Toward the building of an ecosystemic model of organizational analysis and change processes: an application of family therapy theory to organizational psychology.

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TOWARD THE BUILDING OF AN
ECOSYSTEMIC MODEL
OF ORGANIZATIONAL ANALYSIS AND CHANGE PROCESSES:
AN APPLICATION OF FAMILY THERAPY THEORY TO
ORGANIZATIONAL PSYCHOLOGY

A Dissertation Presented
by
Linda L. Terry

Submitted to the Graduate School of the University of Massachusetts in partial fulfillment of the requirements for the degree of
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School of Education
TOWARD THE BUILDING OF
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Dedication

To my children, Marc and Robin, and my parents, Mary and Cy, without whose love, sacrifice, good humor and support this task could not have been accomplished. The differences between "organizations" and "families" will be cherished forever.
Acknowledgments

True to my systemic orientation, I cannot pinpoint the origins of this labor called the dissertation nor can I regard it as a product of purely "intrapsychic processes." Rather this work is the product of the confluence of multiple coevolving processes whose origins and reciprocal influences can probably never be totally captured. At this point in time, I want to thank some of those people whose involvement in those processes will be remembered far beyond the completion of this task.

I am deeply appreciative of the variety of contributions of some exceptional people at the University who shared their time and experience. The term "committee" does not do justice to the specialness of the four members whose educational guidance and moral support inspired confidence and perseverance. Dr. Sheryl Riechmann-Hruska, committee chairperson, deserves special thanks for her invaluable direction, personal and professional sensitivity, unfailing ability to organize, synthesize and hone in on the-heart-of-the-matter, and above all, for being who she is. Dr. Michael Greenebaum helped make the dissertation the peak of my doctoral program by his conviction I was doing something worthwhile and teaching me how to begin to be a theoretician and model-builder. My experience and thinking were indispensably enriched by Dr. Alexander (Sandy) Blount's
contributions as a consulting member. Having admired his expertise in the field of family therapy from afar for several years, I considered it a special opportunity to be able to round out my formal education by working with him and could not have pushed my thinking so far without his ability to support and challenge with a unique clarity and patience. Dr. Robert (Bob) Marx, in his multiple positions of committee member and friend has given that special warmth and encouragement to persist and pursue this work beyond the completion of the doctorate.

My doctoral committee has included other highly valued membership over the years, also. Although Dr. Evan Coppersmith has taken her talents to Calgary, Alberta, as the first chair of my committee, her inspiration and skills in family therapy greatly influenced the direction of my career. The untimely death of Dr. Douglas Forsyth, who became my second committee chairperson, does not alter my memory and appreciation of his assistance in linking me to the OD world and of his generosity with his attention and time. Lastly, I know I want to thank but don't know how, Dr. Jack Wideman, whose influence, support and presence is all the more memorable because at the time of its occurrence one doesn't realize it's happening—only later one knows something special has taken place.

I am very grateful to my colleagues at Springfield College who have been particularly accommodating to the
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To my friends whose invitations and companionship have been postponed too often "until after the dissertation," a very special thanks for your loyalty and affection, most unforgottably Sue, Jessie, and Harry.

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Abstract

Toward the Building of An Ecosystemic Model of Organizational Analysis and Change Processes: An Application of Family Therapy Theory to Organizational Psychology

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The purpose of this research is to begin to answer the question, "Can a model based on assumptions, concepts, and strategies of family systems therapy be developed for analyzing and changing communicational processes in organizations?" The model draws upon four family therapy models which have their roots in General Systems Theory: Structural, Problem-Solving, Brief, and Systemic models.

A meta-theoretic framework integrating assumptions and concepts of these models through a set of "higher level premises" underpins the emergent Ecosystemic model. The three core premises of the framework are: (1) Reality is a construction, not a final truth, (2) many different interactional realities can be described, and (3) no one is outside of the system. Three variables (action sequence,
pattern, mythology) are conceptualized, organized by the relational position of the observer and observed problem-maintaining system in terms of action and meaning frames of reference of behavior. The discrepancy or congruency of relational definitions across levels of interaction provide the basis for assessing the organization's adaptability in problem-solving.

The change process is conceptualized as composed of four components: assessment, intervention, feedback, and evaluation. These components define relationship positions of the change practitioner-client system in terms of an expert/learner complementarity in which the change practitioner shifts positions in relation to the client system to achieve a balance between stability and change in the change practice relationship. Methods for implementing each component and an illustrative application to an organization derived from a case of organizational change practice are described.

As an initial model-building effort, this research is theoretically descriptive in style and maintains a consistency with its ecosytemic theoretic base, that is, recognizes that the reality offered is one among many possible and useful realities. The primary limitation of the research is the limited empirical base upon which it draws its support.

The study appears to have significance in three areas:
(1) Evidence of the ability to conceptually integrate structural and strategic family therapy models into a meta-model is provided and contributes to formative research in the family therapy field. (2) The research seems to provide evidence that an organizational change practice model which links systemic-based theory to systemic-based change practice can be developed. (3) This attempt to bridge two disciplines, family therapy and OD, both concerned with problematic behavior in one type of human communication system, may encourage further exploration of the unifying principles across other disciplines concerned with human groups.
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CHAPTER I

INTRODUCTION

Statement of the Problem

Approaches addressing the dilemmas of what to change and how to effect change in organizations have proliferated since the early 1960s. The field of Organizational Development is the branch of Organizational Psychology identified as the umbrella sheltering the variety of models and activities which have emerged to help improve organizational functioning. In spite of evidence that Organizational Development (henceforth referred to as OD) is flourishing, reflected in the ever increasing numbers of published articles and books, the increase in attendance at conferences, and the expansion of training opportunities in graduate schools and workshops, the field has endured harsh self-evaluation over the past ten years (Burke, 1978). Three of the criticisms cited have been (1) the lack of unifying theory (Argyris, 1973; Burke, 1978; French and Bell, 1978; Kahn, 1974; Stratton and Flynn, 1980), (2) a general naive faith in humanistic values as the motivator of change (Burke and Goodstein, 1980), and (3) the dubious impact of interventions (Bowers, 1976; Porras, 1979; Weisbord, 1978).
Many OD specialists accepted Von Bertalanffy's (1968) General Systems Theory as the conceptual base for OD since the publication of the hallmark work, The Social Psychology of Organizations by Katz and Kahn (1966) and have focused on the development and refinement of models of organizational analysis and intervention based on this theory. As understood by Katz and Kahn an organization is viewed as an open system composed of interacting component parts or processes. The parts or processes identified may vary, but each part is still conceptualized as a discrete entity. (Ackhoff, 1973, p. 87-88; Beer, 1980b, p. 76; Burke, 1982, p. 63-77; Huse, 1975, p. 41; Rothstein, 1958, p. 34-36; Scott, 1973, p. 108-113) Efforts to integrate this definition of organizations with General Systems Theory derived theory and practice have led to models which reduce the complexities of human interaction to a discrete and often unidimensional component or process. (e.g. Beer, 1980b; Huse, 1975; Nadler and Tushman, 1982; Weisbord, 1982)

Models in the field of family therapy, which also derive from General Systems Theory, have interpreted the principles of this theory in a different way and have begun to address the complexities of human communication in families. Family therapy models begin with a definition of a family as an open and autonomous system which exists as and functions through regularized patterns of interaction formed by the ongoing exchange of messages through feedback processes. Some of
these patterns are formalized and are within the awareness of the members, and some of which are not formalized and are outside the awareness of the members. (Minuchin, 1974, p. 51; Selvini-Palazzoli et al., 1978, p. 3; Watzlawick et al., 1967, p. 34) In this definition parts means messages rather than entities. In the definition utilized in family therapy, the concept of "system" includes both the definition of "parts" as entities and "parts" as messages and focuses on effecting change by altering interactional regularities. The difference between the OD and family therapy understanding of "system" provided the stimulus for the thinking which unfolds in this study.

This study draws upon four family therapy models, which utilize this latter definition of "system", to take first steps to develop a model for conceptualizing interactional processes in organizations and applying these processes to organizational change practice. Although no major proponents of these models claim to have developed a model which fully realizes all the possibilities of a systemic theoretic-applied approach, several have commented on the potential applicability of the conceptual underpinnings of family therapy to other human systems. Until recently (Selvini-Palazzoli et al., 1981) the Family Institute of Milan, Italy worked exclusively with chronic and severe pathology in the family, but central to their work has been the assumption

... that every natural-group-with-history, of which the family is a fundamental example (work
teams, spontaneous communities, and managerial groups are others), come to exist through a period of time through a series of transactions and corrective feedbacks. These assay what is permitted and what is not permitted in the relationship, until the natural group becomes a systemic unit held together by rules peculiar to it alone. (Selvini-Palazzoli et al., 1975, p. 3)

The Mental Research Institute, another major family therapy institute, has strayed the furthest from other major family therapy schools in focusing beyond the family unit in both theory and clinical practice. Their concern has been with what and how to change behavior in any human system. Problems defined as psychotherapeutic are only a subset of all human interactional problems.

Our basic concepts are not concerned with specific syndromes or illnesses or irrational thinking, nor even with the family as such, but are general: they are concerned with how behavior of any sort is maintained or altered within any system of social interaction. . . . Accordingly, we view our approach as applicable to any kind of persistent problem involving human behavior, occurring in any sort of size or socio-organizational context—immediately applicable in principle, and potentially applicable in practice. (Fisch, Weakland & Segal, 1982, p. 289)

A consequence of this view has been to shift from identifying this clinical discipline as "family therapy" to identifying it as "systems therapy" (Hoffman, 1981). This field will continue to be referred to as family therapy though for the sake of clarity and distinguishing between OD and family therapy, both of which see themselves as systems theory-based.

Based on interpretations and applications of General
Systems Theory in family therapy, the following definition of "organization" will form the basis for this study: An "organization" is an autonomous system which is formed by (1) people (2) interacting with each other in regularized ways (3) who hold to a shared identity and (4) common concept of purpose. The components of this definition are understood as follows: (1) The people are the entities who perceive each other as having distinguishable tasks to perform, having different personal qualities, and varying in interpersonal influence. (2) The interactions, or communication are the apparent recurrent message exchanges, comprised of action and meaning, which define relationships. Action is that aspect of interaction which includes all verbal and non-verbal forms of messages sent and received. Meaning is that aspect of interaction through which messages are interpreted and given value. Action and meaning are mutually nonexclusive dimensions of communication, each being reflected through the other. (Chapter II will elaborate upon the theoretical base for this component of the definition.) (3) A shared identity is the mutually accepted message referring to the collective of entities. (4) The concept of purpose is the mutually accepted notion that this system is ascribed with a reason for being, albeit with a different reason by individuals.

As an autonomous system an organization relates interdependently and non-randomly with other organizations. Examples of organizations are: a community mental health
center, the nuclear freeze movement, the Amherst Regional School District, Fort River Elementary School, the Amherst Taxpayers' Association, a task force formed to assess the need for a new hospital in a given city, the high school yearbook staff, the National Football League, The United States Defense Department, General Motors, Parents Without Partners.

Beginning with this definition of an "organization", a model utilizing assumptions, concepts and strategies from particular models of family therapy holds promise for offering OD practitioners a broader base from which to conceptualize problem formation and problem resolution in organizational change practice. This study takes first steps to develop such a model.

Background of the Study

The State-of-the-Art in OD

The field of OD is a mere twenty years young and struggling with the pains of adolescence, that is, autonomy and individuation. This recognition of the field as going through a developmental transition has been commented upon by Alderfer (1977), Beckhard (1969), Burke (1982), Eoyang (1980), and French and Bell (1978). Typical of this stage, contributors appear a bit zealous about making their individual niches in the field and tend to emphasize
uniqueness at the expense of unity. If the field is evaluated from this developmental standpoint, a more balanced picture is produced. The above noted criticisms are reconsidered in light of this perspective of OD-in-transition to help in clarifying the rationale for the theoretical foundation of the model developed in this study.

(1) The first criticism noted above was the lack of unifying theory. Since Katz and Kahn (1966) first suggested the applicability of General Systems Theory to organizational analysis, OD has become synonymous with a "systems" approach. The application of systems thinking as derived from General Systems Theory to organizations has helped theoreticians and practitioners to think about organizations in a more complex way. Summarizing the contributions systems thinking has made to the understanding of organizations and organizational change, Evered (1980) offers:

1. Systems thinking has enabled us to think about organizations at a higher level of abstraction than was previously possible. . .
2. Systems thinking has provided us with a language for describing organizational phenomena. . .
3. Systems thinking has enabled us to think in relation terms rather than in terms of things. . .
4. Systems thinking has stimulated our holistic appreciation. . .
5. . . systems thinking has necessitated that we modify our science, away from analytical, reductionistic, causal, future neglecting positivism and towards a science that is more synthesizing, transactive, contextual, emergent, future incorporating, phenomenal and participative. . .
6. Systems thinking has led to a realization that there are two kinds of explanation and
meaning. . . [1] deductive explanation derived from logical analysis. And . . . [2] the meaning that derives from pattern recognition and from the gestalt processes of the mind.

7. Systems thinking has given us the potential for world-defining by the organizational participants themselves. (Evered, 1980 pp. 8-9)

The theoretical limitations of OD may, however, be less a question of unification than of a coherence between theory and practice (Bigelow, 1980; Friedlander & Brown, 1974) and too narrow a theoretical base (Stratton and Flynn, 1980). General Systems Theory in and of itself provides a useful perspective for analyzing and describing organizations, but it is non-interventionist in perspective and offers no link between analysis and a direction or process for implementing change. The outcome is a collection of ideas by proponents which claim to be based on systems thinking "but not troubling to show by what mystical means they arrive at this conclusion" (Scott, 1973, p. 118). What may be in order is an expanded theoretical base which draws upon a number of useful conceptual frameworks and offers a more explicit link between practice and this theoretical base.

(2) Second, youthful idealism has given way to more realistic expectations in terms of determining the impetus for change. The values of truth, love and participation have been the core of the OD movement. (Argyris, 1973; Beckhard, 1969; Benne, 1969; Burke, 1980; Huse, 1975; Jaques, 1969; Schein, 1969) As a developmental sequel to a belief in
authoritarianism and strict hierarchical decision making, these values suit more current views of the world as complex and turbulent. However, the shortcomings arise in confusing values with behavior and in believing that organizations will adopt such values because of their intrinsic worth. Change is far more complex than that, and what is strikingly missing in the field of OD is a workable theory of change.

(3) Lastly, critics question the degree and durability of change that OD interventions effect. No one would deny that OD works—sometimes (Porras, 1979; Bowers, 1973; Franklin, 1976; Weisbord, 1978). The numerous creative intervention strategies providing alternatives in the designing of role relationships, facilitating human relationship processes and introducing technological improvements have been accepted and appreciated in many settings (French & Bell, 1978; Franklin, 1976; Weisbord, 1978). To state the obvious, to expect any field to have a 100 percent success rate is naive and harsh. The puzzlement has been more the lack of a framework for explaining why so many efforts have failed and what alternatives are available to the practitioner—-an explanation more comprehensive than lack of organizational commitment (Franklin, 1976; Burke, 1980).

Eoyang (1980) summarizes these criticisms with one question, "Is OD a systems approach?" and answers the question, "Not yet." From General Systems Theory many
"systems theories" have emerged which lack a coherent, integrative base. The consequence is that in practice, OD rarely if ever satisfies the requirements of "rigorous systems theory" (Eoyang, 1980, p. 226).

The follow-up question to be proposed, then, for the researcher in the field of OD as it struggles through adolescence to young adulthood is: Can a comprehensive and workable enough systems theory-based theoretical framework derived from General Systems Theory be developed that will guide a consultant in the assessment, intervention choices, implementation and evaluation of change in organizations? Results of the Delphi study (Spier, Sashkin, Jones & Goodstein, 1980) assessing OD practitioners' projected needs for the 80s ranked the need for a theory-based OD practice as the second highest priority. What this researcher suggests is that the field of family therapy offers evidence of a development and refinement of integrative systemic theoretical-applied models that can be applied to other human systems.

State-of-the-Art in Family Therapy

This section focuses on what, in particular, family therapy models might offer to address the lack of a systemic theoretic-applied approach identified in OD. Family therapy is a branch of clinical psychology which derives its major assumptions from General Systems Theory. In general,
symptoms or problems are viewed as the consequence of dysfunctional relational patterns involving all members of a family. Thus, treatment is focused on the whole system and how a problem helps to maintain the system as well as disrupt it. The particular family therapy models which provide the foundation of this study are the Structural Family Therapy model of Salvador Minuchin and the Philadelphia Child Guidance Clinic, The Problem-Solving Family Therapy model identified with Jay Haley and Cloe Madanes of the Family Therapy Institute of Washington D.C., The Brief Therapy model of the Mental Research Institute in Palo Alto, California and the Systemic Family Therapy model of Mara Selvini-Palazzoli, Giuliana Prata, Luigi Boscolo, and Gianfranco Cecchin at the Center for Family Studies in Milan, Italy.¹ There are other schools of family therapy which give credit to General Systems Theory for their theoretical base, but these four have been clustered together in graduate training programs, in family therapy journals and as an identity among family therapists. Practitioners typically identify themselves as "structural and strategic family therapists,"² the label "strategic" encompassing the second, third, and fourth schools named above.

This clustering is not purely by whim. While much of the seminal work in family therapy occurred separately and concurrently in different corners of the world, the pioneers eventually met. Over the past twenty-five years the work of
each has informed the work of the others and the overlap of ideas is apparent in studying the models. Figure 1 shows the historical, theoretical relationship among these four models. For a more in-depth discussion of the growth of these models within the field of family therapy, see Appendix A.

Further grounds for this researcher's rationale for selecting these four structural and strategic models is based upon how these models can be used to respond to the criticisms of OD as offering too narrow a theoretical base, an unworkable theory of change and no theory-based explanation for the evaluation of responses to interventions. The Structural, Problem-Solving, Brief and Systemic Models have an expanded theoretical base which includes other systemic conceptual frameworks in addition to General Systems Theory. Of particular significance for the model developed in this study is the integration of assumptions from Communications Theory as elaborated upon by Bateson and Ruesch (1951), Bateson (1972, 1979), and Watzlawick, Beavin and Jackson (1967) and Developmental Theory as elaborated upon by Haley (1973), Bodin (1981), and Carter and McGoldrick (1980).

**General Systems Theory.** As for the OD practitioners' viewing of organizations, General Systems Theory has impacted the family therapists' descriptions and analyses of the complex system of the family. The principles of wholeness and interaction have shifted the focus of therapy from
FIGURE 1. Diagram of how General Systems Theory and Communication Theory are related to Structural and Strategic Family Therapy models (Roberts, J., "The Historical Development of Strategic and Structural Family Therapy," unpub. manuscript, 1979, p. 3)
individual behavior to patterns of relationship. In clinical practice this has called for a shift from seeing individuals to seeing families. Second, the principle of equifinality emerged from conceptualizing events or circumstances as connected through feedback processes with unknowable beginnings. This impacted the thinking of family therapists to shift from understanding past events as causally related to the present to an emphasis on identifying current interactional patterns. Structural and strategic therapists no longer ask "why questions" which imply the existence of an ultimate truth or understanding by exploring the past. Inquiries into what is going on or how situations are handled are preferred.

**Communication Theory.** This theory specifically applies ideas from General Systems Theory to human communication. Central to the theory is that all behavior is communication and, as such, only has meaning within an interactional context. (Bateson, 1979, p. 15) Message behavior operates on two levels, action and meaning, which reciprocally reflect and impact each other. Behavior A (inclusive of all perceived action plus attributed meaning) responds to Behavior B (inclusive of all perceived action plus attributed meaning), and Behavior B responds to Behavior A, becoming patterned through stochastic processes. The message exchangers may or may not be aware of this patterning as they engage in the exchange of messages.
The theory has impacted the four models in two particular ways relevant to this research. First, conceptualizing all behavior as a message that fits within its context has shifted the view of problematic behavior as an oddity or event inappropriate to its context to a view of problematic behavior as both meaningful and valued within the family. Second, the notion of multiple levels of communication has clarified the nature of change as a multilevel process and led to the formulation of intervention strategies which address different levels. To change a situation defined as problematic means altering dysfunctional relational patterns both in terms of the action messages and meanings exchanged among participants.

Developmental Theory. The concept of a life cycle development is not unique to family therapy. While individual psychology and sociology were developing classifications of the individual and family life cycles, for the first twenty years of family therapy, use of the concept of the family life cycle was more implicit than explicit. It was almost as if the need and existence of such a framework were a given (Carter & McGoldrick, 1980). Not until Haley's outline of the stages of the family life cycle as conceptualized by Erickson, appeared in 1973 did the framework become explicit. The basic premise of the systemic approach to the family life cycle is that transition points in the cycle are stressful, and problems arise when families
cannot successfully negotiate new patterns appropriate for the new stage. The implications for the family therapist have been to conceptualize problem formation as arising at transitional points in the family's development and to view the function of the therapist to help "unstick" the family from a particular stage, move them to the next stage, and then remove herself as a helping agent. This framework has potential usefulness in the field of OD for clarifying the direction and function of the change agent, the understanding of problem formation and for evaluating outcomes of the consultation.

**Summary**

The strength and applicability of the selected family therapy models lies in their unique integration of assumptions drawn from several systemic theories. While the theory and practice is far more intricate than this discussion conveys, a few implications of the identified integration for addressing shortcomings of OD theory and practice can be highlighted:

(1) Structural and strategic therapies appear to rely upon an expanded theoretical base which includes multiple systemic-based conceptual frameworks such as General Systems Theory, Communication Theory, and Developmental Theory. Systems are understood as comprised of both entities (individuals) and the messages exchanged among them.
(2) Structural and strategic therapies appear to link systemic-based conceptual frameworks to a workable theory of change. Problems lie in the recurrent dysfunctional interactional sequences engaged and/or maintained at transitional points in a family's development. Problem resolution calls for altering these ongoing dysfunctional interactional sequences to allow the family to continue its development.

(3) Structural and strategic therapies appear to provide criteria for evaluating intervention success or failure. If new more functional relational patterns have begun, the problem will be eliminated and the therapeutic process can be evaluated as successful. If the identified dysfunctional patterns continue in response to therapeutic intervention, then the therapist needs to reexamine her conceptualization of relationship patterning and/or design interventions which better address her conceptualization of the patterning.

The Research Question

The parameters of this study are defined by one major question: Can a model for organizational change practice be developed to cope with the complexities of relational behavior in organizations and remain theoretically consistent and coherent by integrating assumptions, concepts and
strategies from structural and strategic models of family therapy?

Model Building as a Research Endeavor

Overview of Section

The multiplicity of models generated in the social sciences in the past twenty years has inspired accusations that model-building is simply chic now and that quality models are not offered (Kaplan, 1964). But Kaplan also advises that

. . . an awareness of the danger that an established cognitive style may be repressive in its effect should not lead us to confuse mature emancipation with adolescent rebellion. The dangers are not in working with models, but in working with too few, and those too much alike, and above all, in belittling any efforts to work with anything else. (Kaplan, 1964, p. 293)

A complex issue in itself, the topic of model-building deserves special consideration as it applies to this study. Following the above introduction, this section proceeds with an operational definition of a "model" and compares it to a "theory" and a "methodology," and elaborates on what a model can do. A rationale for model-building in the applied social sciences and then, specifically, in this study is discussed. This section concludes with the limitations of the model as adapted to this work.
Definitions of a Model, Theory, and Methodology

Several masters of model-building and theory-building have chosen not to distinguish between these terms (Dubin, 1964; Lave and March, 1975; Stogdill, 1970). This author chooses to make a distinction in the belief that some of the difficulties that OD is experiencing are the consequence of the failure to adequately distinguish between these two terms. Unanimously, philosophers in the behavioral sciences define a model as a simplification of real world phenomena through a set of concepts and their relationships to each other (Ashby, 1970; Kaplan, 1964; Lave & March, 1975; Stogdill, 1970). The model and parts of real world subject are isomorphic. "The basic mode is one of abstracting from reality rather than attempting to represent the full complexities of human behavior" (March, 1970). Thus, out of the vast array of data one can accumulate in observing a particular subject or system, a model provides a framework for selecting what properties to look at and how to understand the relationships between these properties and/or effect change in relationships.

The distinction between a theory and a model is a subtle but meaningful one. A theory also explains real world phenomena in terms of abstracted concepts and relationships. However, the level of the explanation is more abstract, more fundamental, describing "more or less 'ideal' entities" (Kaplan, 1964, p. 264). In other words, a theory seems to
have as its goal the discovery of an ultimate truth about the world and is less attached to actual subject matter. A model mediates between theory and reality and makes a claim to be only one of many conceptualizations that could adequately explain particular subject matter. A theory is more generalized; a model is more specific. For example, the theory of evolution and theory of relativity encompass far broader ranges of phenomena than a model of an atom or of individual decision-making. This is not to say models are less complex, particularly when dealing with human systems, just less general.

General Systems Theory has been indicted for its generality (Checkland, 1975; Steinglass, 1978). As a description of all open systems its sufficiency to distinguish between the heart as a biological system and an organization as a social system has been questioned. Trying to generate hypotheses rich enough to explain, describe or predict behavior and/or a course of action for both of these systems based solely on General Systems Theory produces little rigorous or useful (Evered, 1980; Scott, 1973). Strong models are firmly rooted in theory and frequently draw upon a number of theories for their substance. As a consequence of their closer tie to the concrete, the questions generated from them are more specific and focused.

One more term needs to be defined: methodology. According to Checkland (1975, p. 67), "a methodology . . .
[is] an explicit, ordered, non-random way of carrying out an activity." Also rooted in theory, it is particularly concerned with how to tackle problems. The phases of a methodology tend to appear sequential as opposed to the components of a model which bear no relation to sequence, only to interrelationship. A methodology should emerge from an applied social science model but not necessarily from a "pure" social science model, that is, one which defines processes.

This study develops a model for use in an applied social science, OD. Steinglass (1978, p. 317-18) outlines the criteria for a good scientific model in a clinical (applied) field:

(1) It should "stimulate theory-building and... focus attention on interesting questions."

(2) It should organize the search for data, ...in a fashion that allows the clinician to generate meaningful clinical hypotheses, ...and clarify "a perceptual stance for the clinician to take in order to maximize the quality of the data available to him."

(3) It should "include a conceptualization of pathology."

(4) It should "provide a blueprint for intervention. This blueprint usually includes at least two parts - a model suggesting why and how behavioral change occurs, and a suggested role for the clinician in the process of change."
These are the criteria this model-building effort attempts to meet. The study also described processes for implementation but a refined methodology is not part of this study.

Rationale for Model-Building as the Task of this Research

The general purpose of this study is to take steps toward the building of a model for managing organizational change based on assumptions, concepts and strategies derived from existing models in family therapy. The hope would be that such a model would provide evidence that a systems theory-based perspective could contribute to increasing opportunities for success in OD ventures.

The hopes that General Systems Theory would provide the unifying theory and methodology for OD practitioners have been replaced by a frantic search for identity and direction (Burke, 1982; Evered, 1980; Kahn, 1978). The adherence to systemic principles remain strong but developing definitions applicable to organizational relationships and a way to use them remains unattended by those in the field (Checkland, 1975). Lawler et al. (1980) also highlight this major flaw in the theory and practice on OD:

Although systems concepts are useful, as an overall perspective they do not help the analyst to systemically diagnose specific situations or apply research to specific problems. A more concrete model must be developed that takes into account system theory concepts and processes and helps the analyst deal with organizational reality. (Lawler et al., 1980, p. 268)
This is a first attempt in an area that is beginning to attract some interest but where little has been done. A small number of family therapists and OD practitioners have attempted to apply strategies (Coppersmith, 1984; Hirshhorn & Gilmore, 1980; Selvini-Palazzoli, 1984), methods of analysis (Brandon, unpub. 1983; Verge, 1978) and theoretical assumptions (Short, 1981; Reed, unpub. 1985; Hirshhorn & Gilmore, 1980) derived from family therapy to organizations but no model integrating theory and practice has been developed.

This study could also have chosen to focus on a more limited application of family therapy models, such as the nature of change, analysis or interventions. One difficulty with taking a piece of the whole at this point is in losing the framework of which it is a part. Without a delineated model to clarify the basic premises, the interrelationship of concepts, and the emergent variables, the explanations for consultative behavior remain in the mind of the practitioner (frequently unclear to her also) and are not accessible to the world-at-large.

Second, in proclaiming the general applicability of structural and strategic family therapy models to OD, a recognition of the diversity among these models is lost. Family therapy is no more unified by a single theory or a single interpretation of theory than is OD. Models not only emphasize different dimensions of the same theories but also
emphasize assumptions from different theories. So the task is to begin to clarify a family therapy-based framework, help distinguish it from other derivatives of General Systems Theory and link it to methods of analysis and intervention.

In addition, reports of findings from research applications of concepts and strategies of structural and strategic models to OD have commented on the limitations of their conceptual frameworks. Brandon (unpub. 1983) noted that her Systemic Assessment questionnaire, was not clear enough to be applied by another consultant, even though he was trained in strategic therapy models. The data gathered lacked richness and was not organized into a working hypothesis. Whether this difficulty is a consequence of the nature of the data of the expertise of the organizer--or both--could not be clarified. Hirschhorn and Gilmore (1980) who applied Minuchin's Structural model, concluded that hypotheses and interventions could not be generated which coped adequately with the size and complexity of the organization. Reed's (unpub. 1985) tentative findings reflect a difficulty in extracting concepts of these models from their particular context and applying them without an integrative theoretical base. This dissertation effort, as a first venture in family systems therapy-based model-building, reveals some of the possibilities and limitations of adapting assumptions, concepts and strategies of the Structural, Problem-Solving, Brief, and Systemic models, when the
limitations of an unclarified integrative theoretical framework of earlier studies is modified.

**Significance of the Study**

The research will add to a growing body of knowledge in the field of OD in a number of ways.

**Theory**

The call for a unifying and comprehensive theory in OD pervades the literature. Criticism and frustration with the inadequacies of current theories to both explain organizational processes and behavior and simultaneously provide avenues for change have produced a surfeit of articles questioning OD's credibility (Burke, 1972; Harvey, 1974; Kahn, 1974; Levinson, 1972; Mills, 1975; Ross, 1971). This study may contribute, as Kaplan (1964) would hope, to expanding the questions to ask about current models and possible derivations from theory.

**Practice**

Understanding factors that hinder the implementation of change has baffled OD practitioners as much as the theoretical ambiguity. Excessive faith in a particular strategy or strategies (Peters & McKenna, 1979; Hampton, Summer & Webber, 1973) has frequently left the change agent
asking why an organization was not appreciative of her magic solution. At other times, she has seen an organization enthusiastically embrace an intervention and yet no long term change was produced (Lubin et al., 1979). This study may offer a more sophisticated understanding of change processes and link these understandings to strategy choice and implementation in a more useful way.

Research

For the general field of social science research, new models are continually being sought. No model is ever sufficient to describe all dimensions of human behavior. What is always needed are new realities and abstractions of reality that allow for more useful and more encompassing descriptions of behavior and provide a framework for managing human behavior. This model-building effort may contribute to the general body of research concerned with these tasks.

Pragmatic and Social Value

Many organizations have difficulties negotiating intrasystemic and intersystemic relationships. Many organizations limp along trying solutions that test the limits of economic viability and human suffering. Given that organizations, both work and play, are central to our lives, any efforts that can help increase the opportunities for organizational success in terms of profitability, ability to
needs of employees at all levels and adapt to pressures for change will be useful in our complex society.

