

FAMILY SYSTEMS THEORY

Alexa and Cassie affirmed their love and commitment for each other in a civil union ceremony three years ago. For the most part, the women do not have any serious disagreements, or at least none that they can really put a finger on. But sometimes Alexa says or does something that offends Cassie. Alexa then feels somewhat guilty for what she has done, but she does not feel that it is totally her fault and does not like the superior attitude Cassie sometimes has when Alexa does apologize. So, Alexa acts defensively instead, giving the impression that she is now responding to a revengeful reaction on her part, although she has not (at least yet) given one. Cassie cannot understand why Alexa was mean to her and is angry but does not want to show it, so she acts indifferently. Alexa notices the indifference and wonders whether it is feigned or deliberate. Alexa is afraid to apologize because it would be embarrassing and even more hurtful if the apology were rejected or used to advantage by Cassie. Besides, it was not as though Cassie had not done something to her earlier that precipitated the offense. Meanwhile, Cassie wants to hear an apology but is not sure that it will be enough. Cassie would like restitution but is not sure that she can demand it. So, neither apologizes nor forgives and the relationship spirals downhill. They eventually stop talking to each other without really understanding why and are urged by their friends to seek counseling.

This continuous circular interaction, where each person is responding to her perception of the other, is at the heart of family systems theory and illustrates its complexity.

HISTORY

Family systems theory emerged primarily in the 1960s. However, the basic concepts that would eventually lead to a coherent theory were being discussed a long time before that. For example, in 1926, Ernest Burgess made a presentation to the American Sociological Association that became a landmark publication. He referred to the family as "a unity of interacting personalities." He explained that this means that the family is much more than its formal or legal definition; instead, it is a living, growing "super personality" that has as its essence the interaction of its members.

Burgess (1926) went on to describe two basic family types: the highly integrated and the unintegrated. The first is characterized by rituals, discipline, and interdependence; the second is characterized by a lack of those features. He discussed the importance of the roles played by each family member, how problems result when they conflict, and how one member can be identified as the "family problem."

These insights are all elaborated on in Chapter 2 of Waller's (1938) classic treatise on the family. The chapter, titled "The Family as an Arena of Interacting Personalities," begins by discussing how the family is basically a closed system of social interaction. It also discusses how the family is the greatest source of influence on a child and that the child's personality also affects the parents. And perhaps most important, Waller expounds the idea that family experiences are repetitive and based on patterns of interaction.

During the late 1920s, the Austrian biologist Ludwig von Bertalanffy (1901-1962) was beginning to develop the basic ideas of general systems theory. However, for the most part, systems theory as it relates to families remained hidden as a part of structural functionalism until after World War II. Alfred Adler (1930, 1931, 1938), one of the first psychiatrists in the modern era to do family therapy, wrote about individuals in context, parents as leaders in the family, family constellation, and birth order dynamics, among other systemic concepts. Other family therapists (Bateson et al. 1956) began to seek explanations for the transactions between family members that seemed to be at the heart of the dysfunctions with which they were dealing, rather than focusing on the faults or qualities of individual family members. The therapeutic application of general systems theory is often referred to as family process theory (Broderick 1993). In general, family systems theory has its greatest utility in communication and clinical applications, although there has been a plethora of activity using systems theory in addressing a variety of family issues in both scholarship and therapy.

BASIC ASSUMPTIONS

The whole is greater than the sum of the parts. A family is much more than a collection of individuals who live together and are related to each other; it has a holistic quality. The parts are interconnected such that individual members can be understood only within the context of the whole. As a social system, the whole possesses its own characteristics, rules, roles, communication patterns, and power structure. Thus, from a systems perspective, the family is the primary unit of analysis or observation and not the individual. Individual members must be understood in terms of their relationship to the family of which they are a part.

A common analogy to illustrate wholeness can be depicted by a cake. Although the individual ingredients (e.g., flour, sugar, milk, butter, baking soda, eggs) are the component parts, what is removed from the oven (i.e., the cake) is of a very different quality; it is more than each of its individual elements. An insignificant member (e.g., a small amount of baking soda) has the potential to impact the whole by influencing whether the cake rises or is flat.

Similarly, Alexa and Cassie (the couple in the vignette at the beginning of this chapter) are more than their individual personalities or beings. Their system creates a new and distinctive entity or whole. Who they are with each other is different than who they might be with someone else. One can no longer consider Alexa without also thinking about Cassie because the individual women cannot be examined in isolation from each other; they are connected. Their relationships with their families of origin, their future

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children (should they decide to have them), and each other shape this new entity and give their family unique properties.

Individual and family behavior must be understood in context. Therefore, all behavior must be understood as serving a function in the context in which it developed (Lebow 2014). For instance, a teacher may note that a particular student in her sixth-grade class—let's call her Lakeasha—seems distraught and particularly emotional at school the last couple of days. Lakeasha is normally studious and responsible, frequently participating in class and helping children around her. When the teacher pulls Lakeasha aside, she learns that Lakeasha has been concerned about her little brother Marcus, who is in third grade and has some learning disabilities. For the previous two years, Lakeasha and Marcus were able to ride the same elementary school bus and she was able to "protect" Marcus from a couple of older boys who would bully and make fun of him. Now that she is in middle school, the two no longer ride the same bus, and she is not able to provide the same oversight for her brother. The past couple of days when Lakeasha got home from school, she learned that her brother Marcus was "pushed around" on the bus and that these same boys are making fun of her brother throughout the day at school. From a systems perspective, it is important to understand that Lakeasha's protective behavior developed, in part, because of a sense of responsibility for the well-being of her younger brother who has special needs. Lakeasha's parents might even be grateful for and encourage the "attention" that she provides to her younger brother's care. If he did not have special needs and was not being bullied, however, Marcus may be less enthusiastic about his sister's "hovering." Consequently, it is important to understand behavior in context, both within the family context and in the context of interactions with other systems.

A family is a goal-seeking system. Families pursue goals and develop tactics to achieve them, although their degree of goal orientation can vary. Some families seem to maintain a great deal of focus on achieving their goals, whereas others seem more laissez faire and lack the same level of commitment to goal attainment. Goals, which can be explicit or implicit, are organized hierarchically and are embedded in the decision-making loops of families. Higher-level goals, such as the pursuit of service, wealth, or eternal life, tend to be more overarching life objectives or priorities and are less likely to be modified or discarded than more immediate or short-term goals (Broderick 1993). Family priorities may shift as their circumstances in the life cycle change. When children are young, raising capable and responsible offspring might be a priority. At a different point in time, families may modify their career and financial goals in favor of meeting the needs of aging parents.

