaction patterns, a family-focused psychotherapist may choose to intervene within the system by disrupting a repetitive pattern of actions, thoughts, and feelings that produces negative outcomes. Keeping in mind the view of the family as a system, the disruption can take place at any point in the repetitive pattern or with any participant to influence all other participants (Watzlawick, Beavin & Jackson, 1967). Watzlawick and his colleagues originally envisioned prescribing interventions that disrupt repetitive patterns during family therapy sessions. However, a systemic focus can be used in individual psychotherapy, and a therapist can help individuals change their actions in ways that alter family patterns. If clients present with family conflicts, a psychotherapist can encourage clients to describe a typical argument and detail the responses of all members of the system. The counselor can assist clients in identifying all participants in order to make a comprehensive assessment. Clients may tend to limit their attention to the immediate participants and their verbal communication when, in reality, extended family members may be involved and nonverbal communication sequences may be more dominant. A psychotherapist can assist clients in this process by tracking the communication sequence chronologically. In preparing for changing a systemic pattern, a therapist can encourage clients to predict and act out various communication styles of different family members in session. As a result, clients will be better able to respond to systemic attempts to maintain homeostasis rather than supporting individual or social changes that might benefit the individual or system.

Expected Consequence

The desired outcome of detecting repetitive patterns is that clients will be able to identify new responses to old situations. By acting differently, clients introduce a new variable into the system, thereby disrupting the ineffective repetitive pattern and influencing a new result. A psychotherapist can supply support and encourage insight that may result in a greater chance of a positive change within the family system.

Case Example

Ben told Dr. P. he had not felt close to his mother since moving home. Dr. P. wanted to look at this as an example of an interactive pattern that developed within the family.

Dr. P.: Why do you think you haven't felt as close to your mother since you moved home?

Ben: I guess it's my fault. I've been kinda mysterious since I've been home.

Dr. P.: What do you do that is mysterious?

Ben: I don't talk about what is going on in my life; even the normal stuff about my internship. My Mom asks polite questions, but then I just evade her questions so she won't find out anything she might not want to hear.

Dr. P.: When you act mysterious, how does your mother react?

Ben: She backs off a bit, but I think she feels a little hurt and confused. We used to be so close.

Dr. P.: So you act mysterious, and she gets hurt. Then what happens?

Ben: I feel guilty for not opening up.

Dr. P.: What do you do when you feel guilty?

Ben: I guess I avoid being at home. I distance myself a bit.

Dr. P.: And then?

Ben: And then I feel disappointed that I'm not close to my family, even though I can see how I'm contributing.

Dr. P.: It sounds like a circular pattern where you act mysterious, your mother backs off, you back off, and then you both end up feeling disappointed because you are no longer as close as you once were. Is that right?

Ben: Yes, I guess we're both backing off.

Dr. P.: And you both end up missing the closeness you once had.

Describing the Structure of the Family

Strategy SYS-4. Describing the structure of the family including subsystems, boundaries, and patterns of enmeshment and disengagement

Theoretical Context

Salvador Minuchin (1974) developed an approach to *Family Therapy* that focused on understanding and modifying *family structure*. He described this

key concept in the following way:

Family structure is the invisible set of functional demands that organizes the ways in which family members interact. A family is a system that operates through transactional patterns. Repeated transactions establish patterns of how, when, and to whom to relate, and these patterns underpin the system. (Minuchin, 1974, p. 51)

Every family unit has a unique structure that includes its hierarchical order for decision making, communication patterns, emotional atmosphere, and smaller organizational units within the family (such as the sibling subsystem). Within the family structure, individuals, subsystems, and systems are divided by boundaries. Individual boundaries are established to address issues of privacy and openness. Each subsystem within the family system may have topics that it wants to protect from other subsystems (for instance, parents may choose not to discuss financial difficulties with their young children in order to protect them from worry). The family's boundaries with respect to its larger social context should be considered as well. Once again, cultural factors will be important to consider here and will have important implications for treatment. Some cultures may consider it highly improper to discuss family matters with strangers, even when these strangers are trained professionals. Finally, enmeshment and disengagement are concepts used to understand the issue of "emotional membership" in the family. How connected does the client feel to the entire family system, particular subsystems, and individual family members?

Strategy Marker

If clients talk about their family issues as presenting concerns, it may be helpful to look closely at family structure. When clients are talking about current problems in intimate relationships or parenting difficulties, it is often helpful to examine the familial structures that may have shaped interpersonal perceptions and patterns.

Suggestions for Use

A great deal of flexibility has to be added to the original writing of Minuchin (1974) to make this strategy effective for work with culturally diverse families. A typical European-American family may have a hierarchical ordering in which parental figures make most of the important family decisions, but may choose to consult children on their opinions and even involve the children in a more active way in decision making. Traditional Asian-American families may opt not to include children in any decision making, but may extend the hierarchy to the grandparents and look for their guidance and approval. An examination of communication patterns should include a conversation with the client of topics that were acceptable for discussion in the family and those that were taboo. A related aspect of communication patterns is the flow

bidirectional (relatively open communication from parents to children and vice versa), or secretive (certain members are left out of conversations). Again, cultural expectations for appropriate communication styles will vary and should be taken into consideration.

Expected Consequence

The desired outcome of describing family structure is insight into the family of origin and how it impacts current thoughts, actions, and feelings. By looking closely at family structure, clients may recognize how current relationship patterns are related to boundaries, enmeshment, and disengagement in their families of origin. With this type of understanding, facilitating change is more likely to succeed because it recognizes the social context in which thoughts, actions, or feelings were first learned.

Case Example

Dr. P. was aware that Dana's parents' divorce had resulted in a dramatic change for her, and Dr. P. wanted to understand how the family had restructured itself afterwards.

Dr. P: You said that you had been close to your Dad before the divorce. What happened afterwards?

Dana: Once Dad wasn't living with us, he and I didn't really know how to connect. My brother still did a lot of stuff with my Dad; guys' stuff like hunting and fishing. I think my Dad didn't know how to relate to me as I got older. He used to joke and wrestle around with me as a little kid, but once I was a teenager, he didn't know what to do.

Dr. P: So, after the divorce, your father and brother formed a bond based on shared activities. How about you and your Mom?

Dana: I think I was still mad at her for breaking up the family. So, I wasn't close to her either.

Dr. P: Did you get along with your brother?

Dana: Not really. He seemed like he was kissing up to both my Mom and Dad. He was helping Mom a lot around the house, and it seemed like she saw him as the good kid and me as the bad kid. I resented that he was getting all the good attention, and I was just getting yelled at.

Dr. P: So, you felt pretty left out. Your brother found a way to relate to your parents differently after the divorce, but you ended up feeling pushed away by everyone. Is that right?

