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How to cite this thesis
STRATEGIC FAMILY THERAPY, STRUCTURAL FAMILY THERAPY AND CONSTRUCTIVISM

by

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submitted in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

in

CLINICAL PSYCHOLOGY

in the

DEPARTMENT OF PSYCHOLOGY

at the

RAND AFRIKAANS UNIVERSITY

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November 1990
ACKNOWLEDGEMENTS

I wish to express my sincere gratitude and appreciation to the following people:

* Dr Marietjie Joubert, my supervisor, who facilitated the growth of the ideas in this thesis, and for the many hours she spent in guiding the thesis to its completion.

* The excellent lecturers of Clinical Psychology at Rand Afrikaans University.

* The Human Sciences Research Council for the financial assistance. The views expressed in this thesis are those of the writer and not of the H.S.R.C.

* My wife, Jane, who has shown enduring patience, support and love over the past few years.

* My daughter, Kate, who, even at a young age, has shown understanding.
ABSTRACT

In this thesis, Structural family therapy, Strategic family therapy, and family therapy from a Constructivist perspective are discussed. Structural family therapists and Strategic family therapists, although using different techniques, stress the importance of the therapist being in control of the therapeutic process, unilaterally changing the dysfunctional sequence of behaviour, or dysfunctional structure of the family, as "diagnosed" by the therapist.

Change, according to both Structural and Strategic family therapy is predictable and is defined as the simultaneous changing of the structure of the family, the behaviour of each family member, and the perceptions or "world-view" of each member.

Family therapy from a Constructivist perspective stresses that the therapeutic process is circular. Furthermore, the therapeutic reality is a co-creation between therapist and family members. Subsequently, therapist control and objective diagnosis are impossible, and therapeutic change is unpredictable.
It is argued that Structural family therapy, Strategic family therapy, and family therapy from a Constructivist perspective, can be included in one model of family therapy, by adopting a both/and position, where both "linearity" and "circularity" are valid.
OPSOMMING

Strukturele gesinsterapie, Strategiese gesinsterapie en gesinsterapie vanuit ’n Konstruktivistiese perspektief word in hierdie skripsie bespreek. Strukturele gesinsterapeute en Strategiese gesinsterapeute bekleemtoon beide die belangrikheid van die terapeut om kontrole te hê oor die terapeutiese proses, alhoewel hulle onderskeidelikverskillende tegnieke aanwend. Die disfunksionele sekwensie van gedrag, of die disfunksionele gesinstruktuur, soos "gediagnoseer" deur die terapeut, word dus op unilaterale wyse verander.

Verandering, volgens beide die Strukturele en Strategiese gesinsterapie, is voorspelbaar en word gedefinieer as die gelykydygige verandering van die gesinstruktuur, die gedrag van elke gesinslid en die persepsies of "wêreld-beskouing" van elke gesinslid.

Gesinsterapie vanuit ’n Konstruktivistiese perspektief bekleemtoon dat die terapeutiese proses sirkulêr van aard is. Verder word die terapeutiese realiteit beskou as ’n mede-skeppingsproses tussen terapeut en gesin­lede. Dit volg hieruit dat terapeutkontrole en objektiewe diagnose nie moontlik is nie, en dat terapeutiese verandering onvoorspelbaar is.
Die argument wat in hierdie skripsie voorgehou word is dat Strukturele gesinsterapie, Strategiese gesinsterapie en gesinsterapie vanuit 'n Konstruktivistiese perspektief, ingesluit kan word in 'n enkele gesinsterapiemodel deur 'n beide/en posisie aan te neem, waar beide "lineariteit" en "sirkulariteit" geldig is.
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OVERVIEW

Family therapy is probably one of the most exciting forms of psychotherapy to appear in recent years. However, paralleling the development of family therapy, has been the rise of apparently divergent theories of family therapy, each with their own premises, techniques, rationale for change, and ideas concerning the role of the therapist, and his relationship with the family.

Underlying this rise of divergent theories or perspectives has been the idea that the student of family therapy has to choose one school above the others. In other words, family therapists have been expected to adopt an either/or attitude when choosing perspectives or schools. Much of the literature emphasising practical family therapy techniques have traditionally focused on Structural family therapy or Strategic family therapy. The latest development in family therapy has been the rise of Constructivism which, although adding to the excitement of family therapy, has added to the confusion.

This thesis focuses on three "schools" of family therapy - Structural family therapy, Strategic family
therapy, and family therapy from a Constructivist perspective. Within this work an attempt is made to determine whether these three "schools" of family therapy can be reconciled within one model of family therapy, or whether their premises and concepts are theoretically irreconcilable, as to be part of the "wondrous Tower of Babel" of family therapy (Hoffman, 1981, p.47). Due to the vastness of the field of family therapy, it must be remembered that the discussion in this thesis takes place within the limitations of space and time as well as within the limitations of the writer's experience and knowledge.

Chapters two, three and four provide an analysis of the three "schools" of family therapy - Structural family therapy, Strategic family therapy, and family therapy from the Constructivist perspective, respectively.

Chapter two discusses Structural family therapy, and mainly focuses on the ideas of Salvador Minuchin. It describes how, according to Structural family therapy, the family therapist focuses on the structure or organisation of the family.

According to Structural family therapists, the process occurring during therapy is predictable, and determined by the family therapist. The family therapist is seen
as the leader and expert, unilaterally or linearly changing the family's structure or organisation. The therapist is described as a participant-observer, who engages and then disengages before losing objectivity.

Structural family therapists describe the organisation or structure of the family, as existing independent of the therapist, waiting to be discovered, diagnosed, and changed. The main pragmatic effects of Structural family therapy theory, is that the therapist is in control, directing family transactions in an objective manner, and in like manner, changing the family structure, in the direction of clearly defined and specific goals.

This chapter also discusses the various techniques that Minuchin utilises to fulfil his goals.

Chapter three discusses Strategic family therapy, and begins with a discussion concerning the uncertainty as to who should be included as representatives of Strategic family therapy. This thesis takes the position that the ideas developed out of the Mental Research Institute at Palo Alto (MRI) best represent a Strategic school of family therapy.

The key assumption of Strategic family therapy is the belief that symptomatic behaviour is part of a sequence
of ongoing interactional recursive events. The MRI approach specifies those sequences to be the interactional sequence of problematic behaviour and ineffective solutions.

Therapy from the MRI approach is discussed and is shown to be "predictable", and described as a "contest" between therapist and client. These two characteristics of Strategic family therapy point to the belief that the therapist is always in control during therapy.

Therapeutic change from Strategic family therapy perspective is then discussed, and shown to occur when dysfunctional sequences are disturbed by the therapist. The differences between first-order change and second-order change are briefly described. According to the MRI approach, the therapist is mainly concerned with second-order change - changing the way the family is attempting to bring about change.

The goals of Strategic family therapy and the techniques used to achieve those goals, are briefly described, illustrating the MRI belief that the therapist is in a superior, controlling position, directing the course of therapy and change in the family.
The premises of family therapy from a Constructivist perspective are described in Chapter four. These premises are shown to be, apparently, completely opposite to those of both Structural and Strategic family therapies. To help describe these premises, various related concepts, such as "structure determinism", "problem-determined system", "forming structures", "cybernetics of cybernetics", "second-order-cybernetics", are defined and discussed.

Therapy, from a Constructivist point of view, is shown to be a collaboration between therapist and family, and described as being unpredictable. The whole issue of separating the observer from the observed is discussed. Similarly, therapeutic change from the Constructivist perspective is shown to be unpredictable, as any change that occurs in the family occurs in accordance with its structure. The whole question of "goals" and "therapeutic tools" are discussed, showing the non-purposeful nature of family therapy from a Constructivist perspective.

The chapter concludes by stressing that the relationship between the therapist and family is one of equality. The idea of the therapist controlling the family is inconsistent with the Constructivist perspective.
Chapter five examines various attempts to integrate various schools of family therapy. It is shown that, theoretically, all three "schools" share a systemic base. The "theoretical background" discussed in the previous three chapters, is again highlighted, to show that the three "schools" also share a "theoretical background" link, as many of the proponents of the three "schools", at one time or the other, worked together or were influenced by each other.

Various models that are successful in reconciling Structural and Strategic premises are then discussed. Included in this section is Breunlin and Schwartz's (1986) model which describes the concept of "sequences" as being the common denominator of family therapy. This model is shown to reconcile both Structural and Strategic family therapy premises, but is not able to reconcile Constructivist premises.

Brown-Standridge's (1989) paradigm for the construction of family therapy tasks, is also shown to reconcile many of the techniques utilised by Structural and Strategic family therapists. However, the main premises are shown to be inconsistent with the principles of Constructivism.

Various other integrative models are discussed (Keeney, 1987; Keeney & Ross, 1985; Sluzki, 1983). In each case
it is shown that the models succeed in constructing a theory of therapy that encompasses both Structural and Strategic family therapies, but fail in including Constructivist premises. It is shown that the Constructivist belief in "circularity" during therapy as well as the idea of the therapeutic reality being a "co-creation", are the stumbling blocks towards an integration of all three "schools" of family therapy.

The latter part of this chapter attempts to overcome these stumbling blocks, by using Dell's (1986a, 1986b, 1989) distinctions between description of experience and explanation of therapy, as well as Keeney's (1983) distinction between the aesthetics and pragmatics of change.

Chapter six provides a summary and conclusion of the thesis. It describes an all-encompassing model of family therapy, based on the foregoing discussions, which is aimed at answering the initial question as to whether Structural family therapy, Strategic family therapy, and therapy from a Constructivist perspective can be reconciled within one model of family therapy.
CHAPTER TWO

STRUCTURAL FAMILY THERAPY

2.1 Introduction

This section will examine Structural family therapy - the theoretical assumptions underlying it, as well as the practical implications for a family therapist practising from a Structural point of view.

The work of Salvador Minuchin, and especially his book, Families and Family Therapy, will be used as the main source. The idea of Minuchin as the chief representative of Structural family therapy is reflected in various authors (Barker, 1986; Fish & Piercy, 1987; Hoffman, 1981; Israelstam, 1988; Keeney & Ross, 1985).

Jay Haley's book Leaving Home, is also emphasised in this chapter, as it reflects many of the assumptions propagated by Structural family therapists. Haley is traditionally known as a Strategic family therapist (see for example Fish & Piercy's categorisation of Structural and Strategic family therapists), but as Hoffman (1981) points out, he has since 1977 appeared to be more concerned with structure and organisation,
rather than "his original fascination with strategic maneuvers" (p.283). Haley's interest in structure and organisation, which reflects Minuchin's emphasis, should not, altogether, be a surprise, as the two worked closely together for ten years (Israelstam, 1988).

2.2 Structural Family Therapy - What is it?

There is very little argument concerning the assumptions of Structural family therapy. In this section the basic assumptions underlying Structural family therapy will be given.

Firstly, Structural family therapists work from the general premise that the subjective experiences and behaviours of individual family members, are directly linked to the structure and organisation of the family (Barker, 1986; Haley, 1980; Hoffman, 1981; Minuchin, 1974; Schultz, 1984). Because of this, the Structural family therapist's main interest is focused on the structure or organisation of the family. Minuchin (1974, p.2) states that "when the structure of the family group is transformed, the positions of members in that group are altered accordingly. As a result, each individual's experience changes." It is important to note that Minuchin (1974), while emphasising the
structure or organisation of the family, does not ignore the subjective experience of each individual. For Minuchin (1974, p. 7), the family is the "extracerebral part of the mind". He elaborates on this by stating that the family's organisation and structure "screen and qualify family members' experience" (p. 7).

Haley (1980) also focuses on family organisation. According to him (1980, p. 19), "all learning animals organize and cannot avoid doing so". Furthermore, according to Haley (1980), all organisations are hierarchical in form. Haley (1980), also links cognitions to the organisation of the family. According to him, therapists have come to realise that "people communicated in deviant ways if they were organized in a way that required such communication" (p. 21). Therefore, if the family was reorganised, the communication system would be changed, and "so would the thought processes of the mad offspring" (Haley, 1980, p. 21).

According to Fish and Piercy (1987), the most basic

(1) Fish and Piercy (1987) summarise the results of a questionnaire which was sent to a "national panel of knowledgeable structural and strategic therapists, who were asked to identify and reach a consensus of opinion about items they thought important to a profile of either structural or strategic family therapy" (p. 113).
assumption of Structural family therapy, is that families are hierarchically organised with rules for interacting across and within subsystems.

Secondly, Structural family therapists assume a "normative model" of family functioning (Hoffman, 1981; Israelstam, 1988; Minuchin, 1974). "With this model in mind, the therapist then has the task of noting the angle of deviance between it and the family that comes in the door" (Hoffman, 1981, p.263). Hoffman (1981) summarises Minuchin's "normative model" and states that a healthy family is characterised by clearly marked boundaries in the family. For example, the marital subsystem will have closed boundaries to ensure the privacy of the spouses, and the parental subsystem "will have clear boundaries between it and the children, but not so impenetrable as to limit the access necessary for good parenting" (Hoffman, 1981, p.263). The sibling subsystem will have its own boundaries and will be organised hierarchically.

Haley (1980), also postulates a "normative model" in dealing with families of "mad" young persons. According to him, a "mad" young person is responding to a specific kind of organisation. "The hierarchy was not the usual one of parents in charge, with executive authority over their children ... cross-generational
coalitions were occurring ..." (Haley, 1980, p.20). Consequently, as will be shown later, Haley (1980) believes that the aim of family therapy is to increase the power and authority of the parents over the problem young person.

According to Structural family therapists, problematic or symptomatic behaviour is due to, or maintained by, faulty organisation and structure of the family - or more specifically, inadequate hierarchy and boundaries. Minuchin (1974, p.110) sees pathology as a rigidity of transactional patterns or a "blurring of boundaries". According to him (1974, p.110), "selecting one person to be the problem is a simple method of maintaining a rigid, inadequate family structure". A rigid, inadequate family structure blocks internal or external demands for change.

According to Israelstam (1988, p.181), Structural family therapists "believe that problems emerge in families when their boundaries (that define structure) are not clear, and when they have hierarchical problems, with cross-generational coalitions". Minuchin (1974), in describing unsuitable boundaries, speaks of family boundaries as either being inappropriately diffuse (enmeshed) or rigid (disengaged).
Haley (1980) states that when a family is experiencing difficulties with a young person, the therapist must assume that the hierarchy in the family is in confusion, and that there is a "marital impasse of more than usual severity" (p.114).

Minuchin (1974), furthermore, emphasises a "conceptual scheme" of family functioning. Such a scheme of a normal family has three aspects. Firstly, families are transformed over time, adapting and restructuring themselves to ensure future functioning. Secondly, families undergo development, "moving through a number of stages that require restructuring" (p.51). Finally, families are subjected to various stresses from outside or inside the family, as they continue to develop. Minuchin (1974) believes that stress on a family system may come from four sources - stressful contact between one member and "extrafamilial forces" (p.61); stressful contact of the whole family with "extra-familial forces" (p.63); stress at transitional points in the family, and stresses around "idiosyncratic problems" (p.65). According to Minuchin (1974), if a family responds to stress with rigidity, dysfunctional patterns, maintained by the structure of the family, arise. Symptomatic behaviour is, in turn, maintained by the dysfunctional patterns.
Structural family therapy assumes a systems view of symptomatic behaviour and family functioning. Minuchin (1974) speaks of boundaries, subsystems, hierarchies and transactional patterns. The symptomatic behaviour of the individual is not separated from the system of which he is part of, i.e. the family. The focus for change is aimed at the family as a whole, with the premise that if you change the structure of the family, you will change the individual's behaviour.

Haley (1980) states that his work de-emphasises the issue of homeostasis and stability - systemic concepts - and aims to focus more on change. However, his basic premise, namely that the "mad" young person's behaviour is part of the family's organisation, is systemic.

There is some question as to whether Structural family therapy recognises the uniqueness of the family. It has been shown that both Haley (1980) and Minuchin (1974) have a certain model on which they base their therapy - certain basic assumptions concerning functioning and dysfunctioning families. This would suggest that families and their problems are not unique.

Minuchin (1974) appears to leave the door open as to the uniqueness of families. According to him, transactional patterns which regulate family members'
behaviour, are "maintained by two systems of constraint" (1974, p.52). The first is generic, consisting of universal rules governing family or organisation (for example, a hierarchical relationship between parents and children). The second system of constraint, according to Minuchin, is "idiosyncratic", involving mutual expectations of family members. "The origin of these expectations is buried in years of explicit and implicit negotiations among family members, often around small daily events" (Minuchin, 1974, p.52). It is this second system of constraint which suggests the possibility of the uniqueness of families. The uniqueness of families is also suggested in Minuchin's belief that families experience various sources of stress. The content of stress will differ from family to family.

In conclusion, Fish and Piercy (1987, p.117) summarize the theoretical assumptions propagated by the Structural panelists - all of which have been mentioned in this section. Firstly, families are hierarchically organised with rules for interacting across and within subsystems. Secondly, normal developmental crises can

(2) Fish and Piercy list 22 theoretical assumptions. What follows here are those that the author regards as the most basic assumptions, reflected by other writers mentioned in the chapter so far. Fish and Piercy's exact wording has been used.
create problems within a family. Thirdly, inadequate hierarchy and boundaries maintain symptomatic behaviour. Fourthly, families are evolving organisations continually regulating their internal structure in response to internal and external change, and lastly, developmental life demands change in the structure of the family, as well as rules and roles.

2.3 Theoretical Background

The development of Structural family therapy did not arise in isolation, and although many of its tenets differ from other schools of family therapy, historical and developmental links can be traced.

Firstly, Structural family therapy owes much to systems theory in general. According to Hoffman (1981, p.264), "Minuchin's conceptual framework ... owes much to systems theory. Yet, it leans very little on the cybernetic paradigm ...".

Secondly, the developmental link can be traced back to the Mental Research Institute (MRI) in Palo Alto, when people like Bateson, Jackson and Haley studied family communication of deviant individuals (Haley, 1980; Hoffman, 1981; Israelstam, 1988). Although the MRI is traditionally known as the basis of Strategic family
therapy, it is linked to Structural family therapy through Jay Haley, and to a lesser extent, Gregory Bateson.

