CHAPTER 3

Family–Larger System Assessment Model

Family–larger system assessment involves the therapist in an extra level of information-gathering and direction-setting activities. This work should enhance and augment, not replace, individual and family assessment. The macrosystemic concepts discussed in this chapter not only inform ongoing individual and family work but also establish a basis for intervention in the macrosystem.

CASE EXAMPLE: FAMILY–LARGER SYSTEM MAZE

(This case will be elaborated in segments throughout this chapter.) Two almost simultaneous referrals to family therapy were made for the same family by two social workers employed by a government social service agency. The family consisted of Mr. and Mrs. Connors, two daughters, 15 and 17, and two foster daughters, 13 and 14. The parents had had various foster children in their home for their entire 20-year marriage. Consequently, they had interacted quite regularly with many social workers from social services. Most of these foster children had emotional and social problems of varying degrees. The family had never sought family therapy before nor had they been referred for family therapy prior to the present referrals.

The two social workers who made the referrals were involved with the family as workers for each of the two foster children. Separately, both had become alarmed by behavior in the foster child for whom they were responsible and, unbeknownst to each other, referred the family for family therapy. The referrals were made to the same agency, but to two different therapists. After calls to the family this was discovered, and one therapist agreed to work with the family while the other would be behind the one-way mirror. At this juncture several weeks passed while the

family therapist waited to hear from the family to set an appointment. Finally, Mrs. Connors called and made the first appointment, expressing, however, that it would be very difficult to get everyone in the family together because of work and school schedules. Subsequently, the time of the first appointment was changed twice.

The family arrived and expressed a great deal of confusion about the referral for family therapy. They agreed that each foster daughter had serious problems but believed the locus of such problems was in the girls' families of origin and past abuse. One foster daughter, Alice, whose problems were more serious (e.g., suicidal threats), was seeing an individual therapist weekly and had been doing so prior to her arrival in the Connors home. The parents cited their 20 years of fostering as evidence of their expertise in child rearing, while graciously agreeing that "of course, everyone can use some help sometimes." An atmosphere of pseudocooperation with this family therapy endeavor marked the interview, and it was difficult to discern just what the problems were that prompted the two referrals. A tone of protection was evident on the part of all family members, and the parents communicated a sense of hurt that they were being judged as incompetent foster parents, which was how they defined the referral for family therapy. An end-of-session assignment was given to clarify the aims of family therapy as far as the family was concerned, and an appointment was set for 2 weeks hence.

Mrs. Connors called on the day of the appointment and canceled, citing scheduling problems. She said she would call back when she knew their schedule, or the therapist could call her. In the meantime, the therapist began to receive calls from the two social workers urgently inquiring if therapy had ensued. Clearly, this family and the referral to family therapy were part of a complex family–larger system network that needed to be understood.

This example indicates the necessity for discerning and assessing the *meaningful system*, or that configuration of relationships and beliefs in which any given family's problems and issues make sense. To see the problem in the engagement process in this case as problems *in* the family leads one to notions of resistance, lack of cooperation, and so on. To formulate an assessment that examines the engagement process in the context of family–larger system relationships will enhance possibilities of effective engagement and relevant intervention in an appropriately wider network of relationships.

While assessment, interviewing, intervention, and evaluation are all interwoven aspects of a whole cloth, they are separated here for purposes of presenting a learnable model.

PURPOSES OF ASSESSMENT

The therapist seeks information regarding the place of larger systems in a particular family's life. Families who have engaged with larger helping systems for three generations with little hint of change in major patterns present a very different meaningful system for consideration than families whose involvement with larger helping systems is recent and temporary. Families who regard their history with larger systems as toxic or highly conflictual are obviously different from families who consider their relationships with helpers as benign or peaceful. Such differences may, however, upon further examination, be less marked at the level of whether change occurs. Miller (1983) in her work on families with alcohol problems suggests that seemingly angry relationships with larger systems and seemingly beneficent relationships with larger systems may well be adaptations with the same outcome, that of no new development or change.

The second purpose of assessment is to determine viable points of entry into the family sphere that do not replicate prior treatment attempts if these have proven pointless. A family with a long history with outside systems that have come to regard the family as hopeless or unworkable requires an engagement process that is free from such pessimistic predictions. One might find that all prior engagement was with the mother and an ill child, omitting the father, and that the father had become increasingly distant from *both* the family and the helping endeavor. With this information regarding the nature of prior family–larger system interaction, the therapist can plan a very different engagement that confirms the father's participation. Or a family who is involved with multiple agencies and who is being sent to family therapy, as in the Connors case, may require an engagement process that focuses first on their relationships with helpers rather than on individual members or their internal family relationships. Such a framing is often a refreshing surprise to families, since most families engaged with public-sector helpers are not asked about their experiences in this domain. Defining a family's problem at this level and focusing on their relationships with professional helpers often engages a family in a therapeutic endeavor designed to enhance their overall functioning such that multiple larger systems will deintensify their interest in the family.

This leads to the third purpose of assessment of family–larger system relationships, that of giving the therapist the possibility of creating and sustaining with the family a new and unanticipated relationship with a larger system. Once a therapist is able to assess the ongoing nature of the family–larger system relationship, he or she can avoid replicating this relationship once more. Such replication simply contributes to rigidity and reification both within the family and at the family–larger system interface. Thus in the Connors example, a therapist who did not attend to assessing the family–larger system configuration easily ran the risk of inadvertently allying with the social service system simply by agreeing to the referral and inquiring about problems. Since the family was experiencing social services as criticizing them via the referral for family therapy, a family therapist might be seen as joining these critical ranks.

Once a therapist begins to appreciate the past and present nature of family–larger system involvement, then he or she is in the position to plan and implement a *different* sort of relationship, one with unexpected elements capable of introducing new information. (See Chapter 6 for an elaboration of this concept of creating unanticipated relationships and the in-depth case illustration "A 40-Year Secret").

The fourth purpose of assessment is the maintenance of viable relationships with larger systems. Helpers in public-sector systems frequently experience disconfirmation from clients, other professionals, and their own systems. Such disconfirmation feeds cycles of symmetrical escalation regarding "who knows best" and contributes to cascading blame that ultimately harms clients. Family therapists have frequently been accused of discounting the valuable contributions of other professions or of being uncooperative. An atmosphere of mutual mistrust often marks the larger system network. When one carefully assesses the family–larger system macrosystem, one is far less likely to ascribe to notions of "good guys" and "bad guys" and will gain a sense of family–larger system interaction that is more circular and often stuck in ways that no one malevolently intends. The therapist is then able to appropriately confirm contributions of other professionals and initiate limited "partnerships" that draw upon distinct areas of knowledge.

The fifth purpose of assessment is to account for systemic constraints, or those elements in the family–larger system network that are presently unchangeable givens, regardless of intervention. When a therapist is not cognizant of such constraints, it is easy to contribute to the cynicism in the family with interventions or directions that are impossible to carry out, to begin viewing representatives of larger systems as villains when, in fact, they are most often doing the best job they can do in the given circumstances, or to blame oneself for ineffectiveness.

Often such constraints in the family–helper macrosystem are statutory. It behooves any therapist entering a community to become familiar with the range of laws that will effect therapeutic work. As laws and policies change, one needs knowledge of these changes and their potential effects in the therapeutic arena. For instance, the Connors foster family was sent for therapy at a time when state law was shifting and social workers, who previously were encouraged to develop permanent foster plans after 1 year of placement, were now being told to focus on reuniting families, resulting in a spate of referrals for family therapy without

therapists being told of the underlying agenda (e.g., discovering "flaws" in the foster family that would make more palatable the plans to move a child back to his or her own home). Similarly, a therapist may be working with a natural family, self-referred, whose child is presently in foster care. If one lacks clear knowledge of current welfare policy, one may find that despite all attempts towards reunification desired by the family members, a legal and social policy process of "permanency planning" often precludes this outcome. Knowledge of such constraints can help the family therapist avoid work that will simply breed cynicism in families, and may lead the family therapist to important advocacy work at the social policy level.

A second area of constraint involves finances and the effects of governmental and insurance company decisions on the family–larger system network. In the 1980s such decisions have cut essential human services, often resulting in a situation where problems must be nearly unsolvable before intervention is available. For therapists working in the public sector, this has often meant working with an increasingly difficult population, whose problems are multiple and whose cynicism regarding the efficacy of help is appropriately high.

The issue of finances also provides a constraint regarding the popular third-party payment for therapeutic services. The therapeutic relationship immediately becomes one of three-party interaction, with a fair amount of mystification. Therapists may find that insurance companies are the salient and constraining larger systems regarding diagnostic labeling that contributes to reification (see Chapter 6 for a complete discussion of the labeling issue and case examples) or specifying a certain number of sessions.

Finances become an even more powerful and potentially damaging constraint, however, when a family is sent to therapy by a larger system that they consider to be a stressing agent upon them and the larger system is paying for the therapy and is hence expecting to "own" the outcome. The therapeutic alliance is easily compromised, as the family experiences the therapist as an ally of the larger system that is footing the bill. It is not unusual for the paying system to expect to set goals for treatment and to receive regular reports. A more general goal of any therapy, that of increased personal empowerment, may be readily sacrificed by a process that maintains the family in a dependent position as the real third party, existing between the payer and the payee.*

*In Canada, where some of this work is being written, everyone is entitled to universal health care, including therapeutic services. As of 1987 detailed reports or government goals for treatment outcome are not required. Thus, while a third-party payment system operates, it defines families as entitled to services by virtue of being participants in the society, rather than defining them as "one-down."

Too often there is no discussion of this financial issue, leaving it to exist as a silent, but potent, element in the family–larger system context, one that may constrain both therapeutic imagination and maneuverability.

Another area of constraint, frequently operative in the public-sector systems (e.g., welfare, probation, services for the handicapped, etc.), involves the rapid turnover of workers who interact with clients on the front line. It would not be unusual for a therapist working with a family involved with the welfare system to find that the family's social worker changes two or three times in 6 months. This seems to pertain all over North America. The effects of such shifts, whether due to burnout, frequent promotions, or geographic relocations, are to add elements of uncertainty to the family–larger system context, to mirror the very instability by which the families are frequently labeled, and to decrease motivation for problem solving, since the feedback circuit between the family and helpers, which could potentially provide affirmation, is constantly interrupted.

Knowledge of these various constraints in the family–larger system context, which become more visible with careful assessment, can assist the therapist to (1) demystify such constraints via frank discussion with any given family; (2) work where work is possible and not burn out attempting to deliver the undeliverable; (3) avoid unplanned alliances or splits with outside systems; and (4) make decisions about devoting a portion of one's professional time and energy to action at the social policy level.

The sixth purpose for assessment is leading the therapist to design and implement interventions in the family–larger system relationship, when it has been determined that this is the appropriate level for intervention. Understanding the salient patterns within the family, within the pertinent larger systems, and between family and larger systems, both historically and currently, opens the therapist's choices for intervention dramatically while avoiding intervention at the wrong level. Rather than curtailing interventions within the obvious boundaries of the family, which may be "more of the same wrong solution" (Watzlawick, Weakland, & Fisch, 1974), the therapist can intervene at the family–larger system interface, with particular combinations of family members and outsiders, or within the larger system per se, and potentiate effective change. Such expanded intervention options are especially pertinent when therapy has reached an impasse. (See Chapter 5 for a complete discussion of intervention design, implementation, and evaluation.)

The final purpose for assessment is to generate hypotheses pertaining to the place or function of particular families and for kinds of problems in and among larger systems.