**Limitation of the Study**

**Limitations of Models, This Model, and Model-Building as a Topic**

The virtues of models also delimit the weaknesses of them. A model as a convenient abstraction of reality is not reality. But more confusing than the issue of mistaking the map for the territory is the realization that reality is not reality either. Reality is no more a fixed, knowable entity than is the model. This serves as a reminder that many models can adequately map reality. This does not give the model-builder license to be unrigorous in her formulations. Whatever the view of the "real" world, there is the danger that significant information may be ignored. By the same token, a model, once conceived, frames the information that is looked for and can take on a finality about it that prematurely limits the exploration of new ideas. These shortcomings of models are universal. Undertaking model-building in the social sciences exposes the scientist to all the shortcomings just cited, plus the realization that the complexities of human relationships continue to baffle model builders. Although there is no one ideal model, any
study which aims to build a model hopes to provide a model which is differently or more useful than others describing the same subject matter.

As an initial step in model-building, this research focuses exclusively on theoretical development. No doubt some significant relationships will not be accounted for by the model and some constructions may not be rich representations of reality. Testing of this model beyond prior experiments will not be done at this point, so the work cannot be immediately subjected to empirical verification.

The model, ideally, offers OD practitioners a different worldview about organizations and change. More likely, some particular concepts or strategies may be useful in some organizations to some practitioners—sometimes. However, the extent of the applicability of the model is beyond the scope of this study and evaluation of the model will be on its theoretical rigor as a family systems theory-based, integrative model at this point.

Limitations of the Research

The most apparent and significant limitation of this study is the minimal empirical foundation upon which the model proposed is grounded. In addition to the limited published empirical research either supporting or refuting the possibilities for applying family therapy ideas to OD, the study itself derives its support from a single case of
organizational change practice. This case is used to demonstrate application possibilities but does not serve as a case study which verifies the usefulness of the model.

The second limitation concerns the lack of attention to the distinctions between organizations and families and the consequences for the model and consultation. The assumption of the researcher has been that the theoretical support for viewing both as types of human communicational systems offered by Selvini-Palazzoli et al. (1975) and Watzlawick et al. (1967) provided a sufficient rationale for a first attempt at an interdisciplinary approach. Further, an assumption was made that subsequent empirical research and model development would begin to address the impact of the differences between these types of systems on the model and its implementation.

The third limitation is an outgrowth of the first and second. Since the focus is on developing a conceptual framework and differences between organizations and families are not explored, a number of methodological concerns are also not clarified. For example, the more numerous membership in an organization most often precludes personally meeting with all employees. When the family therapist observes and interviews a family, she can generally fit all members into one room and speak with all of them. In an organization this is not so. As a second example, problems are usually defined by consultants who are accountable to managers. If the vice
president hires the consultant to "fix the shipping department downstairs," how does the consultant get permission to decide who needs to be included in the definition of the problem and how is her effect limited by being hired by the vice-president? These issues limit the immediate usefulness of the model.

The experience of the researcher with organizational change is very limited. This puts serious constraints on the credibility of her empirical data as well as calls for additional caution and humility in making judgements about the common ground of organizations and families.

To a lesser extent, but, nevertheless, highly relevant, is that the researcher is far from a master in the field of family therapy theory and practice. The researcher may be guilty of interpreting and applying concepts from family therapy in a way that the original proponents would disclaim. The work needs to be subject to the scrutiny of those more experienced in the field of family therapy, too,

**Definitions of Terms**

**Boundaries**

Boundaries describe the nature of the influence between interfacing relational fields (Keeney, 1983). The concept is most commonly associated with the Structural model in which it is conceived as a variable for assessing how distance is
modulated among participating parts of the family system (Minuchin, 1974).

Change

Watzlawick et al. (1974) describe two kinds of change. **First-order change** is a change of content within a system without a change in relationship. There is no change of the system itself. For example, an individual suffering from insomnia, in the interests of falling asleep, might try to count sheep, to have some wine at bedtime, to make the room darker and do an hour of exercise before bedtime. These are all first-order changes, all directed at trying to fall asleep, and are a change in content but not in form. A change in the form of the interactional patterns, in other words, a change in the system itself, is called **second-order change**. One way for the insomniac to change the form of the solution would be to decide not to try to go to sleep and use the waking time to read, wash floors or stare at the moon. Second-order change is synonymous with the following terms: transformation (Minuchin et al., 1974), restructuring (Minuchin et al., 1974), reorganization (Haley, 1976; Selvini-Palazzoli, 1980b) initiating a new beneficient or solution cycle (Watzlawick et al., 1974).

Circularity

Within a given relational field or system, recurrences
of the form of a sequence (sequences) of behavior can be identified in which Behavior A appears to trigger Behavior B which appears to trigger Behavior C which appears to trigger Behavior A' which triggers Behavior B' and so on. "A'" and "B'" signify that the point which one marks as the beginning of a new sequence is initiated by a recurrence of the form of behavior which contains all the information of earlier forms of the sequence and not by a replication of the behavior itself. For example, in a sequence (the beginning of which is only arbitrarily marked) in which a child John throws rocks (Behavior A), Father responds by yelling at John to stop throwing rocks (Behavior B) which triggers Mother's response of yelling at Father to leave John alone because he is just playing (Behavior C) which triggers a response of Mother and John looking at each other and smiling (Behavior D). John then begins tearing paper from a book (Behavior A'), Father spanks John (Behavior B'), Mother then pushes Father away from John (Behavior C') and Mother and John hug (Behavior D') and so on. The identified behaviors have changed, but the forms of behaviors have not. John does something recognized as a form of wrong behavior by Father to which he responds with a form of punishment. Mother recognizes Father's behavior as punitive and "wrong" and responds with a form of protection of John to which Mother and John respond with a form of behavior affirming closeness. (Watzlawick et al., 1967) (See also Recursiveness)
Coalitions

Coalitions are the recurrent message exchanges among parts of a system which define two or more communicants as joined in opposition to a third communicant. (Haley, 1976; Minuchin et al., 1974)

Coherence

Dell (1982) introduced the term "coherence" as a substitute for the dualistic concepts of homeostasis and morphogenesis to describe the relationship between stability and change in systems. Coherence refers to the idea of "fit", that is, the notion that all recurrent behavior is part of the system.

Command

Communication Theory (Watzlawick et al., 1967) distinguishes between the report and command aspect of communication. The command aspect includes all the cues, verbal and non verbal, which serve to define the relationship between communicants. The command aspect is also a metacommunication, that is, a communication about the communication.

Communication

Communication is the creation of redundancy, pattern,
meaning and information (Bateson, 1972, p. 131). Watzlawick et al. (1967, pp. 50-51) describe three different levels of communication: (a) a single communicational unit or a message where no possibility of confusion exists, (b) a series of messages exchanged between persons (an unrepeated or limited repetition event), (c) repetitive sequences forming patterns of interaction. The interest of models of family therapy is in level (c).

Complementary Relationship

Jackson, (1968) offered this concept as a means of defining a relationship based on maximizing the difference between the self and the other. Examples of complementary definitions of relationship include dominant-submissive, caretaker-patient, and leader-follower.

Context

As related to communication, the concept refers to all the cues that modify messages and give meaning to the message. The context includes not only the cues in the messages exchanged between two people but also the circumstances in which the dyadic transaction occurs. In other words, every interaction occurs within both a smaller and wider context. (Bateson, 1972)
An Ecosystemic Model

This concept expands upon the definition of a system to acknowledge the active nature of relationships at the interface of all information bearing processes. An ecosystemic model offers a framework for ordering data about organizations based on the assumption that information derives from the recursive relational patterns at the interfaces of crucial parts and that new patterns emerge from new interweavings of relational fields. (Keeney, 1979, 126, referring to conversation with Bateson.) This calls for a description of relationships which recognizes the organizational change practitioner as a part of the system.

Equifinality

Derived from General Systems Theory, this concept recognizes that the responses of complex, adaptive systems can emerge from many different sources and that initial conditions are unknowable and irrelevant in defining and "understanding" systems. It is the recurrent interactional sequences which are important, not "starting" points (Watzlawick et al., 1967). Circular causality provides a way of describing the relationship of messages to each other which presumes ultimate cause is unknowable and irrelevant. Each message in a sequence is presumed to be both a response to what preceded and a stimulus for what follows. In contrast, linear causality provides a way of describing a
relationship between entities which presumes one can identify and link cause to effect in behavior (Miller, 1969).

Feedback

This concept describes the looping of interactional processes by the return of information to the system which provides the system with a range of responses from which to select its next response either in the direction of provoking change or maintaining stability. Feedback processes are recursive in nature, so that a system never returns to the same point, and each looping includes new information from the previous looping (Keeney, 1983). This definition contrasts with the OD usage of the term meaning a method of reporting data and/or the interpretation of data to client organization (French and Bell, 1978)

Homeostasis

Virtually obsolete in the field of family therapy now, the concept of homeostasis refers to the stability-maintaining processes of a system. The early view was that homeostatic processes acted to self-correct a system by keeping the patterned transactions within a tolerable range and that the primarily goal for survival was to maintain stability. (Minuchin, et al., 1974) This view has been replaced by one that regards systems as operating through achievement of a balance between the processes of change and
stability. Change is equally desirable and necessary for system survival. (Keeney, 1983; Minuchin et al., 1978; Tomm, 1982)

Information

In Batesonian (1972, p. 272) theory, information is "a difference that makes a difference." Information is the recurrent distinction elicited by two messages (or more) perceived as different descriptions of the same phenomena. The relationship between the different descriptions becomes the "news of a difference."

Linear Paradigm

In comparison to a systemic paradigm, this term refers to an understanding of relationships as based on knowable causes leading to predictable effects (Watzlawick, 1984)

Levels of Interactional Reality

Levels of interactional reality are conceptualized as this researcher's description of communicational behavior in relation to different perceptual positions. (see Reality also)

Morphogenesis

Complementary to processes of homestasis, processes of morphogenesis serve to change the structure or rules of
interaction through positive feedback cycles (Hoffman, 1981; Maruyama, 1968)

Observer

This term defines a conceptual relationship between a perceptual stance which is outside a particular phenomenon and a particular phenomenon. Many perceptual stances can be taken in relation to one phenomenon. Thus, the concept of the observer presumes a mobility and multiple views (realities) of any a phenomenon. The consequences of this definition for an ecosystemic perspective are (a) a human communicator and a particular phenomenon can only approximate this relationship because the human communicator can never be outside of the system of human communicator–plus–phenomenon and (b) a human communicator who takes on the conceptual relationship of observer need not be "looking at" the phenomenon in question but only be able to position herself conceptually so information, that is, difference is elicited.

Organizational Analysis Processes

This research is concerned with constructing a set of processes which describe communicational behavior in organizations and provide a framework for assessing relationships and planning for change when a problem is defined.
Organizational Change Practice

This study is concerned with offering the beginnings of a new perspective on how to approach the facilitation of change of behavior in organizations. The term organizational change practice is used to distinguish this approach from what is known more generally as "OD consultation" to clarify that it does not offer a series of activities, as has been attributed to OD (Scott, 1973). The term "organizational change practice" is also used in preference to organizational consultation to distinguish the emergent model of the study from the variety of services included under consultation such as training, diagnostic reports, and the implementation of technological improvements.

Patterns of Interaction.

These are the unseen, usually unverbalized repetitive relational exchanges of messages which define the relationships among members of a system. Interactional reality consists of both an action level, which includes all verbal and non-verbal behavior and a meaning level, which includes all the ascribed interpretations and values of messages. Each level is reflected through the other. Each of the structural and strategic models identifies concepts equivalent to "patterns of interaction" and recognizes, either implicitly or explicitly, the two levels of messages, although each varies in its focus. The Structural model
speaks of transactional patterns and emphasizes the action level. The Brief Therapy model refers to recurrent interactional cycles, interactional solution cycles and rules of interaction. Proponents of this model claim to focus on both levels. The Problem-Solving model is concerned with sequences of interaction and formulates interventions which utilize both action to alter meaning and meaning to alter action. The Systemic Model has referred to these patterns as the game without end, the rules and more than any other model has focused on the meaning level.

**Punctuation**

A concept from the Brief Therapy model (Watzlawick et al., 1974), punctuation describes the means of organizing events to provide an explanation of the relationship between events.

**Reality**

Reality is conceptualized as a description of what one thinks one sees from a particular perceptual stance at a particular point in time. In keeping with this definition, then, there is no one true reality for explaining relational behavior; many realities can describe the same set of circumstances. The consequences for the model-builder are the recognition that whatever description of relationships her model offers is purely a construction and not truth, and
that whatever descriptions of relationships are offered to those with whom the model is applied are also purely a construction and not the final truth.

**Recursiveness**

Communication in a relational field or system can be organized as recurrent sequences of forms of behavior. Each recurrence of the sequence includes the information from prior recyclings and, therefore, as self-referential and can never replicate itself exactly. Keeney (1983) illustrates this principle through the behavior of the mythical creature, Ouroborous, the snake that eats its own tail. "It is unnecessary to imagine the beast getting larger (or smaller) with each episode of unfolding, but it is important to realize that we can indicate a difference whenever the circle travels through itself." (p.32) (See also Circularity)

**Reframing**

As the essence of intervention processes, reframing describes the variety of ways of recontextualizing behaviors or situations to give them a new meaning which fits the "facts." In a situation defined as a problem, a new frame creates the opportunity to look at the situation in a new light and increases the possibility of generating new solutions. (Watzlawick et al., 1974)
**Report**

Communication Theory (Watzlawick et al., 1967) distinguishes between the report and command aspects of communication. The report aspect refers to the content of message behavior.

**Subsystems**

Patterns of interaction form among crucial parts of a system and do not include all parts that define the system. Some of these relational fields non-inclusive of the whole may be overt and/or within the knowledge of the system such as sibling subsystems in a family or the Marketing Division of General Motors, or may be covert and/or not within the knowledge of the whole system, such as those-who-like-sports in a particular family or those-who-eat-lunch-together at a particular workplace. The term has most frequently been associated with the Structural model (Minuchin et al., 1974) but is also used in the Systemic model (Selvini-Palazzoli, 1980b).

**Symmetrical Relationship**

Jackson (1968) offered this term as a means of defining a relationship based on mirroring each other's behavior. The participants exchange messages which minimize differences between the self and the other. The underlying message from one to the other is, "I am the same as you."
Systemic Paradigm

Derived from von Bertalanffy's (1969) General Systems Theory and other systemic conceptual frameworks such as Cybernetics, Information Theory, and Communication Theory, a systemic paradigm as applied to human communication understands relationships to be organized through recursive interactional processes in which cause and effect are unknowable and irrelevant. (Bateson, 1972; Haley, 1976; Minuchin et al., 1974; Selvini-Palazzoli et al., 1975; Watzlawick et al., 1967)

System

A system in this research refers to human communicational systems which are defined by the ongoing reciprocally influencing interactive cycles of message exchanges among members (Watzlawick et al., 1967). Such systems are open and autonomous in that they are self-maintaining but information is also exchanged between systems, evolving redundancies through recurrent exchanges as well.

Outline of the Study

This study is organized into six chapters. Chapter I begins with a statement of the problem and relevant
background to the study by reviewing the current state-of-the-art in both OD and structural and strategic family therapy. A rationale for the model-building study is provided and the consequent limitations of this undertaking are stated.

Chapter II reviews the previous research relevant to this study which includes two bodies of literature. The first body describes previous applications of structural and strategic family therapy to OD. The second body described the variety of attempts and theoretical considerations to integrating structural and strategic models of family therapy.

Chapter III clarifies the major premises of the model and their sources. An integrative theoretical framework, called an ecosystemic perspective is formulated.

Chapter IV presents the key variables of the model and illustrates how they might be applied in organizational analysis. Implications of the model for organizational analysis are discussed.

Chapter V describes how the model is implemented. The components of the change process are defined, and illustrative examples of how the processes might be applied are offered. Implications for change practice behavior are suggested.

Chapter VI critiques the model and this research effort. Concluding remarks complete the evaluation of the study.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Two bodies of literature provide relevant background to this study. The first body describes previous attempts to apply the structural and strategic models (Structural, Brief, Problem-Solving, and Systemic models) to organizational change practice. While theoretically-based claims that such application is possible have been made in the family therapy literature over the past 20 years (Haley, 1976; Selvini-Palazzoli et al., 1975; Watzlawick et al., 1967), only recently have consultative applications been attempted, very few of which have been published.

The second body describes previous attempts to integrate the four therapeutic models used as the base for the emergent model. Research in model integration is important to this study since analysis of family therapy theory and applications led the researcher to conclude that one model would not preserve enough of the complexities of interactional behavior and offer sufficient flexibility to cope with the diversity of forms, sizes, and relationships in organizations. Appendix B provides further analysis of individual structural and strategic models. This analysis is
included to clarify basic assumptions and concepts for the reader less familiar with individual models of family therapy.

Articles on model integration have been sparsely distributed among the family therapy journals until very recently. The greatest support for this research came from writings which appeared after the first draft of this dissertation was written. One complete issue of the Journal of Strategic and Systemic Therapies (Fall, 1984) was devoted to the pros and cons of integrating models.

This chapter treats the two bodies of literature as distinct and discrete entities. In the following chapters, the interactive relationship will emerge.

Applications of Structural and Strategic Family Therapy Models to Organizational Analysis

Overview of the Section

This section reviews previous attempts to apply structural and strategic models of family therapy to organizations to answer the following questions in relation to this study:

(1) Is there evidence that these therapeutic models can be applied to organizational analysis and change?

(2) What problems have emerged which need to be considered in future application efforts?
Although a number of major figures in the field of family therapy have suggested that these models' conceptualizations of human behavior are useful in describing relationships in human systems other than families (Haley, 1976; Selvini-Palazzoli et al., 1975; Watzlawick, et al., 1967), very few attempts have been made at such application, and even fewer have thus far been published. Since the thinking and writing of this research was undertaken, the beginning signs of major writings on the applications of strategic family therapy to other human systems in particular have emerged. Selvini-Palazzoli et al. published Sul Fronte delle Organizzazioni in 1981 which describes applications of the Milan method to organizational consultation, but it is only currently in the process of being translated into English. A singular article by Selvini-Palazzoli and Ricci, based on the tenets of the book, describes a theoretical framework for understanding interaction in any human communicational system and appeared in Family Process in June 1984. Two other books, Lyman Wynne's The Family Therapist as Consultant and David Campbell and Roz Draper's Applications of Systemic Therapy—the Milan Method, are in press. This researcher has been able to obtain early versions of one chapter from each book.

The review of literature will be organized according to the theoretical allegiance (i.e. structural or strategic) rather than by type of effort (i.e., model-building, model
application, application of particular strategies) to maintain a consistency with the focus of this study on conceptual frameworks.

A difficulty arose for this researcher in describing these research efforts in the conceptual language of the reviewed studies. Frequently, terms and concepts were explained in relation to a context which was inconsistent with current understandings of the models from which they were drawn. Research is summarized in the language of the author for simplicity's sake, but such conceptual confusion is identified when it occurs.

Applications Based on Structural Family Therapy Models

The literature is virtually devoid of contributions from structural family theorists. Only three attempts at application have been found, one applied, two theoretical. The first to be discussed is by Charles Verge, formerly of the Cambridge Family Institute, now a private practitioner in Cambridge, who offers a model of assessment integrating Kantor and Lehr's framework and the Structural family therapy model. Verge has not published at all in this area and has not continued with this aspect of his work (1978), although about five years ago he offered occasional workshops on the "Organization as Family" and consulted from a Structural family framework with local organizations.

Verge conceptualized both organizations and families as
goal-oriented systems whose components relate interde¬pendedently to provide and obtain feedback for the efficient functioning of the whole. Strategies emerge in both families and organizations for the purpose of system maintenance and system growth. Such strategies are the result of a collaborative process on the part of all members of the family (organization), and all members share (systemically) in the responsibility for the outcomes of these strategies. Verge developed a six-dimensional model for diagnosing an organization. The dimensions included are:

(1) **The consultant's initial impression of this group.** What is the consultant's "gut" reaction to this group, her affective experience upon entering. Verge sees this as important to help the consultant modulate distance between herself and the system's membership as well as to get a sense of how the members experience being in the organization.

(2) **The alliances and coalitions.** Drawn from Structural family theory, Verge uses these concepts in the same way that Minuchin does to understand who joins with whom around what issues and who joins with whom against someone else around what issues.

(3) **The group structure.** This concept seems to be drawn more from traditional OD theory. What is the "formal organization" in other words, what are the intended role relationships?

(4) **The group type?** Based on Kantor and Lehr's
conceptualization, Verge sees all systems as either closed, open or random.

In the closed family system, stable structures (fixed space, regular time, and steady energy) are relied upon as reference points for order and change. In the open family system, order and change are expected to result from the interaction of relatively stable evolving family structures (movable space, variable time, and flexible energy). In the random system, unstable structures (dispersed space, irregular time, and fluctuating energy) are experimented with as reference points for order and change. (1975, p. 119)

The significance of this part of the model is in assessing the family's (organization's) general style of response to problems. For example, families that do not respond to an individual's pain, who do not seem to care would be random families and those that seal off information from and to the outside world would be closed families.

(5) The "psychopolitics" of the system. The psychopolitics are the individual's interactional strategies developed to try to meet goals of the family. There are four-player parts which may be taken on by different individuals according to the situation.

(a) The mover keeps the action going, initiates action.
(b) The follower follows or supports the mover or others.
(c) The opposer objects to the action of the mover or pulls away from him.
(d) The bystander observes, takes no sides but influences by his silence.
The key disabling strategy. Drawn from structural family theory, the consultant needs to know the recurrent sequence that occurs regardless of the particular dilemma that keeps the organization from achieving its goals. Interventions are based on developing strategies to change the alliances and coalitions, the group type, and the roles in the four player system.

This model is certainly the most thorough in the sense that there is a clarity about the nature and value of each dimension for assessment. While Kantor and Lehr's theory has quite a mechanistic tone and cumbersome vocabulary, Verge has extracted the most workable elements and integrated them effectively with Minuchin's more concrete model. However, no results of its applicability have been published and several dimensions of the model need to be examined further.

Verge's allowance for the affective response of the consultant is very appealing and unique. It is not only an acknowledgement that interveners are not impartial observers, uninfluenced by the system they are joining, but it is one of the few systems theory-based models which separate affect as a distinct aspect of communication. In and of itself, such an acknowledgement cannot guarantee maintaining appropriate distance, but it does suggest that the intervener can utilize her own affective responses to learn more about the system's feedback and to try to develop interventions that provide a new viewpoint for both the client system and intervener. No
recommendations are made, however, on how to integrate these reactions with a change practice strategy or how to integrate affect into a systemic conceptual schema.

Other conceptual shortcomings are apparent also. How the concept of the "formal organizational structure" is integrated with the systemic concepts of "coalitions," and "the group type" is not clear. In addition, a model which also organizes data by assessing coalitions and alliances is using the concept of the triad (two plus one). There are no explanations of how to integrate the four-player psychopolitical system with Structural family theory concepts which are based on the triad. How is this dimension useful in designing interventions?

The second application of Structural family therapy to be discussed was undertaken by Hirschhorn and Gilmore (1980) who were hired by a 90-member social welfare agency "to help with the general problems of management" (1980, p. 25). Although their assessment method was not clarified, they assessed that the problems were a consequence of difficulty in making the transition from a small forty-five-member organization to a larger organization where tasks and relationships appropriate to its growth had not been developed. They outlined the dysfunctional transactional patterns as follows:

(1) Too diffuse a boundary existed between the Executive Director (ED) and the middle-managers (MM) so that
they appeared to be in a lateral relationship instead of hierarchical, with a rigid boundary between both and the external world.

(2) A lack of clarity of the boundaries, functions and relative positions on the hierarchy of the Executive Director (ED), Acting Deputy Director (ADD) and the new Deputy Director (DD) also existed.

The strategy for change included the following interventions:

(1) Presenting what Hirschhorn and Gilmore called a "paradoxical reframing" of the ED's reality. They suggested that "the MMs were collectively incompetent but argued that their incompetence was a source of great strain and burden to the ED and he should help them become competent" (1980, p. 30). To help them become competent, the ED should stay out of the MMs meetings and allow them to make decisions on their own. The response was that the MMs continued to view themselves as powerless and to behave incompetently.

(2) Convincing the ED that if he worked with the external environment, he would not be invisible and dispensable within the agency. The ED began a priority-setting process and began to open contact with satellites agencies, the long term results of which are not known.

(3) Presenting a "paradoxical injunction" to the MMs, stating agreement with their perceptions of themselves as being powerless but suggesting they try out some ideas with
the consultation team on a playful or experimental basis. In the immediate, no change in response was observed.

(4) Persuading the ED, DD and MMs to work jointly on a task to decide who would be relocated to some branch agencies. The main virtue seemed to be that the MMs realized they could not handle the task and developed a new appreciation for the position and responsibilities of the ED.

(5) Arranging for the DD and ADD to negotiate a division of responsibilities and how to work together without the ED interfering. While a new compatibility seemed to develop, after a short period of time, the ADD left for one of the branches with the intentions of eventually leaving the agency.

Hirschhorn and Gilmore evaluated their consultation experience as moderately successful, and they identify three generic issues as being accountable for the limitations to applying family systems concepts to an organization.

(1) Entry into an organization is more complicated than entry into a family because (a) gaining legitimacy in the system takes longer, (b) it is more difficult to identify and join all the relevant coalitions (c) failure to join relevant parts of the system puts the consultant in the position of contributing to the dysfunctional transactions.

(2) Establishing time commitments with organizations is more difficult.

(3) Hirschhorn and Gilmore also assert that developing
appropriate tasks "requires far greater knowledge than a process consultant needs of the substantive content of the organization's work, the wider task environment, and a historical perspective to selected tasks that are authentically developmental" (1980, p. 36).

Hirschhorn and Gilmore are innovative and quite sophisticated in their work for a first attempt at such an application, based only on reading about Structural therapy and consulting with a therapist from Philadelphia Child Guidance Clinic. They grasped well the circularity in the behavioral transaction, identified significant parts, integrated well the Structural view on hierarchy, used a developmental framework appropriately and had the best interests of all members at heart. However, they do have to give more credit to inexperience for their limited success than to unsustained differences between organizations and families. This inexperience revealed itself in a number of ways.

First, Hirschhorn and Gilmore used Structural family therapy concepts in ways that indicated a lack of understanding of their meaning in the context of family therapy which ultimately confused what they were trying to accomplish. For example, they seemed to use the term "coalition" to mean any three people who were in a problematic relationship. When they identified the ED, MM and outside world in a "coalition," they did not seem to
understand a "coalition" as the joining of two members of a system in opposition to a third. Describing boundaries as "indefinite" for all relationships in the system did not seem to be congruent with the description of infrequent message exchanges among particular parts. The most misconstrued concept was the "paradox" which is treated as a "thing," an intervention equivalent to "reverse psychology" as opposed to a concept of relationship between two views of reality.

Second, the lack of clarity about how the relationship between the ADD and DD and the ED was defined appeared to be an indicator that some crucial data was missing. How it had been determined that an acting Deputy Director on board for a year and a new Deputy Director were supposed to coexist in the same agency was never addressed. In a sense the ADD did solve the problem for the agency by leaving, although longer term interactional consequences are unclear. The important question for future consideration is how does an individual's ability to exit from an organization impact the applicability of Structural and Strategic models to organizations?

Third, the interventions, although clear in their intent, were not developed as part of a step by step strategy. They seemed more reactive to crises or pulls of members of the organization than part of a longer range plan or systemic assessment of feedback. Several of these issues might have been resolved if Hershhorn and Gilmore had determined and clarified if they intended for the
consultation to be based a combination of models or just the Structural family therapy model. The impression the reader is left with is that this consultation was an experimental application of the Structural model and that model confusion was a consequence of lack of experience and understanding than design. Overall, this piece of consultation is an inspiration to continue with this kind of work which would better be attempted by someone with stronger training in Structural family therapy.

A third noteworthy piece supporting the idea that the systemic view as understood in family therapy may contribute something different to the field of OD emerges from the OD world. Ronald Short (1981), an OD consultant and the Director of the Graduate Center for Applied Studies at Whitworth College in Washington, studied for a year at the Philadelphia Child Guidance Clinic, and became convinced that the systemic or "organismic" view of Structural family therapy incorporated a paradigm shift that had not yet occurred in OD. He suggests that four major concepts of Structural family therapy have potential usefulness for the consultant: (1) homeostasis, (2) mapping, (3) complementarity, and (4) triangulation. His explication of the organismic view and Minuchin's concepts indicate greater understanding of them than does Hirschhorn and Gilmore's work. Short's work does not qualify as a research effort, however, but is a statement of his thoughts and hopes for the
future. His article offers an invitation from the OD side of the potential OD-family therapy relationship and some theoretical concepts that need to be integrated and put into practice. Short does not take the ideas further to question whether or not Minuchin's model is sufficient in itself to handle the challenges of OD work or whether the systemic paradigm can be developed into other models.

Applications Based on Strategic Family Therapy Models

This researcher has worked most closely with and been most influenced by Brandon's doctoral work (unpub. 1983) which focused on analyzing organizational functioning from the vantage point of "Systemic Thought." The term "Systemic Thought" reflected her integration of ideas from the Structural, Brief, Systemic and Problem Solving models to develop an analysis questionnaire. The study is unique for making an initial attempt to compare the type and expansiveness of the information generated through family therapy assessment methods with a traditional Organizational Development assessment method, Likert's Profile of Organizational Characteristics. The Systemic Thought questionnaire brings concepts from both Structural and Strategic schools as well as from the field of O.D. (see Figure 2). The Structural concepts include "hierarchy," "coalitions," "alliances," and "boundaries." The attention to the "presenting problem" and "symptomatic cycle," is
Systemic Thought Analysis Questionnaire

(1) **General description of the organization.** Include number of members, relevant subsystems, functions and job titles, and status in the organization. Also include information about the environmental pressures on this group—either how it fits into the larger organization or how the "outside world" impacts directly on the organization as a whole.

(2) **Presenting problem.** What is the problem which the consultant is being asked to address? Whom does the organization identify as being involved in the problem? Who do the various members of the organization describe the problem?

(3) **Patterns of interaction.** What are the patterns of behavior which characterize the specific mechanisms by which this organization operates? What are the patterns which surround the presenting problem? What interactions seem to be preventing resolution of the problem? What interactions hold this organization and its members together so that they continue in spite of the presenting problem (i.e., strengths of this organization)?

(4) **Function of the presenting problems.** Who is being helped by the presenting problem? What other issues are not being addressed while solutions are being sought to this problem? The problem probably has a helpful role for this organization—what is it?

(5) **Initial hypothesis.** Taking all the above information into consideration, what do you suspect may be the central pattern of interaction which maintains this problem for this organization? What line of inquiry will you follow to test out this hypothesis?

(6) **Boundaries.** What is the nature of the boundaries around subsystems? Are they clear, does information flow when necessary? Do members know to which groups they belong? Are transitions from group to group smooth?

(7) **Hierarchy.** What is the nature of the hierarchy in this organization? Is the interactive hierarchy the same as the stated hierarchy? Are lines of command and decision-making processes clear and mutually agreed upon? Do there seem to be several concurrent hierarchies.

(8) **Coalitions/Alliances.** What are the coalitions and alliances in this organization? Which are overt? Which are covert? How do they impact the functioning of this organization and the presenting problem in particular?

FIGURE 2. Systemic Thought Analysis Questionnaire.
(Brandon, J., "An Application of Systemic Thought to Organizational Development," unpub. doctoral dissertation, 1983, Appendix C)
(9) **Estimate the system's response to interventions.** How flexible does this organization appear to be? What were some responses to the consultant's questions and attempts to introduce new patterns of interaction? Does the organization respond best to direct or indirect interventions?

(10) **Symptomatic behaviors.** What behaviors are currently going on which demonstrate or contribute to the presenting problem, i.e., what behaviors would the organization like to see different?

(11) **Structure and transitions.** How does this organization describe its structure? Is it a "hierarchical" or "flat" organization? Are actual practices consistent with the organization's definition of itself? Is the current structure well-established or is it new? Is this organization in a state of transition? Is it defining itself differently, but using old patterns of behavior?