Dana: Yeah. I guess that's when I started hanging out with the partiers at school. I don't know if I was trying to find somewhere I fit in better or if I was trying to tell my family to screw off.

Dr. P: Maybe a little of both.

Dana: Probably a lot of both.

Identifying Family Roles

Strategy SYS-5. Identifying functions or roles that family members frequently play in order to maintain family stability

Theoretical Context

Virginia Satir (1972) came to the conclusion that family members often develop stable and complementary roles that influenced communication, particularly during times of stress. Satir (1988) saw the function of family roles as a way to disguise weaknesses and protect from threats of rejection. Here is how she summarized her observations about family roles:

I gradually became aware of certain seemingly universal patterns in the way people communicated. Whenever there was any stress, over and over again I observed four ways people had of handling it. These four patterns occurred only when one was reacting to stress *and at the same time* felt his self-esteem was involved. . . . The four patterns of communication are: *placating, blaming, computing, and distracting*. (Satir, 1972, p. 59)

Placaters attempt to smooth out conflicts by denying or minimizing their own feelings and agreeing fully with other people (perhaps those who are perceived as having more power in relationships). Blamers take on a role of superiority and fault finding in others. Blamers protect themselves by going on the offensive. Computers attempt to guard against rejection by staying calm and detailing the “objective” facts of the situation or “chronicling” the chain of events that may have preceded a difficult situation. Computers disguise their weaknesses by detaching from and denying any emotional experiences. Finally, distracters draw in as many unrelated topics as possible, creating an atmosphere of nonsense. Distracters may also accompany their verbally evasive techniques with a flurry of movements or behaviors that do not produce any tangible results. Relying on these forms of communication or playing these roles often leads clients deeper into relationships that lack real connection; an outcome that is contrary to what clients actually desire. Satir (1988) described an alternative way of interacting in close relationships that involves going beyond roles to communicate in a more equal manner: “The leveling response makes it possible for you to live as a whole person: real, in touch with your head, your feelings, and your body” (p. 98). At the core of the leveling response is an opportunity to exhibit and experience genuineness, intimacy, commitment to the relationship, and to work through relationship problems in creative and productive ways.

Strategy Marker

If clients are enacting interpersonal patterns that do not result in desired outcomes, then it may be beneficial to identify roles played in the family of origin to see if current patterns of behavior represent a repetition of family roles. When clients persist in using habitual but ineffective actions, it may be helpful to understand these choices in a systemic context as a repetition of a well-rehearsed family role that may have been effective in the past but may no longer be necessary.

Suggestions for Use

When clients are describing ineffective interpersonal interactions or undesirable social outcomes, a psychotherapist can ask questions about roles that may have been triggered. It is often helpful to explore the family of origin and to explicitly identify a typical family role. Many clients may describe patterns consistent with one of the four roles described by Satir (1972). Other clients may have developed idiosyncratic roles that influence behavior in unique ways. Once a family role has been described, a counselor can ask the client how this habitual role may be influencing current functioning. Once a link has been made between past and present systemic contexts, the client can begin to make active choices about social roles. A psychotherapist can ask questions like "Do you want to continue to play the same role in this new social setting?" or "How would you like to act differently now that you see the role that you have been repeating?"

Expected Consequence

Once clients have identified roles they may have played in their families of origin, they can identify situations in which these roles are most likely to recur. By understanding how these roles may have protected them in the past, clients can identify current threats to self-esteem that may trigger outdated behavior patterns. Once old roles have been explored, clients should be more able to identify new responses which will lead to more desired outcomes of genuine connectedness and congruence.

Case Example

In understanding how Ben's family system was related to his anxiety, Dr. P. wanted to identify the role or roles that Ben played in his family both as a child and now as an adult.

Dr. P.: How would you describe the role you played growing up in your family?

Ben: I was the youngest, and I think that everyone tended to treat me like a baby even as I got older.

Dr. P.: How did the baby role impact how you related to your family?

Ben: As the baby I think I hung out with my Mom and sisters more than with my Dad and brothers.

Dr. P.: Tell me more about that.

Ben: My two brothers are the oldest, then my two sisters are next in age, and I'm the youngest. So, I was closer in age to my sisters than to my brothers. When I was little, my brothers spent a lot of time helping my Dad fix cars as a part-time job on the side. I was too young to be around the cars so I spent more time in the kitchen with my Mom and sisters.

Dr. P.: And they babied you?

Ben: I think so. My sisters both liked to take care of me and do things for me. I guess they were pretty nurturing.

Dr. P.: And how did you respond to being treated like the baby?

Ben: I guess I didn't mind. I think I tried to be a good boy in the family.

Dr. P.: And outside the family?

Ben: The same, I guess. I wasn't macho like my Dad or brothers so I went another direction and tried to win approval in different ways. I got involved in church and was an altar boy and all of that.

Dr. P.: So, becoming active at church was a way to enact the good boy role outside the family.

Ben: Yes, I think so. It pleased my Mom that I was embracing Catholicism and taking it as seriously as she did.

Dr. P.: So, growing up, being the baby in the family and trying to be a good boy was an important way you learned to relate to the world. How about now?

Ben: I guess that's part of the problem. I don't want to be treated like a baby anymore. And I don't want to be just a good little boy. If my family knew I was gay, they might not think I was good.

Dr. P.: So, the roles you learned to play as a kid worked really well back then but aren't working anymore. You haven't found new ways to relate to your family that might fit you better now as an adult. Is that right?

Ben: Yeah, I guess I don't know how to be my true self with them.

Searching for Multigenerational Patterns

Strategy SYS-6. Searching for multigenerational patterns that demonstrate the way interpersonal relationships are influenced by extended families

Theoretical Context

After working with families for decades, Murray Bowen came to realize that many family problems were repeated generation after generation:

In contrast to the assumption of a random and unpredictable process or to the assumption of a process linked only to genetic transmission, family systems theory assumes that individual differences in functioning and multigenerational trends in functioning reflect an orderly and predictable relationship process that connects the functioning of family members across generations. (Kerr & Bowen, 1988, p. 222)

Bowen believed that individuals' functioning was representative of their family of origins' overall functioning in two ways. First, the relative level of adaptive or maladaptive functioning of the individual will be equivalent to the family's level of adaptive or maladaptive functioning. Bowen stressed the idea that "a family member whose functioning is unstable in most aspects is not spawned by a nuclear family whose average level of functioning is stable in most aspects" (Kerr & Bowen, 1988, p. 222). Second, Bowen believed that adaptive and maladaptive interaction processes tend to repeat in an orderly way across generations. In other words, it may be likely for clients to recognize their own relationship patterns as having manifested in the behavior of a parent, grandparent, or another relative. Using the concept of multigenerational patterns and the mechanisms by which they affect individual functioning may be beneficial in normalizing the client's "problem" behavior by placing it in its proper context.