Harrell (1980) notes that certain families come to function in enduring problematic patterns with larger systems and serve the function of

reducing stress and conflict among the larger systems. Such "symptomatic" families or individuals may serve a homeostatic function within a particular larger system and between systems, reducing the necessity for change within the larger systems by consuming all the free energy and attention that might otherwise be focused on such internal needs. Approaching assessment at this level is especially efficacious when consulting directly to the larger systems (see Chapter 8).

Particular problems function to provide a *raison d'être* for certain larger systems. The identified problem and the larger system interact to define and support one another. Harkaway (1983) points to this interaction between the socially defined overweight and the bevy of larger systems that exist for weight reduction, in the face of clear evidence that such problems most frequently contribute to a diet–overeat cycle resulting in further weight gain. She cites how the programs of these systems fit with family interaction patterns vis-à-vis the "overweight symptom," making symptom resolution less and less likely. As one seeks to understand the function of whole categories of problems within families *and* larger systems, questions regarding the ways that problems and larger systems may perpetuate each other must be posed and ways out of this dilemma sought.

The purposes of assessing the family–larger system relationship can thus be enumerated as follows:

1. To provide information regarding the place of larger systems in a family's life, leading to hypotheses regarding the *meaningful system* for intervention.
2. To determine viable points of entry in the family sphere.
3. To create new and unanticipated relationships between a family and larger system, thereby making a change process more viable.
4. To maintain viable relationships with larger systems.
5. To determine constraints in the family–larger system context.
6. To contribute to intervention design and implementation at the appropriate level.
7. To provide information regarding the place of particular families and problems in and among larger systems, in order to facilitate effective program development.

ELEMENTS OF ASSESSMENT

The family therapist wanting to assess family–larger system relationships should attend to several elements, including (1) determining which systems are involved, (2) problem definitions among the various salient

systems, (3) dyadic and triadic arrangements between the family and larger systems, (4) boundaries between the family and larger systems, (5) myths and beliefs, (6) past and current solution behavior, (7) binds, (8) transitions in the macrosystems, and (9) predictions.

Contributions to the assessment process come from specific information gathered from the family, from the referral source and other larger systems interacting with the family, from conducting a family–larger system interview (see Chapter 4), and from one's general fund of knowledge regarding the behavior of specific larger systems, as required by law and policy and as idiosyncratically translated by particular workers. The assessment process will unfold and change throughout therapy, as more information becomes available and the interaction of family and larger systems responds to the therapeutic context. A family therapist will find it efficacious to devote a portion of a first interview to an inquiry regarding the family's relationship to larger systems. Such an inquiry will likely yield hypotheses and a direction for entry and subsequent therapeutic action that would not otherwise be available.

Determining Which Larger Systems Are Involved

Assessment begins with determining which larger systems are involved with the family. Gathering such information immediately begins to provide the skeletal features of a family–larger system map. One is interested first in which and how may agencies regularly interact with the family. A given agency may have several subsystems that are involved with various parts of a family or may present diverse agendas to the family and to each other. One is interested, too, in how long the family has been involved with these or other outside systems.

Returning to the Connors family, one can see how the question of past and current involvement with larger systems expands one's understanding of the meaningful system.

CASE EXAMPLE (CONTINUED)

In the first session with the Connors family, the family therapist asked questions about outside systems and determined that the parents had regularly interacted with government social services for the entire length of their marriage, as they had begun to take in foster children as a young couple 20 years earlier. Since they had fostered 15 children and since workers often were changed for a given child, they estimated that they had related with 35 social workers for the children, as well as about a half dozen eligibility workers who were supposed to enter the family sphere every 6 months to reestablish their eligibility as a foster family and

determine their financial remuneration. Thirteen-year-old Alice also had an individual therapist to whom she was referred 2 years ago by her social worker. She saw this therapist weekly.

Inquiries about the extended family's interactions with larger systems revealed that both Mr. and Mrs. Connors's families were overseas and neither could recall any regular interactions with larger systems, other than church, which they both stipulated bore no similarity to their situation.

The nuclear family genogram is one small part of the complex Connors family–larger system genogram, shown in Figure 3-1. Questions arise about the nature of family–larger system interaction, about the effects on family life and identity of such regular involvement with outside systems, about methods that the family has designed in order to exist in their network, about how the family is regarded by the outside systems, and about what it means that this family's extended family did not interact with public-sector systems. The time required to gather the above material is about 15 minutes. The hypotheses that begin to be generated will help shape the course of therapy and will help defuse traps and struggles that frequently emerge when a family is engaged with outside systems as this family is.

The initial question regarding what larger systems are involved begins to branch off in several directions. One is interested in current and past involvement. A family may, for instance, have no other current involvement with outsiders and be self-referred for family therapy. When one inquires about past involvement with larger systems, however, one may discover that the family has had three failed attempts at family treatment or that the father had individual therapy for 5 years, which the mother resented and that the current family therapy is his attempt to get her into treatment, or conversely that the family had a very good experience earlier in their history with therapy and that they are approaching the present endeavor with hope. All of these factors form a contextual backdrop for any new engagement with a larger system and are information that can be gathered in a very brief time.

In gathering information about the family's involvement with outsiders, one is interested in both temporal and numerical dimensions. Has the family, or a member, been involved with one outsider, such as a physician or therapist, for 10 or 20 years? If so, this outsider may have become like a family member (Selvini-Palazzoli *et al.*, 1980b). Or has the family rapidly enlisted a dozen outsiders within the last 6 months, when previously they had interacted with none? The temporal issue can also be examined within a family life-cycle perspective in order to determine if the family is one that interacts with larger systems at particular life-cycle transitions, such as children leaving home, or whether every aspect of the family's life cycle involves outside systems, as in the Connors case.

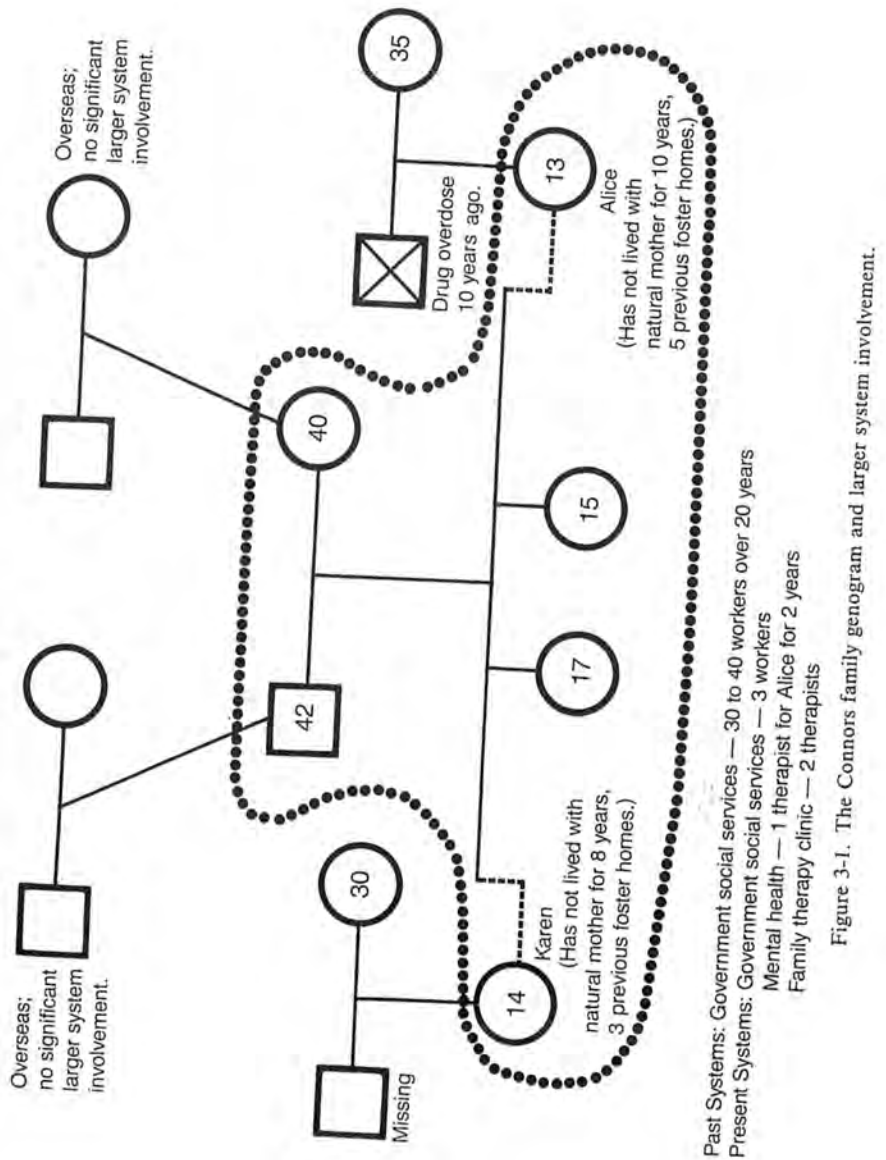

Figure 3-1. The Connors family genogram and larger system involvement.

Questions regarding involvement with larger systems may also yield a picture in which the family has had absolutely no involvement with outside systems other than routine involvement with educational and health care systems. This can lead the therapist to a brief inquiry about the current decision to seek outside help and the place of this decision in a context formerly shaped by rules that may have mitigated against such involvement. Soon it becomes clear to the therapist that such a family is different in many ways from a family with a 20-year history with larger systems, that both are different from families with a multigenerational legacy of negative involvement with outsiders, and that such differences can be put to beneficial use in the present therapy.

In the area of current involvement with larger systems, the issue of the present referral source emerges, coupled with the perceived meaning of the referral and the overall pattern of referring within the family–larger system context. A family therapist will likely have some information regarding the referral source, but inquiries in this domain often yield surprising results, as can be seen in the following examples:

1. A family had been working with a school teacher regarding their son's educational problems. When the teacher referred them for family therapy, the family felt she was saying the problems were caused by them. They canceled the first two appointments and only reluctantly appeared for the third when this issue was discovered.
2. A 15-year-old girl had been in therapy for over a year with an individual therapist. When she and her family were referred for family therapy, she believed the individual therapist, whom she regarded highly, was angry with her and was punishing her for slow progress.
3. A woman had confided in her physician for years, discussing severe marital conflicts and depression. When he referred her and her husband for marital therapy, she felt betrayed.
4. Inquiry regarding a family's referrals for services revealed that the family had been *simultaneously* referred for family therapy, individual therapy for each parent and teenage child, psychological assessment, alcohol treatment, and a parent support group by the same worker, who was praised by her supervisor for doing a thorough job. Not surprisingly, the family turned up for family therapy feeling resentful and frazzled.
5. Two larger systems, mental health and child welfare, were simultaneously involved with a family. Mental health provided play therapy, while child welfare had a supervisory interest in the family. The child-welfare worker was not pleased with the work of the mental health agency, and vice versa. Subtle battles over "who knows best" were rife. Without informing the mental health agency, the family was referred by the child-welfare worker for family therapy, opening the potential triangle before family treatment even ensued.

CASE EXAMPLE (CONTINUED)

The referral pattern with the Connors family was complicated. Each of the foster daughters' social workers had opted for a referral to family therapy. Neither had been terribly clear with the family regarding the reasons for referral, and neither had informed the family's eligibility worker or Alice's therapist of the decision. The family had become used to Alice going to therapy and believed this was appropriate, since she had severe individual problems. The family regarded the family therapy referral as criticism of their family and an indication that somebody believed they had severe problems as a family, which they denied. The referral sources' purposes remained veiled until a family–larger system interview was conducted at the second session.