A family is a self-reflexive and self-regulating system, continually influenced by feedback. Families monitor the degree to which they are on track for maintaining their existence or achieving their goals. Whereas early family systems theorists focused on the family's tendency toward stability or homeostasis (resistance to change), contemporary theorists are equally intrigued by the family's self-regulation through mechanisms of adaptive change (Broderick 1993). Feedback processes monitor fluctuations or variations in the system's functioning, enhancing the probability of its survival. Positive feedback, on the one hand, within or from outside of the system, is change sustaining or enhancing. Negative feedback, on the other hand, opposes the fluctuations or disturbances in the family system's functioning and attempts to return the family to the previous steady state (Becvar and Becvar 2012). It is important to keep in mind that negative feedback and positive feedback can be either healthy or unhealthy, good for the relationship or bad for the relationship. For instance, sometimes married couples drift apart as they try to respond

to the many demands of parenting young children. If one or both of the spouses senses relationship vulnerability (implementing self-reflexivity) and expresses a desire to regain a previous level of intimacy with the other, they might agree to implement weekly date nights or daily fifteen-minute conversations over coffee. By doing so, the couple utilizes positive feedback; their behaviors toward one another are change enhancing, so as to establish a new normal. A positive feedback loop is employed to move to a new homeostasis. In this case, it also has a positive effect on the relationship.

Family systems are "defined by their communication" (Yerby 1995, 357). Families are always communicating. The communication process allows families to create, preserve, and modify a system's reality (Galvin, Bylund, and Brommel 2012). Individual members act and react based on meanings that they send and receive. Verbal messages (e.g., content of what is said), nonverbal messages (e.g., tone, vocabulary, body language), context, and shared history impact the message received.

Communication patterns reveal a great deal about family dynamics. When analyzing a family's communication, Broderick (1993) notes that it is important to evaluate *syntactics* or how clearly the message is relayed from one person to the other. For example, one might consider how much "noise" is occurring as the family members are communicating with each other. Are there distracting sounds or thoughts that impede accurately hearing and understanding the message? *Semantics*, or the real meaning of the message, is also of interest. Does the recipient of the message really understand what was intended? Also of concern is *pragmatics*, or the impact of the communication on another's behavior. Has the message evoked the desired consequence, reaction, or behavior (Broderick 1993)?

When observing family communication, it is important to be aware of two levels of messages: the content level and the relationship level. In other words, there is both *what* you say and *how* you say it, or how one should interpret what you have said. When someone says "I love you" in the proper tone of voice and in an appropriate circumstance, then he or she "affirms" the verbal portion of the communication. That is, when the two parts of the message are congruent, the message is clear and more believable. This is functional because a person sends the message he or she intended to send, and it is received appropriately. However, levels of messages sometimes contradict each other, leaving the recipient to decide what the truth is and how to respond. When the two contradicting messages are commands, a double bind occurs (i.e., the individual is told to do two things but cannot do one without disobeying the other). The person feels compelled to respond, yet the family rules are such that one may not comment on the contradiction or leave the situation. More will be said about the double bind later.

Metacommunication plays a special role in helping family members to articulate their needs, clarify misunderstandings, and plan more constructive means for relating to each other (Galvin, Bylund, and Brommel 2012). Metacommunication occurs when family members communicate about their communication. For instance, a daughter might actually tell her mother, "Talking about sex with you makes me really uncomfortable." A husband could say to a distraught wife, "I love you and want to understand what is going on with you. I am listening." In both instances, the communicator is commenting on how he or she would like to communicate. Sometimes metacommunication can be more implicit or done less consciously. For example, a father might tell his teenage daughter and her date that "I expect you to be home by midnight." Based on the way he is standing, the expression on his face, and the tone of his voice, the daughter knows that her father is serious and not kidding around with her. She knows how to interpret his verbal message.

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The locus of pathology is not within the person but is a system dysfunction. Systems theory requires a *paradigm shift* in the way we think about the world. Most social science theories have taken what we call an intrapsychic viewpoint, in which the individual is the unit of study, and problems are presumed to be "in the head" of that person. However, with systems theory, the *locus of pathology*, or the location of the problem, is not typically within the person. Rather than saying that an individual has a disease, we say that the system of which he or she is a part is *dysfunctional* (i.e., problems are seen as being a function of a struggle between persons). Think of a family as being represented by a circle for each member, with lines connecting them. The lines represent the communication patterns—the ways they speak to and act toward each other—between the members. Systems theorists believe that the problems are in the lines, rather than in the circles. This applies, of course, to normative or functional behaviors as well, although clinical applications tend to focus on problems. Another way of thinking about it is to compare a system to a child's mobile hanging over a crib. A number of interesting objects are connected by strings or wires. Whenever one is hit, it causes the others to move. If you remove one of the objects, the entire system becomes unbalanced. Another way of stating this is that if dysfunction is discovered within an individual, then it is inextricably tied to aspects of the system. Thus, both the source of the dysfunction and the manifestation of the "symptoms" are best understood by examining the various systemic levels. Dysfunction may be exhibited within, between, and among members.

This interpersonal rather than intrapsychic perspective considers all behavior part of ongoing, interactive, and recurring events, with no real beginning or end points. Therefore, a person who manifests some symptomatic behavior is typically seen as representing a dysfunctional system. Some are disturbed by this perspective, taking it to mean that individuals are not responsible for their behavior and that they can, therefore, blame their problems on their family or society. Actually, according to systems theory, time is not wasted on assigning blame because the beginning points of a conflict typically cannot be found. We are then free to focus on how to resolve the problem, rather than being distracted by trying to find someone to punish for it. Individuals are ultimately responsible for their own behavior, but no behavior can be understood in isolation. One's behaviors, emotions, and interactions make sense only within the context of his or her social world or the environment in which they occur. This paradigm requires its own *epistemology*, or way of knowing. The relationship outlook shifts the attention from content to process or from the behavior itself to how it is maintained.

PRIMARY TERMS AND CONCEPTS

Whitchurch and Constantine (1993) and Broderick and Smith (1979) provided us with explanations for the key concepts of systems theory.

System

A system is essentially any set of objects, with their attributes, that relate to each other in a way that creates a new "super entity." The family is a social system (Winton 1995). It is a boundary-maintained unit composed of interrelated and interdependent parts such that an alteration in one part affects all components of the system. Thus, a systems perspective

allows us to focus on the interrelationships among family members, as well as the individuals themselves.

Family systems are often organized around one or more subsystems, smaller units that serve various functions within the family system. Subsystems within the family can be created around gender (males/females), generation (parent/children), or other characteristics, but three primary subsystems include the parental, spousal, and sibling subsystems. Subsystems are important in helping the family to function smoothly and to achieve its goals. They can also be analyzed separately, particularly as they relate to the larger family system or other subsystems.

Family Roles

All family members take on roles. Family roles are defined as "recurring patterns of behavior developed through interaction that family members use to fulfill family functions" (Galvin, Bylund, and Brommel 2012, 150). Through dialogue and interactions with one another, families create shared meanings or expectations about how various roles should be played. Although children may be given explicit instructions about how to enact the role of daughter or son, adults might utilize their observation of roles in their family of origin as starting points in role negotiation (Galvin, Bylund, and Brommel 2012). The fact that we all tend to play out certain roles is part of the redundancy principle. In addition to being a parent, child, student, or athlete, there are common psychological roles that family members take on. Refusing to play one's role can upset the family equilibrium and result in negative feedback.

