

#### 44 Family therapy

- d) These problems may be the children's 'anti-depressant' for the mother. Each time she becomes sad then the sibling symmetry provokes her into action.

These suggestions are designed to help the reader to make connections between the symptoms and the system. They show the way that problems manifested by an individual may be seen as an attempt to resolve a problem in the family system. You may have generated different ideas that are equally valid at this stage in the work.

#### Summary

This chapter has described ways of representing complex family information in the clear graphic form of the genogram. It has examined the concept of evolution of family relationships over time and how this evolution is punctuated by transitional stages. These transitions necessitate fundamental changes in relationships which may give rise to symptomatic behaviour and dysfunctional patterns. These symptoms may be viewed as an attempt to maintain the prevailing homeostatic balance of family relationships. The next chapter explains ways of organizing information presented in interview. It introduces the concept of punctuation to analyse dysfunctional relationships in current family interaction.

#### EXERCISE 2.3

Readers might now find it useful to draw their own family tree. If this is done in a group then members could elicit necessary information to construct one another's genogram. This would provide an opportunity to practise using the genogram as an interviewing technique. Points of interest might be illustrated by looking at: 1) the family tree at three different developmental stages or ages; 2) changes that occurred in the important relationships; 3) the negotiation of transitions.

## 3

# Punctuation

'It is the theory that determines what we observe'

(Albert Einstein)

The genogram has been presented as a way of organizing information systemically by mapping relationships, tracing intergenerational patterns, and identifying the transitions through which they evolve. It can, as Exercise 2.2 demonstrated, help the workers to organize their thoughts before and between sessions. Used during a session, it can also serve the useful purpose of eliciting information about family relationships in a way that is helpful to the worker and interesting to the family. Adults and children alike have spontaneously said that constructing their genogram had provoked powerful thoughts and feelings about past, current, and future relationships.

This chapter focuses on the concept of punctuation as it is used to organize the patterns of family communication during an interview. The aim of punctuation is to identify the circuit or circuits of interaction in which the problem is embedded and so enable the worker to intervene at the level of the pattern rather than of the individual. This approach increases the number of ways an episode can be analysed and therefore expands the possible therapeutic options available.

#### Levels of communication

Watzlawick, Jackson, and Beavin (1967) distinguishes between two levels of communication.

1. Digital communication. This is simply the *content* of the spoken or written word, such as a statement, 'I went to see my mother

today', or a note saying 'Would you please write to me as soon as you can'.

2. Analogic communication. This is the *manner* by which the digital message is conveyed. It includes every other way of communicating that qualifies the digital statement. In speech it is the tone and inflexion of voice, the sequence, rhythm, and cadence of the words themselves, that expand their content. This is more difficult to convey in writing but could be presented as follows: 'She *said* she was happy and she certainly *sounded* like she was'. Non-verbally, it includes facial expressions, gestures, body posture and movements, and so on.

Compare these two samples of prose:

'As soon as I walked into the room, she *smiled*, *ran* over towards me, gave me a great big *hug* and *giggled* as she *said*, "How delighted I am to see you".'

'As soon as I walked into the room, she *frowned* at me, *turned* away, *shrugged* her shoulders and said in a *sarcastic* voice, "How delighted I am to see you".'

The same spoken words may take on an entirely different meaning when qualified by different analogic messages. The ability to distinguish between two levels of communication is extremely useful in family therapy.

From this perspective, it becomes impossible *not* to communicate since all behaviour, even silence and not listening, can be viewed as messages at the analogic level. Analogic communication is considered to reflect the relationship between the participants. It is more difficult to disguise than digital messages and so may be regarded as more reliable and therefore more useful to the therapist. For instance, a family may talk very little but cannot avoid signalling their thoughts and feelings by glances, nervous coughs, and other such analogic cues and clues.

In the analysis of communication the terms digital and verbal are often used interchangeably (though this is not strictly correct), as are analogic and non-verbal. The terms verbal and non-verbal will be used throughout the text to describe communication because they are better known and understood, and because the difference between them is self-explanatory.