Strategy Marker

If clients' presenting issues are ones that often reappear through generations of a family—such as alcoholism, domestic violence, incest / sexual abuse, divorce, and relationship instability—then examining whether other family members have experienced similar difficulties may be beneficial. For example, if clients report patterns of unstable relationships, it may be helpful to look at the relationship histories of parents and grandparents as well as aunts and uncles.

Suggestions for Use

When exploring clients' struggles, it is often helpful to look beyond the nuclear family of origin to explore whether problems may be linked to multigenerational patterns. It may be helpful to ask whether grandparents or other relatives may have experienced similar problems in their lives. In order to explore multigenerational relationships, it may be helpful to encourage clients to construct family *genograms* that illustrate the relationship between members in an extended family. Illustrating the structure of an extended family will help clients see the broader social context and detect patterns that may not

emerge in an unstructured conversation. Many *Family Therapy* textbooks provide instructions for helping clients construct genograms that may illuminate multigenerational patterns.

Expected Consequence

If clients realize that their behavior has been shaped by generations of family members before them, then the client can appreciate more fully the difficulty of change and can experience compassion for their own change process. Understanding the context that contributed to the client's current difficulties is expected to lead to a more informed, effective choice of interventions on the part of a psychotherapist.

Case Example

Dr. P. was aware that Dana's father was an alcoholic and wondered if there were other members of Dana's extended family that struggled with alcohol.

Dr. P.: Do you think your struggles with alcohol are related to your father's drinking problem?

Dana: I guess it might be related. I know it's supposed to run in families.

Dr. P.: Are there other people in your extended family who have had problems with alcohol?

Dana: Oh yes, lots! My mother's brother used to drink a lot and had to join AA in order to quit. And both of my father's parents drank a lot. And I guess there were some moonshiners in my family back during prohibition. Probably still are.

Dr. P.: So, there is a family history of alcohol use on both sides of the family.

Dana: Yeah, I guess there are lots of drunks in my family.

Dr. P.: What is your understanding of why families might develop this kind of pattern?

Dana: I haven't thought about it too much. Is it genetic?

Dr. P.: Some research suggests that there may be a genetic predisposition for alcohol problems that can run in families, but there also appears to be a learning component. What do you think you learned about alcohol from your extended family?

Dana: I guess I learned that drinking was part of having a good time; part of relaxing and celebrating. But I also learned that some people drank too much and became drunks.

Dr. P.: So, in your extended family there were some positive messages about alcohol but also a warning of the possible dangers.

Dana: When I started drinking in high school, it was when my Mom was still really angry at my Dad, and Mom would yell at me and tell me I was going to end up being a drunk like Dad.

Dr. P.: Was that a fear of yours at the time?

Dana: No, of course not. I was an invincible teenager. I thought I was just having a good time. I thought my Mom was making a big deal out of nothing.

Dr. P.: How about now?

Dana: I'm running into some of the same problems that my father had with drinking and that my uncle and grandparents may have had. I think I crossed the line that my family always warned me about. I don't think I'm just having a good time and relaxing anymore. I'm running into problems now. I guess I'm just another drunk.

Clarifying Family Belief Systems

Strategy SYS-7. Clarifying family belief systems and rules that govern the way families interact and influence member's thoughts, actions, and feelings

Theoretical Context

One of the ways that families impact the psychological functioning of their members is by shaping the way that the world is viewed. Over time, families develop belief systems or paradigms that shape the way that family members perceive, interpret, and interact with the social environment (Goldenberg & Goldenberg, 2000). David Reiss (1981) studied family problem solving and concluded that the way families construct reality has a significant impact on the way family members think and interact:

[Family paradigms] operate as *framing assumptions*, specifying—with great generality—certain fundamental properties of the perceptual world, properties which are given, are not subject to dispute, and cannot be either verified or disproved with experience, analysis, or discussion. . . . Paradigms also manifest themselves in the family's *organizing patterns of daily living*. These patterns shape the family's relationship with its social environment, synchronize each member's action and planning with others in the family, and maintain the family's continuity with its own past. (p. 174)

Beliefs are an important part of any family system and influence how decisions are negotiated. Family beliefs are often internalized from social, cultural and spiritual belief systems and have a direct influence on personal

beliefs (Dallos & Draper, 2000). In this way, family belief systems can illuminate the link between the social environment (cultural contexts and social systems) and individual psychological functioning (thoughts, actions, and feelings). Clarifying family belief systems helps prepare a psychotherapist and client to begin understanding the way that individuals construct personal meaning within a social context (see Strategy SYS-9).

Strategy Marker

When exploring the way a family system is impacting an individual, it may be useful to identify specific family beliefs and to explore how these beliefs may have been internalized or rejected by a family member. If clients are being influenced by internalized family beliefs, it may be helpful to explore these paradigms more openly so that clients can see the family's influence and make active choices about personal values.

Suggestions for Use

When exploring the way family belief systems impact an individual client, it may be helpful to do so in two distinct steps. First, you can ask clients to identify some of the beliefs held by their families. For example, you might ask a general question like "How did your family view the world?" or a more specific question like "If your family had to choose a motto or slogan, what would it be?" Second, after identifying family beliefs, you might ask clients whether they concur with their families and want to continue to embrace these family rules or values. For example, if a client reports that her family's motto was "Never show any weakness," you might ask questions like "How has this motto impacted you?" or "Now that you are older, do you believe that you should never show any weakness?"

Expected Consequence

If family belief systems are clarified, then clients will increase their ability to recognize the impact of their families on current psychological functioning and decision making. When clients become more aware of family paradigms, they can begin to make active choices about which family values to embrace and which to discard.

Case Example

Ben had said that his family would not accept him if they found out he was gay. Dr. P. wanted to clarify the family belief system to understand how the family might respond to Ben if he were to disclose his sexual orientation.

Dr. P: You've said that your family would not accept you if they knew you were gay. Can you tell me why that would be unacceptable for them?

Ben: I think for my mother it's about religion. As a traditional Catholic she sees homosexuality as a sin.

Dr. P: How about your father? Does he share the same religious beliefs?

Ben: I think so. I also think my Dad would have a problem with me being gay just because it doesn't fit his idea of what a man should be.

Dr. P: Does your mother share some of the same cultural beliefs about gender roles?

Ben: I think so.

Dr. P: And your brothers and sisters?

Ben: Both of my brothers are pretty traditional and masculine. One of them doesn't go to church anymore. One of my sisters might be more accepting. She's a lot more liberal than my parents.

Dr. P: But, overall, you get the message that the family as a whole wouldn't be comfortable with you for diverging from their religious and cultural values?