In addition to the intentions of the referral source and the meanings ascribed to the referral by the family and other involved systems, one is also interested in the overall pattern of referral. Were referrals for several different services made simultaneously? Has the particular family been passed from one agency to another over a period of months or years? Does the referral source refer and back off or refer and hold on? What sort of reporting is expected, and what does the family understand about this process? Is referral part of an ongoing struggle between two or more outside systems?

The following questions are useful in determining which larger systems are involved; the second column represents answers from the first interview with the Connors family.

What larger systems are involved with the family?	The Connors family is involved with social services and community mental health.
How many agencies regularly interact with the family?	Two major agencies, but three ongoing workers; social services involvement includes two subsystems, child welfare and eligibility.
For how long and with what frequency?	For 20 years at least monthly, often more.
What is the family's history with larger systems?	Social services has had lots of involvement with the nuclear family. The extended family has had no larger system involvement.
What is the current involvement with larger systems?	Involved with social services, community mental health, and a family therapist.

How have the referral sources interacted with the family (intentions, meanings)?	The family sees the referral sources as critical. Other referral information is missing; find out about referrals interaction.

Definitions of the Problem

When a family is engaged with larger systems, determining how the family and outsiders define the problem or problems is crucial both to understanding the family–larger system relationship and to the subsequent course of therapeutic work. A variety of possible configurations appear. The family and outsiders may be in total agreement, or they may agree about the problem but disagree on the ways to deal with it. Or there may be lots of conflict about the very nature of the problem. A symmetrically escalating battle may ensue regarding either the problem definition, the suggestion of family therapy, or both. Various alliances and splits may emerge, as certain family members and certain helpers join in particular definitions. Such patterns may be metaphorical, representing the overall pattern of relationship between the family and larger systems. In the case under discussion, the Connorses and social services held distinctly different definitions of the problem.

CASE EXAMPLE (CONTINUED)

When the Connors family was referred for family therapy, all of the family firmly expressed the belief that Alice was the problem, that her behavior was explainable by her traumatic history prior to her current foster placement, and that individual therapy for Alice, while not yet yielding results, was the preferred approach. Conversely, the two social workers believed that, while both Karen and Alice had problems stemming from their pasts, these problems were escalating and that therefore their current context required treatment. Gradually information emerged that the eligibility worker did not favor the referral for family therapy and agreed with the parents that individual therapy for Alice should continue. Alice's therapist agreed. Thus, even before family therapy began, a triangle existed in the family–larger system network over definition of the problem (see Figure 3-2). A family therapist might easily be drawn into the fray.

Definitions of the problem are shaped by larger system mandates. The same behavior, for instance stealing by an adolescent, may be defined as bad or "criminal" behavior by a probation department, as "sinful" behavior by a church, and as "psychologically troubled" behav-

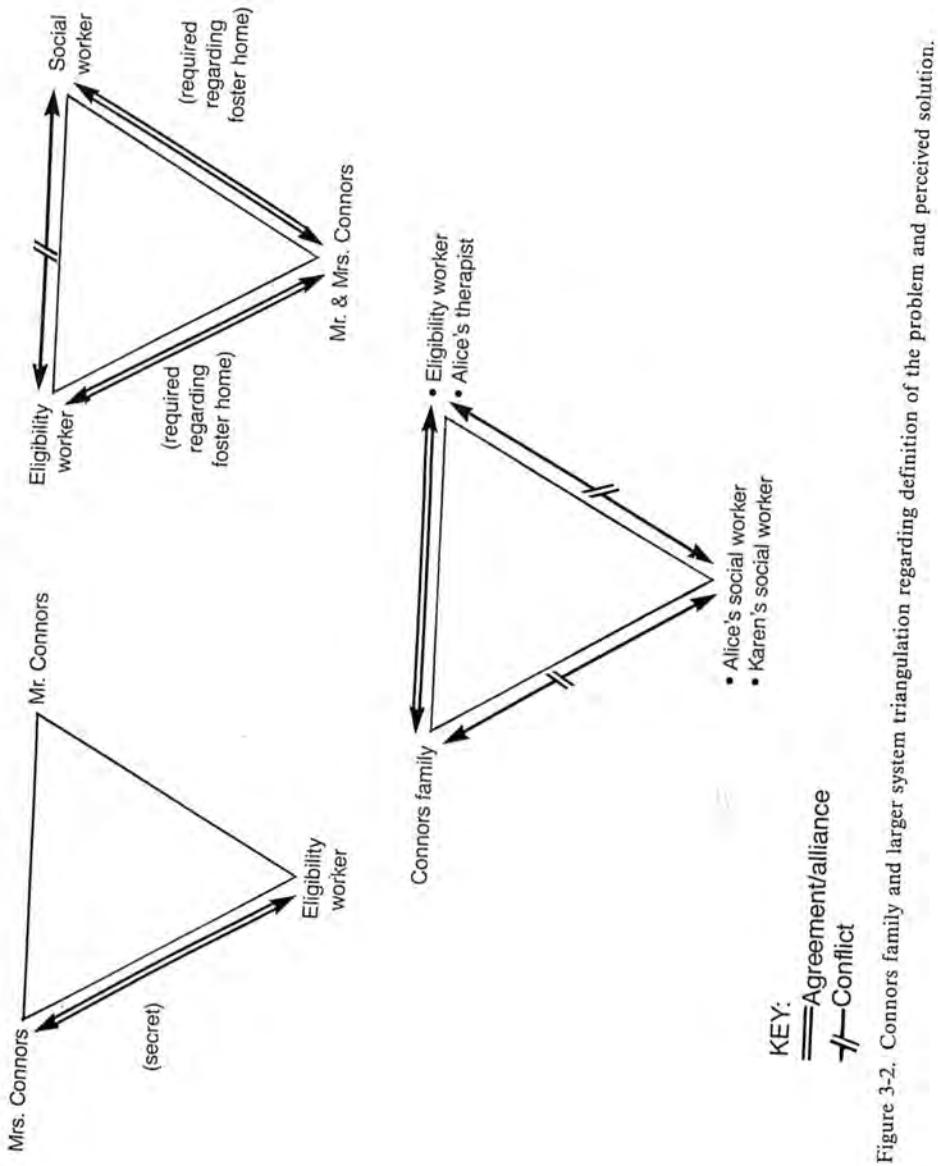

Figure 3-2. Connors family and larger system triangulation regarding definition of the problem and perceived solution.

ior by a school system involved with parent education. One may see markedly different definitions of the same case, or one may see cases routed to specific systems due to class and racial prejudice. In many communities, truant behavior by a wealthy boy will result in psychological referrals, while the same behavior in a poor youngster will result in delinquency referrals. All such definitions shape and direct subsequent beliefs and intervention attempts. As specific mandates of the larger systems shift, so too will definitions of the problem, as can be seen in the Connors case.

CASE EXAMPLE (CONTINUED)

When the Connors were referred for family therapy, the specific mandate of social services was undergoing a profound shift that instructed workers to focus on family dynamics and interaction in all aspects of their work. The same worker who had previously referred Alice for individual therapy was now seeking to understand Alice's problems from a family perspective. This ran counter to what the Connorses had previously been led to believe about Alice from the same larger system. The Connorses had no information regarding this mandate shift. They felt both mystified and blamed.

As one seeks definitions of the problem, often the preferred locus of blame is illuminated. Helpers may be nonblameful; may blame the entire family for some shortcoming; may place blame on one family member, the marriage, or the parenting style; or may blame other helpers. The family, in turn, may blame their own unit or specific members or may place subtle or blatant blame on the outside systems. Such blame placing may operate to unite or split segments of the macrosystem, as when a school blames a child and the family responds by either joining in blaming the child or uniting with the child to blame the school.

CASE EXAMPLE (CONTINUED)

The Connors family outwardly placed blame for their predicament on Alice's background, her natural mother, and previous foster placements. More subtly, however, they blamed the two social workers and Alice's individual therapist for not solving Alice's problems. They saw themselves as blame-free, citing their years as foster parents as evidence. The two social workers, however, felt something was amiss in the foster home and at the family–larger system interview blamed Alice's problems on unresolved marital issues of Mr. and Mrs. Connors, stating that this was contributing to an atmosphere of instability. As this information, previously unknown to the therapist, emerged, Mr. and Mrs. Connors countered with information regarding the reappearance of Alice's natural mother and her harmful effect on Alice. Thus the family and larger systems were divided regarding locus of blame, and each one's explanations engendered defensiveness and further blaming in the other, in an escalating symmetrical pattern.

Discussions of the definition of the problem will yield a tone of calm, or urgency, or boredom, or crisis that may differ among the various participants. Outside systems may be much more upset or worried by a situation than the family appears to be. The family may present as if you looked them up in the telephone directory and invited them in, or express confusion, or indicate that they are not having great difficulties, while outside systems appear to be in a panic. If a therapist gets caught in the outside system's attitude of worry, panic, or heightened concern, he or she may quickly become allied with the outside systems and part of an escalating complementary pattern in which the family appears more and more sedate, while the larger systems become more frantic.

A family may be having little or no trouble with a youngster whom a school teacher is finding impossible. The therapist should discover whether the meaningful system for intervention is (1) the child, who may, for instance, be exhibiting a neurological problem; (2) the family, whose child for some reason is behaving in unusual ways in the outside world; (3) the parent, school, and child configuration; (4) the particular classroom or school system; or (5) some combination of these. The problem may or may not be best resolved in the family's context or may require the presence of outside systems for resolutions.

CASE EXAMPLE (CONTINUED)

The Connors family appeared fairly calm and understated regarding the problems with Alice, who had engaged in several self-destructive episodes. They analyzed this behavior in a context that included their long experience as foster parents for emotionally disturbed children and saw Alice as no worse than many. They dismissed Karen's problems as quite routine. Meanwhile, Alice's social worker was extremely alarmed over what she saw as suicidal behavior on Alice's part. Her concern was exacerbated by the family's calm approach. Karen's social worker was very upset over Karen's poor hygiene and referred Karen for a psychiatric evaluation prior to the family therapy referral. The larger system was clearly more upset than the family and became more and more upset as the family appeared untroubled by the circumstances.

Preferred definitions of the problem, accompanied by referrals for family therapy, may hold hidden agendas that larger systems have for a family or that a family may have vis-à-vis a larger system. A larger system may send a family for treatment regarding a child, with the hidden agenda of discovering information about the family or the marital pair. A family may accept referral after referral, with the hidden agenda of proving a problem is unsolvable and extruding a member. Hidden agendas often become visible during thorough investigations of various definitions of the problem, as occurred in the Connors case.

CASE EXAMPLE (CONTINUED)

During the second interview, which included representatives of the larger systems, Alice's social worker stated several times, "I just don't know the Connors family very well. I don't seem to be able to get to know them as I have my other families." When this comment was investigated, her hidden agenda, that of sending the family for therapy in order to receive ongoing reports, emerged. Karen's social worker, in answer to questions about her concerns that went beyond Karen, revealed that she had heard from the eligibility worker that Mr. and Mrs. Connors were having marital problems and that Mr. Connors had had an affair. Her hidden agenda, which the Connorses clearly sensed but had not brought up, was for the Connorses to receive unasked-for marital therapy.

The following questions are useful in defining the problem; the second column represents answers from a second interview, with the Connors family and representatives of the larger systems.