(12) **Define the solution sought.** How will the consultant and the organization know when the problem has been solved? Who will be doing what differently?

(13) **Problem history.** When did the problem begin? What else was going on in the organization at that time? What solution to the problem have been tried? What were the results of these solutions? What other "experts" have been called in? How have they succeeded or failed? What behaviors seem to be maintaining the problem?

(14) **Language of the organization.** How does the group describe itself and its problems? Are there any recurrent phrases, myths or stories? How directly do members speak to one another concerning toxic issues? What are some of the organization's commonly held values and attitudes?

(15) **Second Hypothesis.** After some inquiry and consideration of the above information, how would you change your initial hypothesis? What seems central now? How will you check that out? What interventions might be appropriate at this stage of your assessment?

Figure 2. (cont'd)
representative of all three strategic schools while the idea of "hypothesis generation" is most closely identified with the Systemic model of the Milan group and the "function of the problem" is drawn from Structural and Systemic models.

From the field of OD, Brandon includes the concepts of the "formal organizational structure" and the "distribution of authority." By interviewing the same organization through both the Systemic Thought and Likert Profile questionnaire methods at separate times and with two consultants, one trained in family therapy and one in OD, she was able to begin to answer the question: Can analyzing an organization through the systemic framework of family therapy help conceptualize its problems in a different and useful way?

Her findings indicate that very different information is generated in terms of problem definition, behavior of the interviewees during the interview, sufficiency of information to make an initial hypothesis, and nature of the changes that would be recommended. Overall, the Systemic Thought analysis produced a more general level of information and raised more questions to be pursued, if there were to be future interviewing. The Likert profile generated sufficient information to make some recommendations to the company and generated fewer questions to pursue for further investigation. What seemed most interesting to Brandon was how the two methods complemented each other and increased the richness of the data. She concluded that applications of
Systemic Thought to analysis of an organization are possible, but much more research needs to follow.

One of Brandon's criticisms of her own work needs to be challenged. She cautions that the possibility of forming unsubstantiated hypotheses is great. This researcher believes that would not be a concern unless the consultant continued to hold on to the hypothesis after further feedback indicated to her hypothesis did not fit. The danger of inadequate hypotheses is always present no matter how much data are generated and what model is used. The Milan group particularly emphasize the need for tentative hypothesizing. In terms of this particular case study, it is probably difficult to distinguish inadequacies of the analysis method from the inexperience of the interviewer, and the concern about the completeness of the data might appear very different if the interview were conducted by someone else.

In addition to the shortcomings of the research methodology, this researcher suspects that analysis is a very difficult place to take an initial step. What is missing is a clear theoretical framework underlying the analysis procedure. "Systemic Thought" attempts to integrate the structural and strategic models of family therapy. How that integration is made is not clear. The differences among the four schools have been glossed over, and the justification for choosing the particular components of the analysis is not provided. The guiding framework may be in the mind of the
author of the Systemic Thought Analysis, but it is not revealed through the questionnaire.

The consequence is a series of questions, without a rationale for being, and a confusing sequencing in the questionnaire. While a systemic analysis would presume processes are recursive, not sequential, certain information might be grouped differently if the framework were clearer. For example, if Brandon were interested in describing the "patterns of the organization" according to Minuchin's model, items 6, 7 and 8 (hierarchies, boundaries and coalitions) might be subsumed under item 3, patterns of interaction. Symptomatic behaviors (item 10) are generally identified before the patterns which include them. It would also appear that the "presenting problem" and "symptomatic behaviors" would be the same. The terms "hierarchy" and "structure" have different meaning in Minuchin's model and in OD models, and the usage and relationship among terms is not clarified. Finally, a rationale for an "initial hypothesis" and "second hypothesis" is not offered. The Milan group makes an initial hypothesis even before they see the family to guide the direction of the interview. Is that what is mean here? Some of these questions would either be answered or impact the design of analysis if a theoretical framework had been addressed first.

This was an ambitious and innovative venture and provides many direction to pursue for those intrigued by the
possible marriage of family therapy theories and OD. Many of the problems that arose in Brandon's research have helped raise useful questions and cautions for this endeavor and have influenced the researcher's decision to undertake a model-building effort.

Selvini-Palazzoli and Ricci's (1984) article is most similar in intent to this model-building study. The N-adic model of communication proposed compensates for some of the limitations of other interactional models and is concerned with human communicational systems in general, not just families. The model is designed to be more inclusive of the complexities of human communication and to be descriptive of systems of any size. To appreciate the complexities of communication, messages are most usefully organized into triadic configurations. The parameters of communication defined by the N-adic model are (1) the content aspect of messages, (2) the report aspect of messages, (3) territoriality, and (4) time. All communication is a consequence of the interrelationship of the four parameters, and the possibilities for patterning increase geometrically with each additional relational link. The complexity of communication is also reflected in the duality of all messages, that is, the information provided both by what messages include by what they exclude.

More clearly than any other interactional model, Selvini-Palazzoli and Ricci's model recognizes the
incompleteness of communicational models and the impossibility of designing a model which does justice to the complexities of human interaction. As presented in this article, the main limitation is how to effect system change practice based on this model. It is not clear how a change agent, whether family therapist or organizational consultant, can assess the functioning of the system in terms of these parameters and their interrelationship and integrate the model with the Milan method.

Coppersmith's (in press, 1984) chapter applying the principles and methods of the Milan method to contextual and procedural issues of consultation offers the best teaching tool for systemic thinkers who work with organizations, in particular human service organizations. Starting from the assumption that all problematic behavior presented to a consultant is part of a larger context, she forms guidelines to help the consultant organize her thinking about what issues are to be considered and how to conceptualize the consultation to address these issues.

Three types of consultation are illustrated: (1) the case consultation in which an "expert" family therapist is called in to advise in the handling of a particular client of clients, (2) the consultation in which an "expert" family therapist is called into a clinic to implement a family therapy training program, and (3) the organizational consultation in which the "expert" family therapist is called
in to assist with human relationship problems within the agency or clinic. A case example is provided of the clinical case consultation.

Conceptually, two major perspectives need to be maintained by the consultant in any of the three types of consultation. The first perspective recognizes the issues of the organization as an identity and its relationship to the larger context. In human services systems that calls for understanding the contradictions in self-definition of simultaneously being caregivers who believe serving people well is a higher priority than the financial cost of services and being businesses who must be accountable to other systems for where they obtain and how they spend their money. Two other aspects of the "larger context" perspective to be considered are the issues of shifting leadership among staff and the demands upon staff who are inadequately trained to do a very difficult job with involuntary clients. The consequences of the incongruent multi-self-definitions are accusational and blameful perceptions of situations when work does not go well and, at times, dysfunctional or symptomatic behavior.

The second perspective to be maintained is the focus on the relationship between the organization or part of the organization requesting help and the consultant. Particular issues on which to maintain a systemic view are: (1) how and through whom to enter the organization so as neither to
alienate or become overly allied with particular parts of the staff nor to contribute to the maintenance of current dysfunctional patterns, (2) how to assess the organization, not only in terms of the compatibility of self-definitions and interactional patterns but also in terms of the appropriate consultation context, and (3) how to utilize the Milan interviewing technique of circular questioning as well as tasks, rituals, and (systemic) opinions as interventions.

Thus far, Coppersmith's work is the clearest, most internally consistent conceptualization of any intervention-based application to organizations and the only illustrated evidence of success. This work demonstrates that concepts from the Milan model can be utilized to describe phenomena in organizations and plan interventions based on those descriptions.

In addition to her own systemic dilemma that the relationship between the consultant and the larger systems of which she and the organization are a part may be "contributing to that very social control that a systemic perspective seeks to avert" (p.28), a few implications for further research relevant to the model-building effort undertaken in this study are suggested. Coppersmith's piece is very evidently written for the therapist already trained in the Milan method. Neither a family therapist nor OD consultant not firmly grounded in the Systemic model would be able to conceptualize relationships, understand problem
formation, be able to organize data gathered through the recommended techniques nor have a sense of when or how to design interventions. The theory of the Milan method has remained difficult to formalize (in spite of Tomm's work, 1982) which suggests that teaching it to those outside the field who have no understanding of a systemic perspective as interpreted by family therapy models would be very difficult. In some ways, Coppersmith has made explicit some conceptual pieces of the Milan method that have been left implicit elsewhere. For example, she identifies the organizations definitions of self and patterns of interaction as separate levels of interaction. The recent writings of the Milan model (Tomm, 1982, Selvini-Palazzoli, 1980) focus on conceptualizing the meanings of system behavior in assessment to formulate ways of altering behavioral patterns but do not give as much attention to patterns as to self-definitions.

A second question pertains to the mingling of systemic and linear concepts, an issue which arose in virtually all the literature reviewed. The concept of "leadership" derives from a linear paradigm. "Hierarchy" and "structure" are used in reference to the organization's self-definition but also describe "a prescribed ordering of authority." Later in the chapter the same concepts are used with a systemic paradigm-based meaning to explain the nature of information elicited through circular questioning (p. 23) and assessment of the belief system (p. 19).
A final question for future theory-based research concerns an apparent contradiction in Coppersmith's own belief about a system's self-definition of belief system. To illustrate the variety of responses an organization may show which reflect its belief system, she suggests "the agency may have no strong belief system at all resulting in a lack of connectedness and loyalty among participants" (p. 20). This researcher wonders whether it is possible for an organization not to have a belief system, if the model defines a belief system as a major variable of the model. One possible alternative interpretation of "a lack of connectedness," in keeping with the model, would be that the organization defined itself through a shared belief that, "everyone is entitled to his/her own opinion."

Although this chapter by Coppersmith was reviewed by the researcher well after her thinking for this study was in process, it has helped immensely to clarify the direction and some conceptual underpinnings of the model developed. Perhaps the most important factor to remember in comparing Coppersmith's work with the other work reviewed is her well-documented facility as a therapist and systemic thinker in relation to the relative inexperience of the others. The virtues of the model and the skill of the practitioner cannot be separated.

One final application which has also provided support for this study is Blount's (in press, 1984) conceptualization...
of the development of the Crossroads Community Growth Center from a systemic perspective. A systemic approach is used here to refer to Batesonian ideas, as put forth in his Communication Theory, and the Milan Systemic Therapy model. Since the copy of the chapter upon which this review is based is from a very early draft of the article, it is probable some understandings and comments on Blount's thinking may be incomplete or no longer relevant.

A systemic approach is applied to four dimensions of the C.C.G.C's development: (1) the context of the center itself and relationship processes, (2) the variety of services which include a Day Treatment Program, an Outpatient Program, and an Hispanic community outreach program, (3) the family therapy training program, and (4) the research program. Central to this perspective is an understanding of the concepts of "premise" and "pattern" as descriptions of the same communicational phenomena but reflections of different vantage points of an observer (p. 9) "Premises" are conceptualized as the belief level of message behaviors which ascribe them with a particular reality and value. "Patterns", synonymous with "structure", are the transforms of the premises into ongoing reciprocal message exchanges which compose all interactions. To achieve a systemically organized center, programs strive "to reflect the premises/patterns inherent in systemic therapy" (p. 51). The premises which should reflect the structure are:
(1) The structure of the organization should come to reflect a "team organization" which should reciprocally reflect the premise that the processes of the team model should guide behavior.

(2) Within the team model, forms and clinical procedures support the implementation of the premises/patterns of reciprocal influence.

(3) All relationship behaviors between the agency and the population being served are viewed as having a positive value and as part of a reciprocal patterns of influence.

This is a highly condensed summary of the rich ideas in this article, but because of the theoretical complexity of many ideas which are not directly pertinent to this study, they have been left out of the discussion. The core ideas are intact.

This is the only application of a systemic perspective to organizations that remains consistently within the systemic paradigm (besides Selvini-Palazzoli and Ricci). Concepts all derive from within the Batesonian and Milan view and are clarified in their contextual meaning. The uniqueness of Blount's work also lies in its attempt to organize relationships in a way that everyone thinks and acts from a systemic perspective in relation to themselves and the larger context of which they are a part. At first examination, it appears that participants are being asked to operate at two levels of learning simultaneously—Bateson's
Level II in which they participate and "see" one side of a pattern and Level III in which they conceptualize the whole pattern. What seems more likely (and consistent with the Batesonian view) is that the whole model operates at Level II because one can never be outside and "look down" upon the system. Taking a position that presumes interactionality is merely a punctuation of events. If systemic thinking becomes a "thing" to be implemented it is no longer a description of relationships.

In the programs, training, and even in the emerging research components of C.C.G.C., implementation of the systemic perspective seems clear and operationalized. At the organizational level, implementation seems more difficult. Blount recognizes the dilemma of trying to influence the future of this context. One can only try to set the processes in motion because this context is part of processes of a larger context which can not be seen or predicted.

Another unique feature of this work for the organizational change practitioner pertains to the experiment of developing a framework and shifting realities from "within" the organization. Even if achieving Level III learning is questionable, this researcher suggests that organizing relationships to take on a reality that precludes the notion of blame and unidirectional causality is a major accomplishment.

At this initial stage, however, a few issues are
generated from Blount's work which have implications for further theory-based research. First, an assumption is made that premises and patterns are congruent. What happens when they appear reflexive but incongruent, that is, the behavior described and behavior prescribed are discrepant? How is that explained within the systemic perspective and how does that discrepancy get addressed? Second, organizations are made up of many premises/patterns which define relationships, and all relationships are not defined the same way. It is one thing to adopt the view (premise) that all processes are interactional, but it is another to negotiate how relationships are defined and determine who is in charge of that. For example, the Day Treatment Director and staff may have created structures that reflect the premise of reciprocal exchange of messages, but certain premises/patterns are prescribed by that relationship that need further definition in operating a mental health center. In other words, clarification is needed between premises/patterns of the "team organization" and the variety of other relationship definitions that are negotiated in the organization. An attempt to elucidate the process of implementing a systemic perspective of C.C.G.C. might begin to answer these questions.

In general, the reader again remarks on the very exclusive audience to which this article is addressed. While comfortable for the Batesoman thinker and systemic family
therapist, the ideas are not easily adopted by the OD practitioner not well-grounded in either. If the family therapy world believes it has something to offer the OD world, then a common conceptual language based needs to be built.

Summary

Two questions provided the guidelines for this review of the literature: (1) Is there evidence that applications of structural and strategic models of family therapy can be applied in organizational consultation, and (2) what issues need to be considered in further research? Although the number of published articles approaching this subject is small, the findings have indicated that, at least to some degree, some of the conceptualizations and approaches derived from these models can be used to describe organizational relationships, and some family therapy type interventions can be tailored to the organization. Three issues are raised through these studies that influenced the direction of this model-building effort.

(1) No one structural or strategic model seemed capable of coping with all behavioral phenomena in organizations (Hirschhorn and Gilmore, 1980; Coppersmith, 1984; Blount, 1984).

(2) Attempts at integrating concepts from different
systemic models created confusion and a lack of theoretical integrity (Verge, 1978; Brandon, unpub. 1983)

(3) Concepts which stem from a linear paradigm and traditional OD models crept into several models that current systemic models could not explain, created confusions of meaning within the context, and produced disparate pieces of information with no way to integrate them with each other (Hirschhorn and Gilmore, 1980; Brandon, unpub. 1983; Verge, 1978; Coppersmith, 1984) An attempt is made to address these limitations in this study.

Model Integration in Structural and Strategic Family Therapy

Overview of the Section

The debate over whether or not model integration is feasible has been compared to variations on the metaphor of three blind men trying to describe an elephant by tracing three different sections of the elephant with their hands. Those that have argued that models can be integrated explain that the task is like putting together the realities of the three blind men. Those not in favor of integration argue that the models are equivalent to three different elephants. A third approach being suggested more recently is that the task is to create a meta-elephant (the researcher's term), in other words, a new elephant which extracts underlying
principles common to all elephants. The review of the literature will present samples of the three different arguments to try to answer the following questions relevant to this study:

(1) Is there any evidence that models can be integrated?

(2) Is there any evidence that integrating models may enhance the pursuit of change practice?

The work in this area is primarily theoretical with occasional case illustrations. No statistically-based empirical research is available. Therefore, this literature review will focus on theoretical rationales and not quantitative research.

Arguments for Integration

Research support for integration of structural and strategic models takes a pragmatic approach—if it works, do it. This research also does not explore theoretical divergencies among models, just the use of interventions in practice.

Stanton's (1981a) "integrated structural/strategic approach" is representative of this view.

No existent theory entirely encompasses both modes adequately... However, the clinician cannot always wait for the emergence of theoretical harmony in order to do his job and must proceed as best he can with the tools available. (1981a, p. 427)

He states that the commonly held premises about the
contextual meaning of interaction, the systemic function of symptoms, systemic change and the focus of therapy on an active guidance of system transformation allow for the pragmatic application of methods from both schools. He suggests certain guidelines, though, for deciding on which school to follow:

(1) The therapist should begin with a structural approach first, because it is less complicated and more parsimonious (1981a, p. 431).

(2) The therapist should switch to a strategic approach when the progress of therapy appears halted which can occur as a consequence of apparent family resistance, of learning certain information about the family which suggests doing so or of simply feeling lost. (1981b, p. 319).

(3) The therapist should return to a structural approach after the system has been "unstuck" through strategic interventions since the structural model focuses more on the growth of the whole family and less on the identified problem (1981a, p. 433).

Todd (1984), a sometimes co-author with Stanton, also suggests this approach. From his clinical work with Stanton treating families with a drug-abusing member, Todd concluded that a pure structural approach does not provide the therapist with a sufficient range of behavioral responses to counter the family's well-entrenched interactional style. Currently, his therapeutic work and training of new family
therapists has evolved to integrate the methods of the Milan group (as well as the experiential-symbolic therapy of Carl Whitaker, another founding father of the family therapy "movement.") Model integration in training seems to mean a sequential offering of learning experiences with different models, beginning with a structural foundation and moving to strategic and other models. The value in this approach, Todd says, is to develop a breadth of exposure so the student does not become wedded to one approach which would inhibit the eventual development of his own personal model.

One other promoter of the integration of techniques from both schools, White (1979), found it particularly helpful in working with psychosomatic families. He outlines a five stage therapeutic model: (1) accepting the family's definition of the problem and establishing a theme, (2) assisting the child to monitor and take control of his pain (involving the disengaged parent and blocking the overinvolved parent), (3) further restructuring of the family relationship system, (4) drawing individual and subsystem boundaries, and (5) further shoring up the couple subsystem boundaries. (1979, p. 305-313). It seems that the steps of therapy are formulated in structural goals, that is, of system reorganization, while some of the interventions used at different stages would be identified as strategic. He applies a technique called "paradoxical prescription," prescribing a continuation of the symptom, at stage two and
the technique of "positive connotation," attributing positive value to the problematic behavior, at stage three. Although he reports 100% clinical success, he does not provide a rationale for proposing this model.

Critics of this form of model integration call this eclecticism or trying to make an affiliation between two different models, "the different elephant view." (Colapinto, 1984; Rohrbaugh, 1984) The models emerge from different premises which are ignored, in this opposing view, and interventions which emerge from particular premises cannot be whimsically applied without confusing the course of therapy.

Two pieces supporting model integration at the conceptual level are worth discussing. Sluzki's comparative analysis of process-oriented, structure-oriented, and worldview-oriented models takes the position that the models describe the "same elephant." Without identifying particular individual models, he suggests models can be fit into three categories defined by the level of interaction on which they focus.

Process-oriented models view interactional patterns as recursive loopings of behavioral sequences. These amplifying cycles reflect the covert and overt interactional rules of the family; all families are composed of many such rule-governed cycles; and problem-maintaining families include both functional and dysfunctional rule-governed cycles, but it is the task of the therapist to identify and intervene in
escalating dysfunctional cycles. A limitation of process-oriented models is that the therapist may have difficulty distinguishing which behaviors are part of functional sequences and which are part of dysfunctional sequences.

Structure-oriented models are the dialectical opposite of process-oriented models. If the latter look at interaction as constant flux through time, the former look at interaction from the standpoint of invariance. The focus is on how boundaries are managed and reflect the ongoing transactional patterns. Symptoms or problems maintain the patterns, and the boundary definitions maintain the symptom, resulting in a system which oscillates within a restrictive range of responses. The task of the therapist is to modify how boundaries are negotiated. The main limitation to these models is the presumption of invariance when "interactional information emerges from difference, not from monotony." (Sluzki, 1983, p. 472)

The third set of models, the worldview-oriented models are focused at a different logical level, the level of meaning rather than behavior. The therapist is looking for the recursive sequences which reflect the family's collective reality. These shared realities determine how meaning is put to life's events. Such meaning is reflected in the family's construction of its own history, symbols and memories and are evoked through the daily operations at the behavioral level and vice versa. The task of the therapist is to jolt or
alter the family's reality at the point at which ideas or meaning maintain problematic responses. Sluzki does not identify any limitations to the worldview-oriented models but concludes that the therapist would benefit from utilizing all three sets to expand her range of options on how to help families and that the field would benefit developmentally from an integration of approaches as a move toward depoliticizing the support for various models.

The reader can extrapolate that Minuchin's model is described by the structure-oriented approach, the Brief Therapy Model is described by the process-oriented approach and the Systemic model is described by the worldview-oriented approach, with the Problem-Solving model somewhere between the first two approaches. While Sluzki suggests models will fall into these three categories, he stops short of taking a definitive stand on if or how concepts from each model might be related and integrated.

Liddle, Breunlin and Schwartz (1983) also suggest a way to conceptually integrate structural and strategic models in a way that supports the "same elephant" view. They present a framework for integrating different perspectives on time in relation to the symptomatic cycle within systemic models of therapy. They categorize sequences by their periodicity or enduring time frame.

(1) S1 equals the sequence that can be directly observed in one session of therapy. The length of time
needed to see the sequence can be seconds or minutes. S1 is
embedded in S2, 3 and 4.

(2) S2 equals the sequence of routines that can be seen
by observing the family at home. The length of time needed
to see the sequence can be one or more days. S2 embeds S1
and is embedded in S3 and S4.

(3) S3 equals the larger homeostatic cycle in which
patterns spiral through a positive feedback loop cycle which
is then checked by symptomatic behavior. This sequence can
repeat over months or years. S3 embeds S1 and S2 and is
embedded in S4.

(4) S4 equals the transgenerational patterns which form
the myths of the family. The sequences repeat over
generations. S4 embeds S1, S2 and S3.

Through this framework each of the four models can be
categorized by the time frame of main concern. Figure 3
visually presents the conceptualized time frame in relation
to sequences observed through the Structural, Brief, Problem-
Solving and Systemic models. The symptom is represented by
S.

According to this conceptualization, Structural family
therapy emphasizes S1 and S2 primarily, focusing on the in-
session action and what happens day to day at home. Problem-
Solving Therapy also observes in-session sequences but is
additionally concerned with what happens from day to day and
week to week. In addition, with the emphasis on the symptom
as metaphor, this model attends larger and longer sequences. Brief Therapy is less focused on in-session sequences, but spends a lot of time tracking day to day routines and looks for the larger cycles which have been escalating over a long period of time. The Systemic model has a strong interest in S2 and S3 but has special interest in S4 with a focus on history for the repetition of interactional cycles, the meaning of events in families and for conceptualizing the function of the symptom as a message of interactional loyalty across generations.

Liddle, Breunlin, and Schwartz make a convincing case for describing models as complementary parts of a whole and as generating different data about the same phenomena. They neither suggest nor deny that pragmatic integration is possible in this description.

In sum, those who favor both conceptual and/or applied integration do so without offering a way to link theory and practice. Arguments pro-integration-in-practice lack a strong theoretical rationale and arguments pro-integration-in-theory lack a methodology for translating theory into action.

**Arguments Against Model Integration**

Writings supporting the "con" side of the integration debate generally value theoretical integrity over therapeutic efficiency. Four recently published articles all expressed
Rohrbaugh's (1984) view most concisely expresses this position. At this point in time, he believes the evidence for successful conceptual integration of structural and strategic models is not strong. Using premises from one model and intervention methods from another leads to epistemological inconsistency. He reports on a case in which integration of techniques was utilized, and, although the therapy was ultimately successful, it seemed long and undirected. Pragmatism will not suffice.

While technical eclecticism may be fine for behaviorists, it subverts what 'working this way' is mostly about--an interactional view of problems, not simply a technology of change. If the 'theory determines what to do,' what we do with theory should be taken seriously. (1984, p. 31)

Colapinto (1984) comes to the same conclusion. Several approaches to integration are critiqued and rejected: (1) the recipe-book integration, (2) spontaneous integration, (3) compromise integration, and (4) model-building integration.

The recipe-book version attaches particular models or techniques to particular "types" of families, such as direct approaches for cooperative families and indirect approaches for uncooperative ones. This type of integration reflects a view that models only describe parts of reality or use bits and pieces or reality. By combining pieces the practitioner forms a whole. Colapinto dismisses this form of integration. Models are different views of the same reality, he believes.
Spontaneous integration is more a product of the therapist's state of mind than of any clarity of direction or intention. Even if "it" works, it becomes "impossible for the therapist to define what is working and which are the client's best interests..."Flexible' choices organized by the 'whatever works' stance may result in the sacrifice of higher goals" (1984, p. 39) such as the client's ownership of change.

Compromise integration results from a therapist shifting models because of fears of adverse consequences within the work setting. For example, if a therapist suspects maintaining model consistency may call for utilizing interventions that stir up intense responses, and the agency setting does not ascribe therapeutic value to those responses, she may switch models.

One type of integration is viewed as promising to Colapinto, model-building integration. This type corresponds to, what the researcher called, building a "meta-elephant". He skeptically proposes that a new model is probably constructed by utilizing an established model as its base and gradually adding a new idea to technique to it. While Colapinto sees this as a valid way for a new variation to evolve, he claims the conceptual core has not really changed. He concludes that theoretical integrity should be the goal of the therapist, and if she is disenchanted with a model it may be because she has not made a commitment to learning it and
Coyne (1984) bases his skepticism about model integration on his work with married couples with a depressed partner. His considerations are based on what might be the consequences of starting with the Brief model, with which he is most strongly affiliated, and shifting to a structural approach. He claims the two models provide very different experiences from the initial session. Shifting for pragmatic purposes may have positive short term impact but may alter the whole therapeutic context long term and disrupt the relationship between the clients and therapist.

The fourth voice of caution about model integration is De Shazer (1984). The different models provide different descriptions or maps of the territory, each of which is useful and complete in itself. Combined they "can produce a bonus, and idea of a higher logical type" (1984, p. 36), that is, the many different descriptions can be subsumed under a more general category which includes systemic models of therapeutic change. If one works to integrate models, the virtues of the variety of descriptions by which to map the therapeutic context and the "bonus" of information may be lost.

Just as those favoring theoretical integrity see pragmatism as a long term loss for short term gain, the pragmatists criticize the anti-integrations for trading therapeutic efficacy for theory development. What seems most
unclear is just what the consequences of the loss of theoretical integrity are. Thus far, the evidence is trivial supporting claims that the therapy might get off-track or cumbersome.

Arguments for a Meta-Theory

In his earlier work, Fraser (1982) was a proponent of conceptual but not applied integration. However, in his recent writings (1984), he holds to the position that structural and strategic models can be integrated in both theory and practice by the development of a superordinate model. In particular he is referring to the Structural model of Minuchin and the Brief Model of the Mental Research Institute. What he is suggesting is that by integrating them at "higher level premises" (1984, p. 43) both can be subsumed under one descriptive frame. Fraser looks to Buckley's (1967) classification of the hierarchy of systems to find the meta-theory (see Table 1). Buckley's hierarchy of systems organizes systems by levels of complexity, with sociocultural systems as the most complex, organismic or biological systems at the next lower level of complexity, and physical-mechanistic systems below the biological. In this hierarchical system, the premises of the more complex encompass premises of all levels below, but lower level premises cannot subsume higher level premises.

The premises of the sociocultural level are equivalent
### TABLE 1
BUCKLEY’S LEVEL OF SYSTEM DESCRIPTION

<table>
<thead>
<tr>
<th>DESCRIPTIVE SYSTEM</th>
<th>ELEMENTS</th>
<th>ELEMENTS INTERACTION</th>
<th>OPEN/CLOSED</th>
<th>VARIATION TOLERANCE</th>
<th>CHANGE</th>
<th>CAUSALITY</th>
<th>PURPOSE</th>
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<tbody>
<tr>
<td>MECHANICAL/</td>
<td>Relatively Simple, Stable</td>
<td>Force and Energy Exchange</td>
<td>Closed</td>
<td>Relatively Narrow</td>
<td>By External Design &amp; Affect</td>
<td>Linear or Reciprocal</td>
<td>State Maintenance</td>
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<td>ORGANISMIC/</td>
<td>More Complex Less Stable</td>
<td>Physio/Chemical Energy Exchange</td>
<td>Moderately Closed</td>
<td>Fluctuation Within Limits</td>
<td>By Internal Design and To Adapt To External Variation</td>
<td>Mutual-Causal, Maintenance -Teleology-Structure Determines Action, Action is to Support</td>
<td>Structure</td>
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<td>STRUCTURAL</td>
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<tr>
<td>SOCIO-CULTURAL/</td>
<td>Most Complex Easily Altered</td>
<td>Information Exchange</td>
<td>Fundamentally Open</td>
<td>Variability Crucial to Liability</td>
<td>By Emergent Process Around Internal or External Variation</td>
<td>Cyclical Process -Teleonomy- Appear- ance of Purpose in Process/Adaptive Interaction</td>
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<td>PROCESS/ADAPTIVE</td>
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(Fraser, J., "Process Level Integration: Corrective Vision for a Binocular View," Journal of Strategic and Systemic Therapies, 1984, p. 46)
to the premises from which the Brief Therapy Model emerged, and the premises of the biological/organismic level of complexity are equivalent to the premises from which the Structural Therapy Model emerged. The former are referred to as the Process/Adaptive level premises and the latter are referred to as the Organismic/Structural level premises.

Fraser summarizes the basic premises of each view as described by Buckley (1967). This summary of premises for each level is quoted below and accompanied by a brief discussion of the consequences of each set for a therapeutic model:

Premises of the Organismic/Structural view are:

(1) **System structure is primary**, and all functions or process is a consequence of structure.
(2) Overall "**system purpose**" is life maintenance, or to preserve the stability of the structure.
(3) Structural stability is maintained by keeping the system structure within fairly rigid tolerance limits through a negative feedback process called **homeostasis**.
(4) System transactions among elements are characterized by complex physio-chemical **energy interchanges**.
(5) **Change** is viewed as a "nuisance factor" or as the need to interrupt one relatively stable state to move to another.
(6) **Evolution** is traditionally deferred to the large class of systems, or the phylogenetic level, whereas "species" evolution has usually been seen as slow and gradual. Individual systems, on the other hand, have narrow ranges within which to evolve. (1984, p. 46)

These premises have the following consequences for the Structural Model:

(1) Biologically based structure is used to describe
social systems, assuming an invariance of structure across systems comparable to the invariance of a heart across biological systems.

(2) Behavior in families is described as having ultimate purpose or inherent function.

(3) Certain structures are seen as normal with implications for being better than others.

(4) Change means change to a better structure.

(5) Focus is on the whole family because assessing the relationship between the symptom and the structure requires the presence of the whole.

Premises of the Process/Adaptive view are:

(1) **Process is primary**—structure is a description of process and is a construct of the observer.

(2) System "purpose" does not exist within the system, but it attributed to it by an observer. The system tends to grow and differentiate on the principle "that grows which works."

(3) The system is fundamentally open in that it requires variability from both its internal and external environment in order to maintain variability.

(4) The major processes of the system are continual movement to greater complexity, flexibility, and differentiation.

(5) System transactions are characterized by exchange of information.

(6) **Change** is viewed as an essential everflowing process.