Ben: That's right.

Dr. P: How would you summarize your family's view in this area?

Ben: Let's see. How about this: Men should be men and women should be women because that's the way God intended it to be.

Dr. P: Do you share that same belief with your family?

Ben: Not anymore. I used to think that way, and that's why coming out was so hard for me. Now I'm at a place where I think that God may be more comfortable with a little more human diversity than my family is okay with.

Dr. P: I think it's important to understand your family's beliefs and how yours have changed in order to find a different way to relate to your family.

Giving Directives for Strategic Change

Strategy SYS-8. Giving strategic directives that alter a maladaptive sequence of behaviors in order to initiate change within an entire system

Theoretical Context

Some systemic psychotherapists have concluded that it is helpful to prescribe strategic changes in the behavior of one or more family members in order to change the way the whole system interacts. This is the way Jay Haley (1976) described the goal of a strategic approach to working with families:

What has revolutionized the field of therapy is the realization that a goal of therapy is to change the sequences that occur among people

in an organized group. When that sequence changes, the individuals in the group undergo change. A therapeutic change can be defined as a change in the repeating acts of a self-regulating system—preferably a change into a sequence of greater diversity. It is the rigid, repetitive sequence of a narrow range that defines pathology. (p. 105)

Because family systems frequently create stable patterns based on homeostasis, there is often an initial resistance to any changes made by one or more members. When prescribing strategic change, it is useful to predict and account for this type of resistance. However, once a change has been made, it interrupts family homeostasis and creates an opportunity for new interactions and roles to be established before a new balance is established.

Strategic directives do not need to be limited to *Family Therapy*. In describing Milton Erickson's approach to psychotherapy, Haley (1973) wrote that "therapy can be called strategic if the clinician initiates what happens during therapy and designs a particular approach for each problem" (p. 17). Haley pointed out that encouraging psychotherapists to take responsibility for directly influencing people was antithetical to earlier theories of psychotherapy. Both psychodynamic and humanistic approaches emphasized the value of helping clients come to their own conclusions and make their own decisions. In contrast, the use of strategic directives in family and individual therapy allows a psychotherapist to "design interventions to achieve [therapeutic] goals, examine the responses he receives to correct his approach, and ultimately examine the outcome of his therapy to see if it has been effective" (Haley, 1973, p. 17).

Strategy Marker

If clients are maintaining undesired behaviors because of the influence of social systems, it may be helpful for a psychotherapist to suggest ways that clients can change their actions in ways that are likely to alter the sequence or hierarchy of repetitive systemic patterns. When social systems have developed rigid interaction patterns, strategic directives can be used to interrupt homeostasis and to provide an opportunity for new behaviors to emerge.

Suggestions for Use

Once a client's actions are understood within their systemic context, a psychotherapist can use strategic interventions that are designed to change the structures that maintain maladaptive patterns. Because systems are often rigidly maintained, when one person in an interpersonal system changes, it is likely to impact the behavior of others. It is often useful to help clients understand how others may resist or undermine their progress by enabling or reinforcing undesired behaviors. Helping clients view the whole system will support their ability to change and to deal with the consequences of a new

interpersonal sequence. It may be impossible to predict the exact outcome of any strategic intervention and, therefore, these interventions should be treated as experiments with uncertain outcomes. Together the therapist and client can observe the outcomes of these experiments and make subsequent decisions based on their observations.

Expected Consequence

When strategic directives are used in psychotherapy, the anticipated result is change within the system. Sometimes the initial change represents a more beneficial environment for the client. In many situations, the initial shift in the system merely signals the beginning of a transition period during which new patterns begin to emerge. A psychotherapist can help clients take active roles in shaping new interaction patterns within family or other social systems.

Case Example

Dana had complained about the distance between her and her family, and wished she could reestablish a more positive relationship, particularly with her mother. Dr. P. wanted to encourage Dana to take an active step in changing the way she related to her family.

Dr. P.: Why do you think you still feel so distant from your family even though you've said you don't want to be any more?

Dana: For a long time I was still angry. I'm not angry anymore, but I don't know how to change things.

Dr. P.: How often do you talk to your family?

Dana: My mother calls me about once a month. I talk less frequently to my father. I only see my brother when I go home for holidays.

Dr. P.: What's it like when you talk to your mother?

Dana: I guess I keep up my guard. I don't want her to think I need anything from her. Sometimes I think she calls me in the evening to see if I have been drinking. It always catches me off guard.

Dr. P.: Do you ever call her or does she always initiate the contact?

Dana: She always calls.

Dr. P.: You've said you would like to change the relationship. What would it be like if you called your mother instead of waiting until she calls you?

Dana: That would be different. Call her for no reason?

Dr. P.: You might want to think of a reason, but if you initiate the call, then you can choose a good time so you wouldn't be caught off guard. Maybe tell your mom something nice you were thinking about her.

Dana: So, you are suggesting that I call my mom out of the blue to say something nice?

Dr. P: I'm suggesting that you try an experiment in which you deliberately try to change the way you interact with your family. Then we can observe the results of the experiment and decide how to proceed based on the results. Would you be willing to try this experiment?

Dana: Okay. I think it will blow her away.

Dr. P: In a good way?

Dana: Yes, I think she'll really appreciate it. I especially like the idea that I get to choose the time so I don't feel like she's spying on me.

Dr. P: When would you like to call her?

Dana: I think I'll call her on Saturday morning after I've had a strong cup of coffee.

Exploring the Social Construction of Meaning

Strategy SYS-9. Exploring the social construction of personal meaning and helping clients recognize how families and other groups have shaped the way reality is perceived

Theoretical Context

Constructivism is a relatively new movement in psychotherapy that asserts "that humans are proactive (and not passively reactive) participants in their own experience" (Mahoney, 1995, p. 44). A constructivist perspective has emerged as a postmodern movement in the social sciences and humanities, and can be contrasted with the modern emphasis on objectivism. During the twentieth century, psychology was using logical and empirical methods to attempt to discover objective laws that regulate human behavior (Neimeyer, 1995b). Now, as the social sciences enter a postmodern era, there is an increasing recognition that reality is constructed:

The hard-won organization we impose on the world of our experience is a precariously human construction, supported by our private and shared quests for a modicum of order and predictability in our lives as well as by our need to find some grounding for our actions. (Neimeyer, 1995a, p. 3)

Many constructive psychotherapists, like Michael Mahoney (1995) and Robert Neimeyer (1995b), cite George Kelly's (1955) *The Psychology of Personal Constructs* as an important early contributor to the paradigm shift from objectivism to constructivism. Kelly (1955) pointed out that "What we

think we know is anchored only in our assumptions, not in the bedrock of truth itself, and the world we seek to understand remains always on the horizon of our thoughts" (p. 6).