How do the family and larger systems define the problem and appropriate approaches?	The family, the eligibility worker, and the individual therapist believe the problem is Alice and the appropriate approach is individual therapy; Alice's and Karen's social workers believe the family has a problem and the appropriate approach is family therapy.
Do larger system mandates shape the definition of the problem?	The social services mandate to focus on families contributes to their view that the Connorses need help.
Are there any areas of agreement?	No.
What are the various configurations of disagreement?	The family, eligibility worker, and individual therapist are aligned against the two social workers.
What is the preferred locus of blame?	The family blames social services, the individual therapist, Alice, and Alice's mother; the social workers blame the family.
Whose problem is it, anyway?	Social services is *much* more upset than the family appears to be.
Are there hidden agendas?	The social workers' hidden agenda is to secure marital therapy for Mr. and Mrs. Connors and to receive reports on information that they are unable to gather.

Dyads and Triads

While certain dyadic and triadic arrangements may emerge only in the parties' definitions of the problem, as described above, many families and larger systems exist in enduring dyads and triads, forming rigid patterns that may be metaphors for patterns within the family and the larger system. Assessment of these patterns is essential for subsequent interviewing, intervention design, and implementation (as will be demonstrated in Chapters 4, 5, and 6).

Symmetry and Complementarity

The theoretical constructs of *complementarity* and *symmetry* (Bateson, 1972, 1979; Lederer & Jackson, 1968; Watzlawick, Beavin, & Jackson, 1967) generally applied to simple dyads, most often husband and wife, are extremely useful for examining the patterns that develop either between individual family members and larger system representatives or between whole families as a unit and larger systems. In his early anthropological work in New Guinea, Bateson (1979), noted

> that various relations among groups and among various types of kin were characterized by interchanges of behavior such that the more A exhibited a given behavior, the more B was likely to exhibit the same behavior. These I called *symmetrical* interchanges. Conversely, there were also stylized interchanges in which B's behavior was different from, but *complementary* to that of A. In either case the relations were more potentially subject to progressive escalation. (p. 105)

Thus, in the family–larger system assessment, one may examine relationships for complementarity, symmetry, escalating complementarity, and escalating symmetry.

Such patterns at the family–larger system level frequently reflect patterns within the family, within the larger system, or between larger systems. For instance, if the couple in a family exist in an enduring symmetrically escalating relationship, it is not unusual to see such symmetrical escalation reflected between the couple and the helpers. Such symmetry may show itself in struggles over the nature of help offered, whether and when to make appointments, and so on. Such symmetry may then extend throughout the larger system, as when a couple fighting with each other and symmetrically exchanging angry responses, begin to fight with their helper, who in turn argues with his supervisor, who then invites in and argues with a consultant. Or one may see a symmetrically escalating couple line up a bevy of helpers on each side, who do battle with each other in a pattern that is isomorphic with the couple's pattern. In one case a wife had a welfare worker, a school counselor, and a shelter worker on her side, while the husband had a probation officer, an individual therapist, and the police on his side, and the various workers symmetrically struggled just as the couple did.

One may also see such isomorphism with escalating complementarity. A family may define one member, for instance a single parent, as helpless. If outside systems enter, also define her as helpless, and begin to add more and more helpers, the escalating complementarity within the family will be mirrored between the family and larger systems. Another example is the situation where a couple's escalating complementarity shows itself in one parent, often the mother in our culture, becoming very worried or concerned about a child's behavior. Her worry is met with a complementary response by her husband, who shows no worry and counsels calm and optimism. The more he appears unruffled, the more frantic she appears, and each one's response provokes a further escalation. Any larger system entering runs the risk of joining this escalating complementarity: If a helper expresses a lot of worry, it is likely that the father will withdraw more, and if the helper is nonchalant, it is likely that the mother will find cause to worry more or may seek another helper, thus generating a multiple-helper situation where the escalating complementarity of worry and calm will prevail. (The "Family born with larger systems" case, described in Chapter 2, exemplifies this pattern.)

Symmetrical and complementary struggles may also exist within a given larger system or between larger systems and be reflected in the family–larger system network. Thus, if two larger systems such as mental health and child welfare routinely have symmetrical exchanges regarding who knows best, decision making, or types of treatment, such symmetry may be reflected in their relationships with a particular family. This pattern may be seen in the larger system interacting with the Connorses.

CASE EXAMPLE (CONTINUED)

The larger system, social services, with whom the Connors were involved had historically existed with symmetrical struggles between the child-welfare component and the foster care eligibility component. Further, at the time of referral of the Connors family, a symmetrically escalating battle between mental health and social services had been going on for about 2 years. While this battle was being fought at state and regional administrative levels over issues of funding, mandates, and confidentiality, individual workers at the local level were keenly aware of the fights and of the ongoing symmetrical attacks between the systems. Thus, the macrosystem within which the Connors family existed and was being treated was permeated with patterns of symmetrical escalation across a variety of content areas. The symmetrical struggle regarding family therapy, both between the family and the social workers and among the various helpers, was a familiar struggle to all concerned. Without change in the nature of this struggle, no new information would enter the ecosystem at a pattern level. Further, if the family therapist began to similarly struggle with either the family or the larger systems regarding the efficacy of family therapy, the symmetrical pattern would continue.

The issue of complementarity and symmetry between families and larger systems must also be set in the context of the socially accepted definition of the helping endeavor in our culture. Professional help is generally predefined as a complementary relationship between helper and helpee.* If either party does not accept this definition, then a symmetrical struggle may quickly ensue regarding the definition of the relationship.

CASE EXAMPLE (CONTINUED)

In the case of the Connorses, social services was defining the family as clients in a complementary relationship of helpers and clients, in which experts offer guidance to clients, who accept such guidance. Mr. and Mrs. Connors, however, defined the relationship as symmetrical, seeing themselves as partners with social services in the provision of foster care. Further, they viewed their 20-year history as foster parents as imparting expertise to them, both about foster children *and* about social workers. As each side pushed their definition of the relationship, escalating symmetry prevailed.

*An exception to this complementary definition is feminist therapy, which explicitly defines the therapeutic relationship as symmetrical. Since feminist therapy exists, however, within a broader cultural context that defines therapy as complementary, this explicit symmetrical definition may engender mystification.

The symmetrical and/or complementary nature of the relationship between families and larger systems may be embedded in particular themes. In the Connors's relationship with larger systems, escalating symmetry pertained regarding the theme of "help," but a pattern of escalating complementarity prevailed regarding the theme of "worry" as the social workers showed more and more worry and the family displayed more and more dispassion.

During the second session, when the helpers were present, both patterns were evident. The family and the helpers symmetrically struggled over whether or not the family needed help and the nature of such help. As the helpers listed their various concerns about the family, including marital conflict and sibling problems, the family responded with more and more assurance that such problems were solved and cited that, after the first family therapy session, all of the children became enormously more cooperative, proving that further help was not needed. With each presentation by the family that all was well, the social workers voiced further concerns, which were met with more evidence from the family that all was well. The unfortunate nature of this escalation seemed to require that the family not ask for help even if they felt help was needed, as for the marital problems.

Complementarity and symmetry can be examined in the family–larger system network from a number of vantage points (specifics for the Connors family are in the second column).

Are there prevailing and escalating patterns of complementarity and/or symmetry between the family and larger systems?	Yes.
Are such patterns isomorphic with patterns within the family, within the larger system, and/or between larger systems?	Symmetrical escalation between the Connors family and larger systems is isomorphic with escalating symmetry between subsystems in social services and between social services and mental health.
Are the patterns in synchrony with or in conflict with implicit definitions shaping client–helper relationships?	In conflict.
What themes underpin the patterns?	Themes of help and worry.

Triads

The triadic combinations among families and larger systems are legion, involving alliances and splits between whole families and larger systems,

among individual family members and specific representatives of larger systems, and among various larger systems. As one moves from dyadic analysis to triadic analysis, the organizational level emerges and with it issues of power, secrecy, deleterious effects on family and larger system functioning, and the ever-increasing likelihood of being drawn inadvertently into preexisting triangles.

Just as in dyadic arrangements, triadic patterns may mirror family process. A couple that is familiar with three-party interaction will easily form triangles with outside systems. Helpers who do not stop to assess the wider picture may easily form alliances and splits with family members, perpetuating internal family triangles. A family in which the mother and a handicapped child are allied and the father is more distant from both wife and child may find that the larger helping systems perpetuate and exacerbate this pattern by interacting with and supporting the mother at the expense of the parental dyad. This may begin at the child's birth and is easily promoted by the social view that the child's problems are the province of the mother. Appointments are set when the father cannot come, the mother's expertise about the child's problems grows, the father is omitted and omits himself more and more, and the mother grows closer to professional helpers, increasingly turning to them rather than to her husband (Imber-Black, 1986d; Imber Coppersmith, 1982b).

A family in which parents are split and form triangles with children as allies may form similar triangles with multiple helpers as allies, such that each parent has an alliance with one or more helpers. The Moore family, described in "A family born with larger systems," in which a dietician was allied with the mother and maternal grandmother, a physician was allied with the father and paternal grandmother, and the child was unable to side with one without risking disloyalty to the other, is a prime example of this process.

Families may also become parts of larger system triangles. An examination of families who were chronically and unsuccessfully involved with public-sector systems over several generations revealed that such families were part of enduring triads, characterized either by conflictual relationships among the several systems "helping" the family or by conflictual triads formed by the family members and helpers (Harrell, 1980).

The three triadic patterns—detour, cross-generational coalition, and triangulation—defined by Minuchin (1974) as pertaining to families are useful, with modification and expansion, in analysis of family–larger system triads.

The *detour* process may operate in two ways. First, one may see otherwise conflictual larger systems, or subsystems within a given larger system, unite either in anger or overprotection regarding a particular

family. Here it is important to know the history and the ongoing nature of relationships among larger systems in a given community. It is not unusual to discover a persistent enmity and mistrust between a child-welfare system and mental health system, between a public school and a private school dealing with handicapped children, or between a day hospital component and an outpatient component of a large community mental health system. In the midst of usual negative interactions, when participants in these systems suddenly submerge their differences regarding a particular family in ways that either scapegoat or offer pity, a detour is likely in progress.

In the second detour process, family members may be able to ignore internal conflicts by focusing their concerns on outside systems. Such detouring may be the continuation of a familiar internal pattern, as when a conflicted couple has united for many years to attack a child who, in turn, has given them frequent cause for anger. When this child moves out, the husband and wife begin to engage with outside systems in a process that begins with complaints about the other spouse and moves rapidly to both spouses uniting to attack the various helpers as incompetent. The larger systems inadvertently step into the void left by the absent child, thereby maintaining the familiar detour pattern.

One may also see such detouring in response to recent, unmanageable conflict or pain in a family. The rapid enlistment of several outsiders, none of whom are satisfactory and who draw the collective ire of the family, is often an indicator of such detouring.

What Minuchin refers to as cross-generational coalition is here renamed as *cross-system coalition*, a pattern where individual family members form alliances with members of outside systems. Such alliances may either exclude or be patently against other family members and other helpers and hence may preclude problem resolution or exacerbate problems. A common cross-system alliance occurs when one spouse and a helper focus on the shortcomings of the other spouse. Such an arrangement often involves secrecy. The complaining spouse may readily come to feel more understood and supported by the helper than by the other spouse, contributing to a deterioration in the marriage.