(7) Evolution is at the heart of the system, and all transactions create and perpetuate it. Whereas many changes are gradual, major evolutionary changes often occur in rapid, discontinuous jumps to a new organization as an emergent process of system transaction itself (Buckley, 1967). (1984, p. 47)

The consequences of these premises for strategic therapy
(the Brief Model) are:

(1) The ongoing, recursively interacting feedback loop cycles define relationships in social systems. No further assumptions about the relationship among parts are needed. Therefore, structure becomes just a construct of an observer from the Process/Adaptive view (1984, p. 50).

(2) The interactional cycle is a sufficient explanation of system behavior. No presumption of inherent purpose to behavior is made; it is always a construct of the observer.

(3) This therapeutic model is less concerned with normalizing a system than with what is not working in the current process.

(4) Change means change to a new process or cycle which does not include problem behavior.

(5) Since a systemic function of a behavior is not a given, many other rationales can be found for selecting the focus of therapy. The group may vary depending on the reality the therapist constructs about the relationship between the symptom and the ongoing cycle.

Fraser concludes that the Process/Adaptive level of integration provides a higher, more general frame through which to view system behavior and can subsume the Organismic/Structural level within it. Then the two models of therapy become part of one "meta-elephant." In a sense, describing Fraser's work as a "meta-elephant" is not quite accurate. He has actually integrated the two models by
conceptualizing one model as an "elephant" and describing the other as part of the whole "elephant." How do the Problem-Solving and Systemic models fit into this description? Can these two models be subsumed within the one "elephant" or is a new and broader set of premises needed to make a new "elephant" which includes all structural and strategic models?

As a convincing argument for conceptual and practical integration, this article is the most cogently presented thus far and answers the concerns of those for and against integration already identified. It remains a conceptual piece though, and how the therapist actually decides which "part of the elephant" to apply is not clarified. Also, it would be fruitful to know what the other parts of this "elephant" look like?

Duncan (1984) provides a further application of the idea that adopting "higher level premises" increases the possibilities for model integration. His focus is on the view of the function of the symptom in different models. Using Buckley's (1967) classification of the hierarchy of systems, Duncan, like Fraser, agrees that adopting the Process/Adaptive view allows for ascribing meaning to the symptom in whatever way seems useful to the client system rather than by what is defined by the model. He offers two case examples applying the concept of system function. Each appears to be based on a different understanding of the
relationship between a symptom and the system within which it operates. One case described and developed an intervention around the function of the symptom of psychosis and hospitalization of a 58 year old woman as a sacrificial device which distracted attention from her sisters' longstanding conflicts with each other and protected her sisters from having to deal with their problems. The description concludes that direct confrontation of those conflicts might destabilize the family. This attribution of system function appears to be derived from the Organismic/Structural view but was intended to interrupt the ongoing dysfunctional interactional feedback loop cycle in order to initiate a new symptom-free cycle. This goal derives from the Process/Adaptive view.

A second case involved a 20 year old woman in a residential treatment center who repeated everything everyone said. Duncan addressed the intervention to the staff rather than the client because of the perceived concern about the problem on their part and the perceived lack of concern about the problem on their part and the perceived lack of concern on the part of the client. The symptom was attributed with a function of interpersonal gain for the client by describing it as a device to insure that the client would continue her behavior and offer her this explanation of positive value each time she enacted the symptom. The intervention appears as a positive connotation, typically used in the Milan model,
which is based on a description of the system's worldview, but the intent again was to interrupt a problematic interactional cycle of behavior, which is based on the Process/Adaptive level premises.

He concludes:

The major point being made here is that one specific perspective of reality such as the strategic, systemic, and structural views that utilize the construct of function, will restrict therapeutic freedom by fitting every client into that reality whether it fits or not. A more useful and pragmatic position may be to discriminatively select the reality or set of theoretical constructs such that the reality matches the transactional and historical template of the client while basing one's overall treatment goal upon overriding process/adaptive model. (1984, p. 64)

Duncan's research builds on Fraser's work and offers the only clinical demonstration of theoretical and practical application. While he does not elaborate upon how all four structural and strategic models relate to the Process/Adaptive view, he implies that all four can be subsumed within it. He does not address Coyne's issue about the consequences of assuming a particular meaning about the system for the overall course of therapy, however. The case examples also present single illustrations of interventions, the effects of which and whose relationship to the whole treatment process are not reported.

One final attempt to integrate structural and strategic models of family therapy is presented by Liddle (1984). His thesis is that structural and strategic models have
complementary theories of change methods that can be synthesized to form a new model as opposed to being added together to make a new combination.

From this vantage point the non-systemic formula Model A + Model B = AB is supplanted by the synergistically derived equation of Model A + Model B = Model C. (1984, p. 69)

The new model he proposes is the Dialectical-Contextual-Evolutionary Model.

The dialectical dimension of the model emerges from Liddle's belief that "Model C" draws upon the broader premises about change and the therapist's relationship to the change process which help the therapist choose options from within a larger frame of reference. The overriding premise he identifies is that "change occurs with support and challenge to previous realities and the posing and accessing of untapped or new alternatives. Change is not always a straightforward, continuous process," (1984, p. 69) but sometimes appears as regressive and/or discontinuous. Structural and strategic models can be embodied within this more general principle and then appear as two (counter) parts of a dialectical relationship. The view shifts the attention of the therapist from thinking about which techniques to apply to how best to facilitate the therapeutic system consisting of the therapist and the family. This is done, in this meta-model, by shifting between stances of change (structural) and no change (strategic) with the intent of
evolving a synthesis of the two. Shifting is not done spontaneously but in keeping with the therapeutic goals and systemic feedback.

The **contextual** dimension of the model reminds the therapist that the unit of treatment must be varied—at least conceptually—according to the definition of the problem and client system feedback.

The **coevolutionary** dimension describes the recursively and reciprocally influencing interactive process of the therapist-family system in the interest of evolving to "greater forms of complexity for therapist and family alike." (1984, p. 70)

Liddle's work, while presented as a beginning step in a model-building process, is the first meta-model offered. Two immediate questions for future model-building emerge, though. First, by connecting the DCEM with structural and strategic models in general, the question is left open about which of the models identified as "strategic" fit within this meta-model. Although he asserts the importance of getting away from "labeling" models as structural and strategic or structural-strategic, Liddle does not clarify whether this is a model that subsumes other models within in or that "starts from scratch" with premises drawn from established models. Is this a new perspective on structural and strategic models (like Sluzki's, 1983) or a new model?

Second, the overriding premise about change that Liddle
identifies to connect the various models seems general enough to include all therapeutic models, not just systemic-based ones. All therapeutic models create change by "supporting and challenging realities" (1984, p. 69). The implications he derives are systemic-based, but the premise itself is not. Thus, it would seem that this meta-model could encompass psychoanalysis and behavioral models of therapy as well as a variety of other systems theory-based models other than structural and strategic ones.

Summary

Two questions guided the review of literature pertaining to the integration of structural and strategic models of family therapy:

(1) Is there any evidence that models can be integrated?

(2) Is there any evidence that integrating models may enhance the pursuit of change practice?

Based on the theoretical focus of this review, answering the first question is easier than answering the second.

The answer to the first is contingent on one's definition of model integration. Those who define model integration as a process of combining models, that is, describing the models as "parts of the elephant" advocate pragmatic integration. Those who define the models as "different elephants" reject any possibilities for
integration. Those who define model integration as a process of creating a new model by identifying broader premises which subsume a variety of realities, that is, forming a "meta-elephant" conclude that both conceptual and practical integration is possible. The conclusions of the proponents of the meta-model approach provide the foundation of the support for the approach undertaken in this dissertation.

With respect to the second question, the answer is mostly based on conjecture, whether supporting or disputing integration as an enhancer of therapeutic treatment. Those who suggest that the course of treatment is enhanced by integration have no way of proving that therapy would have proceeded more or less quickly or successfully, if model integrity were preserved. Those who suggest that model integration detracts from the therapy either in form or outcome, also cannot prove that preserving model integrity would make a difference. The debate of whether to base the choice—to integrate or not to integrate—on the criterion of therapeutic elegance versus efficacy would probably not find much support among client systems in trouble or the average therapist encountering an impasse in the course of treatment. This researcher would be among those who would choose not to engage in that debate. What is of importance from this literature review for this current study is that some valid arguments have been made for how not to integrate models, for how a successful conceptualization of model
integration might emerge and that an integrated model might expand the repertoire of responses available to the therapist.

Summary of the Chapter

This chapter confirms a curiosity and confidence among proponents of structural and strategic models of family therapy that some principles underpinning these models and their consequent therapeutic methods are applicable to contexts other than troubled families and that the topic of model integration is an emergent issue and worth pursuing. Both areas of interest are in formative stages and generate many theoretical and practical questions for further research. This dissertation addresses some of the limitations in theory development encountered and attempts to contribute to the thinking in the areas of both family therapy applications to OD practice and integration of family therapy models through the model-building effort.
CHAPTER III

PREMISES UNDERPINNING AN ECOSYSTEMIC PERSPECTIVE

Introduction

A review of the limited published research addressing applications of family therapy to OD revealed a need for a framework which clarifies the theoretical underpinnings and integrates the concepts utilized in a family systems therapy-based organizational change practice model. The critical analysis of previous attempts to integrate structural and strategic models of family therapy revealed unresolved questions about the possibilities for conceptual and applied integration. One possible explanation for these frustrations is that integration needs to happen through the development of a meta-theoretic base, or set of "higher level premises," rather than through model integration. This section provides a first attempt at developing an integration of assumptions and concepts from the Structural, Problem-Solving, Brief, and Systemic models. Through the premises outlined, the researcher attempts to take a position meta to each model, one which incorporates the realities of all four models into a more general and inclusive reality.
Premises About System Analysis and Change Processes

Premise 1: Defining Organizations and Families as Human Communicational Systems

1.1 A system is defined as "sets of elements in interaction" (Von Bertalanffy, 1968) which in human systems specifies the "elements" as "persons-communicating," the "sets of elements" as "persons-communicating-with-other-persons," and "interaction" as the "process-of-defining-a-relationship-between-persons." (Watzlawick, Beavin, and Jackson, 1967). Thus, what binds the system are the message behaviors exchanged among the parts or persons. In describing the qualities of individuals or groups as existing in isolation from other individuals or groups or as intrapsychic variables, such as temperament or intelligence, or social abstractions, such as leadership behavior or maturity, behavior is posited to exist apart from an individual's significant relationships and total social context. The systemic perspective assumes that what is experienced as individual behavior is the consequence of the interfacing of message bearing parts of individuals.

Borrowing from the field of telecommunications, in the early years Watzlawick et al. (1967) used the Black Box concept to explain the value of focusing upon input-output relations rather than upon the internal workings of an object, in this case, a human individual. The internal
workings of an individual or the intrapsychic processes are so complicated and probably unknowable that one can learn more useful information by examining "the functioning of the device in the greater system of which it is a part" (Watzlawick et al., 1967, p. 44). In fact, studying the individual may even be a distraction from obtaining useful information to solve a defined problem which engages recurrent responses by others.

1.2 In a theory where interaction is the "thing," notions of cause are irrelevant. Structural and strategic family therapists accept von Bertalanffy's view of active organisms as relevant to families also (Haley, 1976; Minuchin et al., 1974; Selvini-Palazzoli et al., 1975; Watzlawick et al., 1967). "A stimulus (for example, a change in external conditions) does not cause a process to occur in an otherwise inert system; it merely modifies processes already existing in an autonomously active system." (von Bertalanffy, 1969, p. 5) Message behaviors are mutually and reciprocally influencing, and the identification of initial events becomes impossible and not useful. Rather, recursivity of behavior sequences is the focus. Conceptualized in the Brief Therapy model and Systemic model as the "rules of interaction" (Selvini-Palazzoli et al., 1975; Watzlawick et al., 1967), in the Problem-Solving model as "repetitive sequences of interaction" (Haley, 1976), and in the Structural model as the "set of transactional patterns" or "structure" (Minuchin
et al., 1974), these interweaving reciprocal message exchanges "operate as the invisible set of functional demands that organize the ways in which family members interact." (Minuchin et al., 1974, p. 51) The set of functional demands is patterned through repeated interactions which define the relationships among members. How the patterns get started is more often unknown, and, if ever known, gets lost over time, as they continue as if "on automatic pilot" (Minuchin, et al., 1974, p. 52).

The Mental Research Institute, from its history with the Bateson project, also distinguishes the linear or cause-effect explanations that people offer about behavior from a systemic or circular explanation. Punctuation describes the way people "organize behavioral events" (Watzlawick et al., 1967, p. 56) but in no way describes events according to an ultimate truth. In the often used example of the cycle of the withdrawing husband and the nagging wife, there is no greater truth in the linear explanation, "She nags because he withdraws" or "he withdraws because she nags." Of course, a circular explanation is no more true either but is perceived as more useful in the Brief Therapy model. A circular explanation such as "The wife is generous to her husband by making him look good for enduring her shrewishness," or, "The husband makes his wife look good by providing her with an opportunity to nurture and worry about his inactivity," is no more true but may provide a different sense of connectedness,
a different view of reality than the couple had before.

1.3 Message behaviors derive meaning from the context in which they appear, the context being the matrix of cues which modify the communication or event. The context serves as a metamessage, "a collective term for all those effects which tell the organism among what set of alternatives he must make his next choice." (Bateson, 1972, p. 289) The context is reciprocally modified by the message behaviors. The formation of patterns through the selection of successively narrower responses is a consequence not just of information stored in the system but of the relationship between the system and its context.

1.4 If all recursive message sequences contribute to the defining of relationships, then it follows that every recurrent message behavior is a part of a sequence and fits the system. However odd or problematic a recurring message behavior appears it is still a part of an interactional cycle which defines the system. (Dell, 1982; Hoffman, 1981; Selvini-Palazzoli et al., 1975) It is important to distinguish between single events or message behaviors—noise—the system does not absorb and which do not become part of a recurring sequence and those which are repetitively enacted. The latter are the concern here.

1.5 Message sequences may define relationships as either symmetrical or complementary. A message sequence defining a relationship as symmetrical appears as one in
which communicants perceive each other as equals. A message sequence defining a relationship as complementary appears as one in which communicants perceive each other as different. Over time, relationships generally consist of both symmetrical and complementary sequences. If a balance between both definitions is achieved, the relationship is considered parallel. Relationships which consistently engage in conflicts of definitions based on difference are identified as adhering to a rigid complementarity. Those which consistently engage in conflict of definitions based on equality are identified as adhering to symmetrical escalations (Lederer and Jackson, 1968).

1.6 Systems explain their being through a selective but mutually acceptable concept of purpose by members (Bateson, 1972). For the family, the concept of purpose by members is embodied in its identity as the nurturer and developer of individuals. The self-regulating interactional redundancies that evolve insure the survival of the concept of the family and the group of the family, although how and what constitutes survival varies from family to family. Bateson states that the system's concept of purpose has the effect of limiting the system's view of itself. In other words, the system can only see parts of itself and simultaneously behaves in ways it believes are consistent with that conceptualized purpose.
On the one hand, we have the systemic nature of the individual human being, the systemic nature of the culture in which he lives, and the systemic nature of the biological, ecological system around him; and on the other hand, the curious twist in the systemic nature of the individual man whereby consciousness is, almost of necessity, blinded to the systemic nature of the man himself. Purposive consciousness pulls out, from the total mind, sequences which do not have the loop structure which is characteristic of the whole systemic structure, (Bateson, 1972, p. 434)

1.7 Systems exist in patterned relationships with other systems, are part of larger systems, and consist of smaller systems. Minuchin and Fishman (1981) refer to Arthur Koestler's concept of the "holon" to explain this view of the system of the individual as simultaneously whole and part. The whole of the individual never interacts with the whole of another individual. Only parts or message behaviors of individuals interact and form wholes of themselves. In the family, the parts of two adult individuals that unite to create a partnership can be considered the spouse holon, and the interacting of the adults and children around message behaviors identified as child-rearing is called the parental holon. At the same time, the parts of the whole of the family interact with the parts of other wholes such as the school system, the workplace, and the neighborhood.

1.8 Organizations and families are human communication systems composed of individuals interacting with each other in ways that over time become patterned and define relationships with each other in relation to the shared
concept of the group purpose. This is not to say the members share the same concept of the group purpose, only that they share the notion that this group has a purpose which justifies the identity of the group.

Premise 2: Defining an Ecosystemic Perspective

2.1 A worldview based on an ecosystemic epistemology emphasizes whole systems, relationships and ecology (Keeney, 1979, p. 118). "System," that is open system, refers to the recursively interacting parts which process information. "Relationship" emphasizes the focus on complexity and patterning of behavior rather than on the content of behavior or on discrete concepts such as role, motivation and values (Keeney, 1979). These latter terms stem from a worldview which sees behavior as having meaning out of a given context which is contrary to central assumptions of this model. "Ecology," in relation to the life sciences, is used to mean "the study of life and death in time and space" (Auerswald, 1972, p. 686), in other words, the total context in which behavior occurs.

The Ecosystemic approach calls for a set of concepts which not only recognizes interactional processes but also recognizes all ground between any subsystems or systems as active. Such a view then sees any crucial individual such as a change practitioner as a part of the system, "subject to all the constraints and necessities of the particular part-
whole relationship in which he exists" (Bateson, 1974, p. 27) and not as a "power broker" who controls or observes the system (Bateson, 1974). Such a view postulates no inside or outside of the system. This differs from other systemic perspectives which describe systems as input-throughput-output phenomena moved by events outside of the system (Beer, 1980; French and Bell, 1978; Huse and Bowditch, 1973; Katz and Kahn, 1966). The view used here in relation to organizational change practice does not define the only context to be altered as the one in which the problem appears to be embedded but rather defines the meaningful context as the interface which includes the identified problem and change practitioner and may also include relevant larger systems or other systems. Originally coined by Wilden (1976), the concept of an "ecosystemic" view has more recently appeared in the writings of strategic family therapists (Bross and Benjamin, 1982; DeShazer, 1982; Keeney, 1979).

2.2 In an ecosystemic paradigm there are no observers, only participants or "parts of an ecosystem" (Keeney, 1979, p. 123), whose perceptions and responses are a product of the interweaving of at least two relational fields. In other words, when two or more parts merge and begin the process of defining a relationship, each can only "see" the consequences of the interrelationship, not either part alone. Thus, in the context defined as family therapy,
The therapist is not an agent and the client is not a subject. Both are part of a larger field in which therapist, family and any number of other elements act and react upon each in unpredictable ways, because each action and reaction continually changes the nature of the field in which the elements of this new therapeutic system reside. A circular epistemology forces the therapist to take account of the fact that he or she is inevitably part of this larger field, an inextricable element of that which he attempts to change. (Hoffman, 1981, p. 8-9)

Minuchin et al. (1978) also speak of the therapist as a member of the therapeutic system who "will change the system by participating in the interpersonal transactions that compose it" (p. 86). In the formation of the therapeutic system, the therapist becomes subject to the rules of the system and thus her responses are likely to be within a range acceptable to the family system. (The consequence of an ecosystemic perspective for the facilitation of system change will be addressed in Premise 9).

2.3 Reality, then, is in the eyes of the beholder (Bateson and Ruesch, 1954; von Foerster, 1984; Watzlawick, 1984)—or more consistent with an ecosystemic view, is in the eyes of the relationship. Reality is a series of recursive descriptions of what a participant thinks she experiences, "a description of a description of a description, etc." (von Foerster, 1984, p. 48). Thus, even an ecosystemic perspective is a description of interactional experience, not an ultimate truth or description of the way things are. Fisch et al. summarize this view:
We are talking only of views, not of reality or truth, because we believe that views are all we have, or ever will have. It is not even a question of views that are more or less real or true, or progressively approaching the truth. Some views may be more useful or effective than others in accomplishing one's chosen end, but this is a pragmatic criterion, not one of "reality." (1982, p. 10-11)

2.4 An observer position in an ecosystemic perspective is a conceptual description of a relationship between a particular vantage point and a particular phenomenon. Many such positions can be conceptualized, but a human communicant can only assume one position at a time. The human communicant can, however, shift positions deliberately (Bateson and Ruesch, 1954). Even within this understanding of observers and observation, it is important to note that within an ecosystemic worldview, any conceptualization of a relationship still emerges from within the system.

Premise 3: Defining Interactional Reality

3.1 A particular conceptualized observational stance in relation to a particular behavioral phenomenon is called a level of interactional reality. Many levels of interactional reality can be conceptualized but structural and strategic models each assume one position from which to view relationship processes (Colapinto, 1984; Fraser, 1984; Selvini-Palazzoli and Ricci, 1984; Sluzki, 1984). Sluzki (1984) distinguished these levels of interactional reality as "structure-oriented," "process-oriented," and "worldview-
oriented," while Fraser (1982) distinguished two levels based on a relative focus on negative and positive feedback loops. Bruenlin and Liddle (1983) identified different levels based on the periodicity or duration of sequences addressed in the Structural, Brief, Problem-Solving, and Systemic models. (See Chapter II.)

3.2 All levels of interaction can be viewed as composed of action sequences and meaning dimensions of behavior. Action sequences inform the observer of what people do and how they do it in relation to each other and simultaneously reflect and govern meanings ascribed to the action sequences. For example, an action sequence might be described as follows:

The Department Head demands more participation by members at department meetings and asks for opinions on a topic. One member gives an opinion. The Department Head strongly disagrees and gives his own opinion, then asks for another opinion. A second member gives a different opinion. The group is silent. The Department Head complains that there is no participation. This description specifies the ordering of concrete experience within an identified sequence.

The meaning dimension reveals the interpretations and value put to action and simultaneously reflects and governs action sequence responses. For example, in the above sequence, a meaning may be ascribed that this is a context
for not participating based on messages which appear to discourage fruitful collaboration. Tomm (1982) similarly explains the Milan method in terms of its attention to action and meaning, and Keeney (in press, 1985) constructs a distinction between semantic and political frames of reference as descriptive domains of behavior.

In the construction of a systemic therapeutic reality, the individual notes have to do with specific political frames of reference that spell out the sequential organization of action in a social context. These sequential patterns of organization are themselves organized by patterns of social interaction and coalition structure -- in a manner analogous to the building of chords in music. These structures, in turn, are experienced and described in terms of particular semantic frames of meaning. And finally, the coupling of these political and semantic frames gives rise to repetitive themes and stories that lead to a whole therapeutic reality.

Although we many sometimes emphasize the distinction of semantic and political frames of reference, it is always possible to reinstate their connection. (Keeney and Silverstein, in press, p. 14)

3.3 Levels of interactional reality can be described by shifting the relative focus on action sequences and meaning. It is possible for an observer to describe phenomenon from frames of reference in which meaning appear dominant and from frames of reference in which action sequences appear dominant and from a frame in which neither action sequences nor meaning appear dominant.

Of the four models used as a basis for this study, the Structural model is most attentive to action sequences relative to meaning. The therapist tracks the sequencing of
responses around a defined problem with the intent of creating a perceptual map of the socio-political structure (Fraser, 1984; Minuchin et al., 1974). The therapy is an action-focused therapy in that interviewing is organized around asking questions about discrete trials of response (Fraser, 1984), and interventions are designed as tasks that instruct the family to perform specific activities in specific ways. Meaning, of course, cannot be separated from structure. Meaning is inherent, for example, in the concept of "symptom function," that is, the belief that a symptom serves the function of stabilizing the system.

Haley (1976) and Madanes (1981) are also interested in malfunctioning structures and look to trace the repetitive sequences involving coalitions across generational lines, what Haley calls "incongruous hierarchies." However, they are equally attentive to the metaphorical or meaning value of symptoms and the interaction sequences around them. For example, a child who has stomach pains may be perceived as expressing the pain of the system members.

The Brief Therapy model shifts position more toward meaning as the dominant descriptive frame. The model is more interested in the functional use of meaning to alter escalating cycles of interaction but appears to leave implicit the emphasis on the particular meanings ascribed to situations by the clients. (Fraser, 1984; Watzlawick et al., 1974). Sequences of action are traced to get a sense of how
problematic behavior persists. The assumption is persistence of these vicious cycles or "wrong solution cycles" (Fisch et al., 1982) occurs as a consequence of the beliefs held about action choices.

It is not so much that people are illogical but that they logically pursue courses derived from incorrect or inapplicable premises, even when the premises do not work in practice. (p. 17)

The implicit emphasis in the model is more on how the inappropriate premises are reflected in action than on the premises themselves.

The most meaning-dominant model is the Systemic model which assumes a reflexivity of relationship between action and meaning but assumes also that the perpetual motion of the system makes it impossible to "see" individual significant actions; all one can "see" is the meanings that appears stable in the midst of constant flux (Tomm, 1982). In other words, no inherent order exists to the identified sequences. They are given order by the observer. The therapist is interested in the nodal point where significant message behaviors in the form of meanings converge and appear to keep a family from developing.

...one might describe the P_s of the system as the point at which particular ideas/meanings/beliefs/values/etc. are connected and locked into a paradoxical tangle or strange loop....The therapist's task is to identify the points at which the system appears stuck. He then develops an intervention which aims to introduce new connections or a new time factor at these points so that the system may be freed up to continue to change spontaneously on its own. (Tomm, 1982, p. 5)
3.4 No description of interaction is the truth or a better description or reality. Each vantage point provides the observer with different information and has different consequences for conceptualizing system analysis and change processes (Colapinto, 1984; Coyne, 1984; Fraser, 1984; Sluzki, 1984). In general, the more a model takes action sequences as the dominant frame of reference, the more the observer holds to the premise that behavior has the same purpose in different contexts and that what she sees is real and true. The more a model takes meaning as the dominant frame of reference, the more the observer holds to the premise that behavior only has the purpose that the system ascribes to it and that reality is conditional. Table 2 presents a range of reality descriptions of systemic models in terms of action sequence and meaning frames of reference.

Premise 4: Defining the Relationship Between Change and Stability

4.1 Change and stability are complementary processes calibrated through feedback loops (Keeney, 1983; Minuchin and Fishman, 1981; Selvini-Palazzoli et al., 1975; Watzlawick et al., 1967). Without stability there is no means of perceiving change; without change there is no means of perceiving stability. Mary Catherine Bateson's quote from her father, Gregory Bateson, captures the essence of this relationship. "All change can be understood as the effort to
<table>
<thead>
<tr>
<th>Model</th>
<th>Meaning Description</th>
<th>Action sequence Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Meaning is the thing.</td>
<td>Action sequences are arbitrary.</td>
</tr>
<tr>
<td>Systemic</td>
<td>Meaning is in the system.</td>
<td>Action sequences are in the model.</td>
</tr>
<tr>
<td>Brief</td>
<td>Meaning is functional - what fits is used.</td>
<td>Meaning organizes action sequences.</td>
</tr>
<tr>
<td>Problem-Solving</td>
<td>Meaning/action sequences functionally reflexive.</td>
<td>Action sequences/meaning functionally reflexive.</td>
</tr>
<tr>
<td>None</td>
<td>Action sequences are functional - what fits is used.</td>
<td>Action sequences organize meaning.</td>
</tr>
<tr>
<td>Structural</td>
<td>Meaning is in the model.</td>
<td>Action sequences are in the system.</td>
</tr>
<tr>
<td>None</td>
<td>Meaning is arbitrary.</td>
<td>Action sequences are the thing.</td>
</tr>
</tbody>
</table>
maintain some constancy, and all constancy is maintained through change." (Cited in Keeney, 1983, p. 69)

The Brief Therapy group added the concept of calibration, reflecting the influence of Cybernetics, to describe the dynamics of the relationship between these processes inherent to a system. A system allows for a certain range of responses. Feedback loops establishing definitions of relationships do not necessarily return to the same point each time but stay within a certain acceptable range. When the range proves inadequate, and recalibration is needed, the system resets itself at a new order of feedback.

Keeney (1983) expands upon this understanding of calibration to make it more consistent with an ecosystemic perspective. He reminds the reader that in human systems such as therapeutic systems, the system is not only calibrated by its own mechanisms but also through the relationship between the therapist and the client (family) system.

4.2 Feedback includes all the continuous recursive processes by which the system returns information from past experience to itself from which to select its next response. Maruyama (1968) identified two types of feedback mechanisms, deviation-counteracting mechanisms and deviation-amplifying mechanisms. The former are those processes that work to reduce deviation from the steady state through a negative
feedback loop cycle. The latter are those processes which work to increase deviation from the steady state through a positive feedback loop cycle. Both processes can be either destructive or growth enhancing to the system.

Each structural and strategic model acknowledges both types of feedback as integral processes of a system (Haley, 1976; Minuchin and Fishman, 1981; Selvini-Palazzoli, 1980b; Watzlawick et al., 1967), but structural and strategic models part ways in which set they select as the focus of the therapeutic relationship. The Structural model with socio-political structure as the point of observation, identifies the deviation—counteracting cycles as the therapeutic interface. The Brief, Problem-Solving, and Systemic models all view family process as in flux and therefore recognize deviation-amplifying cycles as the therapeutic interface.

4.3 Any understanding of recalibration of stability and change within an ecosystemic perspective implies that all behavior fits the system. Dell (1982) suggests using the term "coherence" instead of homestasis and morphogenesis to refer to stability and change processes respectively. He explains that the use of the two terms promotes a dualism which deviates from a "pure" systemic perspective. Systems fluctuate between apparent stability and change. Homeostasis or morphogenesis is not something the system "does" to regulate itself. "Coherence" instead refers to the idea of "fit," that is, whatever is occurring is because it is
congruent with all the aspects of the system.

The consequence of this view for conceptualizing system processes is that how a therapist chooses to position herself in relation to a family or problem-bearing system will determine whether she "sees" stability or change, but from any position within an ecosystemic worldview, she sees "fit."

Speer comments on the consequences of the difference in the two perspectives:

Theoretically, there would appear to be quite a difference between approaching troubled families with the assumption that their means of maintaining homeostasis and balance simply need improving in order to mitigate their difficulties, and the assumption that the fact that they are attempting to maintain homeostasis may be central to their difficulties. (1970, p. 253)

The assumption being made by the researcher is that neither view is the truth, but each may be of value in conceptualizing system analysis processes. The more the observer "sees" action sequences as in the family and meaning as in the therapist, the more one "sees" stability; the more the observer "sees" meaning in the family and action sequences as in the therapist, more one "sees" change.

Analysis of the following interactional cycle from the perspectives of structural and strategic models illustrates the different information elicited from different observational positions. The identification of the starting point is purely arbitrary:

The setting is a small alternative school (15 students) serving adolescents who have academically, emotionally, and
behaviorally failed to survive in the public school system and community. Two teachers, Carol and Michael, hold to different beliefs about how to best help the students. Carol believes that the students need nurturing and understanding. Michael adheres to a belief that providing clear rules and consequences is most important.

When Ralph, a student, breaks a school rule both Carol and Michael agree discipline should be administered. Michael yells at Ralph and suspends him in response to which Ralph swears and yells back that the punishment is unfair. Carol yells at Michael for imposing the punishment unilaterally and says that the staff and Principal should be included in the decision. Michael shows anger, reports the student's defiance to the Principal and retreats to his office. The Principal seeks advice from Carol about what to do because suspension seems too harsh. Carol recommends a warning of suspension for a repeated offense. The Principal tells the student of the revised punishment to which Ralph replies, "I don't care." Carol talks to Ralph about caring and attempts to convince him that the staff cares about him. The principal forgets to administer Ralph's punishment and the staff becomes joined in anger against her. She apologizes for not following through, and calm is restored until Ralph (or another student) breaks another rule, and the cycle continues. Figure 4 shows the change/stability cycle.
FIGURE 4. Illustration of an interactional feedback cycle.
From the vantage point of the Structural model, this is a homeostatic cycle with the student's misbehavior stabilizing a conflicted interaction among staff members. The focus is on the dysfunctional stabilizing mechanism (Minuchin and Fishman, 1981). In the Brief Model, the focus is on the recurrent sequence of actions (change) leading to the student's response of misbehavior rather than on the significance of the problem behavior. The meaning of the misbehavior is unknown and irrelevant (Watzlawick et al., 1974). The Problem-Solving model takes the position that the therapist needs to find the recurrent sequence of behaviors, like the Brief model, but creates a map of the structure (stability) like the Structural model. The cycle including Ralph's misbehavior might be described as problematic because of a cross-generational coalition between Ralph, Carol and the Principal, leaving Michael out of the administrative "generation." The implication in this model is that this is the way things are in a dysfunctional system. (Haley, 1976; Madanes, 1981). For the Milan group positive feedback loops cycles operate continuously, and this identified sequence is a product of the observer's selective vision. Because the system is always in flux (change), the Milan group is more likely to "look at" the beliefs which appear stable. In the illustrated cycle, the meaning ascribed to this action sequence might include beliefs about an educational philosophy of individual attention, close relationships with
students and collective decision making.