While together at the MRI in Palo Alto, Haley and Bateson disagreed over Haley's belief that at the centre of the therapeutic process was a struggle for control between therapist and client (Boscola, Cecchin, Hoffman & Penn, 1987; Hoffman, 1981). In the mid 1960s, Haley left the MRI and joined Minuchin in Philadelphia at the Philadelphia Child Guidance Clinic (Israelstam, 1988). Haley (1980, p.6), noting the similarity between his book and Minuchin's work, states, "it is not surprising that there are similarities between the work of Dr. Minuchin and the therapy approach in this work, since we labored together in the same place for ten years."

Even Bateson has had some influence on Minuchin. His emphasis of studying man in his context is referred to by Minuchin (1974) in Families and Family Therapy, and is one of the general principles of family therapy.

However, it appears that it is the work and ideas that came out of the Philadelphia Child Guidance Clinic in the 1970s, that led directly to the formation of the ideas in Structural family therapy.
Minuchin (1974), in the foreword of his book, Families and Family Therapy, states that his book "owes a lot to an informal seminar that was held twice a day for thirty to forty minutes over more than two years as Jay Haley, Braulio Montalvo and I (Minuchin) were driving to and from the Philadelphia Child Guidance Clinic" (p.vii). It is not unlikely that Haley's contribution included many of the ideas of the MRI.

It is important to note, therefore, that the assumptions of Structural family therapy (or any school of family therapy), did not develop in isolation. The assumptions that eventually emerged evolved from so called divergent theories and contexts. This will be discussed in a later chapter.

2.4 Therapy from a "Structural" Point of View

Therapy, from a Structural family therapy point of view, is based on two premises. Firstly, the process occurring during therapy is predictable, and secondly, this process is determined by the family therapist.

As will become clear throughout this chapter, Minuchin's (1974) actions in therapy are predictable. Firstly, through the act of "joining", he gets inside the family and participates in the family's
transactions. Secondly, due to his assumption that symptomatic behaviour in a family is a result of a faulty structure, he unearths the family's structure and develops a structural "map" of the family. Thirdly, with specific goals in mind, he sets about restructuring or reorganising the family, which will alter the family's transactional patterns and individual subjective experiences—leading to a disappearance of the symptomatic behaviour. As will be shown later, the Structural family therapist has specific goals, and his interventions are based on these goals. In other words, he knows what he wants to change, how he will change it, and what will be the result.

Minuchin (1974, p.131) does introduce an element of unpredictability when he states that diagnosis and therapy are inseparable due to the fact that an "interactional diagnosis constantly changes as the family assimilates the therapist, accommodates to him, and restructures, or resists restructuring interventions". He adds to this by stating that it is even "quite possible that in actual therapy a restructuring intervention may develop before a tentative diagnosis has been made" (1974, p.136).

The second element of therapy, from a Structural point of view, concerns how therapy develops, namely, the
process is determined primarily by the therapist. As will be shown later, both Minuchin (1974) and Haley (1980) see the therapist as the leader and the expert. The therapist develops the therapeutic unit by joining with the family; the therapist diagnoses and develops structural "maps"; the therapist restructures according to the deviance between his normative model and the "map", and the therapist unilaterally utilises various techniques according to the goals he has formulated.

However, Minuchin (1974, p.119) also introduces an element of collaboration when he states that the content of therapy "relates closely to the current life experience of a family". But the therapeutic content is not only determined by the family - it is also influenced by the therapist. In this regard, Minuchin (1974, p.120) states that "two therapists might arrive at basically the same goals and tactics for a family, but the means to those goals would differ markedly because the therapists' styles, as the product of their own life experiences, are different".

However, although Structural family therapy does include elements of collaboration between therapist and family, and an element of unpredictability, it is basically predictable, and controlled by the family therapist.
2.5 Link with Behaviour

All psychotherapists ultimately are concerned with the behaviour of their clients. Structural family therapists, although concentrating on the structure of the family, also aim to change behaviour. For them, behaviour is linked closely to the structure of the family.

Symptomatic behaviour is linked, according to Structural family therapists, to a faulty family structure. Although Structural family therapists believe that they should focus on the family structure, and aim to reorganise it, the final conclusion is that each members' behaviour will change. "Transformation usually does not change the composition of the family ... the change occurs in the synapses - the way in which the same people relate to each other" (Minuchin, 1974, p.111).

As the structure of the family is changed, the position of each member in relation to one another is changed. This change in position leads to changes in subjective experiences, resulting in behavioural changes.

Furthermore, some of the techniques utilised by Structural family therapists, are directed primarily at
the level of behaviours. For example, Minuchin's (1974) technique of assigning tasks to couples will change behaviours directly, and could simultaneously strengthen the couple or spouse boundary. Other interventions are aimed directly at the members' subjective experiences of the family and the problem (for example, Minuchin (1974) often relabels symptomatic behaviour). As their experience of the problem changes, their behaviours toward each other will also change.

Other techniques, on the other hand, are aimed directly at altering the structure of the family, with behaviour change occurring as a result. Similarly, the subjective experiences of each family member will also change.

Therefore, a deeper analysis of Structural family therapy, reveals that it is not only behaviour that is linked to the structure of the family, but rather, behaviour, structure and subjective experiences of the family members, are linked. Furthermore, interventions can be directed at either of these factors, bringing about a change in the other two as well. This will also be discussed at length in a later chapter.
2.6 Therapeutic Change in Structural Family Therapy

Fish and Piercy (1987) revealed that the following consensus existed as to how change occurs in Structural family therapy. Firstly, change in family structure, or organisation, contribute to change in individual members, and to a resolution of symptomatic behaviour. Secondly, change occurs in the present, the here and now. Thirdly, change occurs through the combination of "joining" and challenging the family. Fourthly, change occurs as a consequence of the broadening of possibilities of family members and various sub-systems. Fifthly, change occurs as the therapist supports the family in its experimenting of alternative transactional patterns, and lastly, change occurs as dysfunctional, repetitive patterns are interrupted by the therapist.

Minuchin (1974) states that change in therapy occurs as a result of the therapist's affiliation with the family, and his restructuring of the family. As we have seen, for Minuchin (1974), changing the organisation or structure of the family, brings about a change in the positions of the family members, which changes their behaviours, as well as their subjective experiences:

As a result of therapy, the family is transformed ... changes are made in the set of expectations
that govern its members' behavior ... the extracerebral mind of each family member if altered and the individual's experience itself changes ... the identified patient ... is freed from the deviant position. (Minuchin, 1974, p.111)

For Haley (1980), change is a reorganisation of the family, and more specifically, the family's hierarchical arrangements. As the organisation changes, the communication system changes, bringing about a change in the "thought processes of the mad offspring" (Haley, 1980, p.121).

Minuchin (1974) holds to the view that the "healthy family" is not rigid, but rather continually changing to match demands placed on it to change. "These demands are sparked by biopsychosocial changes in one or more of its members and by various inputs from the social system in which every family is embedded" (Minuchin, 1974, p.110). It is the dysfunctional family who responds to such demands in a rigid manner. The therapist, during family therapy, provides alternatives, which enable the family to match those demands.

Furthermore, the process of therapeutic change is
characterised by various other factors. Firstly, most change, according to Structural family therapy, occurs during the therapy session (Israelstam, 1988). Secondly, large movements in therapy occur as a result of planned smaller movements (Minuchin, 1974). Thirdly, "the family moves only if the therapist has been able to enter the system in ways that are syntonic to it" (Minuchin, 1974, p.125). Finally, the changed structure of the family allows for a continuous reinforcement of the individuals' changed experiences during the therapy session (Fish & Piercy, 1987; Minuchin, 1974).

In conclusion, change from a Structural point of view occurs when the structure or organisation of the family are changed in ways that are syntonic to the family. Change in transactional patterns, behaviours, and subjective experience also occur, and are self-reinforcing because of the structural changes.

2.7 Role of the Therapist in Structural Family Therapy

If one had to summarise the role of a Structural family therapist, the concept of participant-observer could be appropriate. "Like the anthropologist, the family therapist joins the culture with which he is dealing ... in the same oscillating rhythm, he engages and then
"disengages ..." (Minuchin, 1974, p.124). According to Barker (1986, p.83), the Structural family therapist joins the family system, "though without becoming involved to the extent of losing objectivity ..."

However, a closer look at the views of Minuchin (1974) reveals the idea that the Structural family therapist is primarily in a position removed from the family, which allows him to unilaterally control and change the structure and organisation of the family. Haley (1980) describes the relationship between the therapist and family as a hierarchical relationship, and adds that "if the hierarchical relationship with the therapist is not accepted by the parents, the children will not accept the hierarchical relationship with the parents" (p.118). However, although this position reflects a "participant" stance, Haley (1980) sees it as essential for the therapist to be in control of his clients.

Consistent with the "separate" position of the therapist, Minuchin (1974) outlines various functions of the therapist.

Firstly, the Structural family therapist is a "boundary-maker" (Minuchin, 1974; Schultz, 1984). Where boundaries are rigid or diffuse, the therapist makes them clear. "A therapist often functions as a
boundary-maker, clarifying diffuse boundaries and opening inappropriately rigid boundaries" (Minuchin, 1974, p.56).

Secondly, the Structural family therapist is a "challenger", challenging patterns that have become dysfunctional, as well as challenging his clients' perception of reality (Minuchin, 1974).

Thirdly, the Structural family therapist is involved in diagnosing, noting the deviance in the family structure that is before him, compared to the "healthy model" he carries within his head. "The therapist analyses the transactional field in which he and the family are meeting, in order to make a structural diagnosis" (Minuchin, 1974, p.89).

Minuchin (1974, p.90) elaborates, and states that while the therapist is gathering data for his diagnosis, or for the formulation of his structural map, he is "also introducing experimental probes". Hoffman (1981, p.264) notes that the Structural family therapist is an "active intruder, changing the family field by his very presence".

Fourthly, Minuchin (1974, p.111) also sees the Structural family therapist as a facilitator who
facilitates the transformation of the family system by joining the family, discovering the underlying family structure and creating "circumstances that will allow the transformation of this structure".

Fifthly, Structural family therapists regard themselves as leaders in the therapeutic situation. Haley's (1980) belief that the therapist is in a hierarchical relationship over the family, has been discussed in an earlier section. Throughout Minuchin's (1974) book, the idea of the therapist as a leader is reinforced.

For example, he states that "the therapist can maintain his therapeutic maneuverability and his freedom to manipulate himself as well as the family only from a position of leadership" (1974, p.139).

Sixthly, the Structural family therapist is described by Minuchin (1974) as one who manipulates the family system in the direction of planned change. He is in control, he is the expert who knows what is good for the client, and all the techniques that are utilised are attempts to manipulate the family towards the determined goal. In this light, Minuchin (1974) describes the family therapist as a director of a play.

The terminology used in the above paragraphs in describing the Structural family therapist - boundary-
maker, challenger, diagnoser, facilitator, leader, transformer, and manipulator - clearly places the therapist in a position removed or separate from the family, and in a "superior" position, in the sense that he can unilaterally control the family.

However, Minuchin (1974) also describes the therapist in language that appear to suggest that the therapist is not entirely separate from the family.

Firstly, he emphasises that therapists must "join" the family. "Unless the therapist can join the family and establish a therapeutic system, restructuring cannot occur, and any attempts to achieve the therapeutic goals will fail" (Minuchin, 1974, p.123). Barker (1986), however, stresses that even in the act of "joining", the therapist is not involved to the extent that he will lose his objectivity. In other words, even in the act of "joining", he is not equal to the family.

Minuchin (1974) suggests that the therapist, besides being a director, also becomes an actor in the whole family drama. But again, even while he "acts", he is "entering into transactional coalitions in order to skew the system ..." (Minuchin, 1974, p.60). This again implies that the therapist is not really an equal partner in his "acting".
Minuchin (1974, p.131) does however state that the therapist "cannot observe the family and make a diagnosis from outside". According to him (1974, p.131), the therapist's entrance into the family is a "massive intervention", and so what he observes includes his influence on the family's transactions. Hence diagnosis and therapy are inseparable.

The main pragmatic effects of Structural family therapy theory, is that the therapist is in control, directing family transactions in an objective manner, and in like manner, changing the family structure. The fact that diagnosis and therapy are inseparable, does not take away the controlling position of the therapist.

As has been shown, the idea of the therapist as "expert" is prominent in Structural family therapy (Haley, 1980; Minuchin, 1974). Haley (1980, p.138) appears to take this point one step further when he describes the concept of "persistent intervention". "The therapist must be willing to go to the mat with a family until either the offspring is functioning normally or the therapist is 85 years old, whichever comes first" (Haley, 1980, p.138). In other words, the therapist knows what is best for the family, and persists in meeting this goal. The therapist is the expert.
2.8 Therapeutic Goals

When one talks about goals in Structural family therapy, what becomes clear is the idea of clarity and specificity. Structural family therapists do not talk in terms of vague and unclear goals. Having entered into the therapeutic session with a clear concept of a healthy family structure, goals are designed to bring about a transformation in the structure of the family in therapy, so that this structure will match the "healthy model".

One of the first goals, in family therapy, according to Minuchin (1974), is to "join" the family. He must accept the family's organisation and "experience the family's transactional patterns and the strength of these patterns" (Minuchin, 1974, p.123). All interventions will be resisted if the therapist has not entered into the system.

Secondly, the goal of changing the family's organisation, underlies all that a Structural family therapist does (Fish & Piercy, 1987; Haley, 1980; Minuchin, 1974). Israelstam (1988, p.187) comments that the goals of Structural family therapists "are to change family structure and, therefore, family functioning".
For Haley (1980, p.83), the goal, while working with families of "eccentric" young persons, is to "correct the hierarchy in the family so that the parents are in charge". According to Minuchin (1974), part of reorganising the family's structure, is ensuring that the boundaries of subsystems are clear. "They must be defined well enough to allow subsystem members to carry out their functions without undue interference, but they must allow contact between the members of the subsystem and others" (Minuchin, 1974, p.54).

As has been shown, Minuchin (1974) does not neglect subjective experiences of family members, or the behaviour of the family members. "By changing the position of the system's members, he changes their subjective experiences" (Minuchin, 1974, p.14). Fish and Piercy (1987, p.122) state that one of the goals of Structural family therapy is the "emergence of new behavioural alternatives ...". According to Minuchin (1974), transactional patterns regulate family members' behaviour. Therefore, one of the goals in Structural family therapy would be the facilitation of alternative transactional patterns.

Both Minuchin (1974) and Haley (1980) postulate that a goal in therapy is the removal of symptomatic behaviour. This occurs in Minuchin's case, when the
family's structure is reorganised, facilitating alternative transactional patterns, and hence alternative behaviours and subjective experiences. For Haley (1980, p.33) the goal is to "get the young person past that eccentric episode, and successfully functioning outside the family, with the family reorganised to survive that change".

For Structural family therapists, the goals that are formulated form the basis of everything that occurs in therapy. In other words, change or movement in the family must always occur in the direction of the goals. According to Minuchin (1974), it is not good enough to merely unbalance the family. "The disequilibrium produced by the therapist's entrance into the family and its accommodation to him may be valuable in itself, but may not always be in the direction of the therapeutic goals ... the suction of the system may pull the therapist into a contra-indicated position" (Minuchin, 1974, p.114). Again, we can see that therapy is not unpredictable. Specific strategies are implemented or evolved from the therapeutic goals.

One final aspect concerning goals in Structural family therapy, is the progression from a dysfunctional family organisation to a functional one. According to Schultz (1984), Haley suggests that therapy does not proceed
from a dysfunctional family organisation immediately to a functional one. "Instead, one moves from dysfunctional structure A to dysfunctional structure B (different from A, but still dysfunctional) and finally on to a healthier family organization" (Schultz, 1984, p.144). Haley (1980), in *Leaving Home*, does appear to work in stages, and Minuchin (1974) does not appear to believe in brief miraculous successful interventions, which overnight will solve all problems, and fulfil all goals. He gives examples of family therapy, which are terminated successfully after "nine months" (1974, p.254).

Madanes (1980, p.75), who reflects Haley's (1980) idea that psychopathology in children is the result of an incongruity in the hierarchical organisation of the family, states that therapy is planned in stages, and "it is assumed that usually the presenting problem cannot be solved in one step".

In summary, the goal of Structural family therapy is to reorganise the structure of the family, which will facilitate alternative transactional patterns, behaviours and subjective experiences, which do not include the symptomatic behaviour. The goals are specific and clearly defined, and from them, specific strategies are evolved.
2.9 Therapeutic Tools

It was shown in the previous section, that the primary goal of the Structural family therapist, is the restructuring of the family. This section will look at various techniques that Minuchin (1974) utilises to fulfil his goals. Before discussing the actual techniques, a few general points need to be made.

Firstly, as will be seen, Structural family therapists utilise direct methods or techniques in order to bring about change in the family's structure (Barker, 1986; Fish & Piercy, 1987). Barker (1986, p.72) stresses that Structural therapists address issues of change directly, "though much skill and fine clinical judgment are required in order to do this well".

Secondly, Minuchin (1974) stresses that "a family usually dismisses probes that are not syntonic with the family system" (p.91). Therefore, before any techniques can be utilised, the therapist needs to "join" the family. The family changes only if the therapist has been able to enter the system "in ways that are syntonic to it ... he must accommodate to the family, and intervene in a manner that the particular family can accept ... his goals, his tactics, and his strategems are all dependent on the process of
joining" (Minuchin, 1974, p.125).

Minuchin (1974) lists seven categories of restructuring operations or techniques. According to him (1974, p.140) "every therapist prefers some techniques over others, and uses them in different ways according to his own personality and resources and those of each family he treats."

The first category of restructuring operations is that of "actualizing family transactional patterns" (1974, p.141). By "recreating communications channels" and "enacting transactional patterns", the therapist not only overcomes the problem of limited information gathered by the family's descriptions, but begins to alter transactional patterns. He begins to interfere with dysfunctional sequences. Minuchin also geographically rearranges the family during the therapy session. "If the therapist wants to create or strengthen a boundary, he can bring members of a subsystem to the center of the room and have other family members move their chairs back so that they can observe but cannot interrupt" (Minuchin, 1974, p.143).

(3) Minuchin states that "joining" and "accommodation" are two ways of describing the same process. "Joining is used when emphasizing actions of the therapist aimed directly at relating to family members or the family system. Accommodation is used when the emphasis is on the therapist's adjustments of himself in order to achieve joining" (1974, p.123).
The second restructuring technique that Minuchin lists is that of "marking boundaries" (1974, p.143). This would involve the strengthening or loosening of boundaries between family members and sub-systems. For example, Minuchin (1974) believes that the spouse subsystems boundary should be clear enough to avoid intrusion by children or interference by the extended family. If this is not the case, dysfunctional transactional patterns can arise. Consequently, the therapist's task is to strengthen such a boundary. "For example, in the family with open doors, the therapist tells the partners to evict the children from their bedroom for one hour each evening" (Minuchin, 1974, p.145).