## PROBLEMS IN COMMUNICATION

### *Incongruency*

A therapist checks to see if the message at the verbal level and the message at the non-verbal level are congruent, as in the first sample on p.48 or incongruent as in the second. Incongruency tends to produce confusion and is generally regarded as something to be clarified and changed during the course of therapy. Attempts to clarify ambiguous messages aim to increase the degree of congruence by helping people to 'say what they mean and mean what they say'. An exception to this rule is the incongruency evident in a humorous exchange, as when a parent says 'I'm going to pull your arm right off' but simultaneously smiles to indicate that this is mock anger.

### *Disconfirmation*

Disconfirmation occurs when a person does or says something but is treated as if nothing had happened. Ignoring, replying with *non sequiturs*, and repeatedly talking across someone are evidence of disconfirmation. The persons thus disqualified may begin to feel as if they do not exist. The father of a girl who had made a serious suicide attempt said it was unlikely that any of his children would disagree with him; if they did, it would mean that they had not thought about the subject properly. After enough 'proper' thought, they would surely see things his way. Thus, a disconfirmation does more than disagree with another's viewpoint; it has the practical and emotional effect of disqualifying a person, not his or her statements.

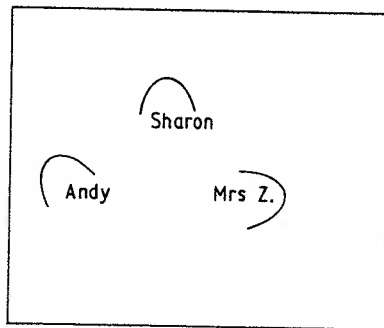
## SYMPTOMS AS A COMMUNICATION

In this framework symptomatic behaviour may be viewed as a communication within the context of a relationship. Sadness may be seen as a message, 'comfort me'. Irritation as a communication to 'leave me alone'. More seriously, attempted suicide may be an appeal to be recognized and confirmed. Chapter 1 in Haley (1963) remains one of the best expositions on symptoms as 'tactics' in relationships. For a fuller exploration of communication theory the reader is referred to the seminal work of Watzlawick, Jackson, and Beavin, *Pragmatics of Human Communication* (1967).

The following is an edited transcript of a conversation between the members of the Zanussi family discussed at the end of Chapter 3. It includes examples of both verbal and non-verbal communication to enable the reader to make a fuller assessment. Please read through it and then complete the exercise which follows

*Scenario:* A single mother (35 years) with her daughter Sharon (14 years) and son Andrew (10 years) are sitting in a room (see *Figure 9*) in conversation:

*Figure 9* Seating positions



MUM [*to A.*] Now, Andrew what were you telling me about the races at school today?

ANDREW [*very quietly*]. I came first in the running.

MUM [*smiling*]. What did you get then?

ANDREW. Chocolate.

SHARON. That wasn't a prize.

MUM [*to S.*]. That's nice anyway, they didn't have to give a prize.

[*To A.*] Didn't you get anything for just running?

[*Andrew mumbles something inaudible.*]

MUM. Open your mouth and talk to me.

ANDREW [*still mumbling*]. I came second in the bean bag races and first in the sack race.

MUM. Well, don't they have normal sprinting? Didn't you run at all?

SHARON. Yeah . . . he won that . . .

MUM [*to S.*]. No! Who told you that?

SHARON [*to M.*]. He just told you.

MUM [*to S.*] No he didn't, he said he came first in the bag race.

MUM [*to A.*]. How many did you enter? [*Andrew mumbles inaudibly and begins to count on his fingers.*]

MUM [*to A., more insistently*]. How many races did you enter?

SHARON [*to M.*]. He doesn't understand 'enter' Mummy. [*S. turns to A.*]

SHARON [*to A.*]. How much races did you do? [*Smirks at M.*]

MUM [*smiles to A.*]. How many did you do then?

ANDREW. Three.

SHARON [*to A.*] Was it three?

MUM [*to A.*]. Well you can't [*to S.*] if he entered three. . . .

SHARON [*to M.*]. He won three.

MUM. But how could he win three and come second in one?

[*Sharon and Mum laugh.*]

SHARON [*to A.*]. How much running did you win man?

[*Andrew gets up and walks away, looking very unhappy. Sharon and Mum laugh again.*]

MUM [*to A., smiling, but in a firm, sharp voice*]. Andrew come over here and stop being silly. Why are you acting like that?

[*Andrew comes back and sits down but continues to look away.*]

SHARON [*to A.*]. How much running did you do?

ANDREW. Two.