Other constructivist psychotherapists, like Michael Hoyt, pointed out the pioneering influence of Milton Erickson who initiated a paradigm shift "from deficits to strengths, from problems to solutions, from past to future" (Hoyt, 1994, p. 2). Here is how Hoyt (2000) described the goal of psychotherapy guided by a constructivist perspective:

The goal of constructive therapies is to bring about positive consequences in client's lives via attention to the social construction of preferred realities. We help them build—and live—better stories, ones that bring them more of what they prefer. The constructive therapist recognizes that we are looking through "lenses," that we are "making history" and not just "taking history." . . . While not ignoring the painfulness of some situations, there is a shift away from pathologizing and toward a more optimistic view of people as unique and resourceful creators—for better or worse—of their own psychological realities. (p. 2)

The last six strategies described in this chapter (SYS-9 through SYS-14) are drawn from constructivist approaches including *Narrative Therapy* (SYS-10 and SYS-11), *Ericksonian Therapy* (SYS-12), and *Solution-Focused Therapy* (SYS-13 and SYS-14). Although the construction of reality is a process embedded in human cognition, a constructivist approach to psychotherapy differs from some assumptions of cognitive psychotherapists like Ellis or A. T. Beck (highlighted in Chapter 4). Neimeyer (1995b) highlights the contrast in this way: "Constructivists envision the basic goal of therapy as the promotion of this meaning-making activity rather than the 'correction' of presumed dysfunctions or deficits in the client's thinking, feeling, or behaving." These constructivist strategies are included in this chapter, alongside systemic strategies drawn from *Family Therapy*, because the personal construction of meaning is deeply embedded within social systems and is directly shaped by family belief systems (see Strategy SYS-7).

Strategy Marker

When clients describe their lives in ways that appear maladaptive, it may be helpful to explore the social construction of personal meaning. If clients view themselves negatively, this may represent a distortion fostered by families or other social groups. Therefore, it may be useful to look at how social constructions have been internalized in ways that negatively impact clients.

Suggestions for Use

To explore the social construction of meaning, it may be helpful to move through three successive steps. First, you can highlight the way clients describe

themselves or their situation. For example, a female client may describe herself as a loser. Second, you can identify the social context where these messages may have been learned. For example, you might ask the client where she learned to view herself as a loser. Third, you can help the client see that a negative perception may have been internalized from an external source and that this construction of reality may not be adaptive. For example a counselor might ask, "Is there any chance that your family was wrong about assuming that you were a loser?" or "Do you want to continue to view yourself in this way?"

Expected Consequence

When the social construction of meaning is explored, the predicted outcome is more awareness of social influences and more flexibility in constructing an adaptive description of reality. Once clients realize that some maladaptive perceptions have been learned in a social context, there may be hope that old perceptions can be unlearned and that a new outlook might be adopted.

Case Example

After exploring Ben's family belief system, Dr. P. wanted to explore the way Ben had constructed his own personal meaning, particularly around his sexual orientation.

Dr. P: What have you concluded about the contrast between your family's beliefs and your own?

Ben: I guess I've concluded that it's okay to be gay but it's not okay for my family to know.

Dr. P: Is that a comfortable way to view the situation?

Ben: No, it's not very comfortable. I end up feeling dishonest and disconnected.

Dr. P: In some ways, you've had to choose between your family's reality and your own.

Ben: That's the way it feels.

Dr. P: And what is the result of this tension?

Ben: A whole lot of anxiety.

Dr. P: So, you've chosen a tentative perspective that represents a compromise between your reality and your family's, but the price you pay is anxiety.

Ben: I don't think I can maintain this for very long.

Dr. P: How will you resolve the tension between these two realities?

Ben: I guess I'll look for a job in another part of the country after my internship so I can live comfortably away from my family.

Dr. P: I wonder if there are any other options.

Externalizing Problems

Strategy SYS-10. Externalizing problems by describing them as separate entities outside of clients rather than as defining parts of identity

Theoretical Context

An important implication of a constructivist perspective is that people can describe themselves and their problems in different ways. It is important for psychotherapists to be aware that these constructions or personal narratives have an impact on clients' quality of life and the likelihood of resolving their problems. Narrative therapists have pointed out that an important part of the way clients tell their stories is whether problems are seen as internal parts of themselves or as something external. Michael White and David Epston (1990) have suggested that *Narrative Therapy* sometimes involves helping clients externalize problems:

Externalizing is an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive. In this process, the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem. Those problems that are considered to be inherent, as well as those relatively fixed qualities that are attributed to persons and to relationships, are rendered less fixed and less restricting. (p. 38)

Helping clients tell their stories in ways that define their problems as outside of who they are can be important in promoting self-efficacy and change.

Strategy Marker

If clients have defined themselves closely with their psychological concerns or struggles, then it may be helpful to externalize problems. When clients have defined themselves as *the problem*—or have been defined this way by others—it may be helpful to describe the situation so that the problem is seen as *outside* of a particular individual or relationship. If clients no longer recognize their own identities apart from their psychological concerns, a psychotherapist can help them take a few steps back and see themselves and their relationship to their problems.

Suggestions for Use

When helping clients externalize their problems, a psychotherapist should pay careful attention to the way clients use language to describe their concerns. A client who says, "I am obsessive-compulsive," may have over-identified with their problem, compared with a client who says, "I have been diagnosed with obsessive-compulsive disorder," or, "Sometimes, I struggle with obsessive

thinking and compulsive actions.” When externalizing psychological concerns, it is sometimes helpful to personify the problem by giving it a name. For example, White and Epston (1990) described *Family Therapy* for a child with encopresis (passage of feces into inappropriate places) in which the therapist helped the family name the problem, “Sneaky Poo.” This personification defined the problem as the child’s temptation to play with his feces rather than defining the child as the problem. Similarly, an adult struggling with anger might personify the problem as the “Simmering Cauldron,” and talk about ways to keep the cauldron from boiling over in stressful situations.

Expected Consequence

When clients externalize their problems, they are less likely to feel a sense of failure or to engage in unproductive conflicts about who is responsible for the difficulty. Externalizing problems allows clients and significant others to cooperate in their efforts and opens new possibilities for action (White & Epston, 1990). Energy can be directed toward solving a problem rather than toward assigning blame.

Case Example

When Dana described herself as a drunk, Dr. P. noticed that this created an internal description of the problem. Dana seemed to be implying that she was the problem rather than the alcohol and her actions related to drinking. Dr. P. wanted to see if it was helpful to try to externalize Dana’s drinking problem.

Dr. P.: What is it like to think of yourself as a drunk?

Dana: I don’t like thinking of myself that way, but maybe it’s better than pretending there isn’t a problem.