Thirdly, the Structural family therapist can bring about a reorganisation of the family, by "escalating stress" (Minuchin, 1974, p.147). Minuchin (1974) lists various ways that the therapist can introduce stress into the family, which will cause a "stuck" family to be freed to utilise alternative behaviours and structures. He can purposely block transactional patterns, emphasise differences in the family, develop implicit conflict, or join in an alliance with parts of the family.

Fourthly, the Structural family therapist can assign tasks for the family to do within sessions and as
Tasks can be used to dramatize family transaction and suggest changes" (Minuchin, 1974, p.150).

Fifthly, the Structural family therapist, according to Minuchin (1974), can utilise symptoms in order to restructure the family. One gets the impression that this category of restructuring is more indirect than the previous categories. Under this category Minuchin (1974, pp.152-155) includes the following - focusing on the symptom, exaggerating the symptom, de-emphasising the symptom, moving to a new symptom, relabeling the symptom, and changing the symptom's affect. This category of restructuring appears to be aimed at changing individual members' subjective experiences, which will lead to the restructuring of the family.

The Sixth category of restructuring - manipulating mood - also appears to be a more indirect way of changing behaviour in the family, or restructuring the family. This particular technique is illustrated by an example found in Minuchin (1974):

The therapist indignantly tells the father that he should not tolerate his son's lack of respect for his mother. The therapist's maneuver "lends" indignation to the father, which shames the child.
Both the indignation and the shame are distance-producing, helping to strengthen the weak boundaries within the family. (p.156)

Finally, Minuchin (1974) believes that the family therapist can support, educate and/or guide, in order to restructure the family. For example, "If the executive functioning of the family is weak, the therapist may have to enter the system, taking over the executive functions as a model, and then move back so that the parents can reassume these functions" (Minuchin, 1974, p.157).

The main premise underlying these restructuring techniques, is that the therapist "manipulates" the family from a position of leadership. "The therapeutic contract must recognize the therapist's position as an expert in experimental social manipulation" (Minuchin, 1974, p.140).

Finally, one must keep in mind that for a Structural family therapist, as we have seen, diagnosis and intervention cannot be separated. "The therapeutic unit is in continual movement, and the processes of joining, probing, observing, helping, making a therapeutic contract, and sparking transformations occur again and again in kaleidoscopic sequence" (Minuchin, 1974, p.136).
2.10 Nature of the Therapeutic Relationship

Haley (1980) is quite clear with regard to the relationship between therapist and the family. As has been stated, he believes that the family therapist must take charge at all times. For him, the therapist is the authority, the expert.

Minuchin's (1974) terminology appears to prescribe two roles to the therapist. Firstly, he speaks of the relationship between therapist and family as that of an actor-actor relationship. "In joining operations, the therapist becomes an actor in the family play" (1974, p.139). But he also speaks of the relationship as that of a director-actor relationship. "In restructuring, he functions like the director as well as an actor" (1974, p.139). As has been stated earlier, even while in the "actor" role, one gets the impression that the therapist, according to Minuchin, must be removed or at a level above the rest of the family, in order for him to observe the transactional patterns, and not to be "sucked" into the dysfunctional transactional patterns.

One can conclude then, that the therapeutic relationship, according to the Structural family therapist, is defined as the therapist being in control. The idea of the family as helpless puppets
manipulated by the therapist may not sound attractive, but it appears to be the belief of the Structural family therapist. If the family appears to be resistant, it is not because they are equal partners in the therapeutic relationship, but rather because the interventions do not "fit" the family. For the Structural family therapist, part of the "manipulating" is knowing what "fits" the family, or as Minuchin (1974) calls it, knowing what is "syntonic" to the family.
3.1 Introduction

This chapter will focus on Strategic family therapy. Unlike Structural family therapy, there is uncertainty as to who should be included as representatives of Strategic family therapy.

Various authors have identified three main "schools" of family therapy who share basic premises, which suggest that they could all be seen as representing Strategic family therapy - the Mental Research Institute at Palo Alto (MRI), the Milan School of Family Therapy, and Haley/Madanes Strategic Therapy (Barker, 1986; Fish & Piercy, 1987; Hoffman, 1981). Israelstam (1988) states that the Strategic school can be divided into two major sub-groups - Haley's Structural/Strategic group, and the approach used by the MRI. Schultz (1984) believes that the MRI approach, plus some of Haley's ideas, best represent a Strategic school of family therapy.

Although ideas from all of the above "schools" or sub-groups, will be used in this chapter to help explain the assumptions and practices of Strategic
family therapy, the primary source will be the ideas of the MRI approach. The author decided to adopt this line of thinking for two reasons. Firstly, because of space limitations. Space does not allow a thorough exploration of the sub-groups mentioned above, showing their differences and similarities. Secondly, it appears to be a consensus among writers and family therapy practitioners that Strategic family therapy is best represented by the MRI approach.

Schultz (1984, p.193) comments that if Erickson is the grandfather of Strategic therapy, and Haley the father, then "... John Weakland, Paul Watzlawick, and Richard Fisch, at the Mental Research Institute (MRI) in Palo Alto, are the respected uncles".

Hoffman (1981) states that while the earlier work of Haley (Uncommon Therapy) could have been regarded as reflecting Strategic therapy, his later work, which came out of working so closely with Minuchin (Problem Solving Therapy; Leaving Home) reflects his changed focus on the structure of the family.

Hoffman (1981) also states that the Milan School of Family Therapy, although influenced by the work of Palo Alto, evolved in a different direction, and should be regarded as a distinct school of its own. Israelstam (1988) agrees with this.
But it is the findings of the study, reported by Fish and Piercy (1987), which employed the Delphi procedure to examine the similarities and differences in the theory and practice of Structural and Strategic family therapy, that is the most convincing concerning the belief that the MRI approach is the best representative of Strategic family therapy.

The Delphi study questioned expert family therapists, to reach consensus on what Structural and Strategic family therapy entails. In the questionnaire on Strategic family therapy, the respondents found it difficult to answer the various questions, because of the various differences in the strategic approach itself. Therefore, they were asked to answer questions concerning Strategic family therapy in general, as well as three different sub-groups of Strategic family therapy - Haley/Madanes approach, the Milan/Ackerman approach, and the MRI approach. Fish and Piercy (1987, p.123), on examining the final profile of Strategic family therapy, reach the following conclusion:

The Haley/Madanes approach to strategic therapy, according to a consensus of opinion among strategic panelists, is different from the generic strategic profile in its emphasis on symptoms as metaphors, the use of ordeals, and the use of pretending.
Symptoms also are seen as arising from dysfunctional hierarchies.

The Milan/Ackerman approach to strategic therapy seems to be different from the generic strategic profile in more ways than the Haley/Madanes or the MRI approach. For example, the strategic therapists could not find any goals of therapy mentioned in the strategic profile that could be endorsed for the Milan/Ackerman approach. According to strategic panelists, the differences lie in the emphasis placed on circularity, and the inextricable nature of symptoms and systems.

On the other hand, the items endorsed as examples of the MRI approach to strategic therapy are quite similar to the generic strategic profile. It appears that the MRI approach is the treatment most closely associated with the generic term 'strategic' family therapy. (My emphasis)

One final comment needs to be made, at this point, regarding Strategic family therapy. Schultz (1984) makes the comment that strategic interventions are "essentially dyadic" (p.232). In other words, they are utilised by a therapist onto a client. Schultz (1984) states that the dyad can be seen as the therapist and one person, or the therapist and a family.
Hoffman (1981) notes that in Strategic therapy, the focus is on the problem, not necessarily the family. "Thus, unlike the structural school, strategic therapists do not worry about seeing all members of a household together" (Hoffman, 1981, p.276).

Therefore, many of the ideas of Strategic family therapy are utilised by therapists who do not consider themselves as family therapists. However, because most interactional patterns which maintain the problem (the basic premise of Strategic therapy), include or involve family interactions, family therapists have, in a way, hijacked the principles underlying Strategic therapy - and so a distinct school of family therapy - Strategic family therapy - can be spoken of.

3.2 Strategic Family Therapy - What is it?

As has been stated, different schools of family therapy have been labelled, Strategic family therapy. Although this chapter will mainly focus on the MRI approach, it is helpful to, firstly, consider why the label "Strategic" has been applied to these various schools of family therapy, including the MRI approach.

Israelstam (1988, p.181) states that these therapists are strategic "... in the sense that they take the
responsible for defining what happens during treatment, and design specific strategies to create change in the family system".

Barker (1986, p.73) states that common to the different forms of Strategic therapy, is the phenomenon that the therapist "... devises a strategy to solve the problem of the client or family".

Two characteristics of Strategic family stand out in the above observations. Firstly, the therapist is in charge of therapy, and secondly, he designs strategies or interventions to fit particular problem interactions that he encounters. These two characteristics will be expanded on throughout the chapter.

Probably the key assumption of Strategic family therapy is the belief that behaviour occurs as part of a sequence of ongoing interactional recursive events (Fish & Piercy, 1987). Consequently, symptomatic behaviour is seen as part of a sequence of ongoing interactional recursive events. The MRI approach is clear as to exactly what these ongoing interactional events are, which maintain symptomatic behaviour.

According to them, problematic behaviour is maintained by ineffective solutions (Watzlawick, Weakland & Fisch,
Therefore, according to the MRI approach, the ongoing sequence of interactions that become the focus of attention, is the recursive link between problem behaviour, and the very "solutions" that are utilised in order to get rid of the problem behaviour. More specifically, the attempted solution is the problem, and consequently, "therapeutic interventions characteristically focus on attempted solutions - what is being done to deal with the patients' difficulties - rather than on the difficulties themselves" (Watzlawick & Coyne, 1980, p.13).

According to the MRI approach, problems are created by wrong attempts at solving difficulties that families find themselves in during various stages of their development (Watzlawick et al., 1974; Weakland et al., 1977).

"We view long-standing problems or symptoms not as 'chronicity' in the usual implication of some basic defect in the individual or family, nor even that a problem has become 'set' over time, but as the persistence of a repetitively poorly handled difficulty" (Weakland et al., 1977, p.281). Furthermore, linked to these wrong attempts at solving
difficulties, the MRI approach believe that fallacious assumptions about the problem are perpetuated by the family. A similar belief is expressed by De Shazer, Berg, Lipchik, Nunnally, Molnar, Gingerich and Weiner-Davis (1986, p.211) when they state that, "... it is as if complaints are maintained by the clients' idea that what they decided to do about the original difficult was the only right and logical thing to do."

As will be seen later, therapeutic change occurs when these maladaptive behavioural sequences are interrupted and replaced by more adaptive sequences (Fish & Piercy, 1987). According to the MRI approach, "strategic interventions are more in the service of disrupting pathological interactional patterns, particularly those related to the problem solution context" (Israelstam, 1988, p.185). In other words, the therapist designs a strategy or strategies to interrupt the redundant cycle of problem-solution interaction, which actually maintains the problematic behaviour. The MRI approach speaks of therapeutic change occurring once the "more of the same" interaction, or the "game without end" is interrupted (Watzlawick et al., 1974; Weakland et al., 1977). "They attempt to shift the family from first order attempts at change, i.e. 'cosmetic' changes, to a second-order level of change that involves a change in
the fundamental 'rules' and patterns of the family" (Israelstam, 1988, pp.185-186).

Finally, Strategic family therapy, as practised by the MRI approach, focuses only on the sequence of interactions, that include the problematic behaviour, and the "solutions" that maintain this behaviour. In other words, they do not see it as necessary to always involve the whole family (Fish & Piercy, 1987; Hoffman, 1981; Israelstam, 1988; Watzlawick et al., 1974; Weakland et al., 1977) On the other hand, they can involve various systems in therapy. The criteria for deciding who to include in therapy revolves around their belief that they need to focus only on those interactions that include and maintain the problem behaviour. "The Haley Structural-Strategic therapists do not see individuals or couples on their own, unless for strategic reasons, but the MRI group commonly see individuals or couples in order to treat the family, often without seeing the other members at all" (Israelstam, 1988, p.187). Hoffman (1981, p.276) notes that this assumption differentiates the Strategic family school from the Structural family school. "Thus, unlike the Structural school, Strategic therapists do not worry about seeing all members of a
household together." In Hoffman's (1981, p.276) words, the Strategic family school sees "the problem as the unit to be attacked, not the family".

3.3 Theoretical Background

As was shown in the section that discussed the theoretical background to Structural family therapy, no family therapy school exists in isolation from other family therapy approaches. Consequently, Strategic family therapy is linked to other schools of family therapy. Furthermore, the three major sub-groups of Strategic family therapy identified in the previous section, are theoretically and historically linked. This section will briefly explore those links.

It could be said that Strategic family therapy, as discussed in this chapter, had its origins in Palo Alto, at the Mental Research Unit, in the 1950s. At this time, Haley and Weakland were part of Gregory Bateson's research project (Israelstam, 1988). Both Israelstam (1988) and Schultz (1984) point out, that at this time, Haley and Weakland were also influenced by Milton Erickson. "John Weakland once told about the exciting early days at MRI when he and Haley (then at MRI) used to make a pilgrimage to Phoenix once or twice a year to sit at the feet of Erickson and learn about
his therapeutic magic" (Schultz, 1984, p.193). Schultz (1984) also points out that it was Haley, who in his books, Uncommon Therapy and Advanced Techniques of Hypnosis and Therapy, made Erickson's work available to therapists in general.

Haley broke away from the Palo Alto group, and joined Minuchin in 1966 (Israelstam, 1988; See also the section, "Theoretical background" in the chapter on Structural family therapy). It is at this time, when he worked with Minuchin for ten years, that Hoffman (1981) believes Haley made his jump from Strategic to Structural family therapy. In 1976, Haley left Minuchin and worked with Madanes to "explore Strategic therapy in an hierarchical framework" (Israelstam, 1988, p.182). However, as has been shown, this framework is closer to Structural family therapy, although consisting of some strategic principles (Fish & Piercy, 1987). Hoffman (1981) also believes that Haley has remained in a Structural framework, reflected in his books, Leaving Home and Problem-Solving Therapy.

Weakland remained at the MRI, and was joined by Watzlawick and Fisch. They retained Bateson's idea of circularity, particularly in understanding the recursive relationship between problems and solutions (Israelstam, 1988; Schultz, 1984). Fish and Piercy
(1987) believe that it is at this time that the core of, what is known as Strategic family therapy, according to the MRI approach, was developed.

The Milan School of Family Therapy (see Chapter 4 for a discussion on the theoretical development of this school), while being influenced by many of the ideas of the MRI group in Palo Alto, in the early 1970s, developed a therapy model of their own, which at first had much in common with the Strategic School at Palo Alto (for example, their use of paradoxical interventions), but later deviated more and more - having been influenced by Bateson, Maturana and Varela (Israelstam, 1988).

It can be seen then, that even from a historical perspective, differences between the three sub-groups of Strategic family therapy are clearly evident - hence the need to focus mainly on one sub-group (MRI), which represents to a large extent the ideas associated with the generic term "strategic family therapy".

3.4 Therapy from a "Strategic" Point of View

When discussing therapy from the Strategic family therapy perspective, two issues or characteristics stand out. Firstly, therapy from the MRI approach is
"predictable" and, secondly, it is described as a "contest".

Erickson (Rosen, 1988, p.12) described therapy as "like starting a snowball rolling down a mountain ... it builds up momentum and it can grow into an avalanche - and all the therapist has to do is start the snowball rolling." Such a view of therapy evokes the idea of therapy being unpredictable.

Although the MRI approach have a theoretical and historical link with Erickson, they do not appear to share Erickson's view concerning the unpredictable nature of therapy. Specific goals are made concerning what changes need to be brought about, and specific interventions are utilised in order to bring about those changes. Although the interventions might be more indirect than those utilised by Structural family therapists, the MRI approach aim to bring about specific, intended changes.

Strategic family therapy, as we have seen, deals only with the presented problem (Hoffman, 1981; Watzlawick, et al., 1974; Weakland et al., 1977). They aim to change only that presented problem, and if the family does not present with a problem that can be solved, as defined by the family, "they reframe it so that it can
be solved" (Schultz, 1984, p.197). The MRI approach (Watzlawick, et al., 1974; Weakland, et al., 1977) speak of therapy as being non-utopian. In other words, they aim to solve only the problem that is defined - they do not seek to bring about vague utopias, such as "happiness", for their clients. Again, we can see the specific and predictable nature of the therapy.

The predictable nature of therapy can also be seen when one takes into account that the MRI approach postulates various steps in therapy. Although each therapy is unique in the sense that each problem can be defined as being unique, Strategic family therapy, as advocated by the MRI approach, follows various prescribed steps. The authors of change (Watzlawick et al., 1974, p.110) suggest four stages or steps, before change occurs in the family - a definition of the problem; investigation of the solutions attempted so far; a clear definition of the change to be achieved and, lastly, implementation of a plan to bring about that change. Weakland et al. (1977, p.283) state that the handling of all cases at the MRI follows a six stage schema - introduction to treatment set-up, inquiry and definition of the problem; estimation of behaviour maintaining the problem; setting goals of treatment; selecting and making behavioural interventions, and termination. Whether four or six stages are suggested,
it is clear that, according to the MRI approach, the process of therapy proceeds or occurs according to a specific schema. In other words, it is predictable.

One of the main themes that permeates a discussion of therapy, according to the MRI approach, is that the therapist is always in control. This idea is linked to the belief that therapy is predictable. If the therapist remains in control, therapy will be predictable. It was suggested earlier that a characteristic of the MRI approach is that specific goals are set. The belief in specific goals, and the idea that the therapist is in control, can be seen by the following quote:

We usually are able ... to obtain a stated goal that appears ... appropriate to the problem. In some case, however, we have not been able to do so. Then we do not dispute what the patient insists on but privately set our own goal for the case by joint staff discussion of what sort of behaviour would best exemplify positive change for the particular patient and problem. (Weakland et al., 1977, pp.286-287)

The second characteristic of therapy, according to the MRI approach, is the idea that therapy is a contest
between therapist and family/client. Watzlawick et al. (1974, p.104, 134) describe therapy, metaphorically, as being similar to "Judo". "Instead of countering nonsense with common sense ... the judo technique of utilizing the others' resistance is the method of choice" (Watzlawick et al., 1974, p.134).