SHARON. Did you win both of them?

ANDREW. Yes, I won the . . . [*trails off into an inaudible mumble*]

SHARON [*to M.*]. Oh don't bother askin' him nothin'.

MUM [*to S.*]. But I want to ask him.

SHARON [*to A. with renewed vigour*]. Did you win all the races you went into?

ANDREW. Yes.

SHARON. Well how come you told me you came second in one?

MUM [*to A.*]. Come here Andrew. [*A. walks across and M. tries to take his coat off.*] Take your coat off if you're warm.

[*A. struggles, M. stops trying to remove the coat and asks in a softer, gentler voice*] How many races did you enter?

ANDREW. Three.

SHARON [*leaning across between M. and A.*] I thought he said four.

MUM [*to A.*]. Show me them on your fingers. [*A. holds up three.*]

And how many did you win?

ANDREW. Four times and I lost one.

SHARON [to M.]. He said that in the first place!

MUM [to S.]. Be quiet. I'm not talking to you. [To A.] So how many chocolates did you get then?

SHARON. One.

MUM [to S.]. Sharon, be quiet, I said, I'm talking to Andrew. [To A.] How many chocolates did you get?

ANDREW. One.

MUM [to A.]. Why did you only get one if you came....

ANDREW. Everybody got one.

MUM. Oh... you mean the whole school? Oh that was nice.

[Sharon mumbles something.]

MUM [to S.]. Can't you be quiet for a minute!

[Andrew slouches in his chair looking very miserable. Mother and Sharon continue to argue. Therapist enters and sits down.]

MUM [to A.]. Why are you sulking? [To therapist.] He's getting all upset about his races....

### EXERCISE 3.1

Using the concepts and terms that are familiar in their current practice the reader(s) is invited to take fifteen minutes or so to record:

1. The feelings and opinions generated by the scenario portrayed in the transcript.
2. An assessment of how the situation came to the conclusion 'He's getting all upset about his races'.
3. An indication of how the reader(s) might intervene in the family.

Of course the reader would like more information, especially at the non-verbal level. A new skill or idea is more efficiently assimilated if the process is initially broken into small parts.

Refer to the text again if necessary. Of course, some readers may prefer to read on.

### SUGGESTIONS

Observers of the above piece of interaction often make the following type of comments: 'The boy is being scapegoated.' 'The mother's attitude is punitive.' 'Does it really matter how many races he won?' 'The sister keeps interfering.' 'They (mother and sister) are making a mountain out of a molehill.' 'The mother must be working out or projecting her own problems onto the boy.' 'It's obvious she (mother) doesn't

love him.' 'There's a rule in this family about not liking men.' 'That poor boy, no wonder he is disturbed.'

Perhaps you have made the same or similar comments in your assessment of the transcript. Quite often the feelings and comments expressed by observers focus on how badly the mother, and to a certain extent the daughter, handle the boy. The boy is seen as the victim of his mother and sister. Any assessment that divides family members into victims and victimizers is likely to lead a worker to pursue a line of enquiry and intervention that aims to rescue the victims and blame those perceived as the victimizers. Such interventions tend to be rejected by the family members, including the so-called victims.

John Bell, one of the 'founders' of the family therapy approach, describes one of his first experiences in the 1950s of working with whole families instead of individuals:

'I had accepted the idea that the girl about whom the referral originated was the problem. I heard mother and father, particularly mother, who was one of those women, to quote Saki, who would have been "enormously improved by death" tell about the difficulties she and the family were having with this girl. The parents always spoke with firmness and often with rancor. Somewhat nonplussed by their attack, I would try to put myself in the place of the girl, to think about how it must feel to hear herself talked about in this way... I tried to see her father, mother and brother's world through her eyes, to uncover the past so I could answer the question how she became the problem she is, and to engage her in a relationship through which I could understand and help her. I was full of good will... so I began to increase my concentration on her. Theoretically this was fine. Practically it did not work. (Bell 1967)

What happened? Bell writes that the brother became restless and left, the parents offered elaborations of her problems in detail, and, perhaps more surprisingly to Bell, 'the problem girl did not seem to welcome my help nearly as much as I thought she should'. Bell goes on to explain that it was not until he began to think in terms of the context (including the problem girl) being the problem (in this case the family) that he began to cease experiencing and creating the problems he describes. Bell and other family theorists and therapists, such as Walrond-Skinner (1976), Barker (1981), and Gorell Barnes (1984) emphasize the importance of moving away from what Hoffman (1981) describes as