In their classic work *Inside the Family*, David Kantor and William Lehr (1975) identified "four player parts" in the family. The *mover* initiates action. The *opposer* disapproves of the mover's action and tries to block it. The *follower* approves of the mover's action or the opposer's reaction and thus empowers the side with whom he or she allies. The *bystander* witnesses the action of the mover, but is passive about overtly aligning with the mover or the opposer. Instead, the bystander remains on the periphery of family functioning.

Dysfunctional families, particularly alcoholic families, reveal certain roles that are found to some degree in most families (Winton 1995). The parent with the chemical dependency (in this example, the father) plays the role of the *dependent* person. His job is to bring grief to the family while blaming others for his abuses. For example, in his mind, if you did what he asked, then he would not have to drink. He manipulates others and denies his problems to perpetuate them. His wife is the *enabler* (also referred to as the *codependent*), who helps him to avoid the consequences of his behavior. She may call in sick to work for him or encourage the children to stay away from him when he "gets like that." Perhaps there were alcoholics in her family of origin and her husband was drawn to her because of her traits of covering for others. She often has psychosomatic symptoms because of her repressed feelings of anger and guilt.

The firstborn child is often the *hero*. He or she is the ideal student and caretaker who appears to have it all together. This is a stressful role but one that is difficult to give up because it has many rewards. The second child is the *delinquent*. This is the scapegoated child, who does poorly in school or manifests other acting-out behaviors. It is a negative approach to getting dad to change because the hope is that, by turning attention to the child, it will alleviate the need of the father to drink. The next child is the *invisible child*, who just keeps a low profile in the hope that it will help lessen family tensions. This

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child, who basically stays out of the way and thus never deals with emotions, is the most likely to suffer from an emotional illness. The last child is the *clown*, who attempts to use humor in dealing with family problems.

If one person can change, the entire system might be able to change as well. Instead of focusing on why the father became an alcoholic and how bad that is, a therapist would help some of the others, particularly the enabling spouse, to give up their supportive roles. All this occurs at more subtle levels in families with less serious problems. For example, a young woman might marry into an extended family at whose reunions she is expected to babysit all the children while the other adults socialize. No one knows how this happened or would even admit to it being the case, but trouble ensues if she refuses to play her role. Another might be selected as the family rebel, or star, and be the focus of the same family reunion. Note how rules, boundaries, and roles all reinforce and create each other recursively. It is difficult, if not impossible, to figure out which came first. The system produces itself.

Hierarchy

The hierarchy of a family system reflects its arrangement of layers according to delegation of power. Miller's (1978) concept of *echelon* is useful here. For instance, for most families the parental subsystem would be located above the offspring subsystem, or in the system's upper echelon, because it has more power to make decisions that affect the offspring subsystem. Because individuals within families also constitute systems, individuals could be arranged in a hierarchy in such a way as to reveal who has the most power and authority in the family. A family's hierarchical arrangement is related to its organization, communication patterns, decision-making processes, and the like.

Boundaries

Boundaries are lines of demarcation that distinguish a system from its environment and affect the flow of energy and information between the two (Broderick and Smith 1979; White, Klein, and Martin 2015). A family maintains its boundaries by filtering out any external elements that seem hostile to the goals and policies of the family while at the same time incorporating those that are deemed beneficial. Kantor and Lehr (1975) identified this process as "bounding." This is similar to the role of the placenta during pregnancy. In addition to the boundaries for the overall household kin group, boundaries exist between family subgroups or subsystems, such as those between parents and children. Family boundaries typically can be classified as falling between two extremes on a continuum from open (highly interactive with outside environment) to closed (extremely private with little external interchange), depending on how permeable or flexible the boundaries are.

Kantor and Lehr (1975) have identified three basic family types, based on the rigidity of family boundaries and rules (Refer to Figure 5.1). *Open families* are basically democratic; the rights of individuals are protected and interactions with outsiders are permitted. There is also consensus and flexibility, and family members are bound together by love and respect. This is often called mutuality, and healthy children and patterns of interaction are common in these families.

The second type is the *random family*. Here there are almost no boundaries; few rules exist about defending the "family's territory." The members are seen as *disengaged*, and

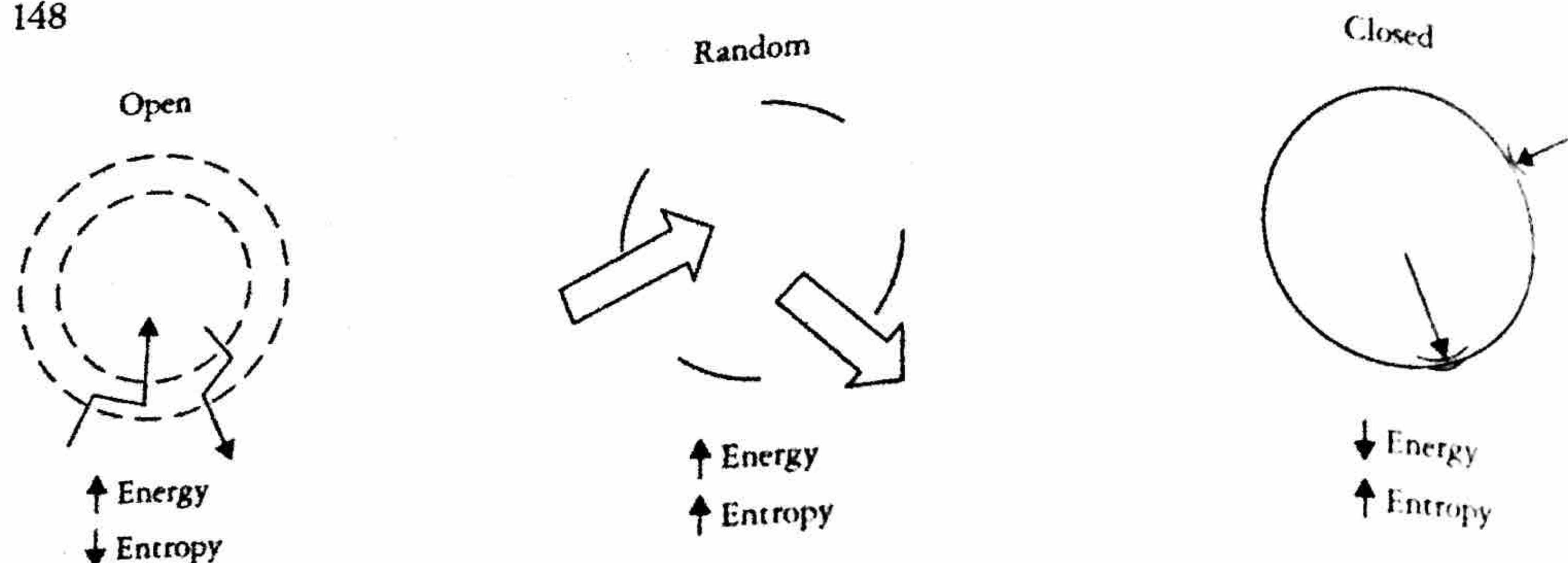


FIGURE 5.1 Types of boundaries.