Saposnek (1980), building on the MRI approach's observation of certain similarities between judo and therapy, developed parallels between MRI therapy and a sophisticated martial art system, Aikido. According to Saposnek's interpretation of MRI therapy, the client is seen as a "challenger". He (1980, p.233) states that, "in both brief strategic therapy and Aikido, it is ideal if the practitioner is willing to accept any attack or challenge coming from any direction, in any form ...". Saposnek's (1980) interpretation of therapy according to the MRI approach is consistent with other authors' interpretations.

Booth (1988), while recognising that the Strategic therapy of the MRI grew out of Erickson's work, states

(4) According to Saposnek (1980), Aikido is a Japanese art of self-defence. By drawing similarities between Aikido and MRI therapy, Saposnek (1980) appears to be suggesting that MRI therapy can be seen as self-defence!
that Erickson did not work with the same rationale as the MRI:

In general, he had a much more commonsense, optimistic and non-adversarial view of what he was doing... he was 'strategic' in the sense that he was prepared to take charge of therapy... but his rationales were straightforward... he avoided the 'siege-mentality' of much strategic therapy and he, thereby, I would argue, did not distance himself so much from his patients. (p.57)

3.5 Link with Behaviour

Strategic family therapists, as we have seen, see behaviour as occurring as part of a sequence of ongoing interactional recursive events. According to Fish and Piercy (1987, p.122), one of the main goals of Strategic family therapy is "to break the immediate redundant behaviour sequence which maintains symptoms" (my emphasis). The MRI approach focuses primarily on the behaviour sequence of problem-behaviour and solution-behaviour (Watzlawick et al., 1974; Weakland et al., 1977).

As will be discussed later, behavioural prescription is the main class of interventions utilised by the MRI approach. The second class of interventions which focuses more on the cognitive aspect of human
functioning, namely reframing or relabeling, is also directly linked to behaviour. As Fish and Piercy (1987) note, meaning defines behaviour, and reframing will lead to new behaviour.

Brown-Standridge (1989, p.476), while discussing the non-behavioural interventions of Strategic therapists, states that although the behaviour is not the immediate target of change, "the implication is that as mind-sets change, so do behaviours".

Therefore, as has been shown, where Structural family therapists focus on the structure or organisation of the family, Strategic family therapists focus directly on the behaviours of their clients—behaviours as part of a sequence of recursive interactions. The difference is seen in the following quote by Fish and Piercy (1987):

Structuralists see the symptom as one manifestation of underlying family pathology and therefore logically try to reorganise the family structure. Strategists take the symptom at face value, and the aim then is to identify those interactional patterns which maintain the problem. (pp.123-124)
3.6 Therapeutic Change in Strategic Family Therapy

In this section, change from a Strategic family therapy perspective will be discussed. The question of when change occurs will first be discussed, followed by a discussion on the conditions for change, according to Strategic family therapists.

According to Strategic family therapists, change occurs when "dysfunctional sequences are interrupted in such a way that the problem cannot continue" (Fish & Piercy, 1987, p.121). More specifically, change occurs when dysfunctional sequences are blocked, by changing family members' behaviours and/or perceptions.

According to Weakland et al. (1977, p.277), "if problem-maintaining behaviour is appropriately changed or eliminated, the problem will be resolved, or vanish, regardless of its nature, origin or duration." According to De Shazer et al. (1986), the task of the Strategic therapist is to help clients do something different. To succeed in this, their interactive behaviour and/or their interpretation of their behaviour needs to be changed. Fish and Piercy (1987) point out that, according to Strategic family therapists, reframing leads to new behaviour, and behavioural tasks can lead to new meaning. Therefore,
change, according to Strategic family therapists, has occurred when dysfunctional sequences, behaviours and meanings of those behaviours are changed within the family.

The MRI approach (Watzlawick et al., 1974; Weakland et al., 1977) focuses on specific sequences of behaviours - problem-solution behavioural sequences - and see change as occurring when the attempted solutions applied to the problem behaviour by the clients, are altered.

For the MRI approach, there are two types of change that the family therapist can initiate - first-order change, and second-order change. The authors of Change (Watzlawick et al., 1974) have devoted a whole book to the differences between first-order and second-order change. Space allows only a short summary of their concepts of first-order and second-order change.

According to Hoffman (1981), second-order change applies to situations where the usual range of behaviour are no longer applicable, because of the developments within the system.

Watzlawick et al. (1974) describe sequences of behavioural interactions where the very solutions of
family or client maintains the problem behaviour. They define such sequences as "game without end" or "more of the same". Such attempted solutions are described by Watzlawick et al. (1974) as first-order change. Second-order change can be described as changing the way change is attempted. This occurs, according to Strategic family therapists, through paradoxical behavioural tasks, and through reframing the problem-situation (Barker, 1986).

The authors of Change (Watzlawick et al., 1974) describe the differences between first-order change, and second-order change, by using the metaphor of driving a car. Pressing the petrol pedal is first-order change, while changing gears is second-order change. In the MRI approach, the therapist is mainly concerned with changing gears - changing the way the family is attempting to bring about change.

Hoffman (1981) states that Strategic family therapists may also involve themselves in first-order change, when they give families obvious advice, which may set everything right, or solve the difficulties that the family are facing. But as the authors of Change (Watzlawick et al., 1974) point out, problematic behaviour (compared to difficulties) requires second-order change. According to them, when
difficulties have become problems, first-order change attempts (for example, the giving of advice) will merely reinforce the symptomatic behaviour. The therapist, in such a situation, has joined "the game without end".

Watzlawick et al. (1974) gives four principles of second-order change. Firstly, second-order change is applied to what in the first-order change perspective seems to be the solution. Secondly, second-order change does not appear to make sense, from within the system or "game". Thirdly, second-order change deals with the situation in the here and now. Finally, "the use of second-order change techniques lifts the situation out of the paradox-engendering trap created by the self-reflectiveness of the attempted solution and places it in a different frame" (Watzlawick et al., 1974, p.83).

Strategic family therapy is very clear as to the conditions needed for change to occur. Firstly, a therapeutic relationship is not emphasised as being necessary before change can occur. Consistent with the belief that the therapist is in a meta-level, Strategic family therapists believe that it is not the relationship that brings about change, but rather it is the techniques or interventions, applied by the therapist in a unilateral manner, which are the means to the altering of the dysfunctional sequences.
Secondly, Strategic family therapists believe that "insight", by the client or family, into the problem (or solution), or explanations by the therapist, are not necessary for change to occur. According to the Strategic panelists interviewed in the research, documented by Fish and Piercy (1987, p.121), "if change occurs without the client knowing how or why, that is sufficient (and often preferable)".

Saposnek (1980, p.231) points out that Brief strategic therapists are "able to effect maximum change with minimum awareness, and hence minimum cognitive resistance". Watzlawick et al. (1974) point out that the explanation of the problem contributes nothing to a solution.

Thirdly, as will be seen in the section which discusses the goals of therapy, Strategic family therapy aims to change only one part of the system - the sequence of behaviour interactions that maintains the problem behaviour. However, this will ultimately lead to changes in the system as a whole.

Finally, the MRI approach to change states that only small changes are necessary (Hoffman, 1981; Watzlawick et al., 1974; Weakland et al., 1977). Weakland et al. (1977, p.278), while noting that most family
therapists believe fundamental changes in the family to be necessary, state that they "believe that apparently minor changes in overt behavior or its verbal labeling often are sufficient to initiate progressive developments." This is consistent with their belief that utopian goals often hinder the therapist in his attempts at bringing about change.

A final point concerning change from a Strategic family therapy perspective, is the fact that it is discontinuous by nature. According to Israelstam (1988, p.188), "they see change occurring in 'leaps' rather than in stepwise fashion." This is unlike the Structuralist view of change, which saw change as operating in a continuous stepwise fashion. According to the MRI approach, second-order change, either occurs or it doesn't, it is not the result of progressive steps.

3.7 Role of the Therapist in Strategic Family Therapy

The key characteristic of the Strategic family therapist is his belief that he is in control during therapy. He is the protagonist of change, he is the "expert" during the therapeutic session, influencing the patients, being responsible for what happens during therapy, and how it happens during the therapeutic session.
Weakland et al. (1977, p.278) note that the therapist's primary task is "one of taking deliberate action to alter poorly functioning patterns of interaction as powerfully, effectively and efficiently as possible." Papp (1980, p.51), writing about the techniques of paradoxical therapy, sees the therapist as the "protagonist of change". As we have seen, the Strategic therapist, using the MRI approach, seeks to change the family's interactive behaviour, by introducing second-order change (Watzlawick et al., 1974; Weakland et al., 1977). Saposnek (1980, p.234) states that "the brief strategic therapist has the goal of simply resolving the immediate conflict situation in as harmless and efficient a way as possible."

Erickson saw the role of the therapist as being the "encourager" of minimal change (Rosen, 1988, p.12). The therapist utilises what the family bring into therapy and, according to the MRI approach, changes the way change is being attempted in the family (Watzlawick et al., 1974; Weakland et al., 1977).

Furthermore, the Strategic family therapist talks to the family in their own language (Fish & Piercy, 1987; Watzlawick & Coyne, 1980). "The brief strategic therapist ... blends with the approach and style of the client and does not clash with or directly confront him" (Saposnek, 1980, p.230).
As will be shown later, the Strategic family therapist believes that, in order to resolve problems, alter patterns of interactions as well as clients' meanings they attach to behaviour, the therapist needs to be outside or meta to the family. Furthermore, they also believe that it is the therapist who is responsible for what happens during therapy. According to Barker (1986), it is the Strategic family therapist who defines the problem to be solved, who sets goals, and who utilises techniques or interventions to bring about the fulfillment of the goals. The therapist is therefore very much in an active role (Fish & Piercy, 1987; Schultz, 1984).

Closely linked to the above, is the conception that the Strategic family therapist is the "expert" during the therapeutic session. According to Weakland et al. (1977, p.292), the therapist is a "specialist at influence". Saposnek (1980, p.228) sees the brief strategic therapist "as a teacher whose function is to help the client ...". Saposnek (1980) expands on the belief that the Strategic therapist is an expert or teacher, and states that he holds privileged knowledge, with which to help people. While noting the similarities between Strategic therapy and Aikido, Saposnek (1980) comments that one of the rules to the practice of Aikido is that "all Aikido acts are secret
in nature and are not to be revealed publicly, nor taught to rogues who will use them for evil purposes" (p.233).

Strategic techniques have the characteristic of being secret, indirect or subtle. Hence, Strategic family therapists proudly declare that their role in therapy is to manipulate or to influence the clients. Watzlawick et al. (1974, p.xvi), in defending expected charges of being manipulative during therapy, state that it is impossible not to influence or manipulate while interacting. "The problem, therefore, is not how influence and manipulation can be avoided, but how they best be comprehended and used in the interest of the patient" (p.xvi). Hoffman (1981, p.277) notes that "charges of 'manipulation' and 'social engineering' are heard in the land, and are cheerfully accepted by the Strategic people." Saposnek (1980) states that the Strategic therapist is not manipulative, but rather maneuvers his clients. "When strategies are ethically conceived, carefully planned, and skillfully implemented, the therapist maneuvers the client to achieve the well-intentioned goal of constructive change and harmless resolution of problem behaviour patterns" (Saposnek, 1980, p.235).

Booth (1988) believes that although the MRI type therapist uses many of the same techniques that
Erickson used, they use them in a different spirit. Booth (1988) states that Erickson did not have the same "manipulative" rationale as the MRI approach. "He avoided the 'siege-mentality' of much Strategic therapy, and he thereby, I would argue, did not distance himself so much from his patients" (Booth, 1988, p.57). The MRI approach, on the other hand, clearly believes in using "power-tactics" to change problematic behaviour (Israelstam, 1988, p.185).

On a more pragmatic level, the function of the Strategic therapist, according to the MRI approach, is to define the problem in solvable terms and then to solve it (Brown-Standridge, 1989; Fish & Piercy, 1987; Schultz, 1984). To do this, as we have seen, he is in control as he directs the family towards the planned change. He overcomes their resistance or "stuckness" by manipulating or maneuvering in secret and subtle ways.

3.8 Therapeutic Goals

As has been said, whereas Structural family therapists aim to alter the structure of the family, Strategic family therapists, and especially those using the MRI approach to therapy, focus directly on the behaviours of the clients in therapy.
Their goal is to solve the presenting problem of the family once it has been operationalised (Brown-Standridge, 1989; Fish & Piercy, 1987; Watzlawick et al., 1974). More specifically they aim to facilitate behavioural change in the presenting problem (Fish & Piercy, 1987). The sequences of behaviours which maintain the symptom are broken, leading to alternate behaviour without the symptomatic behaviour.

The MRI approach aims to introduce "second-order change", which alters the clients' solution patterns, and so eliminates the presenting complaints (Watzlawick et al., 1974; Weakland et al., 1977). For this reason, the MRI approach focuses on the attempted solutions, rather than on the problem.

The goals of Strategic family therapist are small and pragmatic. "Therapeutic goals are typically small, but definite changes in behaviour are intended to instigate change of a more generalized nature" (Watzlawick & Coyne, 1980, p.13). The MRI approach states that large utopian goals that are unreachable become their own pathology (Watzlawick et al., 1974). Israelstam (1988) notes that it appears as if MRI goals are for symptom removal only, but he reminds us of the connection between the symptom and the rest of the system. Similarly De Shazer et al. (1986, p.209) state that a
small change in one person's behaviour "can lead to profound and far-reaching differences in the behaviour of all persons involved."

Strategic family therapists' goals are not only small by nature, but they are specific as well. Watzlawick et al. (1974) state that it is the vagueness of goals which makes their attainment impossible. Brown-Standridge (1989) note that the MRI approach focus on specific behaviours as nodal points for change.

As has been said, the authors of Change (Watzlawick et al., 1974, p.57) stress that family therapists set small, reachable and specific goals: "lest therapy became its own pathology, it must limit itself to the relief of suffering: the quest for happiness cannot be its task."

Consistent with their belief that the therapist should be in power, and controlling the direction of therapy, Strategic family therapists formulate the goals of therapy. Weakland et al. (1977, pp.286-287) state that the therapist first ask for stated goals from the family, but the therapist must judge if the stated goal is sufficient or not. If they decide that an explicit goal of the client is inappropriate to his problem then they do not dispute what the client insists on, but,
as was stated earlier, privately set their own goal for the case by "joint staff discussion of what sort of behavior would best exemplify positive change for the particular patient and problem" (Weakland et al., 1977, pp.286-287).

In conclusion, according to Strategic family therapists, the goals of family therapy should be small, concrete, reachable, and specific. They aim to solve the presenting problem by changing the sequence of interactional behaviour which maintain the symptomatic behaviour. More specifically, the MRI approach aims to alter clients' solution attempts.

3.9 Therapeutic tools

When discussing techniques utilised by Strategic family therapists, it is mainly those interventions used by the MRI approach which will be discussed. Fish and Piercy (1987, p.119) discovered that the majority of techniques endorsed for inclusion in the MRI approach, "are all included in the generic strategic profile, and seem to summarize the profile (strategic family therapy) fairly well." The main techniques or interventions associated with Strategic family therapy and listed by Fish & Piercy (1987, p.120) are - reframing or relabeling, restraining change, prescribing the symptom, use of paradox, prescribing
relapse, re-enactment of symptoms, and behavioural tasks. The literature appears to agree with Fish & Piercy's (1987) list of Strategic family therapy techniques (Barker, 1986; Hoffman, 1981; Israelstam, 1988; Schultz, 1984). Before discussing some of the techniques utilised in Strategic family therapy, a few general observations need to be made.

Firstly, Strategic family therapists utilise many of the above techniques in order to interrupt redundant recursive pattern of interactions, and bring about behaviour change. "Once we have formed a picture of current behaviour central to the problem and estimated what different behaviour would lead to the specific goal selected, the task is one of intervening to promote such change" (Weakland et al., 1977, p.287).

Secondly, because the main aim of the MRI approach is to simply maneuver different behaviours in the clients during therapy - while remembering that each family problem is unique - a "cook-book" of techniques is not advocated by them. Schultz (1984) echoes this:

Unlike many other approaches ... there is no cookbook package into which the patient can be neatly fitted. The therapist is forced to be imaginative, creating a particular intervention out of the details of each case. (p.197)
Finally, any intervention utilised by the Strategic family therapist must "fit" the client or family (Brown-Standridge, 1989; Watzlawick et al., 1974; Weakland et al., 1977). In other words, the therapist must speak the same language as the family. The authors of Change (Watzlawick et al., 1974) state that it is often not easy to get somebody to carry out a paradoxical instruction. Because of this, "the ability to speak the patients' 'language' becomes most necessary" (Watzlawick et al., 1974, p.126).

If one had to conceptualise the techniques or interventions of the MRI approach, two main classes of techniques would become apparent - paradoxical instructions and reframing or relabeling.

Weakland, et al. (1977, p.287) supply a simple but yet useful rationale for utilising the technique of reframing. According to them, patients often interpret their own behaviour or the behaviours of others in ways that perpetuate difficulties. "If we can only redefine the meaning or implications attributed to the behaviour, this itself may have a powerful effect on attitudes, responses and relationships" (Weakland et al., 1977, p.287).

The authors of Change (Watzlawick et al., 1974) supply a concise definition of what reframing is:
To reframe, then, means to change the conceptual and/or emotional setting or viewpoint in relation to which a situation is experienced and to place it in another frame which fits the 'facts' of the same concrete situation equally well or even better, and thereby changes its entire meaning. (p.95)

In other words, what is changed as the result of reframing is the meaning attached to a certain situation, and the corresponding behaviour in that situation. As Schultz (1984) points out, two points stand out in the above definition. Firstly, both cognitive and emotional changes occur as a result of "reframing" and, secondly, the new "frame" must fit the "facts" of the situation. Schultz (1984, p.199) adds that the therapist "must believe in the new frame enough to get the family members to abandon their old view of the problem and join him in a new, more productive construction of reality".