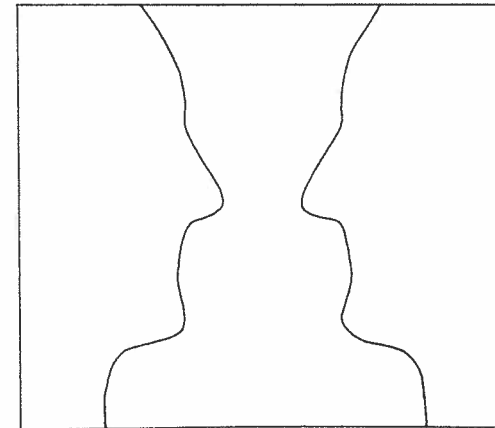
the 'blame frame', in which causality is attributed to one part of the family. This essentially linear approach is based on a monadic cause-and-effect theory of problem formation. In contrast a family therapy approach uses 'circular' thinking and is based upon theories of systems and communication which view problems in their context. Assuming that readers are operating more on the monadic model, it is likely that their ideas have been expressed in linear terms as in the list of comments. These ideas seem inevitable given that workers often, at an emotional level, feel drawn to empathize with the person who is, apparently, in the one-down position, especially when that person is a child. However, as Bell points out, 'practically it did not work'. For therapy to be effective, a circular view of the problematic pattern, including the contribution of the 'underdog', needs to be obtained.

How then can the shift be made from a linear view to a more holistic, circular way of seeing, understanding, and talking about the type of event portrayed in the transcript? Neat terms such as complementarity, symmetry, and triangulation seem to desert a therapist when faced with a live family. Emotions can run high and the session may seem to be out of control. The whole may be obscured by the prominence of the parts. It is in just such a situation that the tool of punctuation is useful as it helps to connect the parts into discernible circular wholes as we shall see.

### Wholes and parts

'The whole is greater than the sum of the parts' (von Bertalanffy 1968). This concept is fundamental to a systemic view. Consequently it is impossible to 'sum up' a family as the aggregate of the 'personality traits' of its individual members. Cooklin (1979) likens such an attempt to define a family by summation to listening to the individual members of an orchestra playing their particular 'piece' and then trying to imagine the symphony. It cannot be done, since when they play together they produce music which supersedes their individual contributions. Bateson (1979) calls this holistic view 'the pattern which connects'. This concept is represented figuratively in *Figure 10*. In this well-known figure, one can see two faces or a vase, but not both simultaneously. A therapist with an interactional perspective alternates between the perceptions but will concentrate mainly on seeing the vase. The vase represents the process between the people, the pattern which

*Figure 10* The vase and the faces



connects them. The development of a systemic view is facilitated if the therapist is able to understand the individual as part of the whole pattern, not in isolation. Koestler coined the term 'holon' for such an entity, which Minuchin and Fishman describe thus: 'Part and whole contain each other in a continuing, current and on-going process of communication and inter-relationship' (1981: 13).

How does one begin to 'see' wholes rather than only parts? A useful way of beginning to see the 'vase' instead of only faces is to develop the ritual of punctuation.

### Punctuation

The transcript of the conversation between Sharon, Andrew and their mother could be considered in terms of the verbal and non-verbal communication of the individuals; then the motivation or emotion governing their behaviour could be inferred. People observing this example of interaction often select a particular participant's point of view. A debate usually ensues to establish the 'real' or 'true' explanation. The discussion might include the following: 'The mother inter-rogates the boy - no wonder he wouldn't talk to her!' (i.e. mother is domineering), 'The way that the boy mumbled, I'm not surprised that the mother spoke sharply to him!' (i.e. the boy is rebellious), 'Every time that the boy and his mother start talking, the girl interferes and they end up having a fight' (i.e. the girl is jealous).

From an interactional stance, however, each observation is taken as one of several ways to make sense of what happened. Each opinion is a particular *punctuation* of the *interactional sequence*. As Bateson puts it:

'In the punctuation of human interaction, adjectives which purport to describe individual character are really not strictly applicable to the individual but rather describe transactions between the individual and his material and human environment. No man is "resourceful" or "dependent" or "fatalistic" in a vacuum. His characteristic, whatever it be, is not his but is rather a characteristic of what goes on between him and something (or somebody) else.'