their commitments to and investments in the family are *transitory*. Children often see this level of freedom as a sign of a lack of love and concern from their parents, and social problems are common. In fact, as adolescents, they often yearn for the rules imposed on their peers by their parents, because they see the rules as an indication of love, care, and concern. The final type is the *closed family*. In this type of family, family members are *enmeshed* or overly involved in each other's lives. Individual identities are not permitted, and family boundaries close off much of the outside world. Such families might value privacy, even secretiveness, and limit exposure to media or other external influences. Emotional illnesses can result from this family configuration because individuals cannot think or function on their own behalf.

A family's response to their children's friends might offer a simplified illustration of these family types. Families with open boundaries might help their children to discriminate between "desirable" and "undesirable" friends; only friends with traits that are in line with the family's values and rules are invited to the family's home. Families with closed boundaries are likely to discourage children from inviting their friends to the family's home at all. These children are less likely to be involved with clubs and activities outside the home as well. In a random family, any of a child's peers can exit and enter the family's home indiscriminately. There are no screens for what is acceptable and the family can be chaotic.

Pauline Boss (2002) introduced the concept of *boundary ambiguity*, the inability to determine who is in and out of the family. Boundary ambiguity typically occurs when there is incongruence between *physical presence* (a person is bodily present in the home) and *psychological presence* (a physically absent person is emotionally present in family members' minds). For instance, a family whose father/husband is missing in action may experience boundary ambiguity in that, although he is physically absent, he is still very much on their minds and in their hearts. Clear family boundaries are helpful for individual and family functioning.

Entropy and Energy

Entropy is the natural tendency of a system to move from order to disorder. It is the "loss of energy, connection and focus" (Doherty 1997, 175) within families. Without attention or intentionality, a marriage or family system naturally "drifts" or moves toward disorganization or disrepair. Energy—new information or input—is the lifeblood of systems. Open and permeable boundaries make the flow of energy into a system more likely. This interchange

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with the environment is critical for the viability of a system because a family must be able and willing to incorporate energy into its system to thrive. Energy might occur in the form of information from outside that meets a need within the family or the development of a new, meaningful family ritual that deepens relationship connections. For instance, a couple expecting their first baby would do well to seek knowledge regarding how to care for an infant and how they might best adapt their lives. Understanding the need to maintain time together as a couple, they might also develop a ritual of sitting together in the living room for fifteen minutes—after they put the baby to bed for the evening—to share a drink and talk (Refer to Figure 5.1 to see how energy and entropy relate to types of system boundaries).

Family Rules

Family rules are the repetitive behavioral patterns, based on the *redundancy principle*, that define a family and regulate family functioning by offering guidelines for future family interactions (Goldenberg and Goldenberg 2012). Rules develop over time and become “calibrated,” or set. Rules help families know how to regulate conformity to their standards and deal with input and change. Couples begin to create the rules of their relationship as soon as they meet. Since families cannot have an infinite reservoir of possible behavioral responses for every situation, a few are selected and used over and over again. These repetitive patterns of interaction are the rules by which a family lives. Some rules are dysfunctional (such as when a husband withdraws every time his wife wants to discuss their money problems), but once established, they tend to remain. Positive change is made in a family by helping them to change their dysfunctional rules.

Rules can be *explicit*, clearly articulated, and acknowledged by the family. In other words, you can ask family members what the rules are, and they can consciously identify and agree on them. They might include a curfew for the teenagers and not talking back to mom or dad. The most powerful rules are the ones that are *implicit*, covert, outside conscious awareness, and unstated (Satir 1972). They might include such things as the fact that dad gets to control the television remote; mom can get mad, but dad may not; brother can get away with poor school performance, but not sister; or that, in an argument, one person blusters, whereas the other ignores it.

A family's rules differentiate it from other family systems and delineate its boundaries. Such rules, which might insist that its members observe certain religious practices, enact certain gender roles, maintain a certain standard of job performance, reserve Saturday afternoons for family functions, and treat one another with respect, distinguish it from other families whose rules may differ.

If families do not have rules in place that allow them to respond appropriately to new situations, they may either adjust or simply break down. The typical response is to fall back on an already existing rule, even when it is insufficient to solve the problem. However, families do have *meta-rules*—rules about the rules—that dictate how families might interpret, enforce, change, or create new rules.

Feedback

A family system corrects itself—tries to regain homeostasis or tries to incorporate change—through the use of feedback loops. Feedback refers to the response a family member makes to the behavior of another person, particularly when he or she deviates from existing

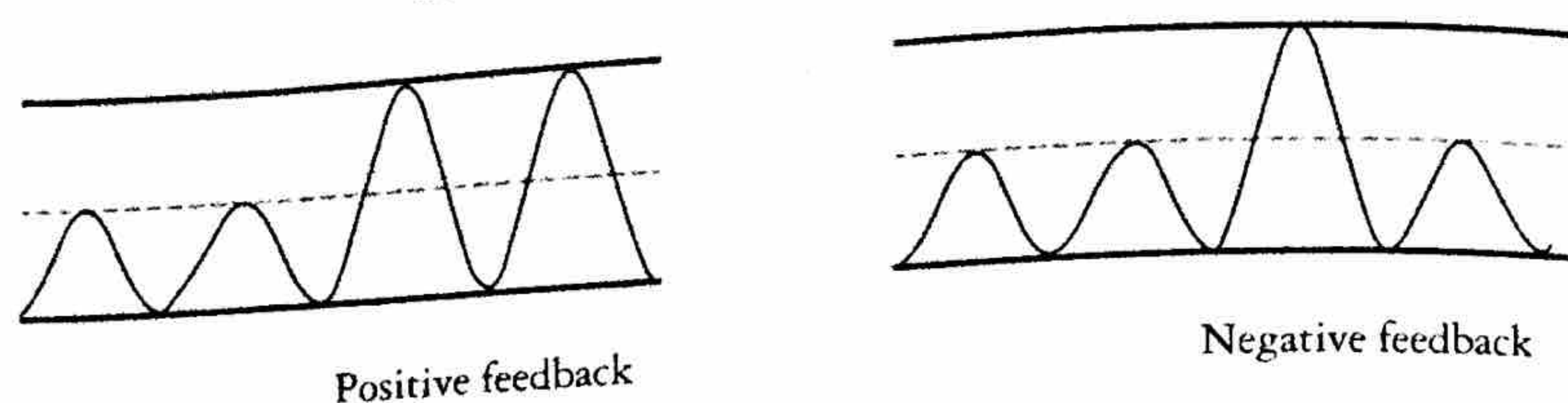


FIGURE 5.2 Feedback.

patterns of interaction (Refer to Figure 5.2). On the one hand, feedback may be *positive* or deviation amplifying in that it encourages more of the stimulus or input from the other; positive feedback encourages further change. On the other hand, feedback can be *negative* in that it discourages or squelches change and is deviation dampening; negative feedback attempts to restore the system to a previous, steady state. Keep in mind that homeostasis (or the steady state) is not necessarily healthy or facilitative. In fact, one subsystem may be out of balance in a way that helps the greater family system to remain in balance.