Paradoxical instructions involves prescribing behaviour that "appears in opposition to the goals being sought, in order actually to move toward them" (Weakland et al., 1977, p.290). According to Weakland et al. (1977) such paradoxical instructions are the most important class of interventions utilised by the MRI approach. Watzlawick et al. (1974, p.114) state that "symptom
prescription - or in the wider, non-clinical sense, second-order change through paradox - is undoubtedly the most powerful and most elegant form of problem resolution known to us."

Categories of paradoxical instructions include symptom prescription, prescribing relapses, restraining or "going slow" (Barker, 1986; Booth, 1988; Fish & Piercy, 1987; Papp, 1980; Watzlawick et al., 1974; Weakland et al., 1977). All three types of paradoxical instructions involve prescribing behaviour that appears opposite to the goals of change. The effect of such prescriptions is to bring about the actual change required by the set goal.

Various authors have suggested different rationales for the success of paradoxical instructions. Weakland et al. (1977, p.290) see paradoxical instructions as assisting the patient to bring the symptom under his control. They expand on this and state:

Acting on such a prescription usually results in a decrease of the symptom - which is desirable. But even if the patient makes the symptom increase, this too is good. He has followed the therapist's instruction, and the result has shown that the apparently unchangeable problem can change. (p.290)
Papp (1980, p.46) states that paradoxical interventions are "defiance-based", and depends on the family defying the therapist's instructions. Barker (1986, p.183) states that paradoxical interventions work because the symptom is taken over by the therapist, and by encouraging the symptom rather than stopping it, a new situation is created for the family which "evokes a new response".

3.10 Nature of the Therapeutic Relationship

The Strategic family therapist stresses the belief that the therapist needs to be in an objective position in relation to the family. Furthermore, it appears as if they believe that the therapist is in a superior, controlling position, actively directing the course of therapy and change in the family.

Strategic family therapists, not only believe that they do not join the family system (i.e. they are meta to the family system), but they believe that for second-order change to occur, it has to be initiated from outside the system. Watzlawick and Weakland (1977), in describing what they mean by "game without end" or "more of the same" state the following:

For impasses of this kind we use the term Game without end and mean by it any situation in which
a system cannot generate from within itself the rules for the change of its own rules. Consequently, such a system will endlessly run through the finite number of internal changes available to it, thereby achieving only "more of the same" without ever arriving at a resolution of the impasse. The metarule for systemic change can, therefore, be introduced only from the outside, and this is what interventions in interactional psychotherapy are all about. (p.249)

Secondly, Strategic family therapists believe that they are in a way "superior" to the family system, in that they define, ultimately, what the problem is. They set goals for the family, and decide which interventions are appropriate to bring about the desired change.

Israelstam (1988, p.181) states that Strategic therapists "are strategic in the sense that they take the responsibility for defining what happens during treatment and design specific strategies to create change in the family system." The authors of Change (Watzlawick et al., 1974, p.113), aware of criticism that could be labelled against them, because of their view concerning the "expert" nature of the therapist, state that their approach is not based on the belief that there "is an ultimate state of normality of which
the therapists qua therapists have expert knowledge and can therefore make the ultimate decision as to what is best for their patients." They imply that the extent of their expertise is limited to breaking the feedback loop that maintains the problem behaviour.

Strategic family therapy have been criticised for their use of adversarial language, in describing the relationship between therapist and family (Booth, 1988). Israelstam (1988) describes the therapist as using "power-tactics" to establish control over symptomatic behaviour. According to Saposnek (1980), the MRI approach views clients as "challengers". Watzlawick et al. (1974) themselves have used the metaphor of "Judo" in describing the relationship between therapist and client. Papp (1980) states that paradoxical instructions - the cornerstone of Strategic family therapy interventions - are based on the idea that some families are resistant to change. Again, adversarial language is used to describe strategic techniques.

In conclusion, Strategic family therapists see it as being not only important, but as necessary to be meta to the family system. They view it as being important for the therapist to be in control, in a position to manipulate or maneuver the family.
CHAPTER FOUR

FAMILY THERAPY FROM A CONSTRUCTIVIST PERSPECTIVE

4.1 Constructivism - What is it?

Constructivism in its pure, radical sense is incompatible with traditional thinking. As different as most philosophical, scientific, social, ideological, or individual world images may be from one another, they still have one thing in common: the basic assumption that a real reality exists and that certain theories, ideologies, or personal convictions reflect it ... more correctly than others.

(Watzlawick, 1984, p.150)

It could be said that the most important underlying principle of Constructivism, is that there is no such thing as an objective reality, or that matter exists outside of our minds. In other words, Constructivism postulates that "there is no truth 'out there' about which any of us can be objective or scientific" (Hoffmann, in Boscola et al., 1987, p.ix).

However, as von Foerster (Watzlawick, 1984) explains, Constructivism is not merely an expansion of naive
solipsism, where reality, or the world, is only found in the individual's mind or imagination. Constructivism does not deny the existence of a world outside of the individual's mind, but it emphasises the existence of a co-created or co-constructed reality. Efran, Lukens, and Lukens (1988, p.33), while observing that the initial period of Constructivism in family therapy was accompanied by many misleading interpretations, state that "one of the most widespread and mischievous misinterpretations of Constructivist thinking is the notion that since reality is invented anyway, anything goes." According to them such an interpretation ignores the fact that we do not live alone. Constructivists stress that people do not operate within a social vacuum, but are "part of an ecology of other autonomous observers" (Keeney, 1983, p.50). Speed (Van Der Velde, 1989) agrees with this, and states that our hypotheses of the world are based on our relationship with the world. Through our intersubjective relationships, "our shared language distinction become our realities" (Efran, Lukens & Lukens, 1988, p.33).

The whole idea of the co-creation of reality becomes significant for family therapy in two different areas. Firstly, the family is a group of relating individuals who co-create a "reality" and, secondly, the thera-
peutic situation or "reality" is co-created by the interacting members of the therapeutic situation - in this case, the family, the therapist, co-therapists, etcetera. This idea will be expanded on throughout the chapter.

Efran et al. (1988) comment that the shift from the individual to the family has been "liberating", although this shift has brought its own rigidification. "In some circles, the 'family' has been objectified and is now being worshipped as the new intervention unit" (Efran et al.; 1988, p.30). Consistent with Constructivist thinking, they stress that families exist as entities only in the mind of the therapist. In other words, a key concept of Constructivist thinking is that what the therapist "construes" in family therapy is a result of the merging of the therapist's and family's "realities" or hypotheses, and is never an objective reality that exists independent of the therapist.

Because of this, a formal diagnosis of the family, and its problem, cannot exist independent of the family. There are many differences between therapists who would view themselves as Constructivists, "but they all hold the core belief that one cannot diagnose some objective condition and one cannot deny the influence of clinician subjectivity" (Van der Velde, 1989, p.55).
Keeney (1983) confirms this when he says that therapists must be aware that they are always part of the experiential world which they are observing.

Watzlawick (1984) also denies the existence of an objective diagnosis:

In this connection one might recall, for instance, Einstein's remark in a talk with Heisenberg: "It is the theory that determines what we can observe", and in 1959 Heisenberg himself says: "We have to remember that what we observe is not nature itself, but nature exposed to our method of questioning". (p.101)

As will be shown later, this idea is very similar to the concept of "second order cybernetics", a concept that reflects the thinking of theorists such as Bateson and Von Foerster (Hoffman, in Boscola et al., 1987). Von Foerster (Hoffman, in Boscola et al., 1987, p.14) states that the "observer enters into the descriptions of that which is observed in such a way that objectivity is not at all possible." Hoffman (Boscola, et al., p.14) herself believes that the whole concept of the family system has facilitated the idea or belief that the family was "out there", waiting to be treated by an independent and objective therapist. She concludes by saying that perhaps "it is far better to
do away with the concept of the family system entirely and think of the treatment unit as a meaning system to which the treating professional is as active a contributor as anyone else" (p.14).

Efran et al. (1988) introduce another Constructivist principle when they argue that "hypotheses" or constructions persist for two reasons. Firstly, they are useful and, secondly, a better alternative has not been developed. Von Glaserfeld (Watzlawick, 1984, p.32) states that the activity of knowing "can be viewed as the creating of keys with whose help man unlocks paths toward the goals he chooses ... the success of a key does not depend on finding a lock into which it might fit, but solely on whether or not it opens the way to the particular goal we want to reach."

This principle has implications for family therapy from a Constructivist perspective. Firstly, the potential for change in the family depends on the creation of alternative "hypotheses" and, secondly, as we have seen, the therapist's behaviour depends on his "hypotheses" or constructions of reality, as well as the families' constructions of reality. Hoffman (Boscola et al., 1987, p.10), commenting on the Milan School of Family Therapy's use of "hypothesising", sees
hypotheses that are constructed by the therapist conjointly with the family, as not the "truth", but as an "observer's attempt to construct together with the family a working hypothesis that sees the problem as making sense within its context" (my emphasis).

4.2 Theoretical Background

The basic principle of Constructivism, namely that reality is co-created intersubjectively by human minds, is not a new idea, albeit the latest development in family therapy.

Efran et al. (1988, p.28) point out that "at root, Constructivism simply represents a preference for the Kantian model of knowledge over the Lockean". For the 18th Century philosopher, Kant, knowledge was an "invention" arising when man interacted with his environment. In contrast, Lock saw knowledge to be a "discovery" about the outside world. Efran et al. (1988, p.28) see the discrepancy between traditional thinking and Constructivist thinking as mirroring this basic difference between Kant and Lock. "Thus, the images of the objectivist can be thought of as 'discoveries' about the outside world, and the images of the Constructivist are more like 'inventions' about what is out there" (p.28).
Constructivist thinking in the field of mental health, is often said to have originated in psychologist George Kelly. "Psychologist George Kelly, who introduced personal construct theory, and considered by many the first person to formally bring a Constructivist perspective to the fields of personality theory and mental health - insists that we not confuse our inventions with discoveries" (Efran et al., 1988, p.28). For Kelly, people create their own lives through the construing experience. It is also interesting to note that Kelly did not advocate naive solipsism. "For Kelly, events have an actual existence separate from the person, but do not achieve importance for understanding personality until they are construed by him or her" (Maddi, 1980, p.160). However, nowhere in Kelly's writings do we get the idea that "constructs" are co-created by interacting subjects. His emphasis is on individual constructions.

Similarly, the development of Constructivist thinking in family therapy has not arisen in isolation, and apart from the philosophical and psychological link mentioned above, Constructivism in family therapy can be traced back to various schools of family therapy. When one follows the development of Constructivist thought in family therapy, the name of Gregory Bateson keeps surfacing. "Actually, it could be argued that
due to the influence of Gregory Bateson, Constructivist thinking has been woven into the fabric of family therapy since its inception ..." (Efran et al., 1988, p.27).

Hoffman (Boscola et al., 1987), while analysing the work of Boscola and Cecchin, traces the development of their Constructivist ideas. During the 1950s, Bateson became involved in a project on communication in Palo Alto, California, which became the Mental Research Institute directed by Don Jackson. Although many of the ideas of Bateson were taken up by the MRI, "the two project had different basic philosophies" (p.5). The MRI became known for their "strategic" stance, and Bateson "openly disagreed with researcher Jay Haley, who was brought in by Bateson during the early days of his project, and who proposed that at the heart of the psychotherapeutic process was a struggle for control" (Hoffman, in Boscola et al., 1987, p.5). Hoffman further points out that the earlier Milan school of family therapy was influenced by both the MRI and Bateson himself, and believes that in their earlier writing, especially in Paradox and Counter-paradox, "an implicit contradiction (exists) between the influence coming from the Mental Research Institute's frankly manipulative approach to therapy and Batesonian respect for 'systemic wisdom' ..." (p.6).
Hoffman (in Boscola et al., 1987) argues that the ideas of the original Milan school of family therapy evolved when they rediscovered Bateson in the late 1970's - especially his book *Steps to an Ecology of Mind*. According to Hoffman (Boscola et al., 1987, pp.9-10) Bateson's concepts of cybernetic circularity as a model for living systems, impressed the school's thinking, and as early as 1977, "the model that Boscola and Cecchin were beginning to teach ... was becoming in some respects almost diametrically opposed to its early 'strategic' legacy." The development of "circular questioning" (Hoffman, in Boscola et al., 1987; Penn, 1982) seemed to reflect this shift, as well as the evolving idea that the therapist include himself in the therapeutic description. Golann (1988, p.54), commenting on the Milan team's split up in 1978, suggests that the evolution of circular questions, and the eventual emphasis on asking questions evolved because of a change in "the context and contract between Boscola and Cecchin, and the systems with which they worked: that is, the context changed from that of an ongoing therapeutic relationship to that of an expert, visiting consultant relationship with almost show-business overtones".

The Milan team was also influenced by what has been called "second-order cybernetics", postulated by von
Foerster, Maturana, Varela and Bateson (Hoffman, in Boscola et al., 1987). The earlier systemic notion of "homeostasis", applied to families and propagated by Jackson (Hoffman, in Boscola et al., 1987), who believed that a symptom plays an important part in maintaining the homeostasis of the family, was beginning to be criticised by various writers, from two different directions.

Firstly, such a concept implied that the family or any other living system was stagnant and, secondly, the concept intrinsically divided the observer from the observed, suggesting that the therapist or researcher could objectively observe the family. The latter criticism evolved from the concept of "second order cybernetics". Von Foerster (Hoffman, in Boscola et al., 1987) emphasised that the observer, at all times, is part of that which he observes, and therefore there is no such thing as a separate observed system.

Hoffman (in Boscola et al., 1987), finally, believes that the Milan group had always been influenced by the "cognitive" thinking of Maturana, Von Foerster and Von Glaserfeld. "From the beginning the Milan group took mental artifacts as seriously as behaviours" (Hoffman, in Boscola et al., 1987, p.19). They believed that families come in with "maps" of what is actually
going on in their family, and that the therapist must change these "maps". These "maps" take the form of "myths" in the family, and so it is the "myths" that were the subject of the Milan group's interest.

Once "second order cybernetics" and cognitive thinking becomes part of a therapist's epistemology, then he can basically be labelled a Constructivist - two concepts that, as has been shown, have roots in the realms of philosophy, psychology, and family therapy. The ideas of Constructivism that are utilised by family therapists today, have evolved from these realms and cannot be divorced from them.

4.3 Related Concepts

The basic premises of Constructivism have been propagated by various writers, each in their own way, using their own concepts. In this section, various concepts from different authors will be discussed, which serve to highlight the basic premises of Constructivism.

Maturana (Van der Velde, 1989), in his concept of "structure determinism" emphasises the Constructivist view that there is no such thing as an objective reality outside of the individual. The nature of each
individual's structure determines what each individual will perceive. Dell (Van der Velde, 1989, p.42) states that the point of "structure determinism" is that "each person sees things correctly - according to his or her own structure - but that there can be no absolutely correct view. Any view that is agreed upon as being the correct (or objective) view is just that - agreed upon ...". This ties up with the concept of reality being co-created.

Goolishian and Anderson (1987) define the therapeutic situation as a "problem-determined system". They agree with the Constructivist view that the system being "treated" cannot be seen as an objective entity "out there". According to them, the social system that the therapist works with is "distinguished by the problem and is constituted by those who are languaging about the problem" (p.534). For Goolishian and Anderson (1987), the problem defines the system, and not vice versa. "We call these problem-determined systems, and they exist only in language: they do not exist in social objectivity, social structure, or social role" (p.534).

Goolishian and Anderson (1987) also point out that these systems are continually changing, continually being redefined by meaning. For this reason, they
refer to human systems as "meaning generating systems" - a concept which has at its core, the idea that reality is socially constructed through language. "Our theories, and our therapies, are not simple representations of an ontologically independent social reality, but are, at best, the result of social collaborations in language" (Goolishian & Anderson, 1987, p.532).

The idea that the therapist is part of that which he observes, and that he does not treat an independent social unit, is also reflected in various other concepts. Kantor and Neal (1985) state that many family therapists assume that they are treating "formed structures" that families bring into therapy. For example, the strategic therapist "experiences" a family's dysfunctional patterns separate from himself - a feeling of an objective pattern "out there" that needs to be changed. They argue that such a premise neglects to consider that whenever a therapist meets with a client, a second type of structure begins to develop. "This forming structure is the product of the interaction between the therapist's and client's models of reality" (Kantor & Neal, 1985, p.18). The concept, "forming structures" reflects the Constructivist belief that the therapeutic situation or reality is co-created by all parties involved in therapy.
Keeney (1983) criticises the black box view, or "simple cybernetics" of human functioning and introduced his concept of "cybernetics of cybernetics". According to him, the therapist, at a higher order or recursion, is part of the system he is interacting with. This concept also stresses the idea that the observer is included in that which is observed. Because of this, the therapist is incapable of having unilateral control over his clients. "The epistemological implications of cybernetics of cybernetics increasingly points to the position that 'objectivity' is erroneous since it assumes a separation of the observer and observed" (Keeney, 1983, p.78). Von Foerster (Keeney, 1983), Maturana and Varela (Hoffman, in Boscola et al., 1987) include these ideas in the concept "second-order cybernetics".

Hoffman (Boscola et al., 1987) differentiates between "first-order cybernetics" and "second-order cybernetics". First-order cybernetics conceptualises the therapist as being separate from the system being treated, whereas second-order cybernetics conceptualises the therapist as being part of the description of what is observed, and sees the attempts to separate therapist from client, as being epistemologically erroneous or incomplete. It would appear as if Strategic family therapy and Structural
family therapy are characterised by a first-order cybernetic epistemology, whereas a family therapist utilising Constructivist principles is characterised by second-order cybernetic epistemology. This will be discussed later.

Golann (1988, p. 51) appears to be speaking of second-order cybernetics when he stated that, if family therapists are aware of the connected and recursive nature of their interactions with families, "and if they use this awareness to form a collaborative rather than a hierarchical therapeutic system, and at the same time minimize their attempts to change person or family structures in strategic, or predetermined ways, then they may be said to be practising a 'second-order' family therapy."

It can be seen that the concepts "forming structures", "cybernetics of cybernetics", "second-order cybernetics," and "second-order family therapy" are very similar.

4.4 Therapy from a Constructivist Point of View

Family therapy, from a Constructivist perspective, is characterised by two main principles. Firstly, it is a collaboration between therapist and family members and,
secondly, what happens in the situation defined by all as therapy, is unpredictable.