Dr. P.: When you describe yourself as a drunk, it sounds like you are the problem rather than the alcohol. Does it seem that way to you? That you are kind of down on yourself when you describe yourself as a drunk?

Dana: I guess so. I never liked it when my Mom called my Dad a drunk. It sounded like he could never change. It sounds hopeless.

Dr. P.: And now you’re giving yourself that same label. Is there another way you could describe the situation so that the problem is outside of you?

Dana: Sometimes when I’m trying not to drink, I think of myself as “battling the bottle.”

Dr. P.: That has a catchy sound to it. How does “battling the bottle” shape the problem, compared to describing yourself as a drunk?

Dana: I see an image of myself in a boxing ring fighting against a giant bottle of Jack Daniels.

Dr. P: If you are in a boxing ring battling the bottle, what does that mean about resolving the problem?

Dana: If I'm boxing, it means I might win some rounds and lose others.

Dr. P: What else?

Dana: I need to keep alert and stay on my toes.

Dr. P: And if you keep alert and stay on your toes?

Dana: Then I might eventually win the match.

Dr. P: I think describing the problem as battling the bottle sounds like it may be more helpful than describing yourself as a hopeless drunk.

Dana: I think you're right.

Encouraging Adaptive Narratives

Strategy SYS-11. Helping clients tell their stories or personal narratives in new ways that support the possibility for change

Theoretical Context

From a constructivist perspective, "psychotherapy can be viewed as a kind of collaboration in the construction and reconstruction of meaning" (Niemeyer, 1995a, p. 3). Psychotherapists become partners with clients in their efforts to tell their stories in different ways that lead to more desired outcomes. White and Epston (1990) pointed out that an important part of *Narrative Therapy* involves working with families or individuals to question socially-constructed narratives and discover more adaptive ways of telling their story:

All the parties enter into a search for new meanings, new possibilities, which call into question the problem-saturated description or dominant story. Alternative stories either emerge from within the dominant story or are discovered to be running along parallel tracks, but have been suppressed or not admitted onto the record. . . . Re-authoring involves relocating a person/family's experience in new narratives, such that the previously dominant story becomes obsolete. In the course of these activities, people's own lives, relationships, and relationships to their problems are redescribed. (p. 127)

Psychotherapy can be a place where clients recognize the way that their personal narratives may have been distorted and where they may find better ways to tell their stories.

Strategy Marker

When clients describe their lives in a way that emphasizes the intractable nature of their problems, it may be helpful for psychotherapists to encourage a different type of narrative. When the dominant story told by an individual or family is “problem-saturated,” a therapist can help uncover another account of history that may highlight possibilities for resolution.

Suggestions for Use

In order to encourage adaptive narratives, White and Epston (1990) suggested that counselors search for “unique outcomes” that contradict the dominant story. This is similar to the search for exceptions to the problem described in Strategy SYS-13. Once these unique outcomes have weakened the power of the dominant, problem-saturated story, then clients can begin to re-author their life narratives in ways that can lead to different outcomes. It may be helpful to talk with clients about how they might want to end this unhappy chapter of their story and how they might begin a new chapter. Using this type of literary language allows clients to see themselves as the author of an autobiography rather than as a passive character in someone else’s story. White and Epston (1990) encouraged the use of letters and certificates as narrative forms that help clients announce the changes they are embracing. For example, a client recovering from alcoholism might write a letter to family members thanking them for caring for her while she was struggling but letting them know that she is now willing to take care of herself.

Expected Consequence

When clients are encouraged to tell their stories in more adaptive ways, the likely result is a greater sense of personal agency in which individuals can shape their own lives. The use of narratives in psychotherapy helps clients make sense of their own experience in ways that allow active choices and can lead to wider ranges of outcomes (White & Epston, 1990).

Case Example

Dr. P. noticed that Ben’s personal narrative seemed rather restricted. She wanted to see if she could help Ben construct a story with different possibilities.

Dr. P.: The way you describe your situation with your family sounds pretty hopeless. The only solution is to move across the country again?

Ben: I guess that does sound pretty hopeless.

Dr. P.: Is that the way it feels?

Ben: I don’t really see any other way out.

Dr. P.: Your account of the story is dependent on the assumption that your family’s values are pretty fixed. Has there ever been a time when your family has had to be more flexible with their values?

Ben: My oldest sister got pregnant before she was married. My parents really flipped out.

Dr. P.: What happened?

Ben: It was pretty stressful for a while. My sister wanted to have an abortion, but my mom thought that would be a terrible sin. Things eventually worked out. My sister kept the baby and married her boyfriend but not until after the baby was born. My mom softened up and helped take care of the baby until my sister finished community college.

Dr. P.: This is very interesting to me because this story is about a family that recovered from a crisis. This sounds different than the rigid family that can never flex.

Ben: So, you think my family might not be as rigid or rejecting as I'm assuming?

Dr. P.: I think it's important to consider this possibility since you know of at least one occasion when your family was able to support someone who broke the family rules.

Utilizing Clients' Resources

Strategy SYS-12. Utilizing clients' resources and symptoms to help them meet their needs in more adaptive ways

Theoretical Context

Milton Erickson was a maverick psychotherapist and hypnotherapist who influenced a generation of followers. Erickson's approach has been particularly influential in the development of strategic family therapy (see Strategy SYS-8) and *Solution-Focused Therapy* (see Strategies SYS-13 and SYS-14). Although Erickson was not a prolific writer, some of his associates, like Jay Haley (1973) and Jeffrey Zeig (1985), have written extensively about Erickson's approach to psychotherapy. One of Erickson's important contributions was recognizing the importance of utilizing all of the client's unique resources and hidden strengths. Erickson considered both conscious and unconscious resources and even thought that symptoms and resistance could be strategically utilized to achieve therapeutic goals (Erickson & Rossi, 1979). In summarizing Erickson's approach to utilization, Zeig (1985) outlined the following suggestions:

1. Identify the resource (unaccessed strengths) in the patient.
2. Diagnose the patient's values, that is, what the patient likes and dislikes (which also can be resources).

3. Develop the resources by utilizing the patient's values.
4. Connect the developed resource to the problem, either directly or indirectly.
5. Step four is best conducted by moving in small steps, accessing trust, rapport, and motivation and guiding responsiveness throughout the process.
6. Any behavior, even resistance, can be accepted and utilized therapeutically. Any aspect of the context can be accepted and utilized therapeutically.
7. Drama can be used to enhance responsiveness to directives.
8. Seeding ideas prior to presenting them primes responsive behavior.
9. Timing is crucial. The process of therapy involves pacing, disrupting, and patterning.
10. The therapist (and patient) must have an expectant attitude. (p. 38–39)

Utilization encourages psychotherapists to carefully consider the individuality and uniqueness of each client and to intervene in a creative and strategic manner. Erickson would have been opposed to any attempt to provide the same standardized treatment for every client with the same diagnosis.