With negative feedback, the system enacts corrective measures to return the member to the "proper" way of acting. For instance, when a teen "sasses," a parent might offer negative feedback by grounding the teen or by giving him or her "the look." If the teen returns to exhibiting the expected amount of respect, negative feedback restores equilibrium.

There are continuous "feedback loops" as each member speaks to and affects the behaviors of the others. When positive feedback is present and system alterations occur, *morphogenesis* is the result. For instance, after going to college, a daughter begins verbally expressing her love for her parents during telephone calls home. Despite being sure of their love for one another, to this point this family has not verbally expressed their feelings in such a direct manner. By permitting this new form of expression, this family is experiencing morphogenesis. If the family maintains the status quo through negative feedback, *morphostasis* is the outcome. If, in this case, the parents ignored their daughter's verbal expressions or displayed extreme discomfort during such expression, the daughter might be discouraged from continuing in this manner and the family would experience morphostasis. For a system to survive, it is best to have a balance between positive feedback loops (which allow innovation and change) and negative ones (which suppress alterations) because too much change could become chaotic or unstable for a system.

Equilibrium

There is a tendency for any system to seek a balance between stability and change in the variety of its behaviors and rules. This natural inclination to maintain the status quo and resist change is usually referred to as *homeostasis*, which means that the system has equilibrium. Families essentially have a range of limits within which they function. As the body maintains its temperature within a few degrees, so the family attempts to maintain itself by balancing inputs with outputs. Cassie and Alexa, from the vignette, want to find a way to reach equilibrium once again because they are currently out of balance.

Clinical Concepts. There are additional concepts that must be understood when applying the theory, particularly in therapy. These concepts are important for understanding how family members affect the emotional lives of each other (Goldenberg and Goldenberg 2013).

Circular Causality versus Linear Causality

Humans tend to "punctuate" behavior sequences to make sense of interactions. Our tendency is to label someone as "starting" the problematic pattern so we can assign blame to that person instead of focusing on the challenging pattern between family members (Galvin, Bylund, and Brommel 2012). With *linear causality*, the focus is on content. If you believe that one event causes the next in a straight-line, stimulus-response fashion, as an observer, you will be distracted by what a couple is arguing about and how it got started. A mother might say that she treats her teen like a child because her daughter acts like a child, whereas the teen claims that she acts like a child because her mother treats her like a child. Each is suggesting that one event causes the next in a linear or unidirectional stimulus-response fashion (Refer to Figure 5.3).

In contrast, *circular causality* is the idea that, with human social interactions, there are a number of forces moving in many directions simultaneously. Systems theory recognizes the futility of trying to assign cause and effect because there is a continuous series of circular feedback loops in which everyone influences everyone else in the family without any clear beginning or ending points. Hence, it is not possible to identify a specific beginning cause or event. Instead, the emphasis is on the reciprocity and shared responsibility of *what is transpiring*, not *why* it is occurring (Becvar and Becvar 2012). That is, it does not matter whether the parent or the teen starts the negative cycle—it is the repetitive pattern of interaction that is of interest. The focus is on *how* they interact, regardless of the topic, and what can be done to change that pattern into a more functional one (i.e., one that leads to happiness rather than unhappiness or relationship satisfaction versus dissatisfaction) (Refer to Figure 5.4).

Take as an example a young, recently married couple. Desiring to be autonomous, they resent and avoid their parents and in-laws for calling and visiting too often and giving unwanted advice. From their viewpoint, they are running away from the parents because the parents are running after them. However, the parents see it differently—they would not have to call and visit so often if the adult children would just see them

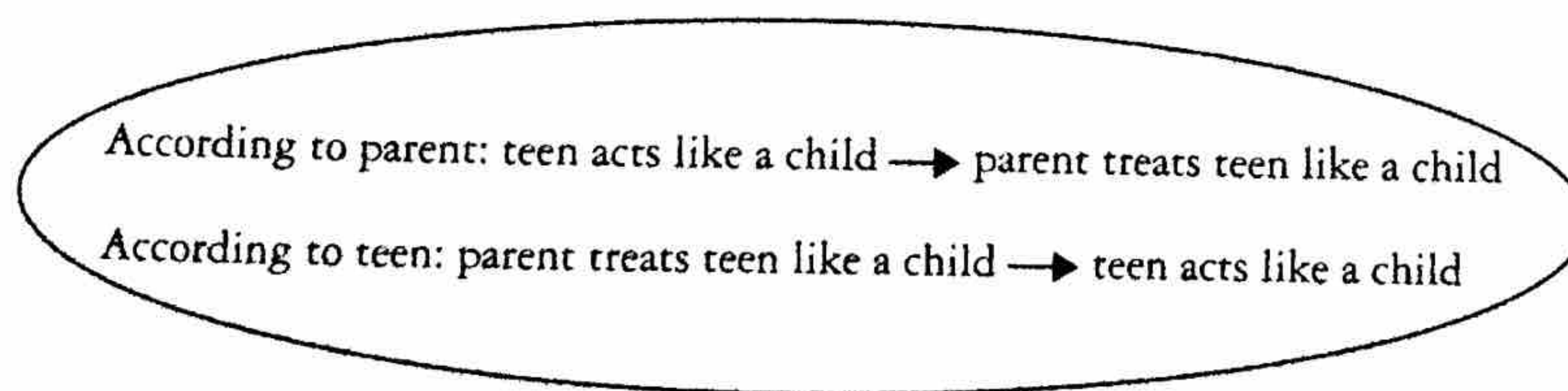


FIGURE 5.3 Linear causality.