(1979: 269)

Observers of the quoted transaction, like each participant in the episode, tend to select the most 'blameworthy' punctuation. They will make a case for one person being responsible for starting and maintaining the argument. They search for verbal and non-verbal evidence to support their 'truth' and usually within a sequence are able to find some. Some observers may point to the *incongruence* of mother's communication: 'The mother says she's pleased but look at her scowling face and listen to her disapproving voice, she's obviously confusing the boy.' Alternatively, but far less often, the boy's behaviour is seen as a *disconfirmation* of his mother: 'The boy is disrespectful, every time his mother talks to him he mumbles and looks in the other direction, no wonder she's angry.' Andrew's mumbling and withdrawal are judged as a *symptomatic communication* to 'leave me alone, or don't persecute me'. Whichever punctuation is selected it is likely that there will also be evidence that supports that perception.

Each observer will perceive the episode through the lens of his or her theoretical and personal framework. Groups of professionals will often debate vigorously from the position that there is one correct interpretation of the event. A systemic view would see each view as an arc of a circular sequence or a *partial explanation* of the event. Watzlawick and Beavin (1977) state:

'Man tends to pattern the stream of communicational events into an order which to him is familiar and predictable. . . . Discrepancies in the punctuation of jointly experienced events are, in fact, at the root of many conflicts in most areas of human interaction, and the ever present blindness for the other's punctuation, coupled with the naive

conviction that reality is the way I see (punctuate) these events, almost inevitably leads to the mutual charges of badness or madness.'

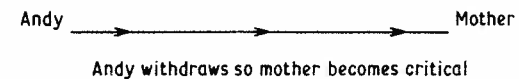
(Watzlawick and Beavin 1977: 65)

Each punctuation of a particular sequence of events is but a different side of a coin, or a different arc of a circle. To the observer who accepts and utilizes the idea of punctuation, sequences of behaviour can appear more circular or interactional in nature. Developing the ritual of punctuating family interactions enables the worker to avoid being 'trapped' in a linear, uni-directional explanation. Initially this ritual is done by rote, until it becomes part of one's view or framework. It is probably one of the most important first steps towards a systemic approach.

THE MOTHER-SON DYAD

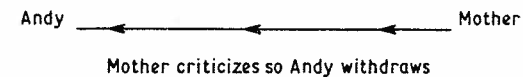
If the transcript is punctuated from the point of view of Andrew's behaviour the ritual might be expressed as in *Figure 11*.

Figure 11 The mother-son dyad (i)



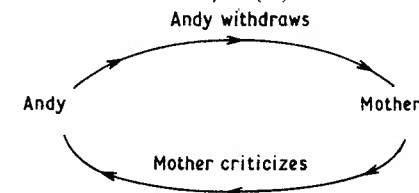
Punctuation from the point of view of mother's behaviour gives the pattern presented in *Figure 12*.

Figure 12 The mother-son dyad (ii)



If we accept each of these views as punctuations rather than truths or 'the reality of the situation' then we can begin to see them as parts of a circular whole, as in *Figure 13*.

Figure 13 The mother-son dyad (iii)



Statements about the behaviour of two individuals give way to two different ways of punctuating how a complementary relationship escalates. This escalation continues past the point where contact can be maintained; communication breaks down to the mutual frustration and disappointment of the parties involved. Instead of Andrew being seen as a quiet boy and his mother as a noisy adult, both behaviours are seen as forming a complementary pattern based on the exchange of different behaviours. This makes the *connection* between two people rather than seeking internal causes in one or both participants. To arrive at this interactional view, first punctuate the sequence from one position and then reverse that punctuation. The description becomes one of escalation or, as Watzlawick, Weakland, and Fisch (1974) have termed it, 'more of the same'. This refers to a process of repetitive sequences of behaviours manifested between two or more people and which go 'round in circles' in a game without end.

Looking over the whole transcript it can be seen that the more Andrew mumbles or walks away, the more critical, insistent, and nagging the mother becomes, the more Andrew mumbles, the more the mother nags, the more Andrew mumbles, and so on. Viewed in this way the focus of the observer is on the repetitive patterns of behaviour which occur between the participants in the transaction. Minuchin and Fishman (1981) call this 'the family's dance'.