CASE EXAMPLE (CONTINUED)

In the Connors family, Mrs. Connors interacted frequently and intensely with the eligibility worker. While the eligibility worker's defined role was to contact the family every 6 months, in fact she and Mrs. Connors spoke by telephone weekly regarding problems in the family and in the marriage. When Mr. Connors had an extramarital affair, Mrs. Connors turned to the eligibility worker to discuss it. These conversations were secret from Mr. Connors, thus placing more distance between the couple

and precluding effective resolution of the issue. Mrs. Connors assumed the information regarding the affair was also secret from the other social workers, but the eligibility worker felt she had to impart this information to them, forming other secret alliances. Since the social workers were not at liberty to raise this issue with the Connorses, all communication between them became more mystified, resulting in the referral for family therapy, a veiled attempt to drive the marital issues into the open. Seen from this perspective, the eligibility worker's negative stance towards family therapy begins to make more sense, as she was in a position that required her to protect both Mrs. Connors and herself.

Cross-system alliances are frequently seen between adolescents and youth workers who form alliances against "old-fashioned" parents. An example of this pattern is a situation where an increasingly delinquent adolescent girl was intensely allied with both a youth worker and a school counselor. Whenever the girl's parents set rules for her, she complained bitterly to her youth worker and counselor, who would join and telephone the parents, reprimanding them for not treating the girl as a young adult. By the time the family came for family therapy, the parents felt hopeless, powerless, and disgusted with the larger systems. The girl's escalating delinquency functioned to maintain the alliances with the youth worker and the counselor. Similarly, an alliance between a child and a Big Brother may operate to disempower a single parent. Possible solutions to problems within the family are short-circuited by the potential for disloyalty to the cross-system alliance.

In *triangulation* a family may exist in two incompatible alliances with larger systems, or components of a larger system, that are in conflict with one another. The larger systems may fight over the definition of the family's problem and the preferred solution. Here family therapists have often entered the fray by struggling with helpers who are urging other treatments. If a family is required to be involved with the two or more larger systems that are in conflict (e.g., welfare and public school or two physicians), it may find itself in a fierce loyalty bind, not unlike the triangulation of two parents and a child. Like triangulation in families, this pattern between families and larger systems supports a communication process marked by mystification, disqualification of self and others, and a reduced capacity to discern locus of responsibility (Imber Coppersmith, 1985b).

CASE EXAMPLE (CONTINUED)

The Connorses were required to maintain alliances with two parts of the social services system, foster care eligibility and child welfare. The specific mandates of these two components, that is, finding and maintaining

foster families, which are a scarce commodity, and protecting children, while sometimes compatible, are often not, since the primary concerns differ. The eligibility worker was more inclined to be understanding towards the family in an effort to preserve a 20-year relationship, while the social workers were more willing to see flaws in the family if they believed these were affecting the children. The conflicts between the two components were subtle but actual, and cut across many cases as a pervasive theme. The Connors's united front and air of pseudocooperation with the family therapy endeavor began to make sense as a response to their position in this pattern of triangulation. Comments from the parents like "Everybody can use some help some time," which placed them neither for nor against family therapy, are typical remarks that emerge in such patterns.

Larger systems per se may also form the various triadic patterns discussed above, irrespective of clients or families. This framework may be used for analysis by consultants to the larger systems. (See Chapter 8 for a complete discussion of such consultation.)

When examining triads formed between family members and helpers, it is important to factor in the issue of power. Many times, triads in the macrosystem are *not* equilateral, in the sense of simply being equal interacting parts of a system. Rather, the larger system may have power to influence and effect outcomes that a family lacks. Such power may be statutory, such as welfare laws, or may reside in bureaucratic trappings that a family alone finds impossible to overcome. Interventions here involve the thoughtful and deliberate formation of alliance for the purposes of coaching and advocacy (discussed in Chapter 6).

An analysis of triads in the macrosystem is especially crucial as the family therapist enters, in order to avoid joining preexisting patterns of alliances and splits and thereby contributing to rigidity in the macrosystem.

Triadic patterns form an important level of analysis of the family–larger system relationship. Assessment may include the following questions (specifics for the Connors family are in the second column).

What triads are formed by the family and larger systems?	See Figure 3-2.
What are the specific patterns?	Two patterns are operating in the Connors case, cross-system alliance and triangulation.
How is the family–larger system functioning affected by the triadic arrangements?	Mystification and disqualification of oneself as the locus of responsible action have increased. Spouse subsystem problem solving has decreased. Struggles within the larger system have increased.
What is the potential for the family therapist to inadvertently join triads?	The therapist is pulled to ally both by the family and the larger system.

Boundaries

The boundaries between a family and larger systems may be too diffuse, handicapping the family's coping resources, or too rigid, preventing the utilization of necessary assistance or the entry of new information. Boundaries between families and larger systems do not necessarily reflect the family's internal boundaries; families with diffuse interpersonal boundaries may draw a rigid boundary to the outside world, as for instance in families with incest, while families with rigid interpersonal boundaries may create intense relationships involving diffuse boundaries with outside helpers.

Boundaries are interactional phenomena, requiring participation of both family and larger system for their establishment and maintenance. However, individual families do influence the establishment of boundaries vis-à-vis the outside world in general and larger helping systems in particular. Such boundaries are often indicated metaphorically by physical aspects of the household (Miller, 1983). A family, seen many years ago by an outreach project, that had many agencies attempting to gain access had a sign on the lawn, "Do not ring doorbell or the dog will bite you," and an in–out board for family members on the front porch. Certainly the family was making a statement to the outside world about the nature of family–larger system boundaries. Paradoxically, families with such rigid boundaries to the outside world may find themselves recipients of the very intrusion that they abjure.

Likewise, particular larger systems function in ways that are more intrusive than others, generally because of their mandate, beliefs, and past experiences. It is not unusual to find a child-welfare system entering a widening circle of concerns in a family, under the mandate of child protection, which frequently allows investigation of all aspects of a family's life. Critical past experiences where children were endangered often fuel the worker's need to know more and more about a family. Many larger systems easily overstep the bounds of their mandates, as when school teachers begin to investigate a marriage or a child's social worker becomes a parent's confidante, as in the case under discussion. Families frequently do not know what boundaries they may allowably draw vis-à-vis public-sector systems and may share information when that is not in their best interest. (See Chapter 6 for a discussion of coaching as an intervention.)

When family–larger system boundaries are too diffuse, larger systems may define a family's problems for the family, become entangled in aspects of the family's life that are not their purview, gain access to areas of the family's life that would ordinarily be more private, and alternate between overprotecting family members and becoming exasperated with them.

Rigid boundaries may be characterized by a family's stereotyped denial of entry to other systems and their isolation from extrafamilial sources of information. Rigid boundaries may also arise when families cannot gain access to needed services because of class or racial issues. Sometimes such rigid boundaries are subtle and implicit, seen only when statistical analysis reveals, for instance, that Native American families are not served or are underserved at a local community mental health system, while showing up in large numbers on probation roles. Boundaries between various larger systems also affect the family–larger system relationship. Some larger systems have very diffuse boundaries, characterized by gossip or the sharing of information about families or other workers that is not relevant to the issue at hand. They may expect reports about the family to reveal information that the family would not tell them directly. Some larger systems have more rigid boundaries to other larger systems and may refuse to share information even when permission has been given to do so. The various boundary negotiations among larger systems in a community affect the families with which these systems are involved.

The sheer number of larger systems involved with or attempting to be involved with a family is not a clear indication of boundaries. A family may be involved with only one larger system, for instance health care delivery, yet a single representative of that system may have become like a member of the family. Conversely, a family may have six larger systems attempting, but failing, to gain access.

Particular problems arise when a larger system has one view of boundaries and the family has a different view. This may occur either when a larger system wants more diffuse boundaries, desiring access to information about the family, while the family wants more rigid boundaries, restricting such access, or when the family wants more access to the larger system than it is willing to give. In the first situation, the larger system may escalate its attempts to gain entry and be met with more refusal from the family. In any case it is likely that the system desiring more diffuse boundaries will go in search of allies to support its efforts.

In examining family–larger system boundaries, it is important to draw a distinction between families that have temporary relationships with larger systems and families that, because of long-lasting conditions, including, illness, handicaps, or poverty, must exist in enduring relationships with larger systems. The latter families must alter their boundaries

to the outside world in ways that are more permanent, accommodating multiple larger systems in their sphere while simultaneously accommodating to a chronic condition.

Families, especially those that had been private, isolated, or otherwise disengaged from large, formal systems, may have a difficult time as larger systems initially enter. If such families begin the relationship by distancing from the larger system, this action may easily be misunderstood as a lack of interest in their ill member, or hostility, rather than an initial difficulty in altering boundaries. If the larger system distances in turn, as often happens, then a macrosystem marked by rigid, impermeable boundaries may develop.

Families with required enduring relationships with larger systems will often "appoint" one member to deal with the helpers. This person may be seen as negotiating the family's boundary with larger systems. Frequently this person, often the mother, gets designated as "overinvolved," rather than assessed as occupying a necessary position.

CASE EXAMPLE (CONTINUED)

Unlike most families, the Connorses had an ongoing boundary between their family and social services. Consequently, many aspects of family life that would normally be private were scrutinized by the larger system. The family's response to this was that Mrs. Conners was the primary boundary negotiator for the family. She handled all of the interactions with social services. The boundary between the family and the eligibility component of social services was quite diffuse, as the eligibility worker was given and sought information well beyond her mandate. In turn, this information was secretly shared with the child-welfare component, whose boundary with the family was generally more rigid and circumscribed to foster child issues. As the child-welfare workers sought a more diffuse boundary with the family, the family responded by giving them less and less information. Several times during the family–larger system interview, one of the child-welfare workers commented, "I just don't feel I *know* the Connors family, and I'm not comfortable with that." At this juncture, the child-welfare workers went in search of an ally in the family therapist. At the family–larger system interview, the child-welfare workers indicated that they expected regular reports from the family therapist. This expectation can be seen as their attempt to negotiate indirectly a more diffuse boundary.

Boundaries between families and larger systems monitor the flow of available information and may facilitate an overabundance of interchange, curtailing appropriate privacy, or may restrict interaction too severely. Analysis of boundaries between families and larger systems may

use the following questions (specifics for the Connors family are in the second column).

What is the usual nature of the family's boundaries with larger systems (i.e., ranging from too diffuse to too rigid)?	Connors family had enduring and diffuse boundary with social services.
What is the usual nature of the larger system's boundaries with families? With other larger systems?	Social Services boundary with families is usually diffuse, and the system anticipates diffuse boundaries with other larger systems.
What is the particular nature of the boundaries between a given family and given larger systems?	Boundary is diffuse between family and eligibility worker, allowing access to information that, in many other families, would remain *in* family; boundary between family and child welfare workers is rigid.
Is there a struggle ensuing regarding appropriate boundaries?	Yes. Family wants to maintain more rigid boundaries with child welfare, who, in turn, is seeking more diffuse boundaries.
Are any of the systems seeking allies in order to renegotiate boundaries indirectly?	Yes. Child welfare is attempting to create alliance with family therapist in order to gain greater access to family.
Is the family–larger system boundary temporary or more permanent?	More permanent, due to family's choice to be foster parents.