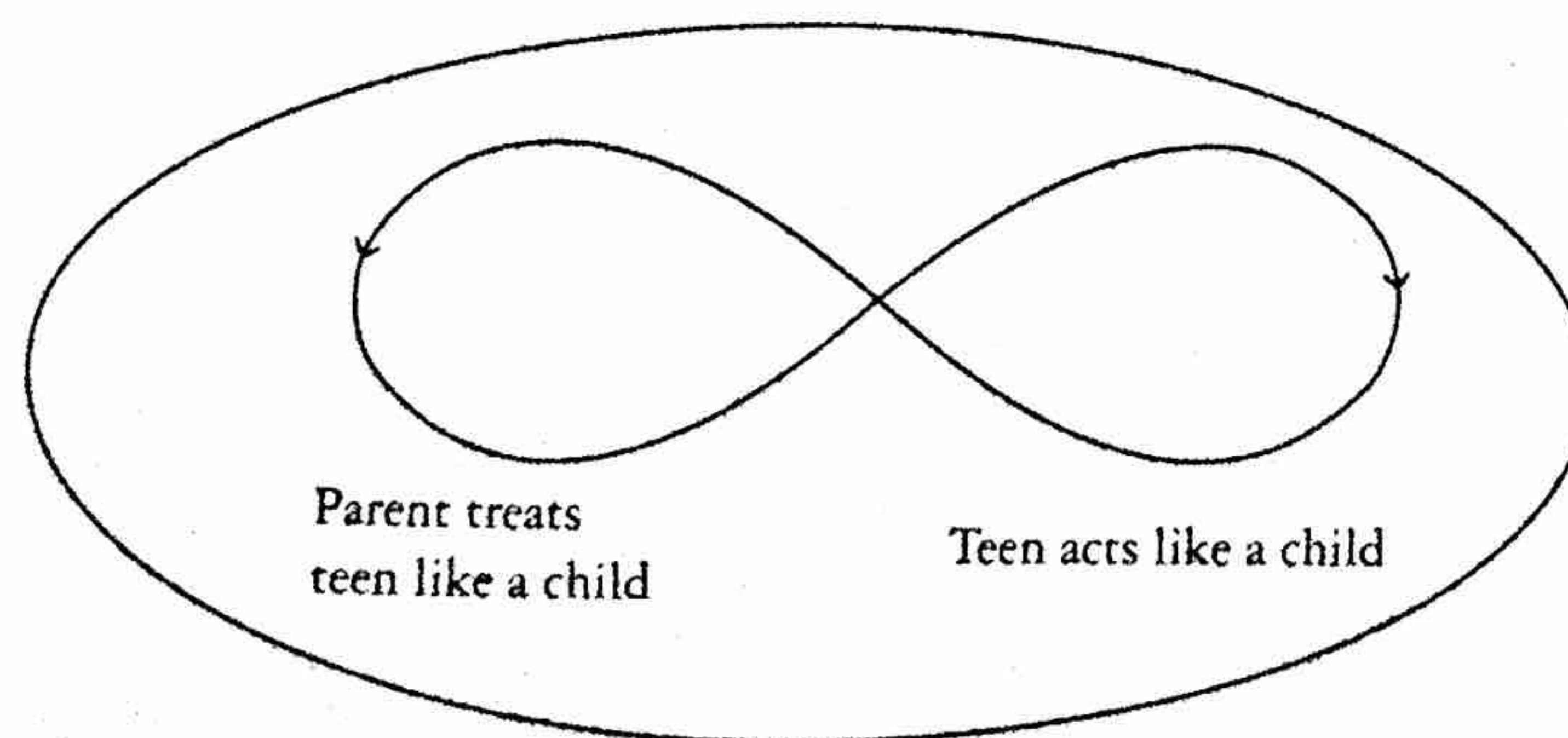


FIGURE 5.4 Circular causality.

occasionally. Each sees themselves as reacting to the other and believes that the other one "started it." Are the children avoiding the parents because they are intrusive, or are the parents intrusive because the children are avoiding them? Humans tend to think linearly, but behaviors are circular. Reciprocal causality exists in that the exchange occurs within a context of mutual influence. Thus, a family therapist might seek information about how members respond to the symptom rather than asking them to elaborate on the symptom itself. Interest lies in the family's organization and ritualistic dance. The therapist wants to understand the meaning of the behaviors in context and possibly reframe the exchange by changing what the members believe about the others' behavior (Becvar and Becvar 2012).

In the vignette at the beginning of the chapter, Cassie would like to blame Alexa for her offensive comments and/or insensitivity in their relationship. Alexa would like to blame the couple's problems on Cassie's indifference to her, as well as her sense of superiority when Alexa does apologize for how she has hurt Cassie's feelings. The two seem caught up in trying to identify a linear explanation for their relationship hardships. From a systems perspective, however, they might accomplish more by examining their relational patterns when each feels offended by the other and considering how they might resolve things differently.

More recently, Lebow (2014) emphasized the danger of circular causality's assumption that all members of the family system completely and equally share in the responsibility for certain behaviors. He asserted that our understanding of circular causality must be modified to recognize that in some instances one person may have more responsibility for difficult situations than others. For instance, McGoldrick, Anderson, and Walsh (1989) challenged the notion that the victim and batterer are coequally responsible for domestic violence. Thus, in matters like family violence it might be more appropriate to assume coequal linear arcs of causality and personal responsibility. Thus, there may be situations in which a problem might exist within one person, but cyclical behaviors must always be considered.

Identified Patient

Often, one person may manifest more symptoms or is believed by the others to be the major cause of family problems and, therefore, is sent for counseling. We call this individual the "identified patient." In actuality, that individual is simply the symptom bearer in a dysfunctional family, or the one who carries much of the family burden. In family therapy, then, the entire family is the focus of attention rather than a particular individual member. The key to understanding a family is to refrain from paying attention to the individual members and, instead, to focus on the family's behavioral exchanges, including all forms of communication.

Double Bind

A double bind is a kind of pathological communication in which a person is given two commands that contradict each other and, given that the contradiction is concealed and denied, he or she is not allowed to comment on the existence of incongruent messages. If you obey one request, then you are in trouble for disobeying the other. What is essential to the conflicting message—creating the double bind—however, is that there is an inability to talk about the discrepancy. This confusion leads to emotional or mental

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distress. Such is the case, for instance, when an adult child tells an aging parent, "We will help you to remain independent. But if you refuse our help (by not following all our advice and directives), it will be a sign to us that you are unable to continue living independently" (Herr and Weakland 1979, 147). The older parent is in a double bind because he or she cannot remain independent while also being expected to take directives from an adult child. What makes it even more impossible is when the older parent does not feel able to discuss the contradiction with his or her adult child.

Family Cohesion

Family cohesion is the degree of closeness or emotional bonding family members have for one another. According to Olson (2000), there are four levels of family cohesion. At one extreme is disengagement, when family members are insufficiently involved in each other's lives and members hold a high degree of individuality and little sense of togetherness. Enmeshment, represented by extreme togetherness and high dependence, exists at the opposite end of the continuum. Enmeshment can be characteristic of a closed family, and it might result in psychosomatic symptoms resulting from a lack of personal autonomy.