#### THE SISTER-BROTHER DYAD

This dyad exhibits essentially the same escalation of a complementary pattern as the mother-son dyad, with the exchange of nagging and withdrawal. An example of symmetry is shown in the mother-daughter dyad.

#### THE MOTHER-DAUGHTER DYAD

Exchanges in the mother-daughter dyad show a symmetrical escalation as the following segment of the transcript shows:

MUM [*to A.*]. How many races did you enter?

ANDREW. Three.

MUM [*to A.*]. Show me them on your fingers. [*A. holds up three.*]

And how many did you win?

ANDREW. Four times and I lost one.

SHARON [*to M.*]. He said that in the first place!

MUM [*to S.*]. Be *quiet*. I'm not talking to you. [*To A.*] So how many chocolates did you get then?

SHARON [*to M.*]. One

MUM. Sharon, *be quiet*, I said. I'm talking to Andrew.

Mother and daughter may be described as competing to be the person who can talk to and understand Andrew. The transcript shows several examples of mother and daughter taking it in turns to question Andrew about the content issue of the races and then disputing who has the better understanding. This can be described as a symmetrical relationship in this context. The more the mother claims that she understands what Andrew means, the more Sharon claims that she has a better understanding, and so on.

#### THE MOTHER-DAUGHTER-SON TRIAD

The analysis becomes more complex and more useful when the interaction is examined triadically. A fine example of the concept of triangulation is displayed by the triad involved in the episode. Consider the following sequence:

MUM [*to A.*]. How many did you enter?

[*Andrew mumbles inaudibly and begins to count on his fingers.*]

MUM [*to A., more insistently*]. How many races did you enter?

SHARON [*to M.*]. He doesn't understand 'enter' Mummy. [*S. turns to A.*]

SHARON [*to A.*]. How much races did you do? [*Smirks.*]

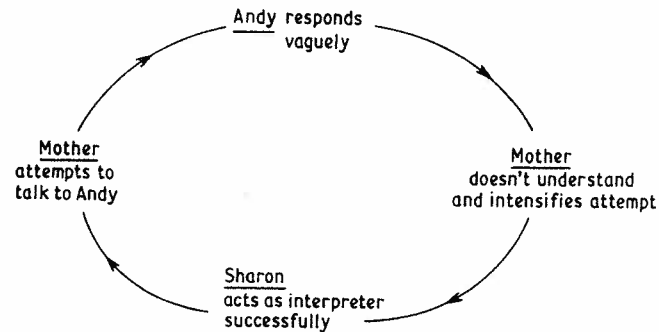
MUM [*smiles to A.*]. How many races did you do then?

Including Sharon in a linear analysis could lead to the conclusion that the problem is not the boy or his mother. Instead it is the way that the girl persistently butts into their conversation. It could be said that Andrew and his mother do not resolve their difficulties because Sharon interferes or interprets for them (in this and other sequences). If the observer repunctuates, then equally it could be said that Mother and Andrew always turn to Sharon when they cannot resolve their difficulties. That is, Sharon may be described as pushing in or as being pulled in.

This analysis can be taken a stage further by connecting these two punctuations in a circular or spiralling fashion, as in the sequence

between Andrew and mother. The following description could apply: The more Andrew and his mother seem not to understand each other, the more Sharon offers/is required to interpret for them, the more she interprets for them, the more they seem not to understand each other, and so on.

Figure 14 A three-person sequence



Some readers may be able to transfer this type of interactional analysis from the sequences within a family to those that frequently occur between a family and helping agencies. The more helpfully an agency behaves, the more helplessly a family behaves, and so the more the agency endeavours to help, and so on. Both in the case of a family sequence and a family-agency sequence the act of punctuation shifts the emphasis from looking to see which particular element needs to be changed to proposing a change in the process between the elements. The case study in Part 3 from Cleveland Social Services demonstrates that including the agency response in a systemic analysis of problem maintenance can lead to more productive interventions.

Each interpretation of a sequence is a valid punctuation of the same event and neither one can be regarded as the 'true' or the 'real' way of viewing it. Tomm (1982) quotes a member of the Milan Associates, Luigi Boscolo, as stating '[the higher level of truth is that] there is no truth, there is only punctuation'.