Myths and Beliefs

Just as families have myths and beliefs about individual members, specific relationships, and the whole family, which constrain members' views of reality and organize interactions, so families and larger systems have myths and beliefs, regarding one another and their relationships with each other, which either facilitate change or function to maintain the status quo. Myths may be about the other system (e.g., a family's beliefs about larger systems and vice versa) or about the meaning that reflects on one system by virtue of its relationship with the other system. Thus a family may believe that they are a bad family because they are interacting with a larger system. Myths often narrow what families and larger systems are able to see about one another, constrain available relationship options, and contribute to stereotyped cycles of interaction. Thus a family who views a school system with suspicion will focus only on information that supports this belief, often ignoring more positive transactions, while the school whose view of the family is quite negative will not notice when the family is, in fact, supporting its efforts.

It is crucial that the family therapist discern the family's myths about larger systems, lest he or she be quickly painted with the same brush. The family therapist must also detect myths that larger systems hold about the family, in order to avoid adopting beliefs that constrain possibilities for change.

Sources of Myths and Beliefs

A family's larger system myths and beliefs may be part of an intergenerational legacy, may arise out of ongoing experiences, or may result from a critical incident. Here it becomes important to discover if a family is the recipient of strong messages, either implicit or explicit, from extended family and/or its culture regarding larger systems in general or specific larger systems. Like many myths and beliefs from extended family, the myths and beliefs vis-à-vis larger systems are often unexamined by families. Reluctance to engage in therapy, for instance, often becomes explainable when one discovers that key members of an extended family would consider such involvement as proof of craziness. Or a man may carry myths from his family of origin that larger systems are "useless" or "meddlers." A family may carry a legacy of beliefs about specific larger systems, as when parents come from families where involvement with the public school system was uniformly problematic or negative. A family's inherited beliefs about larger systems are often complex, as when parents have differing beliefs inculcated by their families of origin. If a wife comes from a family where people had fairly positive relationships with larger systems and where it was, as it often is, the wife's responsibility to engage with helpers, and the husband comes from a family where larger systems were viewed quite negatively, a helper may easily fall into the trap of seeing her alone, colluding with her despair that her husband won't seek help, and thereby reify intergenerational myths about larger systems.

A family with ongoing relationships with larger systems will often totalize their points of view towards helpers, such that any new helper is quickly defined by the family's agreed-upon myths and treated accordingly.

Sometimes a family may experience a critical incident with a larger system that will be powerful enough to color subsequent involvements. Such critical incidents will be remembered by family members and form the fabric of stories that are repeated. In the family with the daughter who ate only french fries, bread, and milk ("A family born with larger systems"), Mrs. Moore vividly recalled the doctor telling her "don't worry" when her child was born with a heart condition requiring surgical

correction. When this incident occurred 12 years earlier, the mother clearly felt disrespected, patronized, and misunderstood at a time when she was frightened and needed both empathy and information. This critical incident formed part of the context of subsequent relationships with larger systems. While such critical incidents are, of course, affected by the family's perceptions of the event and not necessarily a comment on the veracity of the interaction, they are nonetheless crucial to the formation of myths about larger systems.

CASE EXAMPLE (CONTINUED)

The Connors family's myths and beliefs about larger systems arose primarily from its 20-year history with social services. Since workers changed frequently and were often young and inexperienced, the Connorses held the belief that social services *and* other larger systems had little to offer them that would be beneficial. Their lengthy involvement led them to shape the belief about themselves that they were "experts on experts." Any new helper who entered their sphere experienced their scrutiny and judgment and often responded defensively, hence feeding their myths about helpers. Finally, their long history with emotionally distressed foster children contributed to a family myth that they were "saviors of lost children," and this belief made it very difficult for them to reach out for help for their own unit, since to do so equated them in their own minds with their foster children.

The myths and beliefs that larger systems have about families arise from current theories that are passed off as "truth" about human nature, rather than as lenses that make certain information available while proscribing other information; from prejudices about categories of families such as poor families or racial minorities (Lee, 1980); from reports written by other professionals; from information shared at case conferences; and from specific experiences with a given family. Larger systems may also hold myths about other larger systems.

Larger systems often undergo shifts in theoretical perspectives that contribute to rigid beliefs about families. Such theories are presented as the truth and the final word about particular symptoms or situations, despite a paucity of research evidence. From such theories flow definitive working methods. Families that for some reason do not fit the theory are easily categorized via such conceptual myths as "unworkable" or uncooperative. Proffered linear connections, such as "child abusers were frequently abused as children," are uncritically expanded to "anyone abused as a child will abuse his or her own children." The multifaceted richness of any family is easily ignored when theories about *the* incest family or *the* anorexic family are taken as universal truth.

Certain larger systems or specific workers may generate myths from prejudices that totalize their point of view about families. Larger systems are often the carriers of unexamined cultural attitudes towards ethnic minorities, women, and the poor (Imber-Black, 1986d). Other prejudices may be held regarding life-style preferences, kinds of family organization (e.g., single parent), or specific symptoms.

The social service system involved with the Connorses held a general prejudice about all foster families, believing such families were "only doing it for the money." This prejudice precluded noticing behavior in the Connorses or other foster families that would indicate compassion, religiosity, or the desire to care for children.

It is not unusual to find that a school system, whose unspoken mandate is the transmission of middle-class values, has unexamined myths about youngsters and families from middle-class backgrounds and youngsters and families from poor backgrounds. These myths frequently support differential treatment of children who may be presenting very similar behavior but whose families are from different social classes. For instance, a public school referred a wealthy two-parent family for therapy because of the truancy of their 15-year-old son. During assessment, the parents noted that the school had been very cooperative and understanding, had kept them informed all along the way, had previously sent the boy for special testing, and had attempted to counsel him individually. The school was especially concerned, because the boy was "college material."

Another family was referred to family therapy by a probation officer. It was a poor, single-parent family. The presenting problem was truancy by the 15-year-old son, who attended the same school as the first boy, who was truant just as frequently and with the same pattern of spending his days on the streets, and whose family was reported by the school to social services, which engaged the probation department. During assessment, the mother revealed that she had had one unsatisfactory meeting with the school prior to their referral and that no testing or counseling had been given to her son. The school intended to transfer the boy to a vocational school.

The myths and beliefs generated by prejudice may also underpin subsequent referral patterns, as evident in one Canadian community where, for similar behavior, more women were referred to mental health systems and more men were channeled into the legal system.

Larger systems frequently receive ideas about families in the form of reports from other helpers. Such reports are often written as the definitive truth about families and are couched in static, categorical language that neatly omits the interactional or contextual dimension. Individualistic labels abound, describing qualities as if these were inherent to the person or the family. The printed word and the permanency of such

reports lend a power far beyond what is appropriate for one person's point of view at one particular point in time. Frequently families are not aware of the content of such reports or the myths generated thereby about them. (See Chapter 5 for a description of family–larger system cocreation of reports.)

Case conferences in which professionals meet to discuss a family may provide another source of myths. When meeting with one's colleagues, it is very easy for a particular viewpoint to be shaped, to the exclusion of other viewpoints. For instance, if several agencies that have been unsuccessful with a family meet, often a focus on the family's deficits will emerge and totalize everyone's point of view, coloring any subsequent interaction with the family. The professionals' own contribution to what is an unfortunate cycle of interaction is often unseen, as the focus remains on the family in isolation from the helping network, in a manner similar to parents discussing a child and omitting their own impact on the child's behavior.

Finally, larger systems may have experiences with a specific family that become the source of the myth. A family may respond angrily to a helper, such as a family with a sick member in the hospital, interacting with a busy nurse, and a myth may be generated that the family is "hostile." No further examination of the source of the anger, such as fear regarding the ill member's future, is considered. Subsequent interactions are placed in the frame of "hostile family," and a self-perpetuating cycle is generated.

CASE EXAMPLE (CONTINUED)

The child-welfare workers involved with the Connors family found the family to be less forthcoming with information about themselves than were other foster families. Hence the myth developed that the family was secretive and so was likely "hiding something." This myth contributed to an interactional cycle in which the social workers attempted to gain more information from the family, the family held back more, and the designation of "secretive" was amplified.

The myths and beliefs that various larger systems hold about each other also affect subsequent interactions with families. Often such myths are generated by one or two unfortunate transactions between larger systems and mitigate against trust, cooperation, or complex future analysis. It is not unusual to hear helpers within one larger system present simple and totalized views about helpers within another larger system (e.g., "All of those nurses at that hospital are . . . ."). Any family interacting with two or more larger systems that hold negative myths about each other is ripe for a process of triangulation.

Interaction of Myths in Families and in Larger Systems

Sometimes the myths that families hold regarding larger systems and the myths that larger systems hold regarding families interact in ways that contribute to difficulties or to no change.

Families and larger systems holding similar myths may participate in an increasingly rigid macrosystem, whose range of options grows more narrow. For instance, if a single-parent family that holds the myth that all single-parent families are inherently weak, broken, and in need of constant larger system involvement meets up with a larger system whose myths about single-parent families are similar, it is likely that a pattern will ensue in which the family "needs" and receives ongoing outside help that never functions to empower the single parent.

Families and larger systems holding conflicting myths may easily generate escalating patterns regarding who knows best.

CASE EXAMPLE (CONTINUED)

In the Connors family–social services macrosystem, conflicting myths were operative. The Connorses viewed themselves in relation to larger systems as "experts on experts," while social services viewed itself in relation to the family as "knowing what's best." Subtle competition for the "expert" designation prevailed. In addition, the Connorses believed they were motivated by a desire to save children, while social services believed they were in it for the money. Such conflicting myths and beliefs underpinned an uneasy relationship marked by mutual suspicion.

Myths regarding the efficacy of professional help in general abound in both families and larger systems and interact in ways that affect any new helping endeavor. Thus, a family may be quite pessimistic about professional help, while the helpers might be quite optimistic, or such optimism/pessimism may adhere to particular families, kinds of problems, or categories of helpers. For instance, a helper may be generally optimistic about the potency of family therapy for most problems, but be quite pessimistic about family therapy for alcohol problems. This belief will, in turn, interact with the family's point of view.

CASE EXAMPLE (CONTINUED)

The larger system was quite optimistic and enthusiastic about the potential of family therapy for the Connors. The family, in turn, was extremely pessimistic about family therapy. Each system worked hard to prove their belief was correct.

The Sociocultural Context of Myths and Beliefs

A common myth pervading the sociocultural context in North America holds that the nuclear family is an independent sanctuary, in need of no outside help or support. This myth forms a potent backdrop for all that occurs between families and larger systems, since families in need of outside help and support—whether from extended family, friends, or professional helpers—often view themselves and are viewed by the helping systems as aberrant. The myth contributes to tension in the macrosystem, and militates against necessary empathy.

Myths and fixed beliefs in families and larger systems about each other and about the meanings of their relationship may constrain the possibilities of generating a complex, multifaceted point of view capable of facilitating change. In addition, such myths and fixed beliefs will affect the entry and subsequent relevance and effectiveness of the family therapist.

The following questions should be asked to determine what myths are involved (specifics for the Connors family are in the second column).

What are the family sources of myths?	There is no obvious intergenerational legacy of myths. A 20-year ongoing history with social services has generated myths that the Connorses are experts on experts and child saviors. There are no obvious critical incidents leading to myths.
What are the sources of myths in the larger systems?	Theories accepted as truth are not discernable in the Connors case. A prejudice exists that foster families only take in children for the money. There is no information on whether reports and case conferences have generated myths. Experience with the Connors family has led the social workers to generate a myth that the family is secretive and withholding information.
In what way are the family myths and the larger systems myths similar?	No similarities are discernible.
In what way are the family and larger system myths in conflict?	The "experts on experts" myth opposes the social services' "we know best" myth. The Connorses' view of themselves as child saviors conflicts with the social services idea that foster parents are in it for the money The Connorses are pessimistic and the social services optimistic about family therapy.