Family Flexibility

A family's adaptability to new and/or stressful situations represents a family's flexibility. Like cohesion, Olson (2000) identifies four levels of flexibility. At one end of the continuum are rigid families, those that are characterized by little or no ability to change their roles, rules, or relationship patterns. At the other extreme are chaotic families. Such families evidence little or no constancy, to the point that family members have a difficult time knowing what to expect. Given the external and developmental changes that occur within individuals and families, some degree of flexibility is essential for healthy family functioning.

Mutuality

Mutuality is found in open families in which everyone is accepted and loved, despite differences of opinion. The opposite is *pseudomutuality*, in which a family gives the surface impression that it is open and understanding when, in fact, it is not.

COMMON AREAS OF RESEARCH AND APPLICATION

Originally, systems theory was most commonly found in research on family communication and family therapy. However, with the introduction of more sophisticated methodological and statistical techniques, the use of systems theory as a theoretical frame is extending into new topical areas, examining ever more complex family systems dynamics.

Communication and Family Typologies

David Olson (2000) has helped to link theory with research and practice by developing his circumplex model of marital and family systems. The model includes three dimensions:

family cohesion, flexibility, and communication. It assumes that very high or very low levels of cohesion and or flexibility are problematic for couples and families. Moderate or balanced levels of these two factors are the ideal, promoting healthy family functioning. Communication, the third dimension of the model, serves a facilitating role in that it helps families move around in the other two dimensions. Using communication skills such as active listening, respect, and clarity, families are better able to achieve balanced levels of cohesion and flexibility. Based on the circumplex model, the Family Adaptability and Cohesion Evaluation Scale (FACES) IV—a forty-two-item self-report measure—is an instrument designed to assess family cohesion and family adaptability. FACES IV is a reliable and valid measure that is helpful for research and clinical work with couples and families (Olson 2011). An observational rating scale, known as the Circumplex Clinical Rating Scale, is also available to rate couples and families on the three dimensions (Olson 2000). Therapists use the information to help couples and families move to a balance between the two traits that is characteristic of well-functioning families. Family scholars have used the instrument in hundreds of research articles to examine all types of family relationships and problems (Kouneski 2000).

Olson's circumplex model was also foundational for the development of PREPARE ENRICH (n.d.), a tool that helps couples explore their strengths and growth areas. The instrument is often employed by marriage and family therapists, as well as certified family life educators who take more of a prevention approach to working with couples and families.

More recently, Julie Harris and colleagues (2010) used a family systems perspective, as well as the family adaptation and cohesion measures from FACES II, to examine the extent to which families communicated about melanoma risk. The authors noted that since regulations of the Health Insurance Portability and Accountability Act now make it difficult for health professionals to share pertinent medical information directly with family members, it is essential to better understand conditions under which families are likely to share critical information with one another. They discovered that persons in adaptable and cohesive families were more likely to employ an open style of communication regarding melanoma risk.

Family Health and Illness

Systems concepts are particularly useful in understanding families and health matters. For example, given that obesity is one of the gravest health concerns today, numerous scholars utilize family systems theory to better comprehend the dynamics surrounding obesity and family interventions that might help reduce the incidence of being overweight, along with the deleterious health conditions associated with it. Heather Kitzman-Ulrich and colleagues (2010) assessed the effectiveness of twenty-one weight-loss intervention programs for youth and twenty-five programs designed to improve physical activity and healthy diet in normal-weight children, each of which included a family component. The authors discovered that many of the successful weight loss programs deliberately included information on parenting styles (encouraging authoritative parenting), parenting skills (e.g., reinforcement, monitoring), child management tips (promoting positive behaviors), and family functioning qualities (e.g., cohesion, adaptability, satisfaction) (Kitzman-Ulrich 2010, 249). The activity and diet programs frequently included the family through group-based approaches, often located in schools or communities, but rarely assessed the effectiveness of

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the family component of their programs. The authors suggest that parenting skills, parenting styles, and healthy family functioning characteristics are essential in shaping children's behavior and in making environmental changes within the home that promote healthy weight among offspring. Hooper, Burnham, and Richey (2009) identified family system correlates of current weight status of a sample of seventy-seven predominately non-Hispanic black adolescents and their parents. The authors discovered that, as concern over parents' own weight status, family conflict, and family resources increased, so did the adolescents' weight status. Consequently, like many other scholars and practitioners, they encourage providers of health promotion and obesity treatment programs to consider the family system in which the child or adolescent is embedded.

According to Yang and Rosenblatt (2007), systems theory constructs are instrumental in understanding the emotional distancing and couple rage frequently encountered when a partner is dying. They delineate how terminal illness alters internal system boundaries, explicit and implicit contracts in couple systems, and system rules for engaging in conflict and dealing with loss, as well as how a system's morphostatic tendency affects the couple's ability to say goodbye. One or both of the partners might use rage or emotional distance to create sufficient psychological distance to say goodbye and change the couple system to accommodate its loss.

Family Dynamics and Functioning

A variety of studies examine the impact of various dimensions of family functioning on some aspect of life for individual members or for the family as a whole. For instance, there is a great deal of interest in the impact of family functioning on children's school adjustment. Vanessa Johnson (2010) conducted triadic-level observations on sixty-six two-parent families, when their oldest child was in kindergarten and again when that child was in ninth grade, to determine whether a relationship existed between family functioning and school behavior. Using Minuchin's four patterns of family functioning—cohesive families, separate families, detouring families, and triangulated families—Johnson discovered that family types were not consistent across time. For instance, among the twenty-three families who were deemed to be cohesive during the kindergarten evaluation, nine families remained cohesive, and fourteen were determined not to be cohesive nine years later, when their eldest child was in ninth grade. Importantly, children in families assessed as cohesive during the kindergarten years were rated by their ninth-grade teachers as more academically competent and less aggressive/hyperactive than their peers in mother-child allied families. Father-child allied families, as assessed during the kindergarten years, were rated as more academically competent, less aggressive/hyperactive, and less anxious/withdrawn than those in mother-child allied families (Johnson 2010). Johnson's work reaffirms the importance of formulating healthy family interaction patterns during early childhood and their impact on children's ninth-grade adjustment and school behavior. Her research suggests that family life education prevention programs should promote strong family functioning, with particular efforts aimed at enhancing the mother-father alliance, as well as the father-child relationship. Similarly, Johnson also recommends that the entire family be included in any attempts to improve children's behavior, focusing on co-parenting and not just techniques for managing the troublesome behavior of children.

Sturge-Apple and her colleagues (Sturge-Apple, Davies, and Cummings 2010) also employed family systems theory in examining the impact of family functioning on

children's adjustment to school trajectories. Using interparental, parent-child, and triadic assessments of 234 kindergarten children and their parents over three years, the authors identified three family typologies of functioning: cohesive, enmeshed, and disengaged. Children in enmeshed families experienced more internal symptomology and demonstrated more challenges in negotiating emotional adjustment to school than did children from cohesive families. Children from disengaged families had more classroom engagement difficulties (e.g., inability to adhere to rules) and externalizing problems (e.g., aggression) than children from the other two groups. Children from both disengaged and enmeshed families displayed a greater tendency to internalize symptoms and encounter difficulties in emotional adjustment to school than children in cohesive families.