The idea that therapy is a "collaboration" ties up with what has been said, concerning the Constructivist belief that we cannot separate the observer from the observed. Van der Velde (1989, p.49) argues that therapy is a product of "the interaction between the meanings (realities) which client and therapist have brought to the situation." The therapist's "reality" is his conception (and "pre-conception") of the problem situation - it is his punctuation, or how Korzybski (Keeney, 1982) has defined it, his "map" of the territory. The clients' "reality" are the frames or constructions they have regarding the problems.

Efran et al. (1988, p.33) see Constructivist psychotherapy as, not what the therapist or the family do to each other, but "like a theatrical presentation, it is a collaborative enterprise".

Hoffman (Boscola et al., 1987, p.18) sees the therapeutic situation as comprising "all the people who have become attached to the tar-baby-like original idea". She also sees therapy as a collaborative effort and states that the outcome of therapy "is determined by the collaborative heaving about of this composite
monster in ways that are usually surprising to all" (Boscola et al., 1987, p.18). Hoffman's (Boscola et al., 1987, p.10) concept of "collaborative heaving" is inherent in the Milan school's concept of "hypothesising" which, according to Hoffman (Boscola et al., 1987, p.10) "proposes the idea of therapy as a research operation engaged in conjointly with the family".

Various writers have postulated that what happens in therapy is unpredictable. According to Papp (Van der Velde, 1989), we can never be certain what actually led to change in the family system. "Was it, she suggests, our intervention, or the visit from grandma, or the fact that spring came along?" (Van der Velde, 1989, p.115).

Because of the unpredictable nature of therapy, Efran et al. (1988) stress that both therapist and clients accept responsibility for the consequences of their interactions with each other. They add that "no-one knows for sure what adventures - the passengers and crew alike - lie beyond the bend in the river" (p.33).

According to Hoffman (Boscola et al., 1987, p.18), Boscola and Cecchin see therapy as a "perturbation of a
system that will then react in terms of its own structure. Therefore, any form of intervention that the therapist offers while interacting with the family is "not directed toward any particular outcome but acts to jog the system toward unpredictable outcomes" (Hoffman, in Boscola et al., 1987, p.18).

Keeney (1983, p.163) sees therapy as "initiating" an alternative form of higher-order self-corrective feedback, which will generate a "more adaptive way of maintaining the whole organization of a system". What this new adaptive way of maintaining the whole organization of the system is, is not predictable.

Maturana and Varela (Keeney, 1982) have seen therapy as a perturbation on the "whole organisation" of a system and the reaction of the "whole organisation" to those perturbations. According to Keeney (1982, p.163) the "wholeness of a family ... will either compensate or not compensate in response to the perturbations that act upon it." The family compensates by altering its structure, or in other words, the way it maintains its wholeness. Again, the process is unpredictable.

Later in the chapter, these principles of "collaboration" and the unpredictable nature of therapy, will be operationalised and made more
practical when it is discussed as to what exactly a Constructivist family therapist can do while practising family therapy.

4.5 Constructivism and its Link with Behaviour

Thoreson (1988, p.253), in his criticism of Constructivism, believes that the "current cognitive revolution has neglected the behavioural side of life". However, a closer look at some of the writers who believe in Constructivism, shows that the "behavioural side of life" has not been neglected.

As has been shown throughout the chapter, according to Constructivist principles, behaviour is guided by our ideas of reality. How we behave and act depends on the meaning which we give to events, rather than on the events themselves. Linking this basic belief to family organisation, Bogdan (1984, p.387) states that the family organisation is regarded within this framework as the result of an "evolutionary process by which some ideas are encouraged or confirmed and others suffer a kind of death or extinction, so that the ideas of each family member lead him or her to behave in ways that confirm or support the ideas of every other family member." Bogdan (1984, p.387) concludes by saying that this is what is meant by the slogan "family organization as an ecology of ideas".
Hoffman (Boscola et al., 1987) notes that the Milan group have taken "mental artifacts" as seriously as behaviours:

Their philosophy of change was tied to the notion that families come in with "maps" of what is going on and that the therapist attempts to challenge or shift these "maps". These "maps" are manifested in family "myths". The Milan group search for a "myth" that holds the behaviours attached to a problem in place. (p.79)

If, after interacting with the therapist, the "myth" shifts or changes, this shift or change will affect major areas of family behaviour. Again, we can see that behaviour is not neglected. The Constructivist view recognises that a family's co-created reality will shape each member's actions and behaviours. Hoffman (Boscola et al., 1987) concludes that you cannot separate ideas from behaviours.

Similarly, symptomatic behaviour of one family member is connected to the "ideas" or "myths" of the family he is part of. According to Bogdan (1984), the goal of family therapy is the evolving of a new ecology of ideas that does not include the symptomatic behaviour.

According to Keeney (1983, p.165), symptomatic behaviour starts the process of self-correction "by
attempting to negate the distorted premises organising a problematic sequence of experience and interaction". The symptomatic behaviour does not get special treatment. "In the pragmatics of therapy, you really don't need to worry about what is symptomatic, problematic ... you simply transform whatever the client brings to you" (Keeney, 1983, p.176).

4.6 Therapeutic Change from a Constructivist Perspective

When a Constructivist, practising family therapy, speaks of "change", the idea of unpredictable change dominates the picture. Any change that occurs in the family following therapeutic involvement, occurs in accordance with its structure. "In general, Boscola and Cecchin agree with biologist Humberto Maturana that there can be no 'instructive interaction', only a perturbation of a system that will then react in terms of its own structure" (Hoffman, in Boscola et al., 1987, p.18). In other words, the unit's structure determines its behaviour, and not any external influence, for example, the therapist. Maturana's concept of "organizationally closed" (Keeney, 1982; Van der Velde, 1989) implies that a family, or any organism, will provide its own interpretation of any new information, according to its structure.
For Keeney and Ross (1985) therapeutic change concerns changing the way a problematic system maintains its organisation through change, or in other words, changing the way a system changes in order to achieve stability. Keeney (1982) sees change occurring in response to the therapist's perturbations. "The wholeness of a family (i.e. its closed organization) will either compensate or not compensate in response to the perturbations that act upon it. The family may compensate through altering its structure" (Keeney, 1982, p.163). In other words, change occurs when the family as a whole compensates, following a therapist's perturbation.

It becomes clear, that according to Constructivist belief, if, and what type of change is to occur, depends on the family's inherent structure, as well as the therapist's "perturbations". The idea that new information must be utilised by the system, for change to occur, has been stated by various authors.

Boscola and Cecchin (Hoffman, in Boscola et al., 1987, p.10) see co-created "hypotheses" as neither true nor false, but rather as "useful", "in the sense of leading to new information that moves the family along".

Keeney (1983) and Keeney and Ross (1985) speak of "meaningful noise", which acts as new information, that
leads to change in the way an organism changes to maintain itself.

Joubert (1987) speaks of "new information" and concludes that for a system to change, it is necessary that alternatives are available, the system is ready for new information, and that one of the alternatives can be selected on the grounds that it fits the structure of the system. In conclusion, therapeutic change is unpredictable, and is related to the family's structure, and on the availability of new information that is "useful", "meaningful" or that "fits".

4.7 Goal of Family Therapy from a Constructivist Perspective

When one talks of a goal, purpose and intention is automatically suggested. Although Constructivist family therapy is basically non-purposeful (because outcome is unpredictable), in the sense the specific outcome goals are not set, various Constructivist family therapists do speak of goals.

Keeney and Ross (1985) and Keeney (1983) believe that a therapist must provide a family with "meaningful noise" which fulfills the goal of therapy, namely to help a system "evolve toward an alternative structure for
maintaining its organization" (Keeney, 1983, p.168).

"Meaningful noise implies that the observing family member find and construct their meaning from the story offered by the therapist" (Golann, 1988, p.60).

Many family therapists see the goal of therapy as the "perturbation" of the system (Hoffman, in Boscola et al., 1987; Maturana and Varela, in Keeney, 1982). Boscola and Cecchin (Hoffman, in Boscola et al., 1987), through the use of circular questioning and co-created hypotheses, aim to "perturb" the system, that will then react in terms of its own structure.

Joubert (1987), as was shown in the previous section, sees the goal of therapy as providing alternatives for the family, which fit the structure of the system.

Therefore, we can say that the goal of family therapy, from a Constructivist perspective, is to provide new information, in the form of "perturbations" of the family, which is "meaningful" to the family. Change, as was discussed in a previous section, then occurs - the family moves along, leaving symptomatic behaviour behind.
4.8 Therapeutic Tools

Various principles or beliefs underlie what a Constructivist family therapist actually does in a situation defined as doing therapy. Firstly, as we have seen throughout the chapter, the therapist "perturbs" the family. Hoffman has labelled this "perturbing" as "bumping" the system, whereas Tomm has suggested that all the therapist does, is "nudge" the system (Golann, 1988). This section will examine various ways Constructivists "perturb", "nudge" or "bump" the family.

Secondly, everything the therapist does, according to the Constructivist, is done in a non-purposeful way, except to aim to move the system along, or as Hoffman (Golann, 1988, p.62) has said, to "give it a bump and watch it jump". What is clear, is that it is not the type of technique that is of importance, but whether it will be utilised by the family to "repackage reality" (Van der Velde, 1989). From a Constructivist point of view, what a therapist does in therapy, including so-called techniques, cannot be isolated or separated from the family - the techniques are in a sense co-created by the therapist and the family.

According to Efran et al. (1988, p.28), so-called strategic techniques, such as reframing, and
positive connotations have a "constructivist flavour". Van der Velde (1989, p. 98) agrees, and suggests that various techniques such as the giving of tasks, rituals, metaphors, and stories, can be "seen as effective vehicles for introducing the 'meaningful noise' which is considered necessary for change to take place."

What is important, from a Constructivist perspective, or what gives these techniques their Constructivist flavour, is the belief that, firstly, they evolve out of the therapy situation and are part of the interactional cycles between all members that are part of the therapeutic system; secondly, the family responds to such techniques in ways that are appropriate to their structures (hence the "effects" are unpredictable) and, thirdly, the Constructivist family therapist acknowledges that what he sees in front of him, "leading" him to give specific interventions, is not the "truth" or an objective reality.

As it was shown, Keeney and Ross (1985) believe that for a family to change, they must encounter, what they have termed "meaningful noise". Keeney and Ross (1985) state that, for the therapist's interventions to be
"meaningful", they must be built on what the families bring into therapy, including family history, cultural myth, stories about one another, and so on.

Keeney (1983) sees the family therapist, as one who constructs and "packages transforms", or who "mirrors" that which is brought into therapy. "When a therapist constructs a transform of symptomatic communication, with a little noise sprinkled in, the client then constructs a transform of that transform ... and so on ..." (Keeney, 1983, p.171). For Keeney (1983), therapists' responses can be seen as "mirroring" the problematic system. Such mirroring operation can include interpretations, dramatic announcements, ambiguous stories, free associations, rituals, and behavioural assignments.

Hoffman (Simon, 1985) sees family therapy as having a conversation with the family:

The way I have begun to work moves away from the stance of trying to change people. It's much more a matter of sitting down with people to help them tell their story - like a ghostwriter ... or a friendly editor. I might suggest some alternate framings, but it's basically their text. (p.56)
The second-generation Milan family therapist use many Constructivist principles - especially the work of Boscola and Cecchin (Hoffman, in Boscola et al., 1987). Their use of connotating the symptom in a "logical" rather than in a "positive" way, is one of their techniques. "In this way one avoids seeming to approve of some terrible symptom, which the family perceives as sarcasm, in favour of suggesting how meaningful it is in context . . ." (Hoffman, in Boscola et al., 1987, p.16). A family that accepts such an intervention, or finds it meaningful, finds it harder to preserve original ideas about the problem. A second technique, used by Boscola and Cecchin (Hoffman, in Boscola et al., 1987) and other second-generation Milan family therapists, such as Penn (1982), is the technique of "circular questioning", which was first used by the Milan school of therapy, as a means to forming hypotheses, but which later became an end in itself. "Circular questions" are, in a sense, similar to Hoffman's notion of having a conversation with the family. New "realities" are co-created through the question and answer process, and confirm the belief that therapy is simply "nudging" the family along. Hoffman (in Boscola et al., 1987, p.18) agrees with this and states that "interventions, whether in the form of rituals, final comments, or the interviewing process itself, are not directed toward any particular outcome, but act to jog the system toward unpredictable outcomes." (My emphasis)
The "Reflecting Team" approach advocated by Anderson (Golann, 1988, p.57) is a slight variation from the "traditional" Milan school of family therapy approach. In this approach, the therapeutic system, including the therapist and family members, observe and listen to a "reflecting team" who is behind a one-way mirror. In other words, they listen to the team's conversation about their conversation. According to Cecchin (Hoffman, In Simon, 1985), in such an approach, prescriptions are not given, but rather the "idea" of a prescription. Hoffman (Simon, 1985), similarly, has recently begun to give people the "idea" of a task or ritual. The "idea" of an intervention then serves to "nudge" the family along.

Keeney (1983) and Keeney and Ross (1985) have introduced the "unconscious" into the discussion of change in family therapy. According to Golann (1988, p.62), Keeney and Ross introduced the unconscious into the discussion of change and therapist influence when they suggested that "family therapy sessions that did not include a final prescription, such as a directive or ritual, may be seen as presenting to the family, at an unconscious level, the same pattern that the final intervention would have presented to them consciously". Furthermore, according to Keeney (Joubert, 1987) the use of metaphors, anecdotes, paradoxes, rituals,
dramatic announcements and other forms of analogical communication, often develop and take shape in the therapist's creative unconscious.

4.9 Nature of the Therapeutic Relationship

Throughout the chapter, it has been shown that the relationship between the therapist and family, according to the Constructivist view, is one of equality — the family therapist does not control the family, but is merely part of the therapeutic system that is formed when therapist and family join together. Bateson (Keeney, 1983) has stressed that the therapist is always part of the system, rather than an outsider, manipulating and controlling the family in its interactions. "The therapist is not 'out there' independently and objectively observing, diagnosing and changing the client, but rather is 'in there' co-operating and attempting to understand and to work within the client's meaning system" (Goolishian & Anderson, 1987, p.536).

Family therapy, from the Constructivist perspective, is similar to that of a conversation, and is different to more traditional ways of doing family therapy, which Maturana (Goolishian & Anderson, 1987) refers to as "instructive interaction". Goolishian and Anderson,
1987) conclude by stating:

The therapist does not correct an individual's distorted world view, a family's problem premise ... or the interactions among the system's members, but rather aims to create a dialogical space, a conversational context that permits the evolution of new meaning, new actions and thus change. (p.535)
CHAPTER FIVE

INTEGRATION OF VARIOUS MODELS

5.1 Introduction

The field of family therapy is in crisis. Publicly aired disagreements about theory, training, and practice have become common. Different approaches compete for acceptance and trainees. Advocates of different approaches debate what constitutes good theory, how therapists should conduct themselves, and what kinds of goals therapists should establish for their clients. (Kantor & Neal, 1985, p.13)

Many authors have attempted to integrate the various schools of family therapy - including Structural and Strategic schools of family therapy as defined in this thesis. This chapter will examine some of those integrative models, before reaching a conclusion about whether Structural family therapy, Strategic family therapy and Constructivism, are as different as what they appear to be, and whether it is of benefit to a family therapist to be "experts" of all three perspectives.
5.2 Systemic Nature of Family Therapy

It can be argued that Structural family therapy, Strategic family therapy and family therapy from a Constructivist point of view, at a theoretical level, are similar as they share a systemic base.

Cavalieri (1986), writing on the systemic perspective of psychotherapy, lists various characteristics of such an approach, and adds that the most prominent of the approaches that have arisen out of the systemic perspective are - MRI, Milan school of family therapy, and therapists such as Erickson, Andolfi, de Schazer, Haley, Minuchin and Ackerman.

Furthermore, she states that even though many different authors have grouped these therapeutic approaches as either Strategic, Structural, or Strategic/Structural approaches to psychotherapy, "they necessarily share the premises of a systems-based ideology in representing different punctuations of psychotherapy and the systemic perspective" (1986, p.14).

Keeney and Ross (1985) offer a detailed analysis of various family therapy orientations - including the MRI Strategic approach, the Structural approach of Minuchin
- and provide an "overarching view that allows a clear perspective of comparing therapeutic strategies" (p.7). They state a similar premise to that of Cavalieri - namely that the various schools of family therapy share a systemic root. "Although other family therapy approaches are somewhat connected to this same tradition of ideas, the therapies we examine are probably the most clearly committed to a cybernetic view of human communication" (Keeney & Ross, 1985, p.6). They also refer to such family therapies as "systemic family therapy".

Sluzki (1983) attempts an integration of various models of family therapy - three different models which concentrate on process, structure, and world views, respectively. His particular integration will be discussed at a later stage. At this point it is sufficient to notice that he believes that these three different models (which appear to be linked to the Structural and Strategic schools of family therapy, and possibly family therapy from a Constructivist perspective) can be "defined as mutually non-exclusive 'translations' of the systemic paradigm into clinical practice" (1983, p.469). He furthermore states that "these intermediary models are the actual net, knit with threads of the systemic paradigm, with which so
many family therapists catch their observables and construct their clinical reality" (1983, p.470).

It should not be a surprise that the three schools of family therapy discussed in this thesis can be said to share a systemic root. As was shown in the sections titled "Theoretical Background", these three schools are theoretically linked (refer for example, to "Theoretical Background" in Chapter 3). The proponents of the three schools at one time or the other worked together or were influenced by each other. Family therapy in general evolved out of the "systems" revolution, which stated that the symptomatic behaviour of an individual cannot be separated from other members of the system he is part of, and that the system should be examined as a whole, consisting of interconnected patterns of interactions. As the above authors have illustrated, all schools of family therapy have the basic systemic principles in common, and differ in the way they have drawn distinctions "that construct and organize therapy" (Keeney & Ross, 1985, p.6) or the way they have used the "threads" of the systemic paradigm, to "knit" their therapeutic "net". This statement will also be discussed again at a later stage, to determine if it applies to family therapy from a Constructivist perspective, as well as Structural family therapy and Strategic family therapy.
5.3 Synthesis Between Structural and Strategic Family Therapy

Various authors have stated that the principles of Structural family therapy and Strategic family therapy can be reconciled and used by the same therapist at different times during therapy, or can be combined in the development of a therapeutic programme (Madanes, 1980; White, 1979).