### Difficulties in punctuation

Punctuating a behavioural episode requires acceptance that each of the participants has at least a partial responsibility for what happens.

It questions many of the concepts in traditional views of behaviour which tend to search for a culprit. This may make the reader feel uncomfortable, or have doubts about such a view. Particular difficulty can be experienced in situations where the repunctuation of an event makes workers feel that they are transgressing their personal ethics or moral code. It may be difficult for the worker to think or say something like the more the baby cries, the more the mother batters, the more the mother batters her, the more the baby cries, and so on.

Any transition or departure from commonly accepted views leads to initial feelings of uncertainty. There is often a temptation to dismiss a new approach and revert to the familiar one. Some readers may immediately doubt the concept of punctuation and choose to stay with their current belief system. Others may suspend judgement until they have used the ideas and have seen whether they prove useful.

Those who elect to use the concept of punctuation will probably find it one of the most useful first steps towards a systemic view. Individual behaviour can be understood as part of the context in which it occurs. Punctuation is not only useful for viewing the behaviour of families but also other human situations. Readers may decide to wait until they interview a family before trying the 'exercise of punctuating', or they could start by looking at the interaction between themselves and a client or colleague, boss, etc. As Bateson says: 'The polarization of opinion then will not be simply between practitioners of individual therapy and practitioners of family therapy, but between those who think in terms of systems and those who think in terms of lineal sequences of cause and effect' (1971: 243). Multiple punctuations enable workers to achieve a meta view or overview of a family situation, thus expanding the frame in which the problem is seen and facilitating the use of a class of interventions known as positive reframing. This will be examined in detail in Part 2, Chapter 9, but here is a brief example from the case described in this chapter. One intervention drew attention to Sharon's involvement in the mother-son dyad which was seen as helping to maintain the problem. Instead of the negative interpretation, her behaviour was positively reframed as *helping* her mother and brother to communicate. The worker pointed out to Sharon that as long as she accepted this work from the other two, she was depriving herself of the enjoyment of all the other things she might be doing. This reframed her involvement and pointed to potential benefits to her if she ceased to perform this function. This positive



reframing justified the therapist's next move which was to get Andrew and Sharon to change seats so that she was not caught between her mother and brother. Andrew and Mother were then given the task of talking to one another to clarify the issue of the races. This intervention was thought to be partly responsible for successfully detriangulating Sharon from the dyad in a way that was seen as beneficial for her as well as for her mother and brother.

### Summary

Part I of this book has so far illustrated the concepts and terms used to analyse problem formation from a systemic perspective. It is by no means comprehensive but offers the basic conceptual tools needed to begin this kind of work. The behaviour of individuals can be defined in terms of a relationship. Relationship problems may be viewed as functioning within transitions in the broader patterns of family life. Current behaviour can be punctuated from the aspect of each participant involved in an interactional sequence. This collection of ideas leads to ways of intervening in families so as to change the patterns of behaviour, systems of beliefs, and the affective experiences of the family members.

It is in problem resolution that family therapy offers the broadest range of options. There are many theories of family change which govern the approaches used by family therapists in their practice. This will be the subject of the next and final chapter in the theoretical section.

## 4

# *Models of therapy*

### Introduction

Part I of this book is concerned with providing a conceptual map for observing the problems that occur in families. This map associates problems manifested by individuals with the traditional and current organization of their family patterns. Commensurate with this systemic view of problem formation is a different approach to achieving change and problem resolution. Practitioners are regarded as active agents of change. As Fisch, Weakland, and Segal put it: 'For practice, this view proposes that the therapist's task is not just to understand the family system and the place of the problem within it but also to take action to change the malfunctioning system in order to resolve the problem' (1982: 9).

Most schools of family therapy seem to share this view, though they may carry out this activity in different ways. Newcomers to the field are lucky in the sense that there is a range of schools, methods, and techniques from which to choose one that suits them, their agency, and their clients. This chapter examines some theories of systemic change espoused by different practitioners and outlines the implications for the reader's practice.

Analysing problems in terms of interactional patterns means that the target of change is patterns, of behaviour and of beliefs. The divergences between the different models of therapy emerge at the stage of problem resolution. They differ in relation to the target of change, the worker's goal, and the part that the therapist plays in achieving change.