Past and Current Solution Behavior

When one works with a family, inquiry regarding attempted solutions are often part of an initial assessment. One may be seeking to discover the "more of the same wrong solution" as described by Watzlawick, Weakland, and Fisch (1974) in order to discern behavior or interactional cycles in the present that are contributing to the ongoing nature of the problem or symptom, or one may be detecting beliefs that manifest in a narrow range of behavior, as in a systemic approach that focuses on the family's world view (Tomm, 1984a, 1984b). Haley (1976) uses a discussion of solution behavior in order to implicitly highlight previous failures and thereby motivate the family, as well as to avoid offering "solutions" that have been tried and found wanting. Finally, a discussion of previous attempted solutions imparts respect to the family, indicating that the therapist believes they have been working on the problem and that the therapist is curious about their ideas and their strengths prior to intervention (Imber-Black, 1986c).

All of the above perspectives on solution behavior come into play when one is assessing the family–larger system network. The major difference involves levels of analysis as one becomes interested in the solutions of families and larger systems, not solely in regard to the presenting problem but also in regard to one another and in interaction with one another.

A family's solution to dealing with larger systems may be to always respond with anger, to refuse access, to lovingly invite helpers in and absorb them into the family sphere, to pretend to cooperate, to appoint one member as the person who deals with larger systems, preventing access to the rest of the family, to engage with larger systems only during crises, or to interact in ways that split helpers.

Some families are coerced to interact with larger systems, as when courts order families to treatment. Other families may experience a sense of powerlessness vis-à-vis helpers, as when a member is very ill and the family is suddenly required to be involved with the health care system. Here it is crucial to attend to how the family attempts to solve their second problem, that of interaction with helpers whom they would often rather not see at all. Understanding the family's behavior as a solution to this predicament casts it in a very different light than attributing it to qualities inherent in the family.

The family's past solutions for dealing with larger systems may be important to discover, as these will often shape what the family believes are its current options.

Larger systems also engage in solutions in regard to their involvement with families. Such solutions may include (1) ignoring family input about problems in an offspring, (2) not including families in plans that are being made, as for instance with a mentally handicapped young adult in a group home setting, (3) overprotecting, patronizing, or feeling sorry for families in ways that reduce a family's own competence to participate in problem solving, (4) becoming a "member of the family" through too frequent interaction, often with one member (Selvini Palazzoli, *et al.*, 1980b), (5) taking on roles that are appropriately within the family's sphere, such as setting rules for a child, (6) utilizing labels that either engender chronicity or hopelessness or require specific treatment that may not fit a family's circumstances, (7) adopting an expert position with families that *never* shifts and ignores family readiness for greater symmetry, and (8) adding more and more helpers and more and more larger systems, thus generating a multiple-helper situation. Larger systems' solutions in regard to families are frequently part of agency policy, treatment philosophy, or informal beliefs. Thus, a larger system may be established within a statutory framework to deliver services to the handicapped. A section of its policy may be to require a client review annually, to which parents are invited. If no other attempts to involve family are made throughout the year, such events are often uncomfortable and tense. Staff may observe that, following weekends home, their client becomes more difficult temporarily, and the informal belief is generated that families make things worse. The solution of avoiding the family or keeping them at a distance grows more rigid and often contributes to the very problem it is meant to solve, as the client misbehaves more in order to get a coordinated message from staff and family or to experience their joint support. In assessing the solutions of the larger system vis-à-vis families, it is important to discern the ideas that underpin such solutions.

A family's solutions regarding larger systems and a larger system's solutions regarding a family will, of course, interact with one another. Often such interaction results in an amplification of preferred solutions. Thus, if a family's solution to a larger system's wishing greater access is to close off more and the larger system's solution in such situations is to attempt to gain greater access or to bring in other larger systems to do so, a vicious cycle will soon emerge. If a family system's solution and a larger system's solution vis-à-vis each other are identical, such as distancing and then growing more suspicious from lack of information, then a macrosystem marked by rigid boundaries and elements of mutual "paranoia" will blossom. If a larger system whose solution is to search after specialists meets a family whose solution is to warmly engage and quickly neutralize each new helper, then a family–multiple-helper system will result.

When the family therapist can discern the solutions of the family in regard to larger systems, he or she can invent ways that challenge the family to create new, more viable solutions vis-à-vis the therapist as representative of a new larger system. Understanding the solutions that other larger systems may have used with the family can enable the therapist to avoid repeating them if they have not been useful and to develop others that may be viable. Conceptualizing those vicious-cycle solutions may provide the therapist with a new level for intervention that includes both family and larger system. (See Chapters 5 and 6 for examples.)

CASE EXAMPLE (CONTINUED)

The Connorses' solutions for dealing with social services included appointing Mrs. Connors as the main conduit to the larger system and protector of the family from larger system intrusion, adopting an air of polite cooperation for any dealings with larger systems, and showing only their successes while minimizing any intrafamily difficulties they might be experiencing.

Social services' solution for dealing with any foster family included periodic review that searched for problems and ignored successes and the involvement of other agencies and other helpers when problems were found or suspected, without first gaining a family's genuine agreement.

The family's and the larger system's solutions interacted in ways that promoted further attempted withdrawal on the part of the family and further attempted intrusion on the part of social services, resulting in a family–multiple-helper system fraught with misunderstandings and suspicion.

Solution behavior in families and larger systems vis-à-vis each other may interact in ways that generate vicious cycles and limit creative and effective solutions. Analysis of solutions may include the following questions (specifics for the Connors family are in the second column).

What are the family's preferred and familiar solutions for dealing with larger systems?	Mrs. Connors acts as conduit to larger systems and gatekeeper for the family. The family cooperates politely and displays only successes.
What are the larger system's preferred and familiar solutions for dealing with families?	Social services holds periodic reviews focusing on problems and uses referrals to multiple helpers.

What are the cycles and outcomes generated when the family's solutions and the larger system's solutions interact?	See Figure 3-3. The cycle has no discernible resolution.

Binds

The communication of two or more simultaneous demands, from families to larger systems and from larger systems to families, that are impossible to meet because they are incompatible may be understood as binds that frequently paralyze effective action. A familiar bind, communicated implicitly or explicitly by a family to larger systems, is "help us to change without changing anything."

Many unintended or unexamined binds are communicated to families from larger systems. Binds in the mixture of messages that a family receives from the wider culture on the one hand and the larger system on the other may be inherent to the practices of particular systems. Thus, there is the ubiquitous bind created by the message from the culture that families are expected to be independent and function without outside assistance, while help-providing larger systems are urging families to receive and accept extrafamilial support. A family may be defined as weak or flawed if they ask for help, while simultaneously being defined as

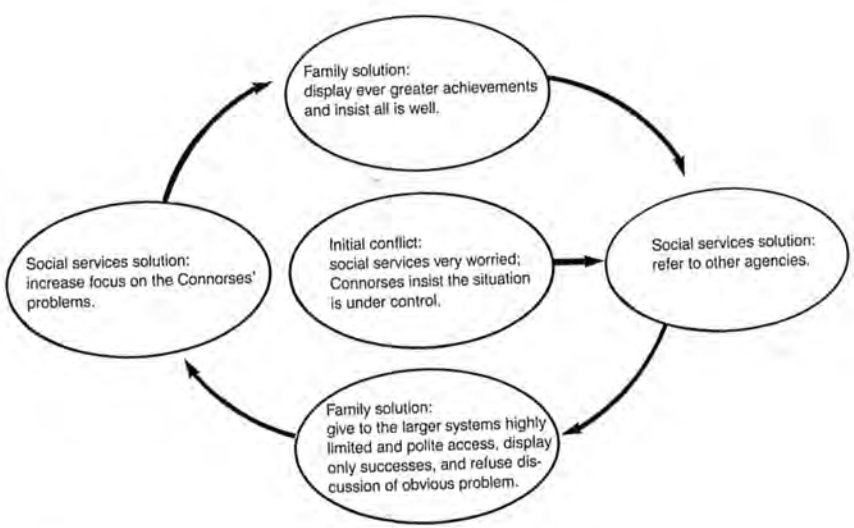

Figure 3-3. The cyclical pattern arising from differences between the Connors family and larger systems regarding problem resolution.

resistant or uncooperative if they refuse help. Larger systems that are part of the legal apparatus (e.g., courts, probation, parole) may create binds by *ordering* families to treatment while simultaneously anticipating that the family will spontaneously *want* treatment and be able to show this despite the coerced context. A bind connected to this and adhering to both legal and welfare systems arises in a macrosystem marked by two incompatible contexts, one of development and trust and one of social control and adverse interests. A family is expected to trust their worker or others to whom they are referred by their worker, while that which they tell their worker may, in fact, be used against them.

Binds may arise in the family–multiple-helper system when the family is referred to more and more helpers, while simultaneously being criticized for overinvolvement in the problem. Conversely, refusal of multiple referrals may lead to a designation of resistant or uncaring.

The relationship between women as mothers and/or single parents and many larger systems is frequently fraught with binds (Imber-Black, 1986d). For instance, a woman who is expected to motivate the rest of her family, particularly her husband, to engage with larger systems may then find herself criticized for this conduit position. The mother may be telephoned weekly by a guidance counselor and then criticized for overinvolvement. She may be encouraged to be dependent on helpers while simultaneously being expected to enter willingly into solutions that stress *only* autonomy and independence for children, ignoring any interdependent options.

A common bind occurs when a family is expected by a larger system to seek treatment and either their compliance or their noncompliance with this expectation is interpreted as evidence of flaws and deficits. The family is damned if it seeks treatment and damned if it does not.

All of the above situations, not surprisingly, lead to unusual behavior as people seek ways to escape the binds.

CASE EXAMPLE (CONTINUED)

The Connors family communicated the familiar "help us to change without changing anything" bind in their request that Alice be "fixed" without changing anything in their family. This bind was fairly apparent. A more subtle bind, however, was that communicated by social services to the family. The Connorses had been a foster family for 20 years without ever being asked to go for therapy. The insistence on therapy now was a message that social services saw them as flawed, and to accept the referral for family therapy was to agree with this assessment and disqualify themselves as a good foster family. On the other hand, if the Connorses refused family therapy they would also be defined as flawed,

as they would be seen by social services as resisting help that experts felt they needed. The family's response to this bind was to feign cooperation with the referral, to give minimal information to the family therapist that was just enough to declare they were in therapy but not enough for effective treatment, to go to great lengths elaborating the difficulties of scheduling appointments, and to insist that all of the children made myriad changes after one appointment. This response exacerbated the bind, as social services was sure that they were "protesting too much" in their claims of instant change after one appointment. One can see that if the family reported no changes, that too would be held against them.

A further bind existed because social services expected the family to be open in family therapy and to enter a context of trust, while expecting regular reports from the family therapist, placing family therapy in a supervisory and potentially adversarial context. When the family therapist can discern binds in the family–larger system network, he or she may find unusual behavior more explainable as responses to such binds and be able to intervene to dissolve or otherwise neutralize the binds. (See Chapters 5 and 6 for interventions and full case examples.)

Binds or simultaneous incompatible messages existing in the family–larger system network often curtail effective action and lead to displays of unusual behavior. Such binds are frequently iatrogenic, leading to or exacerbating problematic behavior between the family and larger systems. Analysis of binds may use the following questions (specifics for the Connors family are in the second column).