4.3 Change is a recursive process of unlearning one behavior or set of behaviors and learning new ones in a particular context. It is the perception of difference of what came before and what comes next that signals the occurrence of learning, and this perception of difference can only occur within a relationship (Bateson, 1979). Thus, information about change in things, ideas, entities of all types emerges from the relationship between things, ideas, and entities. This, however, can be a change of relationship among parts or in the case of human relationships, messages between individuals or within an individual. This learning occurs through stochastic processes whereby the choices made or learning which takes place at one trial point in time effectively narrows the frame of choices for each successive trial point in time. Two types of learning can occur. (Watzlawick et al., 1974)

4.3.1 First-order change or learning is a change in the content or a response but not in the form of the response. In other words, communicants may alter choices within a given set of behaviors. For example, a manager who offers his employees the choice of working on the night shift or the day shift is making a distinction between two time periods in which the same work can be performed. This choice does not alter the form of the choices by inviting the employees not to
work at all, to work both shifts, a few hours on each shift, part of one and none of the other shift, or to change the nature of the work performed.

4.32 Second-order change is a change in the form of the response which may or may not immediately alter the content. Communicants alter choices among sets of behaviors, that is, they perceive the opportunity to learn about the context itself and can choose among different contexts. For example, in a context of a boss and employee who have become locked into a struggle, with the boss being defined as a "ruthless task master" and the employees as a "complaining slouch", each has his own perceptions of this context. The employee explains, "I complain because you demand too much." The boss explains, "I demand because you complain too much." If an alternative context for this relationship perceived the boss as conveying the message, "I am demanding because I think you are capable and I need you," and the employee as conveying the message, "I am complaining because I think you are very capable and understanding," the two involved have opened up new opportunities for learning.

4.4 Stability is a recursive process of defining a range of tolerable behavior which through self-corrective processes maintain a relationship. Looking at the stability part of the complementary relationship does not reveal a
static condition but a process in which behaviors fluctuate cyclically engaging a predictable response or responses which inform communicants of the limits the system can endure to insure its survival. It is the perception of sameness and familiarity between what preceded and what succeeded that triggers the experience of stability. Just as the perception of difference can only occur in a relationship, so the perception of sameness can only occur in a relationship (Bateson, 1979).

Premise 5: Defining System Development

5.1 Systems go through transitions or stages as they evolve and survive, marked by both predictable and unpredictable events (Benjamin, 1982; Bodin, 1981; Minuchin et al., 1974). These transitions are signaled by a change in a perception of membership in the system or by events that are the consequences of interfacing with other systems. The more one observes a system through the frame of reference of action sequences, the more one "sees" identifiable concrete stages and events of transition; the more one observes a system through the frame of reference of meaning, the more one "sees" transition points as general in form and as defined by the system.

Minuchin et al. (1974), who are more aligned with the action sequence perspective, distinguish between developmental stressors in a family, which are the expected
transitions such as a child leaving home in late adolescence or retirement from the workforce by parents, and idiosyncratic stressors, which are the unexpected happenings, such as the death of a parent with young children, loss of job, or a car accident. Haley (1973) outlined Milton Erickson's formulation of the family life cycle and has continued to emphasize the vital connection between the stages of development and the direction of therapy. Although a six division classification is proposed, Haley noted that the demarcation between stages are not fixed, and families may be engaged in the issues of more than one stage at a time. The particular stages are less important though than the meaning of the transitions from stage to stage for the family.

The Brief and Systemic models, positioned more toward the meaning frame of reference, remain more general in their conceptualizations of the relationship between development and expected behavior. For the Mental Research Institute "life is just one damn thing after another" (Coyne, 1982). In other words, life is filled with constant difficulties which call for new responses on the part of a system, but it is how the system responds to those difficulties that matters and not what those difficulties are. Tomm (1982) expresses the even more general view of the Milan group. The system is constantly evolving. What one calls a transition point will
depend on what meanings emerge from the system.

5.2 Transition points operate as signals warning of a need for a recalibration of the balance between change and stability processes in the system. Structural and strategic models agree that transitions are difficult and call for a "restructuring" of the family (Minuchin et al., 1974; Haley, 1980) or "new interactional solution cycles" (Weakland et al., 1974). If the family rules or meta-rules are suitable, the transition will be made satisfactory, and the family will continue to operate at an increasingly complex level. If the rules for change are inappropriate or if the meta-rule is "there are no rules for changing rules," then symptoms will most likely appear (Bodin, 1981).

Bodin (1981) of the Brief Therapy School extends the idea of events precipitating a transition to distinguish the dimensions of predictability/unpredictability and expectedness/unexpectedness. The predictability/unpredictability dimension distinguishes between events such as a child leaving home, and getting married and events such as a loss of a job, a car accident, or rape.

In addition, some transitions are more accepted than others. A child starting school or an adult retiring is generally predictable and expected, but divorce may be unpredictable and unexpected by the satisfied partner and expected by the dissatisfied partner. These two dimensions merge into the criteria of preparedness as a means for
assessing the ability of a family to make the necessary transition.

The more prepared a person is for what happens, the better able to cope he or she would probably be. If an event is both unexpected and unpredictable, it is likely that the opportunity to prepare for coping will be minimal and the perception of unwarrantedness and injustice will be maximal (Bodin, 1981, p. 275).

Benjamin (1982) suggested that the state of preparedness may also be influenced by the demand or sense of urgency the system experiences combined with the timing and duration of stress. A number of small stresses in rapid succession may be as stressful as one major stressful event, but the interpretation of what is stressful will also vary from family to family. The length of time the stress lasts and whether it appears at a time when the family is experiencing a high or low demand for transition impacts the sense of preparedness. The ability to cope deteriorates when another stressful event arises at a low state of preparedness combined with a high level of demand and a longer duration of the event.

From an ecosystemic perspective, transitional points will appear more definable and real the more one views the system from the frame of reference of action sequences rather than meaning, but appearance is not reality. What is important is how the system appears to respond from the identified levels of interactional reality.
Premise 6: Defining the Relationship between Adaptability, System Health, and Goals of Change Practice

6.1 A healthy system is one which achieves a sufficient balance between stability and change processes to allow for both the continuation of the system (stability) and functional responsiveness to the demands for change signaled through transition points in the system's development (change). This criteria of flexibility in responsiveness or adaptability defines health in the four referenced family therapy models (Jackson, 1979; Madanes, 1981; Minuchin et al., 1974; Tomm, 1984). The models do differ, however, in how restrictively the criteria of health are defined, again in accordance with the observational stance of the model. Both the Structural and Problem-Solving models believe there are better and worse structures in families (Haley, 1976; Minuchin et al., 1974). Operations should affirm the authority of the parental subsystem over the child subsystem and should not support the maintenance of rigid cross-generational coalitions. Haley acknowledges, however, the pragmatic aspect of the conceptualization of health.

When there is a problem child, one can describe a certain organization in a family, but it is an error to deduce from that description how to raise normal children... How to think about the organization of a family when planning therapy is a different issue. As an analogy, if a child breaks a leg, one can set it straight and put it in a plaster cast. But one should not conclude from such therapy that the way to bring about the normal development of children's legs is to place them in plaster casts. A clinical description that is used to plan for a change and a research
description of ordinary situations are not synonymous. (Haley, 1976, p. 108)

The Brief model more clearly dispenses with the notion of normality. The danger Jackson (1977) believed is in assuming that behavior called "normal" is synonymous with "mental health." "It is time to give up the false security borne of labeling what we are doing as 'right' or 'normal' instead of using the more accurate but less reassuring term 'conventional.'" (p. 32)

Although not explicitly stated, one could derive a few other criteria for health from the axioms of Communication Theory. Healthy families are those that can metacommunicate when discrepancies between the report and command levels of messages seem to be occurring repetitively. Relationships can be dysfunctional if most conversations are communication about communication, but the ability to address persisting discrepancies is essential to the well-being of a system. Second, a flexibility in adopting symmetrical and complementary patterns of relationship contributes to healthy functioning. Lederer and Jackson (1968) call this a parallel relationship and suggest it is most useful in the American culture. Rules which prescribe a rigid complementarity or symmetry produce dysfunctional behavior.

Philosophically, the Milan group take a stance similar to Jackson's. They do not believe it is the place of a therapist to define normality for a family. It is for the family to define what is right for them (Tomm, 1984).
6.3 The goals of system change practice are to increase adaptability which is reflected in a balance of stability and change processes. The process of change practice attempts to introduce complexity into a system with a previously limited repertoire of responses or an imbalance in the ongoing processes of change and stability in relation to particular patterns of behavior.

The implications for a therapeutic goal in the Structural model are to help the family expand its repertoire of problem-solving skills to include a range of structures from which to select responses that fit the circumstances. The assumption is that more flexibility in structure will lead to the disappearance of a symptom or problem, although symptom removal is not necessarily the immediate focus of attention in treatment sessions. A corollary to the belief in a range of structures is that certain structures are better than others in this model.

For the Brief Therapy group the ability to endure problems, have good arguments which leave the participants feeling closer more often than not as opposed to resulting in paralysis is a successful outcome of therapy. Families begin to develop stable rules or meta-rules which allow for the making of new rules when necessary. The immediate signal of change is symptom elimination and the beginning of a new "beneficent cycle" which will establish itself through positive feedback loops and will gradually replace the old
dysfunctional cycle (Bodin, 1981; Fisch et al., 1982).

Haley (1976) and Madanes (1981) theorize that evaluation of the family's potential for achieving flexibility cannot rest only on symptom elimination. If the symptom is a metaphor for the system's interactions, then by the end of therapy the metaphor should be changed as well as the patterns of interaction around problems other than the symptom which engage the identified client and his social context.

Again, the Milan group offers the most general statement about the goals of therapy. Their goal is symptom removal and interrupting what is, allowing the family to generate new problem-solving sequences (Selvini-Palazzoli et al., 1978). In general, the unifying premise for models that fall within a systemic perspective, is that health is the absence of persistent problems and the implication for goal formation in treatment is that families should be able to generate a variety of interaction patterns to get on with life.

Premise 7: Defining Problem Formation

7.1 Problems form when a nonviable balance between stability and change processes is maintained in response to a demand for change in the form of events interfacing with the family's development. Messages of "news of a difference" (Bateson, 1979, p. 68) challenge the previously preferred "definitions of relationship" or "rules" (Watzlawick et al.,
1967) or "structure" (Minuchin et al., 1974) and result in an intensification and escalation of patterns of interaction, with an increasing discrepancy between meaning and action sequences. (Haley, 1976; Selvini-Palazzoli et al., 1975; Watzlawick et al., 1974). This issue of discrepancy is left implicit or understated in all but the Systemic model.

Premises about problem formation in each of the structural and strategic models extends from their respective positions vis-à-vis system change and stability. (See Premise 4) Minuchin and other structural therapists assume that the adaptive mechanisms of the family have been adequate until the point of time at which the symptom erupted. No assumption is made of historical roots to the problem. The family reached a point in the developmental life cycle that called for a reorganization and was unable to make a useful transformation. The currently identified problem may have been precipitated by one more stressful occurrence which "overloaded the circuit." Neither Minuchin and his colleagues from the Philadelphia Child Guidance Clinic nor Andolfi at Rome's Italian Society for Family Therapy, directly describe the issue of discrepancy between levels of interaction, but the notion is implicit in the identification of covert coalitions which suggests some relationships are perceived by family members as different than what the rules prescribe. However, no way of distinguishing between overt and covert coalitions in mapping the family's structure is
Haley (1973) also emphasizes that the time when the family would be most likely to develop problematic incongruous hierarchies is at transition points in the family life cycle. An "incongruous hierarchy" is defined as coexisting conflicting messages about how relationships are defined, and a stabilizing of these conflicting messages can trigger problems.

Pathological behavior appears when the repeating sequences simultaneously define two opposite hierarchies, or when the hierarchy is unstable because the behavior indicates one shape at one time and another shape at other times. For example, if the parents at one point take charge of a child and at another point accept the child as the authority in the family, the hierarchy is confused. (Haley, 1976, p. 124)

For the Mental Research Institute, problems are nothing more than common sense but inadequate solutions applied rigorously and repetitively by those involved in an existing difficulty.

The problem may or may not have occurred at a developmental transition point of the family. However, wrong solution cycles usually leap to a larger spiraling positive feedback loop as the family approaches a new developmental stage unless the cycle is interrupted.

There is no difference between chronic problems and acute problems in terms of formation. Chronic problems have just been maintained by a "wrong solution cycle" for a longer period of time. Therefore, both types of problems are equally
available to change. Any difference in the difficulty of treating the two "types" of problems is a consequence of the therapist's attitude toward the possibilities for change (Weakland et al., 1974).

While this group originally hypothesized the "double-bind" concept which formulated that conflicting messages on different levels of interaction put participants in a context that is experienced as paradoxical (Haley, 1981), this concept is not part of their view on problem formation. The concept is, however, incorporated into their view on problem resolution (see Premise 8).

How the family got into the current difficulty is not of interest to the Milan group. Their focus is on the "game without end," and the cycle or cycles which include the symptom and not on the individuals or even the family, per se. The cycle persists because there are no rules for winning or finishing the game so that increasing disorder becomes inevitable (Hoffman, 1981; Selvini, 1972). The only rule operating in this particular sequence is "no rule may be generated to stop this game."

More recent understandings of problem formation by the Milan group focus on the relationship between meaning and the "game." Although action and meaning are reflexive, the "game" or patterns of behavior continuously evolve while the meanings tend to stay more stable. If meanings lag too far behind action, problems develop. If meanings eventually
catch up with action, that is, the discrepancy narrows, the family moves on. (Tomm, 1984).

7.2 A problem is simultaneously a disruption in the pursuit of survival as well as a way to insure survival by its fit into the recursive cycles of interaction as a stabilizer of escalating cycles. When the observational position is describing behavior with meaning as the dominant frame of reference and a problem-bearing system engages outside help, feedback circuits appear no longer internally self-corrective and as out of "control." A higher order of feedback circuit is being engaged to reestablish stability. The system has exceeded its threshold for autonomous survival, which if not stabilized through this new circuit which includes the helping agent, could go into runaway and threaten the survival of the system. When the observational stance describes behavior with action sequences as the dominant frame of reference and a problem-bearing system engages outside help, the feedback circuits appear rigidly self-corrective as as if the outside "control" in the form of the change agent merges with the system to break and reset the feedback circuits.

While the Structural, Problem-Solving, and Systemic models appear to differ dramatically in their understanding of problem formation, they all agree that the symptom or problem serves a protective function to the family system (Madanes, 1981; Minuchin et al., 1974; Tomm, 1984). Minuchin
seems to hold a belief in the function of the symptom as a truth rather than as a functional reality, while the Milan group ascribe a value to the symptom purely for the facilitation of change. Only the Brief model perceives the solution is the problem rather than the problem is the solution (Watzlawick et al., 1974).

Premise 8: Defining Problem Resolution

8.1 Problem resolution means recalibration of the balance between stability and change in relationship definition in the system to achieve sufficient stability to enable the system to carry on its daily operations and to respond to future problems without developing persistent problems. Recurrent problems call for change in the form of the interaction around the problem from all perceived levels of interactional reality, in other words, a second-order change solution. Such solutions are general in form, that is, they expand the context from which a system makes choices. Minuchin et al. (1974) call this type of problem resolution "structural transformation," Haley (1976) calls it "reorganization," Watzlawick et al., (1974) call it "a new solution cycle," and Selvini-Palazzoli et al. (1975) call it "interrupting the game without end" or "change of existing patterns of change" (Tomm, 1984, p. 121).

8.2 Problem resolution is reflected in three interactional forms, depending on the vantage point of the
observer vis-à-vis the meaning and action sequence frames of behavioral description: (1) symptom elimination, (2) change of patterns, and (3) change of meaning. The more one focuses on the action frame the more one "sees" change in the symptom itself; the more one focuses on the meaning frame, the more one "sees" change in premises. As emphasized in Premise 3, action and meaning are coevolving, reflexive dimensions of behavior. The four models are considered once more for their positional perspectives on problem resolution.

Proponents of the Structural model work to change concrete experience or actions and their relationship to each other first. "In the practice of therapy, we more frequently find that if a person changes in some respect in concrete experience, he will be able to experiment and thereby to learn alternative modes of cognitive feeling and behavior." (Andolphi, 1979, p. 98-99) The therapist participates in the system in a way to restructure the organization, that is, create different, workable transactional patterns. The restructuring provides the family with the opportunity to experience reality differently which alters members' views of each other and themselves. Restructuring occurs through interventions which serve to challenge the family's current view of themselves and the world and create a new, more useable reality. This transformation leads to change in the behavior of the members of the family (Minuchin et al., 1974).
The Problem-Solving model, as the link between structural and strategic therapies, places equal emphasis on action and meaning frames of reference and may address either action to get change in meaning (Haley, 1980) or meaning to get change in action (Madanes, 1981). Haley (1976) clarifies the importance of all three steps of problem resolution but looks for the change of interactional patterning before meaning. The integration of the change of meaning or the metaphor may not be seen by the therapist though and may take place after the therapeutic relationship has terminated.

The Brief Therapy model uses the creation of new meanings as the key to change in action sequences, but evaluates the outcome of therapy by the initiation of "a new beneficient cycle" or action sequence. New meaning may follow. (Fisch et al., 1982)

The Systemic model is least interested in the concrete experiences chosen by the family as an outgrowth of new meaning. Consistent with this premise, they assume change takes place outside of therapeutic setting and, therefore, it is useful to vary the span of time between therapy sessions according to how long they believe it will take for the family to integrate the new meaning and for meaning and action to become less discrepant. (Selvini-Palazzoli, 1980b). (See also Premise 6)

8.3 The means for facilitating a change in the patterns of change and stability (a second-order change technique)
takes two general forms: (1) ascribing an interactional meaning to action sequences which appears to fit the situation and contrasts with the problem-maintaining systems linear meaning, or (2) directing the members of the problem-maintaining system to perform activities which call for change of relational behavior. New meaning may be offered to provide a rationale for asking system members to do something different or may be offered without an action component. Change of meaning leads to change of action; change of action lead to change of meaning. The important aspect of a change technique is that its form is conceptually consistent with the interactional reality described.

The Structural model offers a variety of techniques directing change efforts at the action sequence domain. The techniques send a message that is symmetrical to the family's message, that is, the family says, "We want to change," and the therapist says "Here is a way to change." For example, in the technique of enactment, the therapist arranges that the family bring the dysfunctional transactions into the therapy room by telling them to perform or discuss the problem with each other. This request, in itself gets the family to be in control of something they define as out of control. Then, if the therapist observes a coalition between a mother and child against a father, she may begin to restructure the family by connecting the father and child through an activity or conversation (boundary marking). At
times the therapist will tell family members to change seats in the session to symbolically disrupt parents and appears to help keep parents from engaging in problem-solving together, may be moved to an outside position.

The Structural school relies heavily upon homework tasks requiring people to perform specific activities which offer a restructuring experience. In a classic case called "Little Hans" (Minuchin et al., 1974), the therapist Bruno Montalvo demonstrates this technique. The symptom presented is a child's fear of dogs. In this family, the father is perceived by the therapist as peripheral to the overly close relationship of mother and son. The therapist assigns the father and son the task of picking out a frightened puppy from the dog pound and tells the father (a mail carrier, and therefore, an expert on dogs) to teach his son how to make the puppy less afraid.

Haley and Madanes also use tasks to create alternate experiences for the family but put more weight on the rationale for the task. This rationale may offer a new linear meaning to the situation or a new interactional meaning. For example, relabeling is a technique in which they will give a problem or event a new linear meaning which is intended to help the client(s) feel more powerful in response to a situation. For example, Madanes (1981) presents a case of a couple in which the husband is described by the couple as depressed and, therefore, cannot do his
work. Madanes relabels the husband's behavior as "irresponsible," a behavior with which the wife can be helpful as opposed to "depression" which is experienced by the couple as within the husband not accessible to either of them.

This model also uses interventions which send a message that is complementary to the family's message, that is, the family says, "We want to change," and the therapist says, "I'm not so sure that change is a good idea."

The pragmatic paradox is a major strategy of Haley and Madanes's work and illustrates this form of intervention. Since a basic assumption of their work is that pathology appears when there is a confusion of hierarchical levels, most of their strategies are designed to alter that hierarchical structure. Sometimes that involves moving to another wrong relationship before getting to the appropriate one. A unique form of the pragmatic paradox, called the "pretend technique", was designed by Madanes. The symptom bearer or another stressed member of the system, who is not recognized as being in trouble, is asked to pretend to have a symptom. The strategy employs humor to shift the meaning of the symptom, because "pretending to have the symptom stands for having the symptom but does not stand for that which the symptom stands for" (Madanes, 1981, p. 73). In case of an adolescent with severe epileptic seizures the therapist posed to the family that seizures could be eliminated if the child
could first voluntarily produce them because then she would voluntarily control them. The therapist had the child try to induce a seizure in the office and have the family do what they would do at home. When she could not produce the symptom, she was told to pretend to have it, and the family was instructed to go through the "pretend" procedure each night at home, in addition to the "real" procedure, when there were genuine attacks. At the following session, the family reported the seizures had disappeared.

The Brief model relies more consistently than the Structural and Problem-Solving models on the use of meaning and taking a position complementary to the family in designing change strategies. Reframing, that is, putting old behavior in a new frame to create the opportunity to view the problem as within the control of the client, underpins all techniques (Watzlawick et al., 1974). One application of this general technique is the paradoxical prescription (similar in intent but not in form to Haley and Madanes's use of paradox) in which the therapist cautions the client against change, either "because she senses he is not ready "or because dire consequences will ensue from too much change."

Another method which creates a new contextual meaning for a situation is the illusion of alternatives technique. The basis of this intervention is to force a choice between two alternatives, both of which can lead to therapeutic
change. It is purely illusory because there is always the choice not to take either of the alternatives, but the system remains blind to that option. The researcher offers an example from her own experience. When a college age student who had attempted suicide was referred, she assured the therapist this was not a serious matter and no one else needed to know. The therapist suggested that her parents would be upset if they did not know. Rather than debate the issue of whether or not the parents should be informed, the therapist proposed, "You know your parents better than I---what would be best, if you called them or I called them? Which way would they be least upset? It's up to you." The daughter called them and invited them to the therapy session.

The Milan group are known for using meaning as the substance of their interventions (Tomm, 1984). Two main forms of intervention are utilized: (1) the positive connotation and (2) the ritual.

The positive connotation, a form of paradoxical intervention puts the homeostatic quality of the symptomatic cycle in a beneficient light. While the symptom or presenting problem is not evaluated as good (or bad), it is given value because it preserves the stability of the family (Selvini-Palazzoli et al., 1975). It serves to neutralize the judgemental quality the family arrives with about the symptom and allows the therapist to ally with the system in a way that both approves of and challenges the cycle. In more
recent years, the positive connotation has been refined by the Milan group and become the hallmark of their work. Not only the behavior of the identified patient is positively connoted but also each involved member's behavior is connected to the symptomatic cycle and praised for contributing to the maintenance of family cohesiveness. It is now a fundamental part of the systemic hypothesis the therapeutic team forms at the end of each session. In the case of an adolescent boy who was hospitalized for psychotic behavior, the following positive connotation was the basis for a ritual.

You, Father, and, you, Mother had a tragic and disastrous experience in your first marriages. Each of you married the other to give a good parent to your children. And, you, children are working very hard in the service of your parents' wish to be perceived as good parents, and are trying hard to help maintain this conviction. Anthony and Sarah, also Linda, are showing how good their parents are by their perfect behavior. But Peter and Debbie wonder whether it would be better to be perfect or to be a problem. If they are problems, this helps the parents even more to show what good parents they are. . . (Hoffman, 1981, p. 291)

Although formalized by the Milan group, the Mental Research Institute described the place of rituals in communication first. The aim of a ritual is to break the rules of the family game. The therapist prescribes a highly formalized detailed series of actions which include all the elements of the game which are to be performed by all members of the family. Since the rules of the game, that is, all the elements which include the family myth (that is, the system
of beliefs accepted by the family that say "this is the way we are and why we do what we do"), take place almost exclusively on the analogic level and not on the verbal level, the ritual allows the therapist to interrupt the rules without bringing them to the verbal level (Selvini-Palazzoli et al., 1975).

In a family with a 14 year old anorectic daughter, the prevailing family myth seemed to refer to a three generational set of rules which described this clan as always loving each other, never suffering from any jealousy or dissatisfaction, always available to each other. There were no rules about how to deal with difference. The ritual prescribed called for the nuclear family with the anorectic to lock their door for one hour each night, sit around the table and take turns expressing their thoughts about each member of the extended family. No one was to interrupt or comment on another's comments, no discussion about this family meeting was to take place after it was over, and everyone was to go out of their way to be even more courteous to the extended family between this therapy session and the next. If anyone chose not to speak, the family remained silent while it was that individual's turn. The ritual served to break the family myth that "whoever speaks badly of his relative is bad" (Palazzoli et al., 1978b, p. 95). Simultaneously it drew a boundary around the nuclear family, validated each person's right to his or her own thoughts,
provided an opportunity to experience the anxiety provoked by silence, and cut through any secret coalitions.

The ecosystemic perspective is closest to the Milan perspective in taking as a premise that the approximal congruency of meaning and action results in non-problematic stability and change processes. In addition, though, the ecosystemic perspective postulates that the indicators of change can be facilitated from either action or meaning domains which can be viewed from a variety of observational positions.

Premise 9: Defining the Change Agent/Client System Relationship

9.1 When a change agent and problem-bearing system join (begin to exchange messages) for the expressed purpose of helping the problem-bearing system, a new system is formed evolving its own relational patterns which calibrate the balance between stability and change processes of that system. Bateson (1979) referred to this interweaving of two previously distinct relational fields as the formation of the hybrid system. This system develops meanings and action sequences unique to itself, and each part's experience of the system is shaped by its participation in the system (DeShazer, 1982; Haley, 1976; Minuchin and Fishman, 1981; Selvini-Palazzoli, 1980b)

9.2 The task of the change agent is to be able to
maintain a sufficient balance between stability and change processes of the hybrid system to allow for a sufficient generation of "news of a difference" (Bateson, 1979, p. 68) to provoke both change and sufficient predictability of response in order to maintain the relationship until the problem-bearing system can function autonomously again. If the change agent cannot create sufficient "news of a difference" to maintain a distinction between the two parts of the hybrid system, the two parts become too stabilized as one so that recalibration cannot occur. If too many distinctions (noise) are created than the two parts will not become sufficiently stabilized as one to facilitate recalibration in the problem-bearing system. In other words, patterning will not occur and the system will dissolve.

Hoffman (1975) and Selvini-Palazzoli (1980b) utilized Ashby's (1960) concept of the null-function to describe the way the therapist maintains this balance:

We have been convinced that the greatest danger—to the purpose of change—threatening the family-therapist suprasystem is that of organizing itself as a too richly joined system. We have devised a therapeutic manoeuvre according to the following scheme:
(1) introducing into the family system therapeutic inputs which, never varying, act as constancies or null-functions;
(2) interrupting at the same time the family-therapists interaction during a longer interval timed by the therapists. (Selvini-Palazzoli, 1980c, p. 1)

9.3 The change practice relationship of change agent—
plus-client system is a dynamic complementary relationship which appears stabilized at its formation with a definition of the change agent as the expert and the client system as learner in relation to problem-solving for the client system. This complementary definition progresses to an apparent reversal with the change agent as learner and the client system as expert in relation to the management of problem-solving in the client system over the course of a change practice relationship. By expert is meant both an assumption of authority about and responsibility for the direction of change practice. By learner is meant an assumption of following the lead of the other.

When the client system asks for help in relation to a particular problem, it is acknowledging an experience of being "stuck" or feeling helpless. By the time the change practice relationship terminates, the system should be able to function autonomously and experience itself as having the resources to cope with other problems that will come up.

Haley (1976) also views the therapeutic relationship as an expert-learner complementarity at the beginning but as a peer relationship at the end. His belief is that by the very act of asking for help, the client system is conveying the message "We need you to take charge now." When the problem is solved, both systems are equally capable of maintaining themselves autonomously.

Minuchin and Fishman (1981) describe the relationship as
a more rigid complementarity with "the therapist [as] in the same boat as the family, but he must be the helmsman." (p. 29) The therapeutic process is one of mutual accommodation, but the therapist leads in very concrete ways.

Fisch et al. (1982) take a pragmatic approach to the therapeutic relationship.

It may seem cold and calculating to talk about the ways of controlling the process of treatment, but we believe it is evident, on a little reflection, that the client is not in a position to know how his problem should best be approached—if he did why would he be seeking professional help? (p. 22)

DeShazer (1982) suggests the concept of cooperating is more fitting for an ecosystemic epistemology. This concept replaces a dualistic view of a family as either resisting or accommodating. The therapeutic relationship is a product of reacting to and cooperating with each other. The Milan group agrees with DeShazer's dismissal of the idea of resistance but does clarify that the therapist must take charge of therapy but not of the family's solution (Selvini-Palazzoli, 1980b).

The assumption in this study is that positions of expert and learner shift continuously during the course of the change practice relationship; however, the overall relationship progressively shifts from the change agent as the expert to the client system as the expert in relation to problem-solving in the client system. This seems only fitting since once the change practice relationship dissolves, the client system will have information about
itself that the change agent will not have.

Premise 10: Defining the Organization of the Components of the Change Process

10.1 From an ecosystemic perspective, the components of the change process are recursively interactive sub-processes identified for the convenience of the change practitioner. They are organized by the relational definition negotiated between the change practitioner and the problem-maintaining system. This organization of definitions is merely a punctuation of behavior—sub-processes system "actually" operate simultaneously and continuously to calibrate the balance between stability and change processes in the change practice system.

Component parts are intended to provide the change practitioner with a way to interface with the client system to elicit and organize useful information, to design and implement strategies for altering interactional behavior, to identify meaningful responses to change practitioner behavior, and to evaluate the overall progress of the change practice relationship—that is, the movement toward recalibration of the balance between change and stability processes. The different components are generally subsumed under the labels of "assessment" and "intervention." Bross and Benjamin (1982) appear to be among the few in the field of structural and strategic family therapy who distinguish
"evaluation" as a separate process.

The inseparability of parts of the therapeutic process in family therapy has been more implicit than explicit in the theory and practice of the four models considered in this study. Some brief references to this assumption have been made, but an elaboration of the consequences for practice are assumed and general (Aponte and VanDeusen, 1981; Bodin, 1981; Haley, 1971; Keeney, 1983). The only model which explicitly incorporated a notion of the simultaneity and recursivity of the components of the change practice process is the Systemic model (Coppersmith, 1984; Selvini-Palazzoli et al., 1980).

For example, the technique of circular questioning, a style of interviewing which elicits difference by asking one person about the relationship of two others, serves both to generate information and reorganizes relationship.