Strategy Marker

When clients and psychotherapists begin to set goals, it is important to identify internal resources and hidden strengths that can be used to solve clients' problems. Searching for strengths is a way to ground oneself in the reality of the client and to see clients as capable human beings with internal assets. It is often useful to look at the way that apparent deficits or symptoms may be used indirectly to resolve clients' most pressing concerns.

Suggestions for Use

Utilization of clients' resources requires creative thinking to help reconstruct reality in a new, more adaptive manner. For example, it may be useful to utilize one bad habit to change another. A graduate student may enter psychotherapy because he is not working on his research and is distracting himself by playing videogames for hours on end. A psychotherapist might utilize the client's interest in videogames to reward him for working on his research. For each hour of research, the client can reward himself with one hour of videogames. In this way, the client's interest in videogames is not seen as a negative behavior to be eliminated but is utilized as a reward for desirable actions.

Expected Consequence

When psychotherapists utilize clients' resources, the likely result is positive action based on a new view of the situation. When clients can see their strengths and internal assets, they are more likely to feel confident about achieving desired results. When psychotherapists are able to utilize symptoms

and perceived deficits in the service of change, the results are likely to include changes in the clients' perceptions of themselves and shifts in focus toward solutions rather than problems.

Case Example

Dr. P. wanted to help Dana break her pattern of going to her favorite bar and drinking as a way to relax after work. Dr. P. wanted to utilize Dana's interest in fitness as a way to help her change habitual patterns of behavior that supported her alcohol problem.

Dr. P.: You mentioned that you like to go to the gym but don't go as often as you'd like.

Dana: Sometimes I think about working out after work, but I usually go meet my friends at the bar instead.

Dr. P.: I wonder how we could use your interest in fitness to help you in the battle with the bottle.

Dana: Well, if I do go to the gym, I usually don't feel like drinking afterwards. I'm hungry after a workout, but I think exercising relaxes me and I don't feel like I need to drink as much.

Dr. P.: But you've said that you choose the bar because of your friends. Do you have friends who like to exercise? Would any of your drinking buddies like to go to the gym with you instead of the bar?

Dana: A girl from work, named Peggy, belongs to 24 Hour Fitness, and she told me if I join with a friend, we both get a half-price membership.

Dr. P.: Is there someone you'd like to invite?

Dana: My friend Sherry might like to join.

Dr. P.: Is Sherry one of your friends from the bar?

Dana: She comes to the bar sometimes but isn't a hardcore drinker like some of my friends.

Dr. P.: What would it be like to join 24 Hour Fitness and start exercising after work?

Dana: I never like going home right after work, and this would be a nice way to relax.

Dr. P.: And if you go with Sherry or Peggy, then it fulfills some of the same social needs as happy hour at the bar.

Constructing Solutions

Strategy SYS-13. Constructing solutions by building on past successes and discovering exceptions to the rules that support psychological problems

Theoretical Context

Constructivist psychotherapists have pointed out that traditional approaches to psychotherapy often focused on problems and the past more than on solutions and the future. *Solution-Focused Therapy* was founded on the premise that psychotherapy can be more helpful if solutions are the overt focus. Steve de Shazer (1985) described this approach in the following way:

First we connect the present to the future (ignoring the past), then we compliment the clients on what they are already doing that is useful and/or good for them, and then—once they know we are on their side—we can make a suggestion for something new that they might do which is, or at least might be, good for them. (p. 15)

Insoo Kim Berg and Scott Miller (1992) described three rules that form the central philosophy of *Solution-Focused Therapy*:

1. If it ain't broke, DON'T FIX IT!
 2. Once you know what works, DO MORE OF IT!
 3. If it doesn't work, then don't do it again, DO SOMETHING DIFFERENT!"
- (p. 16-17)

Constructing solutions helps client move beyond the past to see ways that their problems can be resolved in the present and future.

Strategy Marker

When clients feel stuck and unable to change, it is often helpful to examine times when they have been successful at accomplishing goals or at conditions that have not supported the undesired behavior. When trying to change a pattern, it is helpful to look at exceptions to the rule when the pattern does not hold true.

Suggestions for Use

Recognizing one's own efficacy and ability to change is often a key ingredient for success in psychotherapy. de Shazer (1985) suggested two methods to initiate the search for solutions: building on *past successes* and discovering *exceptions to the rule*. First, you can help clients discover past successes. Clients may describe problems in universal terms and gloss over past successes. As a counselor, you can highlight times when the client was successful in order to discover useful strategies that may be useful again. Second, you may want to help clients uncover exceptions to the rule that prove that the problem is not *always* present. These exceptions to the rule often lead to the construction of solutions.

Expected Consequence

When you focus on solutions within clients' own actions, the anticipated result is a sense of self-efficacy that is likely to support more behavior change.

If clients see themselves as successful agents of change, the outcome is likely to be more effective choices and actions.

Case Example

In trying to help Ben decrease his anxiety, Dr. P. wanted to help him think about times when he did not feel anxious to see if this exploration might help him discover solutions to the problem.

Dr. P.: You've said that your anxiety decreased a lot during your last couple years at college. What do you think changed for you then?

Ben: One thing that happened was I started attending a gay support group at the Newman Center on campus.

Dr. P.: What is the Newman Center?

Ben: It's a Catholic ministry on college campuses. It tends to be a lot more open and liberal than traditional Catholic churches.

Dr. P.: How did attending the support group at the Newman Center impact your anxiety?

Ben: It's the first place I was told that God might not reject me just because I was gay.

Dr. P.: And that helped reduce the tension between your spiritual values and your sexual orientation?

Ben: Yes. It really helped a lot. The woman who led the group had been a nun when she realized she was a lesbian. She's one of the most spiritual people I've ever met.

Dr. P.: Have you been attending church since you moved back home?

Ben: I've been attending mass with my parents, but I don't like the priest very much. He's very traditional and conservative.

Dr. P.: Is there a Newman Center affiliated with the university here?

Ben: Yes, but I've never been. I think my mom would be disappointed if I didn't go to mass with her since I'm living at home.

Dr. P.: I wonder if there is a support group for gay Catholics anywhere nearby.

Ben: There's a national organization called Dignity for gay Catholics. I guess I could check their website and see if there's a group that meets in the city.