What binds are the family communicating to the larger systems?	Help us to change without changing anything.
What binds are the larger systems communicating to the family?	You are flawed if you go for treatment and if you refuse treatment. If you change too rapidly you are pretending; if you don't begin to change you are resisting. Family therapy is an arena of trust and openness; family therapy will generate reports that will be used to supervise you and may be used against you.
What unusual behavior becomes explainable by reference to binds?	The Connorses feigned cooperation with family therapy while they found it nearly impossible to make appointments. Minimal sharing of information in family therapy.

Transitions in the Macrosystem

As families and helpers elaborate a macrosystem, transitions requiring changes in rules, roles, and relationships become important to assess. Just as family relationships must undergo profound changes when members enter or exit, so family–larger system relationships must also accommodate such transitions.

For families involved with large public-sector systems, transitions concerning the exit of one helper and the entry of another may breed a certain cynicism, since such changes are frequent and often occur with little or no anticipation. Families may not be told that a worker is leaving, generating a point of view that the role, and not the relationship, is what matters.

Transitions in the macrosystem may also occur via policy changes in the larger systems. Often such changes are not communicated to the families, who begin to experience an unexplained change in their helpers' behavior. For example, some child-welfare departments have undergone policy changes such that a policy of keeping families together has been replaced by a policy of removing children more quickly, which in turn has been replaced by a policy that again focuses on keeping families together. Unless such transitions are demystified for worker and family alike, apathy and mistrust flourishes in the macrosystem.

CASE EXAMPLE (CONTINUED)

The Connors family was used to many transitions, in the comings and goings both of foster children and of social service workers. They had interacted with many, many workers and believed that the relationship between them and any particular worker was extremely temporary. This belief fed their position of simply stalling vis-à-vis the referral for family therapy, since they assumed any given worker would be replaced fairly rapidly.

At the time of their referral for family therapy, the Connorses were not aware of an important policy change occurring in the social service system. After a long period of being encouraged to remove children from their biological families, workers were now being told that they must do whatever they could to maintain children at home and to return children from foster care, wherever possible. The impetus for this transition was fiscal. Workers were urged to examine all of their cases from this perspective and to justify carefully why foster care was preferable to returning children. It was within this context that the referral for family therapy, one aim of which was to scrutinize the foster family, was made.

When a transition in the macrosystem closely matches an unresolved transition in the family, special difficulties may ensue. The loss of a

particular helper may be more profound in a family that is struggling to deal with an internal loss. Attending to this issue may allow effective work regarding loss of the helper to be extended metaphorically to internal family losses.

Families who have existed for many years in required, enduring relationships with larger systems may have a difficult time with a transition to being a family without helpers. Thus, the Moores (in "A family born with larger systems") moved immediately from relationships with helpers regarding their daughter's heart condition to relationships with helpers regarding their daughter's eating habits. Change in the family system included a major transition to becoming a family organized without helpers in its sphere. The movement in this transition included a shift from being a family that never questioned or criticized helpers to being a family that felt able to question and criticize helpers and a shift from relying on outside systems to a sense of parental empowerment and appropriate consultation with outside systems.

Transitions in the macrosystem may include frequent entries and exits of helpers, policy changes that are often unknown to families and contribute to mystification, issues of loss that closely mirror family losses, and the need to shift from reliance on helpers to more autonomous functioning. Analysis of transitions may use the following questions (specifics for the Connors family are in the second column).

Is the macrosystem marked by the frequent entry and exit of helpers?	There has been rapid turnover of workers. The family belief is "just wait—a new worker will be along soon."
Are there recent policy changes affecting work in the larger system? Are families cognizant of such changes?	Social services policy changed from heavy use of foster care to reuniting of families, and the Connorses are not aware of the change.
Do transitions in the macrosystem mirror unresolved transitions in the family, especially loss?	Unknown.
Is work needed to effect a transition for the family to function more autonomously?	The Connorses have lived with larger systems in their midst for 20 years; such a transition may be necessary, depending on what occurs regarding their status as a foster family.

Predictions

The final aspect of assessing the family–larger system network regards predictions that the family has about itself and its relationships with larger systems and that the larger systems have about a given family and that family's relationships with larger systems. Secondarily, if one is working only with the larger system, in a consultative format focusing on the system's development, or with two or more larger systems, centering on their relationships with each other, the arena of predictions is also salient.

When families and larger systems describe their imagined futures, especially regarding one another, a family therapist is able to gain access to notions of optimism and pessimism, success and failure, lifelong involvement versus disengagement, and predictions of problems requiring engagement with larger systems.

Predictions feed back into the current macrosystem, as participants behave in ways to support their views of the future. If a family and larger system predict a conflict-filled future, likely they will attend only to those aspects of their relationship that manifest conflict in the present, ignore more peaceful or benign interactions, and amplify the conflict thereby. Likewise, images of a future in which no solutions are found and hopelessness prevails while more and more helpers are added are, without different intervention, likely to yield the predicted result.

When asked to describe their future in regard to larger systems, some families will reveal disappointments or anger with helpers, which they anticipate will continue. Other families will predict finding just the right helper who will solve their predicament, thus making a bid to the family therapist to fulfill this impossible role. Still other families will predict interaction with systems currently outside of their experience, as when parents imagine that their truant son, currently in trouble with the school system, in a year will be in trouble with the legal system. Families who have never been without helpers often find it impossible to envision a more autonomous future and instead predict a multiplicity of new problems that will maintain their relationship to larger systems, even when that relationship is fraught with negativity. Families whose members have a special, warm closeness with helpers, which has either substituted when such closeness is missing in the family or obviated its development in the family, often predict a future that includes continuing problems in the family in order to support the continuance of the special relationship.

When asked to describe the future in regard to particular families, helpers from larger systems may offer ideas that constrain possibilities, as when particular symptoms or problems are predicted to be chronic or lifelong, involving no change, or are seen to interdict variable options. When such predictions fit family predictions, an increasingly narrow range of behavior develops.

Larger system representatives may also predict a particular future based on theoretical beliefs regarding the definitive course of a symptom

or set of life circumstances. The predictions of larger systems may be indicative of referral plans previously unknown to the family or the family therapist or may reflect information sent by referral sources or contained in reports or files. If hopelessness is stamped all over the file in various ways, it becomes very difficult for any new helper not to be inducted into this point of view.

Just as families who have warm and special relationships with helpers will predict a future with problems requiring the helper's continued presence, so the helpers will often make similar predictions. But sometimes the image of the future held by the family and that imagined by the helpers differ markedly. Such differences may metaphorically express other conflict in the macrosystem and a struggle regarding who knows best. At other times such differences may indicate a lack of clear exchange of information or the hiding of information known by the larger system, as when a parent whose children have been removed from the home predicts their return while a social worker predicts their maintenance in foster care because he or she knows the requirements for permanency planning, which are unknown by the family. Such differing predictions often lead to escalating conflictual cycles in pursuit of proving one's own view correct.

CASE EXAMPLE (CONTINUED)

When asked, the Connorses predicted that they would continue to be a foster family long after their own children were grown. Further, they predicted, based on their experience, that social workers would continue to change fairly rapidly, so that the family would not be required to follow directives that they did not like. They envisioned future interactions with a larger system that they regarded as fairly impotent.

Social services was far less definite about the Connorses' future as a foster family and predicated such a future on the family's involvement in family therapy. Further, the eligibility worker predicted severe marital problems for Mr. and Mrs. Connors if they would not engage in marital and family therapy.

Two very different views of the future were on a collision course within the arena of family therapy.

Predictions not only inform the family therapist about aspects of the family–larger system relationship but also serve to inform this network about itself, when they are made at a family–larger system interview rather than privately in reports from one helper to another or at case conferences. Predictions place present behavior in a future frame, which often functions as an intervention and provides the family therapist with material to create alternative future scenarios.

Investigating predictions in the family–larger system network often illuminates the nature of relationships in the present while providing areas for intervention in order to alter both present and future. Analysis of predictions may use the following questions (specifics for the Connors family are in the second column).

What are the family's predictions about itself and its relationships with larger systems?	The Connors family will continue as a foster family, thus relating continually with social services. The social workers will have little impact on the family because of frequent changes.
What are the larger system's predictions about a given family and the family's relationship to it or other larger systems?	Social services is uncertain about Mr. and Mrs. Connors' future as foster parents. Their future as a foster family is more likely if the family enters therapy. Marital breakdown is predicted if there is no intervention.
How do the family's and the larger system's predictions fit together?	The predictions are in opposition.

SUMMARY AND CONCLUSIONS

A guide for assessment of the family–larger system relationship includes:

I. A list of involved larger systems
   A. past
   B. present
II. Definitions of the problem
   A. agreement/disagreement
   B. larger system mandates
   C. preferred locus of blame
   D. whose problem is it anyway?
   E. hidden agendas
III. Dyads
   A. complementary
   B. symmetrical
IV. Triads
   A. detour
   B. cross-system alliance
   C. triangulation
V. Boundaries
VI. Myths and beliefs
VII. Past and current solution behavior

VIII. Binds
IX. Transitions
X. Predictions

The elements of assessment may be used in their entirety or in various salient combinations. For instance, one may discover that dyadic patterns and predictions, or triadic patterns, boundaries, and binds, or any other combination of elements, inform a direction for intervention. The assessment is meant to organize information in ways that will be useful to the therapist, the family, and other helpers.

CASE EXAMPLE (CONTINUED)

While this list may make assessment appear lengthy, in fact the assessment material regarding the Connorses was generated during half of the first session with the family and one family–larger system session. As this material emerged, the family therapist was able to avoid myriad traps, including unplanned alliances and splits and accepting a basically tainted referral, while at the same time the Connorses and the social service workers were able to learn a great deal about their relationships to each other. Following this assessment, all agreed that a referral for family therapy was not indicated. Thus an hour and a half of work saved all concerned from the creation of an impossible attempt at a therapy contract. Two months later, Mr. and Mrs. Connors made a private request for marital therapy, separate from their involvement with social services. The Connorses continued as a foster family, as struggles between them and social services were gradually ameliorated.

CHAPTER 4

Interviewing Methods

When one's focus is the family–larger system relationship, three possible interview formats may pertain: (1) interviewing the family about its relationship to larger systems, both historically and currently, without larger system representatives present; (2) interviewing the family and members of the larger systems in the presence of each other; and (3) interviewing delegates from the larger systems about their relationships with the family and/or each other, without family members present. This third format will be discussed in Chapter 8, on consulting to larger systems.

The locus of interest in all three formats is the *relationship* of the family and larger systems and/or among the larger systems. One is searching to clarify the composition of the *meaningful system*, or that configuration of family and larger systems that may be presently functioning in ways that constrain problem resolution and effective development. Covert relationship arrangements and hidden agendas become explicit during such interviews and available for intervention possibilities. The place of larger systems in the family's sphere and the place of families in and among larger systems are illuminated. All of the interview formats initially rely heavily, though not exclusively, on the systemic models' tools of hypothesizing, circular interviewing, and neutrality (Selvini Palazzoli *et al.*, 1980a; Tomm, 1984a, 1984b). As will be demonstrated in Chapter 6, interviews relying on positioning, advocacy, restructuring, and coaching are also utilized, following assessment of the family–larger system configuration. All of the interview formats also potentially constitute interventions by virtue of their introduction of new information into the suprasystem.

INTERVIEWING THE FAMILY ALONE

Interviewing the family alone regarding their perceptions and their experiences with outside systems may occur either early in any therapy, that