Systems theory has been used to examine a variety of other individual and family life cycle transitions on family functioning. Lindblom and colleagues (2014) examined the way in which family systems reorganize during the transition to parenthood. Paying particular attention to longitudinal changes in autonomy and intimacy in marital and parenting relationships, they identified seven unique family systems trajectories: cohesive, disengaged, authoritarian, discrepant, enmeshed declining, enmeshed quadratic, and escalating crisis. These trajectories represented decline, growth, and stability in intimacy and autonomy. Holmes and colleagues (Holmes, Sasaki, and Hazen 2013) also use a systems lens to identify factors associated with smooth versus rocky transitions to first-time parenthood. Mothers and fathers in the same marriage assessed their marriages similarly over the two years. Fathers' marital conflict increased when they had a daughter versus a son, when they had a baby with a reactive temperament, and/or when their wives' expectations about becoming a parent were violated. Depressive symptoms in mothers and violated expectations increased marital conflict as well.

Guided by systems theory, Ngu and Florsheim (2011) studied sixty young, high-risk fathers and their co-parenting partners relative to their paternal functioning, with particular attention to the young mother's role in her partner's paternal competence. Data were collected during the second trimester of pregnancy and two years after the birth of the child. Results revealed that high-risk fathers with relationally competent partners improved in relational competence over time, and these gains were associated with more positive paternal functioning. Fathers whose romantic partnerships with the mother of their child endured that two-year period exhibited higher levels of nurturing behavior, but less warmth, than co-parenting fathers who were no longer romantically linked to their child's mother. The authors suggest that, rather than directing parenting education programs to groups of young fathers, it might behoove us to develop programs for dyads—fathers and the mothers of their children—with an emphasis on relationship skills.

Scholars also use systems to study the impact of family-of-origin factors on the transition from adolescence to adulthood and romantic relationship partnerships. Johnson and Galambos (2014) discovered that adolescents who had higher-quality relationships with their parents had higher self-esteem and lower depressive symptoms during the transition to adulthood. Those who had high-quality adolescent-parent relations also had higher young adult intimate relationship quality fifteen years later. Using a sample of young adults raised in intact and divorced families, Perrin and colleagues (Perrin, Ehrenberg, and Hunter 2013) examined clarity or diffuseness of hierarchical boundaries, particularly in forms of parentification and triangulation, during the individuation process of young adulthood. Young adults with divorced parents recollected significantly more incidences of triangulation and parentification by their mothers and fathers during adolescence than young adults

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Clinical Contexts

Family systems theory and its related concepts are especially useful within therapeutic contexts. Heiden Rootes, Jankowski, and Sandage (2010) applied Bowen family systems theory to better understand the relationship between triangulation and religious questing—a struggle with existential questions about sacred matters—among seventy-seven college students. Recognizing that triangulation is a potentially damaging relational pattern thought to occur when one family member engages a third member into a dysfunctional relationship to manage dyadic relational anxiety, the authors anticipated a positive relationship between differentiated functioning and religious questing. The authors discovered, however, that religious questing—particularly in regard to asking existential questions—peaked at moderate levels of intergenerational triangulation. They suggest that students with higher levels of triangulation may be immobilized to differentiate, and those with lower levels of triangulation may reveal less urgency to differentiate. Heiden Rootes and her colleagues offer numerous suggestions for therapists who might provide clinical services to questing young adults and their families. These and other studies reveal how the family context, with all of its unique system qualities, impacts family subsystems and individual developmental processes.

Kolbert and colleagues (Kolbert, Crothers, and Field 2013) outline the value of using Bowen family systems theory during individual counseling with adolescents when family involvement is not an option. Such an approach helps adolescents to understand their families by exploring family dynamics, examining and affirming feelings about one's family, developing a more objective perspective of family, decreasing harmful internalizing, identifying family patterns that impact the adolescent's functioning, and developing problem-solving skills within the family context.

Bettinger (2005) examined how a family systems approach is helpful when doing couples therapy with sexually open gay male couples. In addition to understanding and accepting gay male sexuality and ridding themselves of negative countertransference, Bettinger suggested that therapists employ systems concepts such as boundaries, homeostasis, rules, and roles as they work with gay male clients who practice "polyamory," defined as "responsible non-monogamy" (Bettinger 2005, 151).

A family systems lens is also helpful in working with families in which one or more members struggle with addictive disorders. For example, Curtis (1999) notes that altering interaction patterns, establishing new roles, and reworking family structures are critical objectives in treating families with chemical dependency. Mercado (2000) examined how systems concepts are helpful in providing therapeutic intervention with Asian American substance abusers and their families as well.

Beyond couple and family therapy, Matthew Paylo (2011) advocates for the inclusion of a family systems perspective in school counseling curricula. From his point of view, it is essential to make a paradigm shift from "individual thinking to systems thinking" (Paylo 2011, 141), because, after all, long-term change requires an examination of how the family and other systems could be helping to maintain behaviors. Thus, competent school counselors must be able to navigate within school and family systems, promoting collaboration between these contextual domains for developing children and adolescents.

CRITIQUE

There are some legitimate criticisms of systems theory. White, Klein, and Martin (2015) summarized three principal concerns. The first is the belief that systems theory is more of a model or flowchart for conceptualizing and that it does not qualify as a true theory. The major concepts seem to be too vague for true testing, and they do not predict in the sense of deducing from propositions. This is a valid criticism if you are coming from the dominant epistemology of science, which is the hypothetical-deductive model of empirical testing. However, systems advocates counter that the worldview most appropriate for this theory is the *constructivist* position, in which different models may be useful for different purposes.

The second criticism is that systems theory is too global and abstract and is therefore virtually meaningless. In other words, it is too "general" to pick up important distinctions that would make it worthwhile. The defense is that the world is diverse and that systems theory can make connections between the natural and social worlds that discipline-specific theories are not capable of making.

Finally, some critics claim that family process theorists in particular make the mistake of reifying the idea of system. That is, instead of remembering that it is just a model for understanding, they slip into considering the system reality. They confuse the "model" with the "thing." The response from systems apologists is that all theories have their naive claims and that systems theory is no less prone to reification than any other theory.

One finds validity in these criticisms because of the relative lack of useful mathematical models and predictive propositions that have emerged over the years from this approach. It may be that the kinds of interactions attended to by systems theory are simply too complex for the traditional scientific method to deal with in an understandable fashion. As a result, the theory has been most useful in the areas of family communication and family therapy. Broderick and Smith (1979) list the following as the most productive types of issues for examination by systems theorists:

1. *Sequential patterns of interaction.* Other disciplines, such as economics, have benefited for many years by utilizing such concepts as feedback loops, escalation, and dampening in the context of systems.