Keeney best summarizes an ecosystemic conceptualization of the whole therapeutic process with the metaphor of the chameleon and the mirror image:

In sum, a chameleon sitting on a mirror cannot avoid changing its color. The relevant issue concerns what form of stability is being maintained. In the one case, color is stabilized within a range we perceive as varying around a particular color value. In the other, the range of stability may encompass the whole spectrum of the chameleon's color-generating domain. An observer not accustomed to thinking in terms of recursive process might provide a different description of the latter form of stability. For this observer, the color changes may look like an escalating runaway, stepping up from red to orange to yellow to green to blue (this is a hypothetical chameleon). With repeated observation, the individual might speculate that the color blue is
a sort of threshold which triggers the process to start from the beginning again. Using the perspective of cybernetics, he would be able to see that the escalating runway was, all along, only part of a more encompassing self-corrective system.

Cybernetics provokes us to consider who is the chameleon in therapy. Is the therapist an active mirror who helps trigger a troubled system's own resources to steer the course of therapy? Are symptoms a kind of appropriate "coloration" to their surrounding context? In the client an active mirror who helps trigger a therapist to construct a useful transform? Are interventions a kind of appropriate "coloration to their surrounding context? Is therapy, to borrow a phrase from Truman Capote, "Music for Chameleons"? (p. 173-174).

Summary

This chapter has simultaneously attempted to provide a comparison of the conceptual underpinnings of structural and strategic family therapy models and take initial steps to develop a meta-theoretic base or set of "higher level premises" (Fraser, 1984, p. 43) called an ecosystemic perspective. Table 3 presents a summary description of structural, strategic, and ecosystemic premises.

The three major requisites of a model emerging from an ecosystemic perspective include: (1) the recognition of the invented nature of reality (Watzlawick, 1984), (2) an incorporation of multiple levels of interactional reality, and (3) an understanding of the recursively interactive relationship of the client system and change agent. The next step is to explicate the model which emerges from this perspective.
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<th>TABLE 3</th>
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<td>Description of Systemic Theoretic Bases</td>
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(See Appendix C)
CHAPTER IV

VARIABLES OF THE MODEL

Introduction

The purpose of this chapter is to explicate the set of three variables conceptualized for an ecosystemic theoretic-based model: (1) action sequence, (2) pattern, and (3) mythology. The variables are what Kerlinger (1964) calls "intervening variables" or what Sluzki (1983) calls "a collection of nonexclusive variables" (p. 470), descriptions of distinct but not discrete aspects of behavior. They refer to different aspects of the same phenomena, human communication, not different and independent phenomena. No variables are understood as independent in an ecosystemic approach to behavior.

The conceptualization of these variables tries to remain consistent with the premises summarized in Chapter III:

(1) The variables of the model and the whole of the model do not claim to be the truth, just one useful description of behavior in human communicational systems,

(2) the variables describe different levels of interactional reality organized by the relational position of the observer and the observed vis-à-vis action and meaning frames of reference of behavior, and

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(3) the relationship of the change practitioner and the problem-maintaining system is understood as forming a new system identified as the change practice system, which includes no observers, only participants.

The description of the variables of the model as "analysis processes" as opposed to "assessment processes" or "diagnostic processes" was carefully chosen. Brandon (unpub. 1983) also selected analysis as the focus of her dissertation applying concepts from family therapy to organizations and addressed the same decision of choosing among "analysis", "diagnosis", and "assessment" to describe the set of processes being formulated. This author exercised considerations similar to Brandon's in her choice. "Analysis", according to the New World Dictionary (1968, p. 49) can be "(1) a separating or breaking up of any whole into its parts, especially with an examination of these parts to find out their nature, proportion, function, interrelationships, etc. and (2) a statement of the results of this process." While from an ecosystemic perspective, one might want to quibble with the editorial staff of the dictionary about the meaning of "parts," overall this definition conveys the intent of the model to determine the nature of a system and how the components interrelate in the presence of a problem. In addition, the term connotatively is less evaluative than "diagnosis" or "assessment". "Diagnosis" is defined more narrowly as an investigation of data to come to an
understanding and conclusion about a situation (New World, 1968, p. 388). In addition to its frequent association in Western culture with defectiveness, it also is based on a linear epistemology which presumes there are knowable facts and identifiable causes. Lastly, "assessment" describes an evaluation process (New World, 1968, p. 83) which is certainly an objective of an ecosystemic model. The model, however, has a larger scope than evaluation and the term "analysis" reflects that more inclusive meaning.

Included in this chapter are the following topical areas: (1) an introduction, (2) objectives of the model, (3) the variables of the model, (4) the interrelationship of the variables, (5) implications of the model for organizational change practice, and (6) a summary of the characteristics of the model.

**Objectives of the Model**

The researcher reminds the reader that the impetus for developing this model arose first, out of theoretical and empirical evidence suggesting an underlying operational similarity between organizations and families, and second, out of literary research revealing a lack of integration between theory and practice in the field of OD. One consequence of this background for the design of the model is to expand the formulation of analysis processes, previously
conceptualized to describe families, through constructions that are general and inclusive enough to account for the variety of behavioral phenomena identified in organizations—and other human systems. The model does not identify analysis processes which are specific to organizations. The following intermediary objectives are set:

(1) The model should account for a sufficient number of processes to be able to explain phenomena in all organizations but specific enough to explain phenomena observed in any given organization.

(2) The model should define relationships among processes to provide a basis for distinguishing between healthy and dysfunctional organizations.

(3) The model should generate hypotheses that can be applied to consultative intervention, education, and training.

(4) The model should be internally consistent. In other words, each process should adhere to the ecosystemic view and contribute to a demonstration of the recursivity of organizational processes.

(5) The ecosystemic theoretic-based analysis processes should be clearly linked to organizational change processes.

(6) The model should be teachable.
The Three Variables

Rationale for the Selection of the Variables

The Ecosystemic Model emerges from the assumption that the "higher level premises" formulated in Chapter IV provide a framework for conceptualizing system behavior which subsumes a variety of interactional realities within it. Realities can be described through a variety of differentiating foci which are organized by the relative "attention" of the observer to action and meaning frames of reference of behavior.

Structural and strategic models were analyzed as describing different observational positions which provide evidence that one can "see" a different but complementary view of relationships when the relative focus on action and meaning is shifted. However, to develop a more inclusive picture or map of behavioral phenomena in organizational systems, this model develops constructions based on a broader range of observational positions. This is not done by increasing the number of positions but by constructing a greater distinction between observational vantage points. The researcher does not claim that the three variables describe all possible levels of interactional reality, only a sufficient number and variety to allow for a useful conceptual picture of relational behavior in organizations and to guide a change practitioner in assessing the need for
facilitating change.

Three levels of interactional reality are identified, organized by the perceptual stance of an observer in relation to identified behavioral phenomena, specifically, behavioral phenomena in a problem-maintaining system. Each level of observation offers a different view of how relationships are defined and if that relational definition reflects flexible or rigidly preferred responses. Comparing definitions across levels reveals conflicts and compatibilities in interactional processes which determine a system's capacity to problem-solve.

The researcher orient the reader to this elucidation of the variables with an ecosystemic view on the use of language. Bateson (1979) addressed the tendency to speak in terms of the attributes of objects and persons in a culture which has a basis in a linear epistemology. The Milan school or Systemic school, of family therapy has tried to assert the relativity and relationship of things by using the verbs "to seem" or "to show" rather than "to be" in speaking of individual behavior, so as not to be deceived into believing that appearance is reality (Selvini-Palazzoli et al., 1975). In the following descriptions, the verbs "to be," "to show," and "to appear" are all used in clarifying what one "sees," but the reader is asked to accept that whatever phenomena is being described is from within the premise that reality is a construction.
The term "organization" is used to refer to the identity of the group from which the request for change has come. The term "client system" or "problem-maintaining system" refers to the interfacing crucial parts of the organization that maintain the identified problem. The problem-maintaining system may be the organization or a subsystem of the organization or a larger system which includes the organization or interfacing parts of several organizations. At times, the term "system" is used when an idea is relevant to either problem-maintaining or non-problem-maintaining systems. Similarly, the term "change practice system" refers to the system formed of a change practitioner and problem-maintaining system, not to the relationship of the change practitioner and the organization.

This section presents each variable in terms of the following differentiating foci: (1) definition and dominant frame of reference, (2) feedback, (3) health and goals of organizational change, (4) development in organizations, (5) problem formation, (6) problem resolution, (7) strengths and limitations of the variable for organizational analysis and change, and (8) an example of an analysis of interactional behavior from each vantage point of observation.

**Action Sequence**

Definition and dominant frame of reference. The focus of the observer is on the recurrent ordering of discrete concrete
experiences in the here-and-now. Action is the dominant frame of reference of behavior.

The observer is interested in the responses which lead to and are triggered by an identified problem. In change practice this "identified problem" would be the explanation given by the system members for bringing in a change agent. The observer only "sees" the sequence of events related to the persistence of the problem. She is not looking for the meaning put to events by the participants.

The action sequence defines relationships in terms of the parameters of the problem. The parameters are reflected in two types of information. First, the parameters are defined through the nature and extent of participation in the problem. "Participation in the problem" does not mean "causing the problem to happen" but rather "who is reciprocally exchanging messages about the problem and who is perceived as affected by it. This observational position describes who is involved in the problem, what they do about it, and how they do it.

Second, the tracking of the action sequence also defines relationships about how messages are distributed among parts of the system. One can "see" how often messages are exchanged among different parts and the differing spans of time between messages sent and received. The distribution of messages can suggest the system's agreed upon definition of how directly involved participants are with the problem and
each other around the problem.

This information may be elicited by interviewing members of the organization through the following types of questions:

1. What is the problem?
2. When did the problem start?
3. When the problem occurs, what happens first? Then what happens, and so forth?
4. Who else is involved?
5. When Person A does so-and-so with (to, at) Person B, what does Person C do?

The interviewer uses the responses to these questions to understand the handling of the identified problem in the present, not simply for the truth of the content. Referring back to the description of the systemic models in Table 2 (p. 117), this position is equivalent to model position 1 in which "action sequence is the thing/meaning is arbitrary." Meaning cannot help but be reflected, but it is of minimal interest and minimally acknowledged from this vantage point, and no shared way to explain what is "seen" in terms of meaning is provided.

Some tentatively identified dimensions of this level of interactional reality which may help to address further the complexities of relational behavior are: (1) number of parts involved, (2) clarity of participation, and (3) duration of the sequences. In other words, the evaluation of how functional the action sequence is for resolving the
identified problem is influenced by whether the problem-maintaining system is defined as involving few or many participating parts, whether the perceptions of who is (are) involved are discrepant or congruent among members interviewed, and whether the sequence requires a short period of time or a long period of time to complete itself.

Feedback. Action sequence cycles appear as stable repetitive cycles or negative feedback loops.

Development. Systems maintain particular action sequences until a transitional event interfaces with the system requiring a transformation to a new action sequence. The observer imposes her own ideas of the identity and significance of events. Since no meaning is ascribed through the model at this level of interaction, any value attributed to events may vary from observer to observer. In other words, personal models are applied.

Health and goals of change. Health is defined as the ability to negotiate a new balance between stability and change processes in response to an identified problem; however, from the observational position of action sequence the observer can only "see" the system's ability to achieve a new stability of relationship definition. Adaptability or the ability to exchange a no longer functional action sequence for a new functional one appears as the goal of change practice.

Problem formation. Problems form when sequences appear
rigidly enacted and nonresponsive to demands upon the defined problem-maintaining system for change. The system appears not to have identified any signal that a transitional event has occurred. The identified problem is perceived as providing a way to perpetuate the preferred action sequence when enacting a new action sequence is appropriate.

Problem Resolution. The solution is to provide an experience for the system of an alternate action sequence which triggers new responses and rearranges the parts. From this level of interactional reality, the methods to achieve change engage the change practitioner and the system in a symmetrical relationship from the standpoint that the system says, "I want to change and the change practitioner says, "Here is a way to change." The change practitioner gives directives which set up tasks for the target system to act out and provide direct experiences of new relational positions of the participants.

Strengths and limitations of the variables for organizational analysis and change.

Strengths. First, this observational position provides a way to define the parameters of the problem-maintaining system. To begin to develop an ecosystemic perspective of the problem situation, a change practitioner needs to determine the extent of the interfacing relational fields. If all the participating parts are not identified, an "understanding" of the
contextual fit of behavior will be missing. Behaviors will appear as not making sense or bizarre. Thus, a determination of the complete action sequence helps to define if change should be addressed to a subsystem of the organization, the organization or to a larger system which includes the organization.

Second, this variable provides a two-dimensional view of the significance of defining participation. It is not simply a matter of identifying the parts, but the nature of the participation. The frequency of message exchanges and span of time between message exchanges will alter the participants' personal experience of the system and the responses they choose which, consequently, either maintain or alter the action sequence. For the change practitioner, problem resolution includes techniques to alter the frequency and span of time between messages as well as the ordering of responses.

Third, the line of questioning that elicits information about the action sequence must necessarily begin to alter the meaning frame of reference of the members of the organization interviewed, that is, they begin to develop an ecosystemic perspective of relationships. If an individual is asked, "Why is there a problem?" the question implies the existence of a cause or blame and a conceptualization of the problem as
belonging to one individual or group. From this level of interaction, this response leaves the change practitioner with a choice of either accepting or rejecting that person's view. If one asks about action, all responses are included, and one begins to develop an interactional picture and an expanded meaning frame of reference.

Fourth, this vantage point helps to identify the over and over again trials of response and to distinguish these recurrent trials from random responses or noise. If one asked the participants to describe what their repetitive responses were, they would be puzzled. People are not good at reporting on the sameness of the form of interaction, only on the differences in content. In addition to being basically non-systemic thinkers in Western culture, people must step outside of their circumstances to be able to look at the whole. The dilemma of trying to stand in two positions at one time has been addressed earlier in this study. Trying to do so when one is in the midst of a problem compounds the issue! The line of questioning that emerges from this position moves beyond the content of responses to get at the form.

Fifth, this information can be gathered through individual or small group interview. Given the variability in organizational size, the simplicity and
straightforwardness of the form and method of gathering these data adds to the usefulness of this vantage point.

Sixth, in the facilitation of change, operating from this position may be particularly useful when the identified problem appears as not very persistent or of long duration, and the overall assessment of the problem-maintaining system is of relative adaptability. Then the change practitioner might decide, in the interest of parsimony, that is, the quickest solution is the best, that directing the participants to a new concrete experience will be sufficient to begin to expand their repertoire of responses.

Last, one other possible application of this vantage point to the facilitation of change calls for integrating information elicited from this level with information elicited at a level of interactional reality more descriptive of meaning. A fuller description of this conceptualized level of interaction is to come, but, for now, assume that is possible that a problem-maintaining system may place a high value (meaning) on an action approach to problem-solving, as opposed to a discussion approach or a commitment-to-ideals approach. Then, it may be useful to implement change through a strategy which appears in keeping with the preferred style of the target system.

Limitations. While this observational position helps
to isolate what is stable about the problem—maintaining system's responses, it does not offer a perspective on the variability of responses available to the system. Many action sequences operate simultaneously, some of which are functional, and some of which are not functional. From the action sequence frame of reference, one cannot assess the full range of behavior available within the system.

The second limitation is that the observer can only put her own meaning to what she sees, and she does not have a picture of how the participants value particular responses. Although values cannot help but be reflected in the participants different perspectives on what happens around the problem, a sense of the relationship of meaning ascribed to behavior and a perception of the relative impact upon the system's survival is not revealed. Thus, the change practitioner may attribute an importance or irrelevance to action that is inconsistent with the perspective of the participants or represents a perspective of some participants and not others. The successful calibration of the balance between change and stability processes in the change practice system is contingent, in part, on being able to find enough correspondence of meaning to stabilize the hybrid system.

The third limitation concerns methods of problem
resolution. Designing and implementing solution strategies from this position will be least effective in addressing persistent problems. Rigid problem-maintaining action sequences cannot be easily altered by direct instruction. This consideration of the persistence of the problem and methods of change is consistent with research on the integration of structural and strategic models. (Duncan, 1984; Sluzki, 1983; Stanton, 1981)

Organizational example. In Chapter III an illustration of an interactional feedback loop was presented in the form of an action sequence (Figure 4, p. 122). Using this sequence as a base, the researcher illustrates how an expanded definition of the problem's parameters might be conceptualized.

The setting is an alternative school with a Principal and two teachers, Carol and Michael. The presenting problem has been identified by the Principal as increasing misbehavior on the part of the students about which Carol and Michael agree. To summarize Figure 4, the sequence shows Ralph, a student, breaking a rule followed by Michael's administering a punishment of suspension which is not accepted by Carol, who tells Michael the punishment is too harsh and should not be determined unilaterally. Michael reports the incident to the Principal who asks Carol what to do. Carol proposes a modified punishment which is
administered by the Principal but not enforced by her. Carol tries to convince Ralph that the staff is caring in response to Ralph's "I don't care." The Principal takes the blame for confusing the discipline process and calm prevails for a while with Carol and Michael joined in anger at the Principal's nonenforcement of any punishment.

Continuing with the interview, the change practitioner asks the participants, "Who else thinks increased student misbehavior is a problem?" Michael answers, "The School Board." The sequence begins to expand to include action by Michael to tell a Board member, who is a friend of his, that discipline is not administered at the school. The Board member brings this topic up at a Board meeting to which the Board responds by demanding that the Principal provide a report on the student's progress and challenges the Principal's administrative approach. The Principal defends the school on the grounds that these students are very difficult to change. The Board says the students had better improve or financial support will be withdrawn by the community resources. The Principal apologizes for her administrative inadequacy. Figure 5 presents this illustrative action sequence.

From the vantage point of the action sequence the relationship definition describes participation by the larger system which includes the organization of the alternative school plus the School Board. From what is described, it is
FIGURE 5. Illustration of the variable, action sequence.
difficult to account for the frequency of messages and span of time between message exchanges. The appearance is of equal involvement of all participants and an attribution of equal value of all responses by participants. This is not necessarily so.

**Pattern**

Definition and dominant frame of reference. The focus of the observer is on the reflexive interweaving of action and meaning through the ongoing recursively spiraling cycles of behavior within a system's recent past and current experience. The focus appears on the contextual meaning of action rather than on action itself. What becomes important is the participants' explanations for what is going on and the ascription of new meaning which lead to new actions. Relationships from this vantage point are defined in terms of the symmetry or complementarity of message exchanges. The change practitioner is interested in determining how variable the relationship definitions of these solution cycles are. Do cycles escalate as rigid complementarities or symmetrical escalations, or do they alter in response to different problems or situations? Are some cycles functional and others dysfunctional, or is the wrong solution of one cycle with a problem applied to many other cycles with a problem? Can sufficient stability of relationship definition be maintained to allow for the accomplishment of problem-
solving?

Stability in a well-functioning system from this observational position appears as system-wide recognized overt and covert interactional regularities that insure predictability of responses. The concept of rules describes this process. The "purpose" of the rules is to keep the continuously amplifying cycles in check.

Information about the pattern may be elicited either through direct observation (as opposed to conceptual observation) of participants, either in the process of carrying out functions within the organization or at group meetings formed to discuss the identified problem or through individual or small group interviews. What can be "seen" is the appearance of the amplification of some cycles through symmetry or complementarity, periodically altered in response to demands for accommodation to new information. Other cycles appear to amplify, interface with a demand for accommodation and respond with the old behavior. Eventually the maintenance of the old behavior may be identified as "a problem." The information elicited from this position offers the problem-maintaining system's understanding of the relationship among behaviors or the punctuation of events. Some punctuations are useful and reflect functional cycles of action. Some meanings ascribed (punctuations) are not useful and reflect the system's explanation for the identified problem. These punctuations can be elicited by asking
questions such as:

(1) Why do you think this problem exists?
(2) What is your understanding of why so-and-so made that decision?
(3) (To Person A) When Persons B and C do so-and-so, how do you think Person D explains that?

Stated before but reiterated here, the answers to the "why" questions are not received as the truth, only as personal realities. This level of interactional reality is equivalent to model position (3), the Brief Model in Table 2 (p. 117) in which "meaning organizes action/meaning is functional."

Some suggested dimensions of this variable might include: (1) the variety of patterns engaged, (2) the clarity of the messages exchanged, and (3) the duration of problem-maintaining sequences. It is hypothesized that the resolution of an identified problem will increase in difficulty the more the cycle which contains it is also applied to a variety of other difficulties, the more what people say and what they do appears discrepant, and the longer the problem-maintaining cycle has been preferred.

Feedback. The focus is on the amplification of recurrent sequences or on positive feedback loops.

Development. The observer sees development as the process of cycle initiation, amplification and accommodation to signals calling for transformation. Some of these signals are predictable and expected and some are unpredictable and
unexpected. The conceptualization and identification of transitional points is in the model, but the relative value of these transitional points is determined by the system's responses.

Health and goal formation. Health appears as an ability to sustain a variety of behavioral patterns which interweave to maintain a balance between stability and change in the defined system. The goal of change practitioner is to interrupt dysfunctional cycles to increase variation or adaptability.

Problem formation. Problems appear to form as a consequence of the persistence of the same vicious cycle in response to transition points which demand new and more varied responses. The vicious cycle describes an escalating solution cycle of behavior in which all messages both maintain and exacerbate the identified problem. The identified problem appears as one step or piece of a solution rather than as the solution itself.

Problem resolution. If the problem is the solution cycle, then the solution is to interrupt the cycle, from this observational position. The interruption of the dysfunctional cycle keeps the problem-maintaining system from amplifying into a runaway. This can be accomplished by altering participants' meanings or premises about relationships or by creating an alternate experience of relationship. Interventions addressing meaning often take a
position complementary to the client system's solution. An intervention may include a reframing of behaviors as positive for the system which have been labeled as bad by the system or relabel them to give them a different and/or more toxic meaning which jolt the system into doing something different.

Interventions formulated from a symmetrical relationship also put importance on the meaning or rationale behind the intervention which frequently involves asking the system to perform a task designed to alter relational parts. A task such as enactment (see Premise 8, p. 138) exemplifies a symmetrically based intervention. A paradoxical prescription or illusion of alternatives illustrates a task based on complementarity.

Strengths and limitations of the variable for organization analysis and change.

**Strengths.** Instead of offering the virtues of a "purity" of focus, by either "looking at" action or meaning exclusively, the level of pattern retains the complexity of the reflexive relationship between action and meaning. Being able to conceptualize a relationship definition by observation of both frames of reference has particular value for selecting responses that fit the action and meaning of the client system. In comparison, at the level of action sequence, meaning remains stable and within the change practitioner. The potential danger from the action sequence vantage point
is that the change practitioner will impose a meaning on action that does not correspond to the client system's reality. The two systems can become polarized over incompatible definitions of the relationship or possibly dissolve.

This multiple perspective also provides greater flexibility to the change practitioner in selecting methods for problem resolution. She can make a judgment about how best to approach the system, through action or meaning with the awareness that change in one will be reflected in the other.

Third, this recognition of both meaning and action frames allows for an examination and interception of discrepancy between messages sent and received. In problem-maintaining cycles a single message behavior which is received as discrepant between meaning and action may be "misinterpreted" and responded to with a message which is received as equally confusing. For example, the teacher who tells the chronically late, very polite student, "I'm not upset," but grits his teeth and slams down his book, may get an equally confusing response from his student who nervously says, "I knew you wouldn't mind." Both might have difficulty finding a new response consistent with both of these messages, if this had become the patterned way of responding to each other.
This vantage point also allows the observer to see the range of solution cycles available to the system. Both a better assessment can be made of how all-consuming the dysfunctional cycle has become and support can be provided for the ability of the system to solve other dilemmas.

Limitations. The greatest confusion at this level can arise in trying to distinguish which behaviors are part of problem-maintaining cycles and which ones are part of functional cycles. With the interweaving of many cycles, the observer may need a longer period of time to sort out the cycles. She constantly checks what action she "sees" with the meanings she has constructed. This is a very difficult task, and, in fact, this researcher believes this is the most complicated observational position to conceptualize.

Information about this level of relationship can be further obfuscated by having to rely on the reports of individuals about behavior. Direct observation of the whole defined problem-maintaining system is only occasionally possible in organizations, and relying upon reports of behavior to link action and meaning in a way that reflects a sufficient fit with each other requires being able to relate the content and form of behavior in a very complex way.

Time can work against analyzing interaction from this
vantage point as well as for it. Sometimes cycles appear not to move. The span of time between a message sent, received and sent again can vary. The longer this span, the more the problem cycle will appear as fixed. Interruption of a cycle becomes more difficult when the fluctuation around the problem appear minimal.

Additionally, time is not utilized to determine the frequency of messages exchanged or span of time between messages as at the level of action sequence. By focusing strictly on the sequences of messages, it appears to the observer as if all messages are equally spaced. What is lost, then, at the level of pattern is a way to evaluate the impact of the distribution of message exchanges on the maintenance of the problem.

Finally, the focus at this level is on recent past and current interaction. The observer has no picture of the relationship between the ongoing patterns and the organization's concept of purpose as reflected through history. The premises upon which an organization is founded are a different level of meaning than the meaning reflected in pattern. The two may be congruent or discrepant in relationship definition, but that is not "visible" from this level.

Organizational Example. The action sequence depicted in Figure 5 is now looked at from the vantage point of the pattern. Each action is ascribed with a meaning constructed
by the observer but derived from the reciprocity of responses reflected in the cycle.

Ralph's action of breaking the rule is ascribed with the meaning by Carol and Michael that Ralph is bad which is reflected in the response to administer a punishment. Michael's action to suspend Ralph affirms the interpretation of his misbehavior as bad—or incompetent. Ralph's response of belligerence reflects a meaning that Ralph is a victim and Michael is bad—or incompetent. Carol's response to Michael that he is not handling this problem right reflects a meaning, "Michael, you are incompetent." Michael's show of anger reflects a belief that Carol is incompetent. The Principal's turning to Carol for advice conveys a meaning, "I'm incompetent. Michael you are incompetent, but, Carol, you are competent." Carol responds with a confirmation of that meaning which the Principal's administering of Carol's decision affirms again. Ralph's response of "I don't care" conveys a meaning, "you are all incompetent," which Carol appears to reject by attempting to affirm to Ralph that she is competent. The Principal makes one more statement of ownership of the definition that she is incompetent when she apologizes for confusing the disciplinary process. From the focus of the larger system, the same definitions are reflected. (See Figure 6 for a complete picture of this cycle.)
FIGURE 6. Illustration of the variable, pattern.
From this observational position, it is assumed that many other behavioral cycles operate simultaneously and that this one is interwoven among many others that occur among participating parts in this problem-maintaining system as well as among participating parts of other students. Ralph's misbehavior is no more important than any of the other behaviors in the cycle. The cycle could be interrupted at any point to facilitate change.

A description of the relationship among the parts from the reality of pattern might describe it as a conflict of definition over who is to be competent and who is to incompetent in this system. Carol and Michael are engaged in a symmetrical escalation over who is more competent while the relationship of the Principal and Michael, and the Principal and Carol are defined as rigid complementarities in which the Principal is incompetent and each of them is competent. Ralph and the staff are also engaged in a symmetrical struggle over competence with Ralph appearing to say, "I could be more competent if it weren't for you," and the staff competing with each other with the meaning, "You, Ralph, could be more competent if it weren't for someone else, but I could make you more competent.

Mythology

Definition and dominant frame of reference. The focus of the observer is on the meaning frame of reference.
Meaning from this observational position refers to the apparent shared set of beliefs of the problem-maintaining system about its relationship to the whole of the organization. This set of beliefs reflects the organization's concept of purpose or its ideology. Each organization is joined by a worldview that frames its reason for being and its relationship to other systems, the larger system and intrasystemic relationships. Mythology offers idealized definitions of relationship which are constructed out of the historical aspects of the organization.

This is not to say that all members agree to the consensually constructed reality. Many may have become part of the organization without owning any sense of this reality, but all live within it and contribute to it, whether they are aware of it or not. Some adhere to it directly supporting it, advocate for it and cherish the symbolized representations of it. Some oppose it quietly but live within it. Some are oblivious to the existence of this reality but are influenced by it and respond to it obliviously as long as they are members of the organization. Even those who oppose it by overtly fighting the symbols of it are acknowledging its "existence" and reacting of it.

Symbols, history, mottos, organizational proposals, policy manuals, organizational charts convey the sense of the mission of the organization, the meaning that is put to the world, and the rationale for action. Action can also elicit
information about mythology, and participants in the problem-maintaining system can be interviewed about these consensual beliefs through the following types of questions:

(1) What is your understanding of how and why this organization got started?
(2) How do you think you are seen by your clients?
(3) How are decisions made in this organization?
(4) Why did you come to work for this organization?
(5) If you could accomplish one thing before you left this organization, what would that be?

This variable is also multidimensional. Suggestions for dimensions to consider are comparable in form to those suggested for the other two variables: (1) the range of beliefs, (2) the clarity of the beliefs and (3) the duration of the beliefs. The hypothesis is that a belief system which reflects a tolerance for a diversity and change of beliefs while maintaining beliefs that support a consistency of mission would characterize a functional organization. This description of interaction is equivalent to model position 7 in Table 2 (p. 117). The descriptive message of this perspective is "meaning is the thing/ action is arbitrary."

Feedback. Mythology itself appears as a negative feedback loop, a stabilizing "point" in the midst of changing ideas and values. Change from this vantage point occurs slowly since a change at this level calls for a major transformation of an organization's reason for being. If
the defined problem-maintaining system is a subsystem of the organization, its beliefs may be more malleable, but, in general, if change to the guiding principals of the organization is assessed as appropriate, a rigidity can be expected that must be factored into the planning of change.

Development. While the same general premise applies at this position as at the level of pattern, that systems are continuously in flux and respond to signals called transition points with either transformation or persistence, the identification of transition points from this focus rests within the meanings of the problem-maintaining system. The change practitioner constructs the arrangement of action behaviors to reveal useful meanings.

Health and goals of change practice. Health means achieving a balance between stability and change in the system's guiding set of beliefs. Beliefs should be adaptable to changing times and conditions and stable enough to keep the system's concept of purpose clear. The goal of change practice from this observational position is to ultimately facilitate the acceptance of mythology of adaptability which allows for modifications in the mythology.

Problem formation. Problems can emerge when a rigidly preferred mythology of a particular system interfaces with new beliefs embodied in the action and meaning of crucial parts of that system or other crucial systems signaling a demand for accommodation or assimilation. For example, a
small business owned by a tightly knit Italian family may have held to the belief, "We can only trust family. This business should be run only by family." The business has grown over the years, and now a third generation son who is a manager wants to computerize the business which requires hiring an outsider. One could imagine that the conflict between the old and new values would not be easily reconciled. If the old beliefs were maintained beyond their usefulness, one possible set of outcomes would be declining business, an inability to keep up with the market and feelings of not being appreciated for the quality of service or product provided. Another possible outcome would be choosing to confine the size of the business to retain an emphasis on personal service and family commitment. In any case the conflict between a belief in the values efficiency, quantity and pragmatic business arrangements and the values of quality, personal investment and family ties would need to be resolved.

Problem resolution. The task of the change practitioner is to conceptualize the set of beliefs in a way that identifies a convergence of all significant beliefs and values and to challenge the mythology by ascribing a new meaning and consequences for pursuing it. When mythology appears rigidly preferred or stabilized, the change practitioner does better to utilize interventions that take a position complementary to the problem-maintaining system's
own interactional messages. Approaches in which the change practitioner acts as if she were against change while attributing positive value to the meaning held by the system are considered most useful. Telling people that their beliefs are obsolete and directly offering what the change practitioner identifies as a more relevant set of beliefs has a very low rate of success!

Strengths and limitations of this variable in organizational analysis and change.