Fish and Piercy (1987) point out that both Structural and Strategic approaches are present focused, change rather than insight oriented, view problems in their relationship context, assign tasks, give directives, are interactionally oriented, and are both goal-directed and concerned with the outcome of therapy. Furthermore, they state that the major similarity between the two approaches lies in how they believe change to occur. "Both perceive change occurring as dysfunctional sequences are interrupted, producing a change in behaviour and a change in perception" (Fish & Piercy, 1987, p.124).

Bogdan (1984), while noting that his conception of the psychotherapeutic process is nearest to that of the Palo Alto brief therapy perspective, links behaviour, structure and ideas together. According to him, family
organisation is regarded within this framework as the outcome of a process by which some ideas are encouraged or confirmed and others "suffer a kind of death or extinction, so that the ideas of each family member lead him or her to behave in ways that confirm or support the ideas of every other family member" (Bogdan, 1984, p.387). Structural approaches, as we have seen, combined structure or organisation with behaviour of family members.

On the other hand, strategic approaches combined "ideas" or perceptions with behaviour. Bogdan (1984), while concentrating on "ideas" of family members, has neatly combined structure, behaviour and perceptions.

White (1979, p.303) discusses "a step-wise intervention procedure based on structural and strategic approaches" in the handling of psychosomatic families. He describes how, during stage three, the child is assisted in taking control of his pain, the disengaged parent is involved, while blocking the overinvolved parent. At this stage, the child is given a paradoxical task (symptom prescription), which involves the previously disengaged parent:

Apart from involving the disengaged parent with the child, this task has value in its implicit
suggestion that the child, with some practice, will be able to control his pain ... This is a paradoxical technique in that it requires the symptomatic behaviour to continue but within a different transactional field. (p.308)

In other words, one task given by the therapist can involve Structural techniques (involving the disengaged parent) as well as Strategic techniques (paradox).

Haley and Madanes have been noted as family therapists who have combined Structural and Strategic approaches. Hoffman (1981, p.279) has considered Haley to be the "bridging figure" between Structural and Strategic approaches.

Israelstam (1988, p.182) states that "Haley left Minuchin and moved to Maryland to start his own family therapy institute where he continued with Madanes to explore strategic therapy in an hierarchical framework." (My emphasis)

Fish and Piercy (1987) noted that many of the theoretical assumptions associated with the Haley/Madanes approach, although strategic in nature, were very similar to Structural assumptions. Madanes (1980) combines a Structural and Strategic approach in her
treatment of psychopathology in children. She describes "three paradoxical strategies for arranging that the parents solve the presenting problems of the child and the incongruity in the family hierarchy" (1980, p.73).

These approaches, above, share the belief that structure, behaviour and perceptions are recursively linked. Therefore, Strategic techniques used to alter the perception of family members will not only alter these perceptions, but also the structure of the family, and the behaviour of each family members. Alternatively, techniques that directly alter the structure or organisation of the family will of necessity alter perceptions and behaviours of individual family members.

However, they differ with many of the ideas expressed by Constructivist family therapists. Firstly, they still argue that interventions are applied to families in a linear fashion and, secondly, they speak as if the structure of the family exists independent of the therapist, waiting to be discovered. Consequently, although these approaches have succeeded in combining Structural and Strategic approaches to family therapy, the "principles" are not consistent with those expressed in the chapter on family therapy from a Constructivist perspective.
5.4 Sequences: Toward a Common Denominator of Family Therapy

Breunlin and Schwartz (1986) have suggested the above model as an attempt to use techniques from different schools of family therapy, but avoiding conceptual contradictions that, according to them, have been inherent in previous integration attempts. "This paper presents a conceptual framework that is designed to help clinicians and researchers organise their observations of the complex network of interconnected sequences of behaviour and thinking that constitute family interaction" (Breunlin & Schwartz, 1986, p.67).

According to them, a common denominator among the different models of family therapy, is the idea that families are patterned, with repeating classes of interactions: "One is tempted to conclude that the idea of recursive patterned behaviour connected to problems is indeed a pattern that connects the many models of family therapy" (Breunlin & Schwartz, 1986, p.68).

Furthermore, they state that to describe a pattern in its entirety for any given family is an impossible task, and so different family therapy approaches have selected limited sequences of behaviour to focus on.
"For instance, a structural family therapist ... may explore in depth a small in-session sequence, whereas a brief therapist may limit the sequence to the behaviours that constitute the attempted solution to a problem ..." (Breunlin & Schwartz, 1986, p.68).

Breunlin and Schwartz's (1986) framework distinguishes four classes of recursive sequences. The shortest sequence (S1) are face-to-face interactions that vary in length from seconds to an hour. S2 sequences occur over one day to one week. S3 sequences range from several weeks to one year, while S4 sequences "are those patterns of interaction and thought that repeat from generation to generation" (p.67).

Breunlin and Schwartz (1986) suggest that the entire pattern defining any given family "is an interlocking system of the four classes of recursive sequences and non-recursive sequences" (p.78). The following example provided by Breunlin and Schwartz (1986) clarifies what an entire pattern made up of the four classes of sequences can look like:

The S1 of mother chastising and father forgetting and placating is a tension-escalating, and therefore system-threatening, sequence that is calibrated or "cooled out" by an S2 involving Jim
provoking mother, mother and father arguing about Jim, father talking to Jim, Jim behaving better. In turn, this S1, S2 combination is embedded, and calibrated by, the S3 of mother's depressive episodes that occur when the S1's and S2's have escalated to the point where the system is threatened. In turn, these sequences are embedded within the trans-generational pattern and world view of parental mother and placating father that is maintained by and maintains the shorter sequences. (p.79)

Breunlin and Schwartz (1986) assume that problems are embedded within one or more of these recursive interactional sequences that, according to them, are partial arcs of the entire pattern. Consequently, according to them, a therapist who follows their model, follows the following process. He first assesses the level of embeddedness of a problem. Secondly, he selects the class of sequence that seems "fruitful" or useful with which to enter the total patterning. Thirdly, he selects an intervention that will alter or intensify that class of sequence. Fourthly, he observes the effect of this intervention with regard to other classes of sequences, and lastly, if necessary will shift to other classes of sequences with the appropriate techniques. Breunlin and Schwartz (1986,
p.85) conclude by saying, "in this way, we have employed techniques from the structural, strategic, Milan and Bowen school of family therapy and even, at times, in the same case."

Breunlin and Schwartz (1986) furthermore appear to recognise the Constructivist perspective and influence on family therapy:

In this debate, we adopt neither an absolutist view, that such a pattern exists to be discovered as a reality by an objective observer, nor a radical constructivist view, that the pattern does not exist, except as a construct in the mind of the observer. We take the position that family life is not entirely random and ordered only by an observer but rather that families are indeed patterned and that a model is useful insofar as it affords a useful mapping of that pattern. (pp.70-71)

Breunlin and Schwartz (1986) recognise that it is the observer who draws distinctions that punctuates the total pattern into sequences of that pattern, and that various schools of family therapy, including Structural and Strategic approaches, draw out different sequences. According to them, their sequences model, "affords a more complex process for drawing distinctions and forming hypotheses about the total pattern" (p.71). However, Breunlin and Schwartz (1986) also appear to
have a "linear" view of change during therapy. As was shown, they conceptualise the therapist as the one who intervenes and so alters dysfunctional sequences. Therefore, although their model enables them to use techniques from both Structural and Strategic approaches, their "linear" view of change and psychotherapy conflicts with the Constructivist perspective defined in an earlier chapter.

5.5 A Paradigm for Construction of Family Therapy Tasks

Brown-Standridge (1989) has designed a paradigm for the construction of family therapy tasks, whereby the family therapist chooses a task intervention which fits the particular client system. For Brown-Standridge (1989, p.472), task interventions include "whatever messages or instructions the therapist leaves with the family at the close of the session." Brown-Standridge (1989) states that while there has been some overlap among various theorists concerning task usage, there has been "no integrative paradigm to weave a common thread tying task interventions as a 'best fit' to each client-family context" (p.477). Brown-Standridge (1989) has attempted such an integrative paradigm.

Her model for task interventions is based upon three dimensions:
(a) Direct vs Indirect  
(b) Behavioural vs Non-behavioural, and  
(c) Paradoxical vs Non-paradoxical.  
These three dimensions are explained by Brown-Standridge (1989) in the following quote:

"Direct versus Indirect" dimension helps the therapist determine how straightforward he or she can afford to be in confronting the presenting problem, while the "Behavioral verses Non-behavioral" dimension assists in gauging whether potential assignees are actually ready to do something to remedy their predicament, as opposed to needing more attitudinal change. The third dimension, which allows for examining 'Paradoxical versus Non-paradoxical' construction, aids the clinician in trying to predict whether a task intervention will be met with client defiance or compliance, based on the level of ambivalence shown toward stability/change. (p.477)  

In other words, a therapist has eight options for a task design. A Direct/Behavioural/Non-paradoxical task, or an Indirect/Non-behavioural/Paradoxical task are two examples. Brown-Standridge (1989, p.481) supplies practical examples of these eight options, and they include straightforward homework activity, symptom
prescription, straightforward cognitive task, negative cognitive task, metaphorical task, indirect suggestion, contradictory metaphorical task, contradictory indirect suggestion, message (truism), anecdote, contradictory message, and contradictory anecdote.

It becomes clear that the techniques used by Structural and Strategic family therapies are not inconsistent with Brown-Standridge's (1989) task intervention options. "Direct/Behavioural tasks are associated with planned activities to be reported on in the next session, and are comparable to Minuchin's 'homework', Haley's formal 'directives' and MRI 'assignments'" (Brown-Standridge, 1989, p.479).

Furthermore, tasks taken from the indirect and/or non-behavioural dimensions appear to have a similar rationale as that of the Constructivist perspective. According to Brown-Standridge (1989):

A well-timed message, letter, or anecdote is chosen to call upon the wisdom of each family member's 'unconscious mind' for direction. Each client is left to reconcile the thrust of the message or story to his or her own contribution to the family scenario. (p.480)

(5) The language appears similar to Maturana's concept of "structure determinism" (See chapter 3) and Keeney's concept of the unconscious in therapy.
It would appear as if Brown-Standridge (1989), therefore, has succeeded in integrating Structural family therapy, Strategic family therapy and family therapy from a Constructivist perspective. It could be argued that, according to her, "techniques" from the three schools are utilised by the therapist to "fit" or match various positions of the family.

However, Brown-Standridge's (1989) paradigm, although successful in supplying an over-arching view or theory that encompasses Structural family therapy and Strategic therapy, is inconsistent with the principles of Constructivism. Brown-Standridge (1989), firstly assumes that the therapist can make an objective assessment of a family, and then, secondly, assumes that the therapist "linearly" intervenes to change the family, albeit with a vague message or anecdote. Golann (1988), while carefully scrutinising second-order family therapy (which was shown in chapter 4 to be a similar concept to that of constructivism in the field of family therapy), makes the observation that the extent to which the "reflecting team" is a "second-order" family therapy depends, not on merely reversing the light, but on the genuineness of the team's commentary. "A pre-planned, strategic use of the reflecting team would be yet another form of misconstrued, first-order intervention" (Golann,
1988, p.63). Similarly, Brown-Standridge's (1989) use of a well-timed message or anecdote, appears to be merely another strategic technique that is pre-planned with a planned goal in mind, and would fall under techniques used by a Strategic family therapist.

Therefore, in conclusion, Brown-Standridge (1987) appears to have constructed a paradigm that encompasses both Structural and Strategic thought and practice, and suggests that a family therapist, whether he regards himself as Structural or Strategic, is practising and doing the same thing - constructing task interventions that fit the family in front of him. However, as has been shown, Brown-Standridge's (1989) paradigm is theoretically inconsistent with family therapy from a Constructivist perspective.

5.6 Keeney and Ross (1988) - Constructing Systemic Family Therapies

Keeney & Ross (1985), in their book "Mind in Therapy" have as their aim the following:

We set forth a unifying conceptual view that enables both novices and experienced clinicians to draw upon the multiple resources of diverse systemic therapies as a means of enhancing the organization of clinical strategies. (p.4)
Keeney & Ross (1985) believe that the differences between the various schools have been overstated and, although they each have a unique way of changing systemic patterns of organisation, they each begin with the starting point that symptoms and problems are part of more encompassing systemic patterns of organisation. Consistent with this belief, they offer an overarching view that, not only allows for a comparison of the various systemic family therapy schools, but also shows the similarity of the schools. This overarching view encompasses two main concepts. Firstly, Keeney & Ross (1985) believe that what occurs during therapy in all systemic family therapies can be analysed according to a "semantic" frame of reference and a "political" frame of reference:

The sequential tracking of who-does-what-to-whom-when indicates a political frame of reference. Should a therapist ascribe a particular meaning to this sequence, or to part of it, the frame of reference then shifts to semantics. To say that mother and father are engaged in a power struggle is to construct a semantic frame of reference around the political scenario. (p.16)

Secondly, Keeney & Ross (1985) believe that systemic family therapists' interventions consist of three parts
- a request for change, a request for stability and meaningful noise - "from which an alternative pattern or structure for reorganising change and stability can be constructed" (p.57). Keeney & Ross (1985) then analyse various family therapy schools according to their two premises.

Firstly, they show that MRI therapy construct both "semantic" and "political" frames. "Semantic" frames are constructed when the presenting problem is defined, and how the client gives meaning to his problematic situation. A "political" frame is constructed when all attempted solutions by the client and others are defined. "As the therapist uncovers attempted solutions a 'political' frame of reference is constructed ... we see who did what with respect to trying to solve the problem" (p.100).

Furthermore, the MRI approach also follows Keeney and Ross (1985) basic form for therapeutic change:

(stability/change) // meaningful noise (p.93).

"Change" involves blocking the patient's and others' habitual way of attempting to solve the problem, while
"stability" is seen as the MRI tactic of prescribing the problem's occurrence. "Meaningful noise" refers to the method, developed from clues left by the clients, of presenting the request for change and/or the request for stability. In other words, the success of the intervention rests upon how the therapist presents and explains it.

Keeney and Ross (1985) view the assessment stage of therapy as being developed from "semantic" and "political" frames of reference, and the "intervention" stage as being characterised by requests for stability and change, and "meaningful noise". Furthermore, just as "diagnosis" and "intervention" are recursively linked, so too are "semantic" and "political" frames recursively linked to request for stability and change, and meaningful noise:

\[
\text{political} /\!\!\!\!\!/ \text{semantic} \\
| \text{(stability/change)} /\!\!\!\!\!/ \text{meaningful noise (p.60).}
\]

Keeney & Ross (1985) show that Minuchin's model of therapy follows their model. According to them, Minuchin's therapy can be analysed from a "semantic" frame of reference when it searches and defines the particular way the family systems are organised. "It involves defining whole family systems as comprised of
subsystems coupled to one another through boundaries that may be described as enmeshed or disengaged" (Keeney & Ross, 1985, p.168).

Furthermore, the "political" frame of reference leads to observing the specific ways in which the members act out their participation in these family structures. "This political frame of reference is essentially the same frame that Haley constructs with respect to the sequential organization of behaviour" (Keeney & Ross, 1985, p.168).

Keeney & Ross (1985) see the complementary actions of "joining" and "restructuring" as Minuchin's way of addressing requests for stability and change. Finally, it is Keeney & Ross' belief that Minuchin's idea of the healthy family model is "meaningful noise" provided by the Structural therapist.

Keeney & Ross (1985, p.6) also state that "all approaches do in fact respond to behavioural problems, triadic social relations and contextual meanings. One cannot not behave, not relate, not mean ...". In other words, according to Keeney & Ross (1985), although different family therapy orientations specify unique ways of drawing distinctions that organise therapy,
ultimately the symptom disappears as behaviours, social relations and family members' perceptions are altered.

5.7 Keeney (1987) - the Construction of Therapeutic Realities

Keeney's (1987), discussion on the construction of therapeutic realities involves a slight adjustment to the paradigm, mentioned above, in Keeney & Ross's (1985) book, "Mind in Therapy".

According to Keeney (1987), clients present therapists with "semantic" and "political" frames which are then utilised by the therapist to construct therapeutic realities. Furthermore, Keeney (1987, p.469) states that, "to effectively help a troubled system, a therapist must be able to introduce other semantic and political frames that are of a different order of abstraction than the simpler order frames represented by clients." Keeney (1987, p.469) continues and states that "these frames give new meanings to clients' problems or attempt to shift the politics organising problems, or both."

According to Keeney (1987), there are a variety of semantic and political frames that may be used for constructing therapeutic realities:
This general view concerning the construction of therapeutic realities suggests that there is a wide variety of ways of working with troubled systems. Keeney's (1987) paradigm stresses, therefore, that all therapies, including all schools of family therapy "organise themselves to stabilise or change the meaning and/or politics of social choreography, interactions, or simple actions" (p.474).
Similarly, a therapist's therapeutic interventions involves prescribing change or stability of the semantic and political frames that are presented or constructed in therapy. "A therapist may prescribe stability or change of semantic or political frame - at three orders of recursion - simple action, interaction and social ecology" (Keeney, 1987, p.475). Furthermore, Keeney (1987) continues with the idea postulated by Keeney & Ross (1985) that such prescriptions or interventions require some form of meaningful explanation, and so continues with the concept of "meaningful noise" as defined in the previous section.

According to Keeney's (1987) paradigm, Structural family therapy and Strategic family therapy, also involve the construction of therapeutic realities from "semantic" and "political" frames at different orders of recursion. Furthermore, interventions, described in earlier chapters on Structural and Strategic family therapy, involve prescribing change or stability of these semantic and political frames that were constructed.

Both Keeney's (1987) and Keeney and Ross's (1985) paradigm are consistent with the Constructivist principle that there is no true objective pattern waiting to be discovered by the therapist. These two
paradigms clearly illustrate how different family therapists can punctuate the family "reality" in different ways, that are still useful. However, although the concept of "meaningful noise" reflects the Constructivist principle that interventions are only successful if they are meaningful to the client, and that it is noise in the sense that any possible meaning may be constructed by the client, the language used by both Keeney (1987) and Keeney & Ross (1985), when discussing prescriptions for change and stability, is remarkably linear. For example, as we have seen, Keeney (1987, p.475) states that "a therapist may prescribe stability or change of semantics or political frames - at three orders of recursion - simple action, interactions, and social ecology." The idea of intentionality, in discussing what the therapist wants to change, is inherent in both paradigms, and the idea that it is the therapist who does the changing is also reflected. The therapist also appears to be removed from the family system. The apparent contradiction between this observation, and the belief that Keeney is a Constructivist, will be discussed later.  