Orienting Toward the Future

Strategy SYS-14. Orienting clients toward the future and helping them imagine a time when their problems have been solved

Theoretical Context

Rather than exploring the past to discover the cause of clients' problems, constructivist approaches tend to focus on the future. This focus on the future was emphasized by Erickson:

Emphasis should be placed more on what the patient does in the present and will do in the future than on a mere understanding of why some long-past event occurred. The *sine qua non* of psychotherapy should be the present and future adjustment of the patient. (Milton Erickson in Haley, 1967, p. 406)

One of the ways that solution-focused therapists help clients think about the future is to ask what Berg and Miller (1992) called the "miracle question":

Suppose that one night, while you are asleep, there is a miracle and the problem that brought you into therapy is solved. However, because you are asleep you don't know that the miracle has already happened. When you wake in the morning, what will be different that will tell you that this miracle has taken place? What else? (p. 13)

Focusing on the future allows clients to imagine a more desirable life and heightens motivation to move in that direction.

Strategy Marker

When clients feel stuck in the present or feel bound by the past, it may be helpful to construct a more positive view of the future. If clients are focusing exclusively on their problems, it may be useful to help them imagine a time in the future when the problem no longer exists. When clients do not see themselves as capable of change, it may be helpful to orient them toward the future and to describe prospects that are possible and are worth working toward.

Suggestions for Use

It is often helpful to ask clients to describe what their lives will be like after their problems have been resolved. It may be useful to ask Berg and Miller's (1992) "miracle question" (described above) to help orient clients toward the future. The miracle question and the discussion that follows are designed to encourage a client to look toward the future and to "develop a highly detailed and vivid description that serves to make a future time of change and health all the more real" (Berg & Miller, 1992, p. 14). Additional questions that can be used to elaborate the answer to the miracle question include "What do you suppose your wife would say she would notice different about you on this miracle day?" and "What do you suppose is the first thing you have to do in order to have a miracle day?" (Berg & Miller, 1992, p. 114–115). These types of questions help clients to focus on family interactions and assume that clients will take steps to implement positive changes.

Expected Consequence

As a result of focusing on the future, clients are more likely to feel hopeful and to be able to imagine a positive future. A future orientation is expected to create motivation and momentum to help clients to achieve and maintain their goals (Berg & Miller, 1992).

Case Example

Although Dr. P. had wanted to understand Dana's family history and her own past struggles with alcohol, Dr. P. wanted to explore the future and to help Dana think about what it might be like if her problems were resolved.

Dr. P.: I wonder if you can imagine a time in the future when you aren't struggling with alcohol.

Dana: I hope so.

Dr. P.: Let's take some time to picture that future in our minds. Tell me about your life after you have won your battle with the bottle.

Dana: Okay. I guess I would feel better about myself and enjoy my job and friends. I wouldn't be trying to get away from my worries.

Dr. P.: What else?

Dana: I'd have friends to hang out with that weren't drunks. We'd get together to do other stuff. I'd go to the gym after work and do other stuff on the weekends, like going hiking. I wouldn't feel like I had to drink to fit in.

Dr. P.: Tell me more.

Dana: If I wasn't drinking then I wouldn't have hangovers and miss work. People at work wouldn't lose respect for me.

Dr. P.: Anything else that you imagine in this future?

Dana: I guess I would probably be attending AA meetings to help me stay on track and get some support for not drinking.

Dr. P.: Good. Anything else?

Dana: If I cleaned up my act and stopped drinking then I guess I'd be more likely to meet a nice guy who didn't hang out in bars all the time. We'd go on real dates; out to dinner or a movie with friends, not just getting loaded.

Dr. P.: You've created a compelling picture of the future. I want us to keep this picture in mind as we identify steps you can take to get there. I also want to point out you've already taken several steps along this path.

CHAPTER SUMMARY

This chapter described systemic and constructivist psychotherapy as two complementary methods for promoting social adaptation. Systemic psychotherapy focuses on adapting to social groups, like families, whereas constructivist psychotherapy focuses on the social construction of meaning. A systemic-constructivist conceptualization makes a link between social systems and personal construction of meaning by considering family structures, family roles, family belief systems, and personal narratives. Of the fourteen strategies presented in this chapter, the first eight were drawn from a variety of approaches to *Family Therapy* but were described here in the context of family-focused individual psychotherapy. These strategies foster social adaptation by addressing individuals' needs as well as families'. The last six strategies were drawn from constructivist approaches that focus on helping clients construct more adaptive personal narratives. Compared to strategies drawn from other theories, these constructivist interventions encourage a focus on solutions and on the future.

Four of these systemic-constructivist strategies allow counselors to understand social systems that shape clients' experience. (SYS-2) *Viewing Families as Systems* recognizes how each family member impacts every other member through both direct and indirect communication. (SYS-3) *Detecting Repetitive Interaction Patterns* allows a counselor to recognize different ways family members communicate with one another in order to maintain stability. (SYS-4) *Describing the Structure of the Family* provides a method for a psychotherapist to explore subgroups and boundaries in families as well as to recognize enmeshment or disengagement. (SYS-7) *Clarifying Family Belief Systems* highlights the schemas that families construct together and that individuals often internalize.

Four of the systemic-constructivist strategies focus on understanding how clients' individual personalities can be shaped by social systems. (SYS-1) *Understanding Problems within their Social Context* encourages a balanced view, recognizing both individual and systemic perspectives in describing clients' psychological struggles. (SYS-5) *Identifying Family Roles* provides a way to demonstrate how family structures shape long-term social interactions within and outside of the family. (SYS-6) *Searching for Multigenerational Patterns* recognizes that many psychological problems represent a family legacy that has been passed down over time. (SYS-9) *Exploring the Social Construction of Meaning* recognizes how families and other groups shape the way clients understand their lives.

Six of these strategies describe more active interventions designed to modify external social interactions or the internal construction of social meaning. (SYS-8) *Giving Directives for Strategic Change* promotes a shift in

the way a social system interacts by interrupting longstanding patterns. (SYS-10) *Externalizing Problems* is a way for clients to view their struggles as entities outside of themselves rather than innate parts of their identity. (SYS-11) *Encouraging Adaptive Narratives* allows clients to tell their personal stories in new ways that allow for growth and change rather than acting out the stories that others have told about them. (SYS-12) *Utilizing Clients' Resources* encourages psychotherapists to uncover hidden strengths and even to use clients' resistance or symptoms to interfere with more harmful problems. (SYS-13) *Constructing Solutions* encourages clients to move beyond a problem focus to recognize and elaborate on solutions that may already be occurring in their lives. (SYS-14) *Orienting Toward the Future* allows clients to imagine a time when solutions have been realized and to use these ideas to promote positive, forward movement. All of these systemic-constructivist strategies support a focus on social adaptation and personal meaning and can be combined with other skills to actively change the way clients think, act, and feel within systemic environments. These ideas remind us that psychotherapists should remain cognizant of social realities and help clients modify the way that social meaning is internalized.