Strengths. Conceptualizing mythology as an interactional process allows for the integration of entities such as history, organizational charts, personnel policies into an ecosystemic perspective as opposed to viewing them as components of a variable that is one of a set of mutually exclusive variables (Beer, 1980; Burke, 1982; French and Bell, 1978; Levinson, 1972; Nadler-Tushman, 1982; Weisbord, 1982). The view is shifted from understanding organization charts, for example, as synonymous with the people they describe and, therefore, assuming both are easily alterable by changing words on a printed page, to regarding them as communication processes which convey messages about idealizations of relationship definition. Mythology in many ways is easier to identify than other levels of interaction because of its stability. The observer can gather this data in a variety of ways.
as indicated and does not need to observe the participants directly to elicit this information. Mythology can be conceptualized without interviewing all participants either.

Since change methods addressed to the level of mythology are generally in the form of information or messages to the defined system and do not have to involve assignments of tasks to perform, they can be delivered in the form of a memo or letter distributed to relevant participants. Everyone has to get the message. (In therapeutic experience, this written memo form of intervention has proved very effective (Selvini-Palazzoli et al., 1975).

In terms of intervention strategies, it was suggested that the levels of action sequence and pattern appeared stylistically compatible with organizations or problem-maintaining systems that hold to certain beliefs about the value of action and analysis for problem-solving respectively. Interventions at the level of mythology may be appropriate when an organization or defined problem-maintaining system appears ideologically oriented. For example, the political organization which reflects a set of beliefs focused on ideological conviction may be more responsive to an intervention addressed to the belief systems. For example, an intervention may be introduced with the message,
"Because members in this organization are so dedicated to positive social change, each person has been willing to go out on a limb to get his ideas for new projects relevant to the cause heard..."

Time also works to the advantage of the change practitioner from this observational position. Since meanings are relatively stable and change occurs slowly, the change practitioner can allow for a longer duration between meetings with the participants of the problem-maintaining system. This is helpful from two respects. First, the change practitioner appears less intrusive and less disruptive of the daily operations of the system. Second, the minimal presence of the change practitioner encourages the participants to think of themselves as coming up with their own solutions and fostering their own autonomy.

Limitations. The main limitation of this vantage point is that minimal information about action is revealed. Mythology is a set of beliefs and does not tell the observer how close these beliefs are to action, either at the level of action sequence or pattern. While information about mythology may be reflected through action, at this level the focus is not on action in its operationalized forms.

Similarly, intervention at the level of mythology may be useful or appropriate if this level of interaction
appears rigidly stabilized. However, if the mythology appears functional, then the change agent is at a loss of what to do.

Organizational example. Continuing with the example of the alternative school, information about mythology is added to the picture. Through examination of the original proposal for the school and interviewing staff members, a set of beliefs emerges which reflect a commitment to providing an alternative experience for students, one which is different from the "bureaucratic, impersonal, experience of the public schools." Thus, the program offered at the school was to be individualized in psychoeducational planning and support collaborative decision-making in the belief that these values would encourage the development of self-responsibility and a sense of personal power. The inclusive myth which defines relationships appears to be, "We are pioneers fighting the odds to show a different way." See Figure 7 for an illustration of the variable mythology, in which many supporting myths converge to define ideals of relationships.

Interrelationship of the Variables

If a basic assumption of an ecosystemic theoretic-based model is that one can gather different information by shifting to different positions of interactional reality, then the conclusion would have to be drawn that when "standing" at a particular vantage point, what is occurring at another point cannot be known. It would follow that
We are pioneers fighting against the odds to show a different way.

FIGURE 7. Illustration of the variable, mythology.
relating information gathered from the position of mythology (for example) at one point in time to what is gathered from the position of pattern at another point in time would be making an assumption of a stability of relationship where it may not exist. The model does call for a comparison of information elicited at different observational positions, but it is further presumed that the repetition of discrete observations at each level confirms the appearance of stability or change of relationship definition at each level.

In a healthy system, the balance between change and stability at each level of interaction maintains a sufficient congruency of definition across levels to allow for continued development and survival of the system, the interplay between levels in a system conceptualized as continually moving will reflect imperfect congruency since there will always be a time lag between changes at each level.

However, when the system loses its adaptability and reflects an imbalance toward stability, the time lag in changes between levels widens, emerging as a discrepancy or an incongruency of relationship definition across levels of interaction. The overall task of the change practitioner becomes one of altering relationship definitions at one or more levels of interaction to recalibrate the balance between stability and change processes in the system. Any change in the processes of change can be facilitated at any of the three levels and will be reflected at the other levels in
time. A summary of the descriptive foci of each variable is presented in Table 4.

Implications for Organizational Analysis

Overview of the Section

The primary value of a model for organizational analysis lies in its potential for providing a framework for assessing an organization's ability to cope with its problems and to determine if and how to facilitate change. This value can be enhanced by delineating a schema which can help distinguish functional and dysfunctional interactional processes in a system with a defined problem.

In this section, the researcher presents such a classification. While the descriptions are general and standards of measurement are not formulated, they remain consistent with the premises of the theoretical framework. These premises lead to the following observations:

(1) Problems are the consequence of the repetition of well-intentioned but not useful interactional regularities the severity of which is more influenced by the persistence of the interactional responses than by the nature of the problem.

(2) Since these interactional regularities are not static but dynamic, since different organizational membership may or may not create different communicational redundancies
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<td>Meaning</td>
<td>Negative feedback loop in midst of positive loops</td>
<td>Continuous flux of system interracing with transition points that call for change; actions organized by observer, meaning by system</td>
<td>Adaptability</td>
<td>Rigid set of beliefs which do not keep pace with demands for change.</td>
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</table>
and since the system experiences different demands at different points in time, relationship definitions functional for solving an identified problem today may not be functional for solving the same problem next year. Therefore, the classification schema applies only to a defined problem-maintaining system at a given point in time. That these configurations of interactional processes can be identified in a non-problem-maintaining system does not mean that that system is in difficulty. Healthy systems include all configurations. They just respond to demands for change autonomously and with flexibility.

(3) The third observation is that the potential for optimal functioning, that is, for maximizing the potential for problem-solving occurs when there is an approximal congruency of relationship definition across levels of interactional reality. Opportunities to achieve that congruency are greatest when each level appears as operating at a balance between change and stability. This approach is consistent with the assumption that many solutions are possible to a given problem, but what is important is the versatility of the system's repertoire of interactional responses.

The Classification Configurations

The schema develops four forms of functioning: optimal, moderately functional, moderately dysfunctional, and dysfunctional. These four forms are determined by assessment
of the balance between change and stability processes at each level of interaction. For purposes of simplicity, the results of assessment are dichotomized as either positive (+), meaning sufficiently balanced, or negative (-), meaning insufficiently balanced. The forms "moderately functional" and "moderately dysfunctional" each have three possible variations, making a total of eight possible configurations. Table 5 identifies each configuration and an accompanying metacommunicative statement that reflects the relationship among variables. An assessment of optimal functioning is achieved by a positive ranking at all three levels. A rating of moderately functioning is achieved by two positive and one negative rankings. A moderately dysfunctional rating is achieved by two negative and one positive rankings. An assessment of dysfunctional is achieved by three negative rankings. Each of the eight configurations is explained below.

Optimally functional. An organizational analysis would identify an organization (or defined system) as optimally functional if all three levels of interaction (action sequence, pattern, and mythology) were assessed as achieving a balance between change and stability processes. The metacommunicative statement reflecting the relationship between variables might be, "The world is a complex place. Things are working fine now, but we will deal with it, if they change tomorrow."
Moderately functional. An organization (or defined system) which appears moderately functional can achieve three variations of the two positive and one negative rankings.

**Variation 1.** The system is assessed as achieving a sufficient balance between change and stability processes at the levels of mythology and pattern but not at the level of action sequence. The metacommunicative statement reflecting this relationship between the variables might be, "Whatever we're are doing right not isn't working, but we know sometimes you have to get a new perspective and we can address that."

**Variation 2.** The system is assessed as achieving a sufficient balance between change and stability at the levels of pattern and action sequence but not at the level of mythology. The metacommunicative statement reflecting the relationship between the variables might be, "Well, we may see ourselves as something we are not, but, what we are doing is working right not, and if it doesn't work anymore, we'll address it."

**Variation 3.** The system is assessed as achieving a balance between change and stability processes at the level of mythology and action sequence but not at the level of pattern. The metacommunicative statement reflecting the relationship between variables might be, "What is there to address? Everything is okay."

Moderately Dysfunctional. An organization (or defined
system) which appears moderately dysfunctional can achieve three variations of the two negative and one positive rankings.

**Variation 1.** The system is assessed as achieving a balance between stability and change processes at the level of action sequence but not at the levels of mythology and pattern. The metacommunicative statement reflecting the relationship between the variables might be, "We're doing the right thing for the wrong reasons, and anything new will do us in."

**Variation 2.** The system is assessed as achieving a balance between stability and change processes at the level of pattern but not at the levels of mythology and action sequence. The metacommunicative statement reflecting the relationship between the variables might be, "We know there is a discrepancy between who we are and who we think we are, but we can address it."

**Variation 3.** The system is assessed as achieving a balance between stability and change processes at the level of mythology but not at the levels of pattern and action sequence. The metacommunicative statement reflecting the relationship between the variables might be, "We're stuck, but we know there is a solution out there."

Dysfunctional. A system which appears dysfunctional is assessed as achieving an imbalance of stability and
<table>
<thead>
<tr>
<th>Interactional Configurations</th>
<th>Mythology</th>
<th>Pattern</th>
<th>Action Sequence</th>
<th>Metcommunicative Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>The world is a complex place. Things are working fine now, but we'll deal with it if they change tomorrow.</td>
</tr>
<tr>
<td>Moderately Functional (1)</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>&quot;Whatever we are doing right now isn't working, but we know sometimes you have to get a new perspective, and we can address that.&quot;</td>
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<tr>
<td>(2)</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>&quot;We'll, we may see ourselves as something we are not, bit what we're doing is working right now, and if it doesn't anymore address it.&quot;</td>
</tr>
<tr>
<td>(3)</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>&quot;What's to address. Everything is working okay.&quot;</td>
</tr>
<tr>
<td>Moderately Dysfunctional (1)</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>&quot;We're doing the right thing for the wrong reasons and anything new will do us in.&quot;</td>
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<tr>
<td>(2)</td>
<td>-</td>
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<td>-</td>
<td>&quot;We know there's a discrepancy between who we are and who we think we are, but we can address it.&quot;</td>
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<tr>
<td>(3)</td>
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<td>&quot;We're stuck, but we know there's a solution out there.&quot;</td>
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<tr>
<td>Dysfunctional</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>&quot;We are stuck!&quot;</td>
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change processes at all three levels resulting in an incongruency of relationship definitions among levels. The metacommunicative statement reflecting the relationship among variables might simply be put, "We are stuck!"

Organizational example. The interactional realities of the alternative school are used to illustrate the application of the classification schema to organizational analysis. Each variable or level of interaction is analyzed for the reflected relationship definition, and the three variables are compared for the congruency of relationship definitions across levels to assess the overall adaptability of the school in relation to solving its current problem.

(1) Mythology. One relationship definition appears as "We are different and independent pioneers, fighting together against the bureaucracy of public education." However, the staff members are also responsive to a second and conflicting myth, which conveys the message, "We are accountable to the bureaucracy." A balance between change and stability appears operative though, as the staff seems able to acknowledge and integrate both myths. Thus, the analyst ranks the level of mythology as positive. (+)

(2) Pattern. The preferred relationship definition appears to convey the message of an interactional competitiveness over competence forming both rigid complementarities and symmetrical escalations around the
identified problem. Although this relationship definition seems to be countered with another definition reflected in the vicious cycle, one of defining relationships collaboratively, reflected by the confusing behavior of Carol, Michael and the Principal about who gets to make decisions under what circumstances, it is precisely the ongoing discrepancy between action as word and action as deed that signals a rigidity of relationship definition. Assuming recurrent observation of this escalating "stuck" cycle, the analyst ranks this level as negative (-) or insufficiently balanced between change and stability.

(3) **Action Sequence.** The preferred relationship definition is expressed as larger system participation (school staff and student plus the Board) in the problem. The definition conflicts with the definition reflected through the identification of the problem as "increasing misbehavior by students" and as something for the staff to solve. The rigidity of this discrepancy between the described participation and the observed participation leads the analyst to rank this level as negative (-) also.

To clarify the basis for comparison of relationship definitions across levels of interaction, a capsule summary of each level's definition is provided. Basically, at the level of mythology, the relationship definition states, "We
are pioneers joined together in this alternative educational effort but accountable to others." At the level of pattern, the relationship definition states, "We are not all in this together. It's you and me against them." At the level of action sequence, the relationship definition states, 'This is not a staff-joined together problem. This is a larger system problem." If the system were optimally functional, all definitions might be appropriate at some time -- plus other definitions -- but the same definition would be reflected across all three levels concurrently. The analysis of this problem-maintaining system would be that it is moderately dysfunctional with respect to its adaptability in solving the identified problem.

Summary

What is most immediately apparent in the outlining of the classification schema is the complexity of interactional processes. These configurations of interactional processes are not intended to rigidify these constructions and suggest "this is how to analyze a system." It is intended to assist the organizational analyst in expanding her repertoire of conceptualizations of interactional processes and responses and to link understandings of organizational analysis processes to the planning of change.
Summarizing Characteristics of the Model

This ecosystemic theoretic-based model attempts to provide a way to gather and order data and facilitate change in communicational processes in organizations. Three major characteristics are central to the model.

(1) The model presents three variables, action sequence, pattern, and mythology, understood as different levels of interactional reality. Each variable is conceptualized as describing a particular observational position vis-à-vis a communicational system. Observation from each position elicits different information about relationship definitions in a system. (See Table 4 for a summary of the descriptive foci of each variable.)

(2) The model hypothesizes that adaptability is a consequence of a defined system achieving a balance between change and stability processes at each level resulting in a congruency of relationship across levels of interaction. Less than optimal functioning is a consequence of a system achieving an imbalance between change and stability processes at one or more levels resulting in an incongruency of relationship definitions across levels. The analysis has implications for evaluating a system's ability to maximize its potential for autonomous problem solving, the extent of threat to it survival and the appropriateness of engaging a change practitioner.
(3) The model identifies processes of communication that operate simultaneously and continuously in organizations. The model does not attempt to delineate a typology of forms which defines an organization in more static terms. The hope is to provide a way not of categorizing the organization but rather of evaluating its particular problem-solving efforts in light of its own favored interactional processes. By the same token, any evaluation of processes as optimal is only intended to say that with respect to certain problem-solving efforts at this point in time, processes are optimally functional.

**Summary of the Chapter**

This chapter has presented the variables of the Ecosystemic model as a way to organize processes for organizational analysis. Chapter V links the analysis processes to the facilitation of change.
CHAPTER V

IMPLEMENTATION OF THE MODEL

Introduction

The main objective of this study is to develop a model of organizational change practice based on an ecosystemic perspective which links a theory of organizational analysis processes to a theory of change. Two of the guiding premises (1) that human communicational systems, of which organizations are one type, are defined by the redundancies of interaction among significant parts and (2) that change necessarily means a change in the form of the redundancies of interaction, provide the foundation for the implementation of the Ecosystemic model. In this chapter a conceptualization of four change processes, (1) assessment, (2) intervention, (3) feedback, and (4) evaluation, based on an ecosystemic perspective and illustrative applications of each process are presented. Implications of this conceptualization for consultative behavior are also developed.
Rationale for the Identification of Four Sub-Processes

Many models both in the field of family therapy, as well as in OD, either implicitly or explicitly conceptualize the four components or sub-processes of the change process identified in this study. Assessment is commonly accepted as the process by which a change practitioner gathers data and formulates a hypothesis about the nature and form of system functioning (Bross and Benjamin, 1982; Burke 1982; DeShazer, 1982; Levinson, 1972; Lippitt, Watson and Westley, 1958; Minuchin et al., 1974; Schein, 1969; Selvini-Palazzoli et al., 1980; Weakland et al., 1974). Although the term "assessment" is denotatively distinguished from "diagnosis", the two terms are frequently used interchangeably in the OD literature (Hausser, 1980). Those OD practitioners who utilize the term "diagnosis" are assumed to be referring to the same component as those utilizing the term "assessment." (Levinson, 1972; Lippitt, Watson and Westley, 1958; Schein, 1969)

Intervention is generally understood as the process of developing and implementing specific events or ideas to alter the identified problem situation (Argyris, 1973; Bross and Benjamin, 1982; Fisch et al., 1982; Huse, 1975; Minuchin and Fishman, 1981; Schein, 1969). The term "intervention" is frequently used to refer to both the process of planning and
implementing change strategies as well as to the particular strategies and techniques themselves. The dual usage occurs in this study also.

It is implicit in many models that observing or experiencing the response of the system to an intervention is important in monitoring the progress of the problem-maintaining system as well as the usefulness of the change practitioner's hypothesis and interventions. This subprocess, call feedback, is not always distinguished as a distinct process with its own set of methods for implementation. In family therapy models the interpretation of change practitioner behaviors would assume all behavior is simultaneously a message and feedback to a message, that feedback is what glues the system together (Keeney, 1983; Selvini-Palazzoli et al., 1977; Watzlawick et al., 1967; Weeks and L'Abate, 1982). In the field of OD it is more consistent with the field's accepted interpretation of systems as input-throughput-output phenomena in which feedback from output of one cycle determines what will be utilized as input in the next cycle, to define feedback as a distinct process (Bennis, 1969; Burke, 1982; French and Bell, 1978). However, as a part of the change practice process the term "data feedback" is generally used to describe the reporting back to the client system at the change practitioner of her assessment conclusions. In this part of the study, feedback is also distinguished as a distinct
component of the change process. In the ecosystemic perspective proposed in this study, the term is used to mean the response of the problem-maintaining system to the intervention experienced. The system responds, the change practitioner puts meaning to the response, and then reassesses the progress of the change practice relationship.

**Evaluation** describes the process of judging the overall progress of the client system toward problem resolution in terms of the model's criteria. This component is acknowledged as important in both family therapy and OD, but both fields also acknowledge the limitations of the current state-of-the-art in terms of distinguishing between short and long term evaluation (Bross and Benjamin, 1982; Burke, 1982; French and Bell, 1978; Gurman and Kniskern, 1981; Haley, 1976). Bross and Benjamin (1982) are the only family therapists who conceptualize evaluation as an ongoing sub-process of change practice and who formulate methods for its implementation. This researcher will also approach evaluation as a distinct component with methods specific to eliciting relevant information.

The four identified components of the change process are not unique in themselves. What this chapter will present is a different way to conceptualize the relationship among these components, that is, put new meaning to them, to facilitate the expansion of the change practitioner's repertoire of responses, that is, vary her action responses.
Interrelationship of the Four Components of the Change Process

The components of the change process describe the relationship between the change practitioner and the problem-maintaining system. The relationship definition of the two parts of the change practice system alters as the nature of the messages exchanged alters. In Chapter III, Premise 9 defined the relationship as a shifting complementarity in which each part is defined as either an expert or learner in relation to the problem-solving effort depending upon how and what information is being exchanged.

To review, assuming the position of expert means accepting the greater responsibility for directing the what and how of message exchanges. Acting as an expert does not necessarily call for making a direct statement to the client system affirming this definition. While there may be occasions when it is useful to directly say, "Let me take charge," the issue here is more of acceptance of responsibility for the nature of the information elicited. The change practitioner may, in fact, decide from the expert position that the best way to get the information needed is to act helpless. Assuming the position of learner means following the lead of the other in relation to the what and how of message exchanges. However, this is not a position of complete passivity. When the change practitioner assumes
this position she still accepts responsibility for sending messages which make it possible for the client system to reveal the information desired.

Each component is defined by a variation of the expert/learner complementarity. Assessment is equivalent to the relationship definition in which the change practitioner appears as expert and the client system appears as learner. Intervention is equivalent to the relationship definition in which the change practitioner appears as expert-learner, that is, as more expert than learner but behaves in a way to act as learner also; the client system acts as more learner than expert but acts as expert also. Feedback is equivalent to the relationship definition in which the change practitioner appears as learner-expert, that is, more learner than expert but behaves in a way to act as expert also; the client system acts more as expert than learner but acts as learner also. Evaluation is equivalent to the relationship definition in which the change practitioner appears as learner and the client system appears as the expert.

A two-fold value of this conceptualization for change practice is anticipated:

(1) By viewing the process of change as a process of shifting definitions of relationship, the change practitioner has a framework for deciding how and when to alter her behavior to accomplish certain tasks of the process.

(2) The change practitioner has a framework for
identifying and responding to her errors in the calibration of change and stability processes in the change practice relationship.

The whole process of change practice is a progressive process of shifting from defining the change practitioner as the expert and the problem maintaining system as the learner at the outset to defining the change practitioner as learner and the client system (no longer maintaining a problem) as expert (in relation to problem-solving within that client system) at termination. In keeping with the goals of change practice outlined in Chapter IV, upon dissolution of the change practice relationship the client system should be able to solve its problems autonomously. The change practitioner can no longer act as expert to a system of which she is no longer a part.

From an ecosystemic perspective this conceptualization of the components of the change process is, once more, a useful or pragmatic reality. The processes of any relationship are in continual flux, and the way they are punctuated is a product of the model imposed upon them. Thus, from an ecosystemic perspective these processes are "actually" inseparable, simultaneous and recursively interactive. Several family therapy and OD models have highlighted the simultaneity and interactive nature of assessment and intervention particularly (Argyris, 1973; Burke, 1982; DeShazer, 1982, Keeney, 1983; Schein, 1969;
Selvini-Palazzoli, 1980b). What is added in this formulation is a clarification of their constructed nature and the consequences of this particular construction for change practitioner behavior.

The next four sections will describe the four components in terms of the following foci; (1) a description of the component, (2) methods representative of each component and (3) an illustrative application of the component to change practice. A few more preparatory remarks about the four sections will be helpful:

(1) About the description of the component. This is not a methodological piece about how to do change practice. This section offers a conceptual framework for understanding the change process through an ecosystemic worldview. It should help future change practitioners who wish to work from this perspective organize their thinking about what they want to do, but it would not help them answer the question. "What do I do after I say 'hello'?"

(2) About methods. The methods described are merely an illustrative sampling of the possibilities. A few methods were described in relation to the explication of the three variables. While those identified in Chapter IV were linked to particular levels of interaction, all methods act to facilitate the recalibration of change and stability at all levels of interactional reality eventually. Methods may be in the form of an individual or group interview, written
exercises, performance of tasks, direct observation of behavior, or messages sent to system participants.

Methods are subdivided into two categories: (1) relationship enhancement and (2) change facilitation. The former work to maintain a stability of the change practice relationship while the latter work to generate "news of a difference" in the relationship which moves the client system toward a return to autonomous functioning. Necessarily, they are complementary procedures, and successful change practice is the consequence of a careful balancing in the application of both types of methods.

(3) About the illustrative organization example. The researcher emphasizes the word "illustrative" and clarifies that the examples are based on a retrospective analysis of a case of change practice conducted by the researcher. While the change process was based on an earlier stage of model development and the basic theoretical orientation has not changed, many concepts and assumptions have been integrated quite differently in this current stage of research. Therefore, analysis offered in the examples are analyses of earlier analyses and not of behavioral data gathered specifically through the researcher's current ecosystemic lens. As illustrative examples, each application of the component is described in terms of selective background helpful to understanding the rationale for the change practitioner's behavior and the methods utilized.
Assessment

Description. As expert, the change practitioner is interested in the generation of new information, that is, sufficient difference between the client system and change practitioner, to guide the change practitioner's plan of action for recalibrating the balance between change and stability processes in the client system. This is accomplished by taking charge of the nature of the information elicited from the problem-maintaining system and how that information is gathered. In other words, the change practitioner as expert would not initiate an assessment with the statement, "It is up to you what we talk about." An underlying belief of the model is that the organization (or relevant part of the organization) has been declared in need of assistance at least by one individual or small group and the change practitioner needs to respond in a way that says, "I want to reassure you that I can be helpful." That does not mean the change practitioner assumes the part of the organization requesting help is supported in his understanding of the problem or in his belief that there is a problem. She maintains a neutrality about the problem but a respect for a perceived need for change. This definition of expert contributes to a functional stabilization of the change practice relationship.

Concurrently, the change practitioner elicits informa-
tion to determine whether or not there is a definable problem, negotiates a workable definition of that problem, and begins to conceptualize relationship definitions at the three levels of interactional reality (action sequence, pattern, and mythology). To review, the three levels of interactional reality define relationships about the parameters of the problem-maintaining system, the solution cycles and punctuations of sequences, and the consensual set of beliefs which describe the client system's concept of purpose and worldview. The types of difference which will elicit this information are differences in perceptions about a time in the past with no problem and the present with a problem and the future with no problem, about participants opinions, personal qualities or abilities, about personal affiliation or about how participants pursue problem-solving.

This information gathering process culminates in the formulation of a tentative hypothesis about the congruency of relationship definition among levels of interaction and the overall adaptability of the system. The hypothesis takes the form of determining a relational meaning of the identified problem to all parts of the targeted system. The hypothesis itself may or may not turn out to be a useful formulation, but that is not the criteria for successful implementation of the assessment component. Unsuccessful implementation of the assessment component is signified by an inability to generate a hypothesis based on the information gathered at a given
point. Information could be too limited—insufficient difference is generated between the two parts of the change practice system—or information could appear too varied and disconnected—noise is generated between the two parts of the change practice system. The model would suggest that, if a hypothesis cannot be formulated at a point in time which the change practitioner calls a stopping point is assessment, then the relationship definition of the change practitioner as expert and the problem-maintaining system as learner has not been successfully negotiated.

Methods of assessment. Types of interview questions applicable to assessment were suggested in Chapter IV. This section suggests more generic forms of methods.

**Relationship enhancement methods.**

(1) Empathetic listening. The change agent conveys to the problem-maintaining system understanding and respect for their difficulties and efforts to resolve them. This may be done through direct verbal messages and/or nonverbal messages reflecting concern and seriousness about the system's dilemma.

(2) Identification. Finding areas of common background or interest can assist the change practitioner in reassuring the client system that she "knows them" and is "like them" and, therefore, can help them.

(3) Respecting differences. Each organization or
problem—maintaining part is unique to some degree. A change practitioner can strengthen the change practice relationship by supporting the client system's sense of itself as different. This can be accomplished through verbally inquiring about aspects of the system which differ from the change practitioner's experience, such as their cultural base or the particular service or product provided.

(4) Neutrality. Enacted through the style of interviewing, a position of neutrality enhances the relationship by conveying nonjudgment of the system's circumstances or about any member involved in it. It can be conveyed by a verbal statement of attitude but is most effectively transmitted through a form of interviewing which shows equal respect for everyone's opinion and contribution to the change practice process. (See the Circular questioning method.)

Change Facilitation Methods.

(1) Circular questioning. Also called triadic questioning, the change practitioner asks a question of one person about the relationship of the two others. This is most effective when all participants identified in the question are present for the interview, because the change practitioner can directly observe responses of the two that are not being questioned at the moment. These responses reveal conflicted and nonconflicted
definitions of relationship, convey an ecosystemic view of system behavior to the client system and begin to make overt previously covert relationship definitions. The method can be utilized, however, in a single-person interview but needs to be done carefully not to send a message that difference is best dealt with indirectly, which is usually the way it has been dealt with in less than optimally functioning systems.

(2) Enactment. This method "removes" the change practitioner from the exchange of messages about the problem definition. It requires a group format for application. The change practitioner asks participants to discuss the problem as if she were not present. Enactment elicits information about the variety of definitions of the problem, the recurrent sequences and meanings ascribed to behavior.

(3) Exploring previous solutions. The change practitioner can learn about the variety of solutions the client system has used to solve other problems as well as the currently identified problem. The line of questioning not only assists her in knowing what not to do, it also generates information about the sequences of behavior that form the problem-maintaining cycle. Different explanations about what has been tried and why the solution may have failed are highlighted, revealing conflicted definitions of relationship across levels of
interaction.

(4) Analyzing historical data and the organization chart. The documents reflect the collective memory of why the organization began and what its operating philosophy has been. Analysis of this data provides access to historically derived interactional redundancies and information about difference between the past ideology and present behavior.

Organizational example.

**Background.** The example to follow is intended to demonstrate how the thinking and behavior of assessment were implemented at one point in time during the chosen case of change practice. Given that this model is based on the assumption of the recursivity of the components, the researcher cannot provide an illustration of a single all-encompassing assessment. Unless presenting a complete case study and arbitrarily designating the first meeting of the newly formed change practice system as the beginning, the researcher cannot choose a time called the beginning and assume that assessment began then. What the illustration does demonstrate is assessment at one identified point of time in the course of change practice. This assessment resembles the illustrations of the analysis processes provided in Chapter IV since the analysis processes are the processes applied to assessment. However, in this
section more emphasis is placed on linking the methods of assessment and the change practitioner's thinking process.

The organization, the Women's Health Collective, was a seven member female project group under the auspices of a larger funding institution whose task was organized around feminist issues. The membership included: Janine and Sarah, co-directors; Grace, an outreach educator; Liz, a public relations coordinator; Beth, a program evaluator; Sue, a bookeeper; and Nancy, a secretary. All staff appeared extraordinarily dedicated to the project and unquestionably competent to be doing the jobs they were doing.

The analyzed point in assessment began with the initial phone contact which came from Sarah, one of the two co-directors of the project. She indicated that everyone has agreed that there were serious communication difficulties and members were experiencing a great sense of urgency about the problem, but, nevertheless, negotiating a time when everyone could meet was very difficult.

All seven members came to the first meeting. One member, Liz, came a half hour late having previously told Sarah she thought she might be late due to another appointment, and ten minutes before the agreed upon time for the first meeting to end, announced she had to leave.
exactly on time for an unavoidable commitment. All six remaining members turned in apparent anger toward Liz.

Methods. Relationship enhancement methods of empathy and identification were engaged. Empathy was conveyed through understanding of how important this problem was to everyone and, as a feminist group, how much it must hurt to feel sisters were not getting along. Identification was achieved by the change practitioner's sharing of their feminist principles and appreciation of the project they had undertaken.

Change facilitating methods were implemented through the interview form and focused around four questions: (1) What is (are) the problem(s) as each woman sees it (them)?, (2) Why was it decided that now was the time to call in a change practitioner?, (3) How was it decided to call a change practitioner?, (4) What solutions have been tried to solve this problem?

These questions reflect the expert position on the basis that the change practitioner decided what she needed to know and directly pursued the information. Digressions from these questions or responses which went beyond the immediate information requested were blocked through empathizing with the sense of urgency and desire to have the change practitioner catch up to their familiarity with the problem but affirming her need to learn about "this" first.
A summary of the analysis of interactional levels is presented:

(1) **Action sequence.** Description of the problem by organizational members included a lack of understanding, caring and respect for the demands of each other's jobs and for personal commitments and issues in each others' lives. The sequence itself revealed that the exchanges of messages were no more frequent between any two participants with the exception of message exchanges between the co-directors. All messages were directed to the change practitioner, even if the comments were about someone else in the room and even upon the request of the change practitioner for members to address comments directly to the identified individual. Every member aligned with every other member in opposition to every other member at some point with the exception of the consistent alignment of the co-directors with each other. When Sue challenged their "united stand" other staff members provided support for it. Then Liz "acted out" by asserting abruptly the importance of starting and stopping the session on time because of her personal commitments. All members turned against her for acting as if their relationships were not important.

Because of the shifting responses apparent in this observation and the limitations of the data derived from a retrospective analysis, action description sequence is
difficult to depict diagrammatically. The more general form of the action sequence as reflected through the variable pattern is presented instead which combines recurrent sequences around a variety of themes. (See Figure 8).