(6) As was shown in an earlier chapter, Keeney (1983) stated in Aesthetics of Change, that therapists are always part of the world they are observing. According to him, the therapist is part of the family system he is interacting with, and so there is no such thing as unilateral control over that system. However, the idea of prescribing change, and the inclusion of Structural and Strategic family therapy as being consistent with his paradigm, as stated above, appears to contradict his thoughts as found in Aesthetics of Change.
5.8 Sluzki (1983) - Process, Structure and World Views: Toward an Integrated View of Systemic Models in Family Therapy

Sluzki (1983) attempts to integrate which, to him, are three core orientations in the field of family therapy:

Therapeutic modalities centred in interpersonal processes, in structural phenomena, and in reality constructions - the three core orientations in the field of family therapy - are here defined as mutually non-exclusive "translations" of the systemic paradigm into clinical practice. (p.469)

In other words, according to Sluzki, models that share a systemic root are "those that focus primarily on process, primarily on structure, and primarily on world views" (Sluzki, 1983, p.470). 7

Sluzki (1983) furthermore states that each of the models provide a conceptual rationale for their interventions. Firstly, repunctuations, symptom

(7) It appears as if Sluzki (1983) has Strategic family therapy (process) and Structural family therapy (structure) in mind. However, it is not clear if his discussion on the model that focuses on "world views" is equal to family therapy from a Constructivist point of view. He does stress that this model focuses on the family's constructed reality, but when he discusses therapy according to this model, he uses "linear" language, and it appears as if he has the Milan school of family therapy in mind. Any model which makes use of "reframing" can be said to be focussing on "world-views".
prescription, predictions of failure, prescription of behaviours, and tasks to change the patterns of symptom maintenance behaviour come from an interactional or strategic view (i.e. process). Secondly, realignment along generational boundaries and organisational change, can be related to the structural view, and finally, "alternative organization of family histories and positive connotation of collective behaviours can be ascribed to the emphasis on reality construction (world view)" (Sluzki, 1983, p.474).

Sluzki (1983) then asks whether these types of interventions are mutually exclusive, and replies - no they are not:

Each systemic change can be discussed in terms of interactional, structural and world view parameters. Even the specific sets of therapeutic interventions that clearly derive from one of the models can be analyzed from the angle of the others. So, a change in punctuation can be discussed in terms of the way it affects the family history as well as present construction of reality, a positive connotation can be studied in terms of the way it modifies intergenerational boundaries, a realignment can be examined in terms of its power to alter the pattern that retains symptoms, and so on. (p.474)
In other words, any therapeutic intervention from any of the three models will bring about change in the structure of the family, in the interactional behaviours of individual members, and in each member's "world view" or perception of reality. This belief echoes Keeney & Ross's (1985, p.6) statement that "all approaches do in fact respond to behavioural problems, triadic social relations and contextual meanings. One cannot not behave, not relate, not mean ...".

Sluzki's (1983) paradigm clearly suggests that, ultimately, Structural family therapy and Strategic family therapy both bring about change in structure, patterns of interaction, and perceptions of family members - and are therefore similar.

However, although he comes close to incorporating family therapy from a Constructivist perspective into his integration, for reasons discussed earlier, it is not included.

5.9 The Therapeutic Process: Lineal, Circular or Both?

As has been shown, the main stumbling block towards an integration of family therapy from a Constructivist perspective, with Structural and Strategic family therapy, is the Constructivist belief that the
therapeutic process is a circular one, compared to the "lineal" belief of both Structural and Strategic family therapy. Concepts such as therapist "control" and "power" are discarded by proponents of family therapy from a Constructivist perspective, whereas both Structural and Strategic family therapists advocate the idea of the therapist as the expert change agent who has "control" over the family. A second stumbling block towards such an integration involves the idea of whether what the therapist sees is a "discovery" or a "creation". This section will mainly concentrate on the first stumbling block and examine various attempts at removing the stumbling block. The second stumbling block will also briefly be discussed.

Dell (1986b) in his article titled, "In defense of 'Lineal Causality'" begins his argument with the following:

"'I didn't believe in lineal causality until the night my wife shot me' - apocryphal tale among German family therapists" (p.513).

According to Dell (1986b) no family therapist will ever claim that his intervention unilaterally causes or determines a response from the family. Furthermore, according to Dell (1986b), all family therapists know that their interventions are embedded in the circular
pattern of interaction between family and therapist. However, Dell (1986b) argues that there is something in the therapeutic situation that makes family therapists view the therapeutic situation or process as lineal. He quotes (p.517), Gurman who states that "subprocesses in the therapeutic encounter can be shown to be decidedly linear"; Keeney, who states that "you will not be a very effective therapist without a repertoire of lineal strategy"; Minuchin, Rosman and Baker who state, "the therapist's ... intervention is linear"; and Simon and Schmidt who state, "lineal causal relations must be postulated, if interventions is thought to have any effect at all".

Dell (1986b) postulates an argument which, according to him, helps untangle the impasse between clinicians and epistemologist, as well as the impasse between those who claim the therapist has control, and those who state that "control" is inconsistent with systemic language.

The theme of his argument centres around his statement that there "is a fundamental, intransigent difference between experience and explanation ..." (p.517). His argument is based on the following premises.

Firstly, explanation takes place in a "metadomain with respect to experience" (p.517). Secondly, we all live
in the domain of our experiences, and within this
domain, things happen to us. Consequently, "experience
is constitutively instructive or lineal" (p.517). However, most epistemologists have insisted that
experiences are never lineal, as they are embedded in
the interactions of which we are part of.

Thirdly, Dell (1986b) introduces a third concept, that
of "description", and defines it as "the operation that
allows us to represent our experience to ourselves and
to other". "Explanation" is also meta to description.

Finally, Dell (1986b) states that a "substantial part
of the problem in the dialogue between clinicians and
epistemologists resides in the fact that they still
understand lineal causality quite differently from one
another: clinicians use the term as a description,
whereas epistemologists use it as an explanation"
(p.518). In other words, clinicians experience a
lineal world in therapy, and describe such experiences
in language like the following - "when Dr. Minuchin
makes a particular intervention, the family undergoes a
structural change ..." (Dell, 1986b, p.518). On the
other hand, epistemologists, in explaining therapeutic
change, say that lineal causality is impossible,
according to systemic thought.
Dell (1986b) concludes by stating the following:

Clinicians and epistemologists are, often unknownst to themselves, using the term "lineal causality" to refer to two utterly distinct and incompatible domains: description (of experience) and explanation. Given this, it can be seen that the problem with the everyday clinician's use of the term "lineal causality" is not that he or she is describing experience, but that his or her description of experience is given in (one of) the language(s) of explanation: causality (that is, "cause", "control", "intervene", "resist", "regulate", and so on). This confounding of domains, ... has bred a predictably murky and often heated disagreement between clinicians and Batesonian epistemologists. Specifically, when Batesonian epistemologists claim that lineal causality is not only impossible, but an epistemological error as well, clinicians hear that their experience is somehow wrong or incorrect: that mothers cannot control families, that Dr Minuchin cannot effectively bring about changes in families, and so on. This latter claims (were it being made) is unquestionably nonsense. Clinicians know (experientially) that A does lead to B; that mothers do control families, and that Dr Minuchin does change families. (pp.519-520)
Dell (1986a) states a similar argument, and suggests that our lineal experience is the only experience we have, and it allows us to function. Similarly, the therapist's experience is lineal, and it helps him to function in a therapeutic situation.

Dell (1989) applies his argument to the discussion of "power" and "lineal control". Dell argues that when epistemologists say that the idea of "power" is an epistemological error, they are speaking in a different domain to family therapists who talk about lineal control. "Bateson is speaking in the domain of scientific explanation, whereas the rest of us, when we believe in "power", are speaking in the domain of experience and the domain of description" (1989, p.8).

Hoffman (Golann, 1988, p.67), in a reply to Golann's (1988) criticism on the second-order family therapy's position on therapist power and influence, appears to echo much of what Dell has been trying to say, when she states that she is "always trying for a both-and position, and I certainly don't think I can do without a linear idea of things just because I am trying to describe a nonlinear one".

Hoffman (1990), in her recent writings, appears to have accepted Dell's (1986a, 1986b, 1989) arguments
concerning the difference between explanation and experience of the therapeutic process. According to her (1990, p.7), "the weakness of Batesonian system views is that they offer no language in which to describe experiential events."

One can relate Dell's (1986a, 1986b, 1989) hypothesis to this thesis, and state that the major stumbling block mentioned in the beginning of this section, towards integrating family therapy from a Constructivist perspective, with Structural and Strategic family therapy, can be overcome if one accepts that Constructivist language (e.g. "Circularity") explains the therapeutic process, whereas the linear language found in the writings of Structural and Strategic family therapy, are descriptions of therapist experiences with the family during therapy.

Golann (1988) finds inconsistencies in second-order family therapists who deny the existence of linear interaction or causality. According to him, "even in a model that didn't admit to the possibility of instructive or corrective interaction, one could still, according to Hoffman, perturb the system and see how it compensated, or 'give it a bump and watch it jump'" (p.62). For Golann (1988), second-order systemic therapy, "although laudable in its aspirations, reveals
many examples of unacknowledged power, which suggests either confusion or magical illusion" (p.63). According to Dell (1986a, 1986b, 1989) the examples of unacknowledged power found in Family therapy from a Constructivist point of view, probably suggests confusion of domains - description of experience and explanation. "Perturbing" the system or giving it a bump is "linear" language, belonging to the domain of experience. When a Constructivist claims that the therapist does not unilaterally change the client, this language belongs to the domain of explanation.

The distinction between aesthetics and pragmatics of family therapy (Golann, 1988; Kantor & Neal, 1985; Keeney, 1982; Keeney, 1983; Keeney & Sprenkle, 1982), come very close to Dell's (1986a, 1986b, 1989) distinction between experience and explanation of family therapy.

According to Kantor and Neal (1985, pp.13-14), "the aesthetic therapists have accused the pragmatic therapists of making an epistemological error by not including themselves or their personal experience within the therapeutic context." The pragmatic therapists, in turn, have criticised the aesthetic therapists of a lack of "clinical specificity" and "therapeutic responsibility" (p.14).
Kantor and Neal (1985, p.14) continue and state that "both perspectives are valid and useful, yet we need a way of thinking that enables us to make use of the insights and avoid the blindspots of each perspective". Dell (1986a, 1986b, 1989) has provided such a "way of thinking".

Therefore, it could be said that Keeney's (1983) concept, aesthetics of change, is an explanation of the therapeutic process, similar to the Constructivist's explanation of family therapy. The pragmatics of family therapy refers to what the therapist does in therapy in response to what he experiences. Minuchin and the MRI approach to therapy are pragmatic therapists describing their experiences.

What becomes clear is that neither aesthetics or pragmatics is incorrect, nor explanation or description of experience. As has been shown, they belong to different domains (Dell, 1986a, 1986b, 1989) or levels (Keeney & Sprenkle, 1982). Criticism of one by the other is invalid. Concerning this, Keeney and Sprenkle (1982) state:

Criticism of pragmatic family therapy has been largely voiced by Bateson. Predictably, the response of the pragmatists to his criticism has
always been on the pragmatic level. It can be seen that the debate is irresolvable as long as each position argues from a mutually exclusive level - both criticisms are correct within the context of the respective perspectives from which the criticism derives. At the same time, both criticisms are incomplete from the larger context subsuming two different levels of perspective. (p.3)

The second stumbling block, towards an integration between family therapy from a Constructivist perspective, and Structural and Strategic family therapy, concerns a similar issue.

The Constructivists, as has been shown, do not believe in objective entities existing independent of the therapist. On the other hand, the reader of Minuchin's writings, and that of the MRI approach to therapy, could be forgiven if he or she stated that they both advocated, a structure or organisation of the family, or a sequence of problem behaviour and solution behaviour, respectively, existing as objective realities, waiting to be discovered by the therapist.

On the other hand, Minuchin (1974) talks about a "family map" constructed by the therapist. "A family map is an organizational scheme. It does not represent
the richness of family transactions any more than a map represents the richness of a territory ... the family map is a powerful simplification device ..." (p.90).

Similarly, Watzlawick et al. (1974, p.131) argue that "reality is what we have come to call 'reality' ...".

Dell's (1986a, 1986b, 1989) distinction between explanation and experience could again be used to explain this apparent inconsistency. The therapist, while he is busy with the pragmatics of psychotherapy, will experience what he sees in front of him as objective entities or reality. However, an explanation of therapy will define the therapeutic reality as constructions, or creations, rather than discoveries; maps rather than the territory.

5.10 Conclusion

It is the argument of this thesis that family therapy from a Constructivist perspective, Structural family therapy and Strategic family therapy can be reconciled if one accepts Dell's distinction between explanation and experience of the psychotherapeutic process, and Keeney's distinction between aesthetics and pragmatics of change. As has been stated, a Constructivist is busy explaining the circular process of therapy,
whereas Structural and Strategic family therapy are describing their "linear" experiences of the pragmatic of family therapy.

Furthermore, as has been shown, on a pragmatic level, Structural and Strategic family therapies, both are involved in changing the organisation of the family, the behaviours of each family, as well as each family member's "world-view" or "perceptions". One cannot change the organisation of the family, without changing their behaviours, and/or perceptions; one cannot change their behaviour towards each other without changing their perceptions of reality and/or organisation of the family and, finally, one cannot change the "world-views" of the family members, without changing their behaviour as well as the organisation.
CHAPTER SIX

SUMMARY AND CONCLUSION

This thesis has examined in detail, three schools of family therapy - Structural family therapy, Strategic family therapy, and family therapy from a Constructivist perspective.

Traditionally, family therapists have labelled themselves as either Structuralists, Strategic family therapists, or Constructivists, most taking an either/or stance. As has been stated, there have been attempts to reconcile Structural family therapy and Strategic family therapy, but little or no attempts to reconcile family therapy from a Constructivist perspective with Structural family therapy and/or Strategic family therapy. As was stated in this thesis, the main stumbling block towards such an integration or reconciliation between Constructivism with the other two schools of family therapy, lay in the Constructivist belief that the therapeutic process is circular, compared to the "lineal" belief of both Structural and Strategic family therapy. A second stumbling block involved the Constructivist belief that what the therapist observes in therapy is a "creation" (or co-creation), rather than a "discovery" of
objective, independent family structures or family sequences of behaviour.

The various models discussed in Chapter 5 illustrated the above comments. Firstly, it was shown that various authors and therapists have directly reconciled the principles of Structural and Strategic family therapy in the development of a therapeutic programme (for example, Madanes, 1980; White, 1979). Underlying such a reconciliation, was the belief that family structure, behaviour of individual family members, as well as each member's perception, are recursively linked. For example, techniques that directly alter the organisation of the family will, of necessity, alter perceptions and behaviours of individual family members.

Secondly, various integrative models were discussed (Breunlin & Schwartz, 1986; Brown-Standridge, 1989; Keeney, 1987; Keeney & Ross, 1985; Sluzki, 1983). All of these models again showed that Structural family therapy techniques and Strategic family therapy techniques can be reconciled in one model of family therapy. However, as was shown, in all of these integrative models, the language used to describe the therapeutic change was "linear". It is the therapist who intentionally intervenes to change the family who is independent from the therapist. These integrative
models, furthermore, echoed the first point above, where they stated (albeit in different ways) that all interventions respond to simple behaviour, contextual meanings or perceptions, and the organisation of the family.

Finally, the thesis concluded with the premises of Dell (1986a, 1986b, 1989). Dell's argument is particularly aimed at the impasse between family therapists, whose language reflects a belief in "linearity" and therapist control, and those, like the Constructivists, whose language reflects a belief in "circularity" and a co-created therapeutic reality.

Dell (1986a, 1986b, 1989) argues that the impasse can be solved if one realises that those who advocate the principle of "linearity", are describing their experience of the therapeutic situation, whereas those who defend the concept of "circularity" are explaining the therapeutic situation. As far as this thesis is concerned, it was stated that both Structural and Strategic family therapists, who have evolved out of the systemic revolutions, are using "linear" language to describe their experience of therapy, whereas family therapists who advocate Constructivist principles, are using "circular" language to explain the systemic nature of therapy. Keeney's (1983) distinction between
aesthetics and pragmatics of change, was shown to be similar to Dell's (1986a, 1986b, 1989) distinction between explanation and experience of therapy.

Furthermore, it was shown that, according to various authors (Dell, 1989; Kantor & Neal, 1985; Keeney, 1983; Keeney & Sprenkle, 1983), it is not a question of choosing between aesthetics or pragmatics, nor between explanation or description of experience. In other words, according to cybernetic principles, it is not either/or, but both/and. Both dualisms (aesthetics/pragmatics and/or explanation/description) belong to different domains or levels, and are both valid. Consequently, both "linearity" and "circularity" are valid.

Finally, as was stated in the thesis, the above conclusions mean that Structural family therapy, Strategic family therapy, and family therapy from a Constructivistic perspective can be reconciled in one all-encompassing model of family therapy that embraces the cybernetic complementarily of linearity/circularity. The left-hand side of this complementarity reflects the language used by both Structural and Strategic family therapists in describing the experience of therapists, whereas the right-hand side of this complementarity reflects the language used by Constructivists in explaining therapy.
According to this thesis, a complete model of family therapy can be sketched:

\[
\text{Family therapy}
\]

\[
\begin{align*}
\text{linearity} & \quad \text{circularity} \\
\text{pragmatics} & \quad \text{aesthetics} \\
\text{of therapy} & \quad \text{of therapy} \\
\text{description of} & \quad \text{explanation of} \\
\text{therapy experience} & \quad \text{therapy} \\
\text{discovery of} & \quad \text{co-creation of} \\
\text{therapeutic reality} & \quad \text{therapeutic reality}
\end{align*}
\]

Furthermore, this thesis concluded, on a pragmatic level, Structural and Strategic family therapies are both involved in changing the organisation of the family, the behaviours of each family member, as well as each family member's "world-views" or "perceptions".

In conclusion, this thesis has reconciled Structural family therapy, Strategic family therapy and family therapy from a Constructivist perspective by using the very systemic concepts, that they themselves have evolved out of. Because of the both/and position adopted by this thesis, it can be further argued that the student of family therapy would best be served by studying the "principles" of both sides of the above cybernetic complementarity.
REFERENCES