(2) **Pattern.** The meanings that emerge appear to convey messages about how much closeness and separateness is desirable among members. When ascribed with this meaning, the action messages of agreement reflect a request for closeness and messages of disagreement reflect a request for distance. Looked at from this observational position, one sees an escalating spiral of attempts to modulate interpersonal distance through messages of agreement and disagreement which are responded to by the co-directors with a united front. When the system appears threatened with a runaway by Sue's confrontation of the directors' exclusive closeness, Liz's extreme distancing stabilizes the system, uniting everyone in agreement against her with Liz trying to defend her stand. Members are engaged in a symmetrical escalation over who can set the rules over closeness and distance among members in this organization with the preferred definition appearing as "I am close to you, but I won't admit it."

(3) **Mythology.** The proposal for obtaining seed funding for the organization stated that the mission of this
FIGURE 8. Problem-maintaining pattern in the Women's Health Collective.
organization was to promote sex equity in the treatment of women in the health delivery system. Essential to the accomplishment of this task was the promotion of a belief in a woman's personal power and her right to participate equally in decisions about her health care. These values were to be replicated in working relationships within the group. The proposal was written by the two women who subsequently became the co-directors of the organization. Analysis of the organizational chart (see Figure 9) reflects beliefs in both collaboration (a model of equal influence) and hierarchy (a model of unidirectional influence) to guide the exchange of information. The individual responsibilities of the co-directors as identified from this data alone reflect a confusion over who-is-in-charge-of-what. The preferred definition appears as "Everyone is equal, but the co-directors are more equal."

A point of clarification is added now to pave the way for an illustrative example provided in discussing the feedback component. When the analysis was originally performed the preferred definition at the level mythology was analyzed as "All participants are equally close and involved." This influenced the hypothesis that was generated which was later revised based on the new mythology definition identified as "Everyone is equal, but the co-directors are more equal."
Hypothesis. The hypothesis formulated by the change practitioner was that the only way members knew how to participate was through excessive closeness. As a consequence the only way they knew how to gain distance from each other was through conflict among all members, which can be very hard to take and threatening to the system's survival. When that happens in this organization, one person relieves the pressure by "pulling out" (as Liz did) which reunited members in anger at the "outsider."

What was not revealed through the assessment at this point was whether or not Liz was always the one to "pull out" or if others "pulled out" also. The hypothesis implied that the responsibility for pulling out would rotate, but the evidence was not clear.

Conclusion. This organization was assessed as moderately dysfunctional since definitions of relationship appeared functional at the level of action sequence and dysfunctional at the levels of pattern and mythology. The parameters of the problem, as defined at the level of action sequence, appeared functional. The general consensus that the communication problems were basically with each other or focused on intrasystemic relationships appeared consistent with the action sequence identified. This system reflected a flexibility to differentiate between problems which
included other systems and those that did not. However, at the levels of mythology and pattern preferred definitions appeared rigidly stabilized and definitions across levels appeared incongruent.

Implementation of the component at this point in change practice would be evaluated as successful since a hypothesis could be formulated which included all participating parts of the defined client system.

**Intervention**

Description. The change practitioner assumes the expert-learner position complementary to the client system's learner-expert position to implement the intervention component. The interest of the change practitioner is in taking steps to interrupt the dysfunctional interactional regularities through testing of the hypothesis formulated through assessment. As the expert-learner she is in charge of designing and implementing the intervention in order to learn about its fit with the problem-maintaining system. In other words, the expert position of change is in the hands of the change agent. The learner position is considered a secondary but integral part of the relationship definition because the goal of intervention is to generate more information by receiving responses from the client system, in contrast to assessment in which the goal is to generate information in order to continue generating new information.
The basis of all intervention is the recontextualization of action and meaning from an ecosystemic worldview. This recontextualization provides a different concrete experience of relationships which ultimately alters meanings ascribed to action or ascribes a different meaning to action which subsequently provides the stimulus for new action. As implied through the explication of the analysis processes, the relative emphasis on action and meaning in the design of intervention strategies will vary depending upon the observational focus of the change practitioner. No intervention is ever devoid of meaning or action, though. A hypothesis, by definition, is the placement of relational meaning to observation and, therefore, an intervention has to be based on meaning. Simultaneously, an intervention in the form of a message about meaning is an action by the act of delivering the message. However, in the construction and presentation of an intervention, the use of meaning and action to alter behavior does vary. At the level of action sequence, in which intervention is conceived through concrete experience, the meaning—or rationale—applied might be as simple as, "I, the change practitioner, think this task will be helpful," or "I would like you to try an experiment." At the level of mythology, the intervention is generally a message formed of an ecosystemic explanation of behavior which may conclude with an instruction for participants not to change (act). At the level of pattern, the intervention
might include an elaborate reframing of current behaviors accompanied by a suggestion to do or not to do something.

Whatever the form of the intervention the intent is to begin to interrupt current interactional regularities and to have the problem-maintaining system begin to experience new meanings and/or action. At the level of action sequence, this interruption would appear as a reordering of parts and an alteration of the span of time between message exchanges. At the level of pattern, escalating solution cycles and accompanying punctuations are interrupted, and a new cycle is initiated. At the level of mythology, the rigidly stabilized set of beliefs is challenged and given new meaning. If the old set of beliefs no longer have the value they had previously then new beliefs have to be generated or acknowledged to accomplish what the system values. These new beliefs will begin to be reflected in action. No intervention strategy is designed to give the final solution to a problem but simply to facilitate an expansion of options for problem-solving. The solution is in the "hands" of the system.

Successful intervention is assessed by the change practitioner's ability to formulate and implement a change strategy. If the hypothesis formulated led to the development of a strategy which took in all part of the defined system and could be implemented without any part of the client system experiencing the intervention as partial or
without dissolving the change practice relationship before the intervention is delivered, the component is evaluated as successfully implemented. Conversely, unsuccessful implementation of this component is signified by the inability of the change practitioner to formulate a change strategy and follow through with implementation. The model assumes that successful or unsuccessful implementation of a component is contingent upon successful calibration of the preferred relationship definition of the identified change process position. In the case of intervention a sufficient balance is achieved in the expert-learner/learner-expert complementarity.

Methods. In explicating the analysis processes, methods of intervention were conceptualized as either taking a position symmetrical or complementary to the client system's responses. A few change strategies were identified to illustrate problem resolution at each level of interaction. In this section further examples of methods are offered organized by the purpose of maintaining stability or facilitating change in the change practice relationship. The relationship between the two types is interactive in that the application of one type of intervention without the other is what results in unsuccessful intervention. A few of the intervention strategies identified earlier are included again to highlight their multiple applicability and for integrative purposes.
Relationship enhancement methods.

(1) Using the language of the system. Every system develops its own style of communication whether it is through so-called "buzz words" exclusive to a field or particular expressions that describe relationships. The change practitioner can be "heard" better in introducing difference if she does it through the accepted style and expressions of the system.

(2) Split opinions. To stabilize the change practice when the problem-maintaining part appears to challenge the definition of the change agent part expert, the change agent can "split her opinion" between two parts of herself or between herself and another expert. This calls for offering a hypothesis in the form of an opinion but suggesting there is some agreement with the hypothesis and some disagreement with the hypothesis by herself or among experts. This encourages the participants to feel they have a choice about accepting the opinion or not and to perceive the relationship between them and the change practitioner as symmetrical.

(3) Taking the one-down position. This method serves the same purpose as the split opinion. By presenting an idea, task or hypothesis about the system's situation from a posture of non-expertise, the participants may be more receptive to the message than
Change facilitation methods.

(1) Positive connotation. This is both a relationship enhancement and change facilitation method of intervention which not only puts a new meaning to relationships and a problem but alters meaning from something that is bad and an interference to something that is good and important. It is not sufficient simply to tell the participants that the problem they have is good for them, but rather it must be explained in a way the comments on everyone's individual contribution and/or its relationship to the system as a whole. This method can stimulate simultaneously two different qualitative responses in the participants. It can soften the emotional reactivity of participants to the problem situation while jolting them to look at each other less blamefully since everyone's behavior is validated. However, it can also stimulate anger in participants that their view of someone or something that was previously regarded as bad and at fault is not being confirmed.

(2) Rituals. The ritual is a task which prescribes performance of the client system's rigid mythology. Accompanied by very specific instructions of when, where, how and what to do, the ritual is intended to
surface definitions of relationship which have previously remained covert. The prescribing of behaviors evokes the sense of confusion and incompatibility of definitions across interactional levels and increases the likelihood of recognizing the impossibility of the situation. This recognition, whether overtly acknowledged or not acts to interrupt previous interactional realities.

(3) Paradoxical prescription. The paradoxical prescription provides an instruction to the participants which appear oppositional to the goals of the change practitioner. It is accompanied by a rationale or reframing of the situation which generally suggests that going in the direction of change at "this" time, in "this" way, in "this" place or at "this" place, would be problematic. The change agent may instruct the participants to continue as they are because consequences for which the problem—maintaining system is not ready may occur, to perform the problem intentionally or to continue with the current action but to carry out another action simultaneously which is incompatible with the first.

(4) Restraining change. A variation of the paradoxical prescription includes the method, restraining change. Premature enthusiasm by participants for signs of change or mistrust of changes occurring can be
met complementarily with an intervention which supports caution about too much change, too quick a change and which may suggest a return to the "old ways."

(5) Illusion of alternatives. The change practitioner offers the participants two alternatives, either of which is conceptualized to have a positive outcome. The success of this intervention is contingent on the relationship definition of the change practice system being calibrated so that the participants do not experience themselves as having the option not to do either of the alternatives. The substance of the intervention offers one alternative which reframes no change as having one position meaning and change in the direction the change practitioner requests as having another positive meaning.

(6) Providing information. Problems do occur as a consequence of lack of information. Sometimes simply filling in a gap of knowledge acts as a reframe of a situation, expanding the reality base from which to select responses. This is a symmetrically positioned method.

(7) Unbalancing. The change practitioner can shift out of a position of neutrality temporarily to support a particular message behavior in a participant. This needs to be balanced by equal support for others at another point in time. Such unbalancing serves to
interrupt sequences which blame individual members for the existence of a problem and redefine relationships.

(8) Complementarity. Complementarity reframes a situation by highlighting that the two sides of a conflicted relationship are parts of a larger whole. The change practitioner delivers a message that each side of the conflict serves some helpful purpose to the other side. The conclusion of the message provides a task or instruction that suggests a way to appreciate the difference in the other or to behave like the other.

Organizational example.

**Background.** The formulated hypothesis at this point in the change practice relationship was a modified version of the initial hypothesis: The participants in this system, the Women's Health Collective, were having trouble defining how to be business partners and friends simultaneously. The only solution that members could come up with was choosing one definition or the other because it was clear that, in their experience, if you shared a second definition also, the first would suffer.

The researcher experienced this system as rigidly loyal to its belief system and highly protective of the sisterly relationship of the co-directors. It seemed that any direct challenge to that myth identified in the hypothesis was rejected. The change practitioner decided that an intervention which would indirectly
challenge the belief that relationships could only be
defined as business partners or sisters and would allow
the participants to experience ambivalence and confusion
about that belief would be appropriate.

**Methods.** Based on this rationale a variation of the
circular questioning technique was assigned as a
homework task. The task was introduced using a
relationship enhancement method, using the language of
the system. Based on discussion about "respecting the
boundaries of the co-directors' sisterly relationship"
and the staff preference business-like boundaries among
them" the change agent decided to use this term to
introduce difference. The term emerged from the staff's
familiarity with organizational theory which applies the
term to describe the nature of the affiliation between
parts of a system, although "parts" refers to discrete
units rather than to messages as in family therapy.

Each member was asked individually to determine if
the boundary between members of each dyadic combination
was too tight, meaning too involved, or too loose,
meaning not involved enough, or just right. Then, each
member was to ask herself, "If things were to get
better, would the boundaries between each dyad get
tighter, looser, or stay the same?

The intervention itself implied a belief that
relationships do differ, and it is okay to wish for
something to be other than it is. The process of feedback is discussed in a separate section, but, briefly, this intervention appeared to begin to interrupt the myth that staff are business partners and co-directors are sisters, and "never the twain shall meet." A longstanding conflict between Grace and Beth was openly acknowledged. This conflict was experienced as very painful to the co-directors as a consequence of their differing affiliation with Grace and Beth. Nancy, as the oldest of the group, missed not being regarded as the "mother" anymore and felt particularly estranged from Janine. Liz felt her personal concerns kept her removed from a more than business-partner relationship not with anyone except Sarah, since their work kept them in touch she acknowledged feeling pressured by suggestions that she was not a full member of the Collective as a consequence of her stance. Sue stated she missed a sisterly relationship she used to have with Janine years before that was now a business-partner relationship in this setting. Only Sue directly challenged the closeness of the co-directors for which everyone else provided support.

Although responses to intervention are discussed under the feedback component, it is noted here that following this task, a number of moves began to be made by members toward each other in both professional and
personal arenas. From the standpoint of the goals of intervention, the implementation of this component was evaluated as successful because a systemic-based intervention could be designed.

Feedback

Description. The feedback component organizes information about the client system by the change practitioner defining the relationship as a learner-expert/expert-learner complementarity with the change practitioner assuming the former position and the client system assuming the latter. The focus of the change practitioner is on the responses of the client system to interventions introduced in order to evaluate the fit of the intervention with the client system's interactional reality. Response to an intervention which fits will reflect an interruption to previously accepted meanings and action of the system. From each observational position, the responses to an intervention will "look" different. At the level of action sequence, a change in the ordering of actions or the span of time between actions as well as different actions may be seen. At the level of pattern new solution cycles accompanied by new punctuations of behavior may be seen, and at the level of mythology new shared beliefs may begin to be reflected through verbal or nonverbal action. Responses to an intervention which does not fit will most often be cast off by the system, and
previously maintained meanings and actions will persist.

Successful implementation of this component means experiencing "news of a difference". Success is not determined, however, by whether or not the interactional behavioral sequences are altered. Any difference which either begins to alter behavior or provides new information to generate further hypothesis is the criteria for success. Unsuccessful implementation of the feedback component means only sameness was experienced.

The change practitioner is defined as operating predominantly from the learner position since her goal is to absorb "news of a difference" from the problem-maintaining system. She is not actively introducing new information into the system. However, she still retains, but to a lesser extent, the definition of expert because her intent is to utilize the new information in order to make further decisions about the process of change. The client system's part of the complementary change practice relationship is defined as expert-learner since the client system is expert on determining if the intervention is useable and learner in terms of offering information in order to receive more information.

Methods. Methods for implementing this component are not distinguished in the theory of family therapy since feedback is not identified as a distinct component. An additional consideration for not creating recontextualizing-
type methods, might be that, when operating from a predominantly learner position, the follower posture requires more passive appearing, less distinguishing behaviors. This researcher offers some suggestions of established family therapy-type behaviors which might be utilized in implementing this component.

**Relationship enhancement methods.**

(1) Observation of affect. The change practitioner looks for change in emotional responsiveness both immediately after an intervention is presented and at the beginning of the next meeting. Any unplanned contact with participants, such as telephone calls from members between meetings, is monitored for its responsiveness to an intervention. Difference in response may range from extreme enthusiasm to strong anger, hurt, or sadness. Attentiveness to affective responses can also convey respect for the difficulties of change.

(2) Neutrality. As a feedback response, the posture of neutrality also conveys a respect for the possibility that the system may feel caught off-guard, as it were, and their immediate responses will not be judged critically, either as badness or weakness.

**Change facilitation methods.**

(1) Reports on assigned tasks. If a task has been assigned to be carried out in the interim between
meetings, the change practitioner should find out if it was performed, who performed it, how it was carried out, what happened, and, if it was not carried out, why not? The change practitioner is interested in both whether or not the task was performed and the explanations and description of what happened around its performance.

(2) Unsolicited comments and affective responses to message forms of interventions. When a message without a specific task is delivered, frequently the change practitioner does not ask what happened to it but hears from the client system participants as expert-learner what they thought about it and their perceptions of its impact. Generally, the change practitioner remains true to the learner-expert position and receives this information without offering explanations or judgments about the system's responses.

Organizational Example.

**Background.** The following illustration of the feedback process is based on an intervention delivered twice in the form of a task at the end of the first and second meetings. The task was derived from the hypothesis described in the illustrative example of assessment component. The intervention attempted to challenge the apparent guiding belief that "In the Women's Health Collective, all participants are equal." Complementarity, an intervention method which attempts
to facilitate change from a symmetrical position was utilized. The task required staff members to make a joint list of what they would need from the co-directors and the co-directors to make a joint list of what they would need from the staff to improve communication in the Collective.

Methods. For two consecutive weeks, the consultant began the meeting by asking about the performance of the task. The co-directors had completed the task the first week. The staff had not completed it by the second week and offered explanations such as, "I forgot," "I wasn't clear what to do," "I couldn't get a hold of anybody," and "I did my own list." The co-directors appeared exasperated with the staff, and the staff seemed apologetic but not the least bit disappointed with themselves. Since they did not seem to respond with anger at each other, nor at the consultant nor thought the task was a problem, the change practitioner interpreted this non-compliance as an indication that she had supported the preferred relationship definition.

The feedback component was evaluated as unsuccessfully implemented since no difference was observable. The change practitioner returned to the position of expert to elicit more difference.
**Evaluation**

Description. The change practitioner organizes information from the learner position when applying the component of evaluation while the client system assumes the expert position. The interest of the change practitioner is in having the client system show what it has learned. In other words, evaluation judges the cumulative progress toward the recalibration of change and stability processes in the client system. In contrast to the components of assessment and intervention, in which the change practitioner is looking to generate difference and does not know what will appear, in the implementation of both feedback and evaluation, she knows how to distinguish between behaviors at earlier and later points in time, although she may not know specifically what difference will appear. As learner, the change practitioner minimally guides the system to provide the information desired while as expert, the client system has the relevant information about the changes that have taken place. Participants know whether or not the problem still exists, what new problem-solving processes have been engaged, and what beliefs the system now embraces. This does not mean participants would necessarily describe these changes from an ecosystemic perspective, but that is not a criterion for successful transformation of the system's interactional processes. For example, a participant might report, "The production department has designed a better method for
scheduling output." It would not be particularly necessary or useful for the system to be able to report that production and marketing are no longer engaged in a symmetrical escalation over competence."

Evaluation is not only conducted in relation to termination of the change practice relationship. It is implemented regularly during the course of change practice to answer the question, "How close is this system to achieving autonomous functioning?" The answer to that question is guided, as indicated above, by information about the continued identification of the defined problem, the persistence of the same "wrong solution cycles" and accompanying punctuations of behavior, and the maintenance of a too rigid belief system. As a response to evaluation, the change practitioner resumes the expert position of assessment or terminates the change practice relationship.

Termination of the change practice relationship as a special case of evaluation, may occur spontaneously or planfully. In negotiating termination, the designation of the client system as expert does not mean the participants in that system unilaterally decide when and how to terminate. While that may occur in situations where the relationship between the two parts of the change practice system do not achieve a successful balance between change and stability processes in general, conditions of termination are agreed upon from the assessment position and become the framework
for the evaluation position, and therefore, are a product of a bilateral agreement.

Methods. As a consequence of the change practitioner's assumption of the learner position, methods are general in form and designed to support the system's return to autonomous functioning. A couple of methods to be suggested have been identified in describing methods of other components but are repeated here because of their applicability to evaluation as a demonstration of their versatility and as a consequence of the lack of attention given to evaluation as a distinct component in the field of family therapy. It is also equally true that the family therapy literature does not offer methods specifically designed for implementing evaluation.

**Relationship enhancement methods.**

(1) Assuming a one-down position. From the position of evaluation this means the consultant gives the client system credit for the changes made as opposed to taking credit oneself. This may include maintaining a puzzled or surprised stance about how much participants have accomplished accompanied by a cautiousness about being too competent, too fast. This is an application of the intervention method, restraining change.

(2) Providing support for strength. The consultant may more directly affirm the strengths and accomplishments of the participants and encourage them
to continue in the direction chosen.

**Change facilitating methods.**

(1) Direct Observation. The change practitioner can observe changes in affect in individuals and among individuals determining if tensions have eased where they previously existed or if earlier evidence of sadness, depression or disappointment have been replaced by cheerfulness and greater hopefulness.

(2) Reports on the frequency of occurrence of the identified problem. Participants can report directly on whether or not the defined problem still exists. The focus is on the reduced frequency of the problem in keeping with the goal of beginning new forms of interactional process and with the view that systems are in continuous flux.

(3) Ask participants, "What do you do instead of the problem?" This question inquires into alternative action sequences the system has begun to explore. It not only offers a means of assessing if the system's repertoire of responses is expanding, but it also gives the system an opportunity to experience its own strengths and accomplishments. At times unplanned for desirable changes are also noted.

(4) Reanalysis of the three levels of interactional reality. While it seems like a thin line between assessment and evaluation to suggest the change
practitioner reanalyze the three levels of interaction, it is the difference in the methods used to elicit this information and the goal of evaluation that makes the distinction.

Organizational Example.

**Background.** The following example is based on a monitoring of feedback responses which reflected movement toward cooperative efforts among members on work related projects and movement toward sisterly relationships among members through social arrangements of the Colective. Simultaneously, a contract for an eight-session change practice relationship was approaching the last session.

**Methods.** All the methods identified were utilized. The change practitioner had concerns that the changes noted had not sufficiently stabilized. In the hopes of supporting stabilization of the new processes, she introduced the intervention, restraining change, to prevent disappointment at the first sign of recurrence of difficulties and hopefully to perpetuate the new solutions that were effective. The change practitioner also suggested a one month follow-up meeting which was met with enthusiasm. The changes identified through evaluation were:

(1) Participation by all members of the Collective was focused on work and play and not on the problem, as
reflected previously by anger focused on particular individuals who acted unsisterly. In fact, the action sequence in which a member would act in a way that appeared to reject a personal investment in other members of the organization and to elicit a response of unity in anger against her, no longer occurred.

(2) The co-directors appeared to begin to differentiate themselves as having different styles, responsibilities and desires. The other staff members began to approach each of them on different concerns and to feel as if they had more access to them. Teams of either self-selected staff members or one director and a few members were able to form to accomplish particular tasks, and a regular staff meeting time was scheduled for the first time in two years. This change seemed to reflect an increased variety of solution cycles or a rebalancing of change and stability processes at the level of pattern. However, the change practitioner had strong reservations about how long accessibility to the co-directors would be maintained since there was discussion about creating a new position of a project director who would coordinate the staff and report to the co-directors. The plans for making a decision about that position were cautiously well-received by the staff, but the outcome could not be unknown at that point in time.
(3) The mythology had shifted from, "This is a place where you can only be business-partners or sisters to, "This is a place where you can be both sister and business partners, but relationships can differ."

Follow up and Conclusions. To complete the picture of this change process, however, follow-up data are provided. The researcher notes that at the one month follow-up members still reported satisfaction and no problems. However, at a six-month follow-up by telephone to five members the change practitioner learned that a project director had been hired a few months earlier, and anger was now focused on the individual in that position for a variety of offered reasons. The issue of access to the co-directors focused on the staff's feelings of being betrayed by the co-directors. After a choice was made to hire someone through a collective decision-making process, the co-directors hired someone else, said the staff. The co-directors expressed feeling that the staff had sabotaged the position and the person in the position.

An analysis of the case analysis from the current developmental stage of the researcher's thinking about an ecosystemic perspective would suggest that the value of the inseparability of the co-directors in relation to the separability of the other staff members for system survival was not adequately addressed. While the staff appeared to be able to establish more varied relationships among themselves
apart from any commitments to either director, the response to this change of staff behavior was met with a response to create a project director position. In short, the changes that occurred were first order, not second-order changes.

Summary of Characteristics and Implications of the Change Process

The value of a particular conceptualization of the change process lies in its helpfulness for guiding change practitioner behavior. A basic premise of this model-building effort is that by developing an ecosystemic change practice model which links an interactional conceptualization of analysis processes to an interactional conceptualization of the change process a change practitioner will expand her options for behavioral responses to problems in organizations. Five implications of an ecosystemic perspective of the change process are suggested:

(1) The model assumes that change means change of interactional regularities in problem-maintaining systems. In evaluating a client system's progress, the view helps the change practitioner to distinguish between first-order and second-order changes. First-order changes are generally accompanied by the appearance of a "new" problem in the problem-maintaining system through which old redundancies are maintained. If the change practitioner identifies changes as
first-order changes, then the change practice relationship is evaluated either as unsuccessful or incomplete.

(2) A second basic assumption of the model is that the problem-maintaining system and the change practitioner form one system evolving interactional regularities of its own. Thus, if one part changes the other part must change also. The implication of this assumption is that a client system's noncooperative behavior or responses of no change cannot be explained through a linear description of "resistance" or "insufficient motivation." If the client system does not change, then the change practitioner must accept responsibility for behaving in a way that does not sufficiently fit with the client system's interactional processes.

(3) A corollary to the assumption of the interactional relationship of the change practice system is the belief that a successful change practice relationship is the consequence of achieving a useful balance between stability and change processes in relation to solving the problem of the client system. If no difference or only noise is elicited between the two parts of the change practice system, then the implication is the change practitioner needs to recalibrate the balance. This is accomplished by shifting definitional positions in terms of the expert/learner complementarity. While how to shift and toward which position to shift are not conceptualized at this beginning developmental point of the
model, the researcher tentatively hypothesizes that an evaluation of no difference calls for a shift to a more expert position, and an evaluation of noise calls for a shift to a more learner position. The thinking behind this hypothesized implication is that experiencing too much correspondence between the systems means the change practitioner must take charge to generate more information. A system will continue to show its familiar interactional processes unless the change practitioner introduces difference. An evaluation of noise signals that the change practitioner has elicited what appear as too many bits of disconnected information and that her methods for generating difference are not sufficiently focused. Thus, she might do better to let the system show her its stuck processes again to being able to make connections among bits of information.

(4) The model assumes that not only the moment to moment exchanges between the two parts of the change practice system shift between expert and learner complementary positions, but the overall change practice relationship shifts from the change practitioner being defined as expert to the client system being defined as expert, with each assuming the learner position as a complement to the other's expert position. The researcher believes this way of organizing the change practice relationship does more to affirm to the client system a respect for the difference or growth of the client system between the beginning and end of
the change practice relationship. It also helps to define the relationship as time limited and problem-focused rather than as a permanent relationship, one in which the change practitioner returns periodically "to put out brushfires." This latter type of relationship would be seen as problematic from an ecosystemic perspective and nonsupportive of the client system's return to autonomous functioning.

(5) The reader has been reminded a number of times that in this model reality is simply a useful description. If the change practitioner bears that premise in mind, she will maintain an attitude of tentativeness about whatever she "sees." Flexibility of response and the ability to achieve a balance between change and stability processes is of ultimate importance. Holding rigidly to a hypothesis which elicits responses that reflect no difference can result in a symmetrical escalation between the two parts of the change practice system over who knows this system best—or premature termination.

(6) What may be frustrating for the student of change practice is that as he hones in on what appear to be the specifics of consultative behavior is that the specifics seem to become more general! That appears to be the final implication of this model: No ecosystemic theoretic-based model can outline specific behavioral responses, only general forms of response. The rest of change practice in organizations—and other human communicational systems—is
left in that gray area of the change practitioner's experience. More detailed specifications of behavioral response become applicable in only carefully defined and limited situations and lose their general applicability to problem-maintaining systems in general.

Summary

The Ecosystemic Model of Organizational Analysis and Change Processes (Figure 10) conceptualizes change practice as a process in which two autonomous systems, a change practitioner system and a problem-maintaining system merge into a hybrid system to facilitate problem-solving in the client system. The dilemma of the change practitioner is to be able to establish sufficient correspondence between the two parts of the newly formed system to maintain a stability of relationship while establishing sufficient separateness between the two parts of the system to facilitate change. The function of a set of analysis processes is to provide a framework for maintaining separateness or observing the system, while the function of the set of change processes is to provide a framework for maintaining correspondence or participation in the system. The process of change practice is a recursively interactive process of shifting between observer and participating positions.
CHAPTER VI

CRITICAL ANALYSIS AND IMPLICATIONS

Introduction

When the task of the dissertation was begun—at some undefinable point in time called the beginning—the purpose was to take steps toward building a model for facilitating change in organizations based on assumptions, concepts, and strategies of structural and strategic models of family therapy. One question which surfaced a number of times as the researcher's thinking evolved, was whether this was to be a model for organizations, as defined in this dissertation, or human communications systems in general. A compromise was chosen. Organizations were chosen as the form of human system with which to illustrate the applicability of the emergent model because of the assessed need by OD theoreticians and practitioners for a systems theory-based OD change practice. The model itself, though, does not describe interactional processes in organizations specifically. The focus of the study emerged as taking steps to develop a model which might describe human communicational processes broadly enough, but with sufficient complexity, to be applicable to organizations and other human systems. The researcher's own experience with friendship systems, residential environments
and helping systems has continued to maintain her interest and optimism in the more general applicability of ideas from systems theory-based therapeutic models to non-therapeutic systems.

The second gnawing question which influenced the direction of this study was whether to test the applicability of one family therapy model or to use "pieces" of different models. The author concluded that family therapy models would be too incomplete in their individual forms to adequately address the complexities of relational behavior in other human systems. Writers in the field have agreed that the various models have virtues and limitations (Sluzki, 1983; McKinnon, 1983; Stanton, 1981a; Todd, 1984) but they disagree emphatically about the possibilities of integrating models. The literature provided support for the idea that by developing a meta-theoretic framework rather than trying to integrate models a more comprehensive model could emerge.

Thus, this study ultimately researched two areas in highly formative stages of development: (1) developing a theoretical framework of "higher level premises" (Fraser, 1984, p. 43) which integrates assumptions, concepts and strategies from structural and strategic models of family therapy, and (2) developing a model for analyzing and facilitating change in human communicational systems of which organizations are one type. It is hoped that these undertakings contribute to creating new realities in both the
family therapy and OD fields and can expand the repertoire of alternatives for their respective change practitioners.

The critique of this study proceeds in two parts: (1) a critique of the model and implications for further research, and (2) a critique of the research itself and implications for further research.

**Critique of the Model**

In the development of the Ecosystemic model, this researcher has attempted to integrate, in a unique way, a number of assumptions common to structural and strategic family therapy models. The potential usefulness of the model lies in its expanded view of reality and the explicitness of its set of premises which hopefully offers the change practitioner both a clarity about the ecosystemic perspective of change practice and a flexibility in the facilitation of change. Four main premises provide the core of the difference between this model and other family systems theory-based models:

(1) **All behavior is composed of two descriptive frames of reference—action and meaning.** While mutually reflexive, the two frames are not necessarily isomorphic. They are always complementary, though, and however many positions of observation are defined, all observations fit together to make a whole.
(2) What the observer "sees" depends on where the observer "stands." Models, by definition, are the perceptual stance of the model-builder. What is unique to this model is that the observer takes multiple perceptual stances by shifting her focus on action and meaning frames of reference vis-à-vis behavioral phenomena.

(3) As a corollary to the second assumption, when problems form and persist, relationship definitions appear increasingly discrepant at different observational positions. The pain and confusion that people in organizations often experience when a problem exists, are the consequence of experiencing that "things are not what they seem to be," in other words, discrepancies between levels of interaction. Participants, then, define themselves as victims in a situation they can neither leave nor change.

(4) No one is outside the system. This assumption is reflected in the definition or name of the model, the descriptions of the analysis variables, and the descriptions of the components of the change process. Change practice is the process of the interweaving of parts of two systems which evolve to form a new system with redundancies of its own. The task of the change practitioner part is to sufficiently vary her behavior in order to remain within the constraints of this system while challenging the limits of these constraints to facilitate problem-solving in the client system part.
A few other premises underpinning the model raised questions for further thought, though. For example, the author tried to extract what was applicable to all human systems from the family therapy models' conceptualizations of family development. This left the model's view of development based on the broad assumption that development is a process of continually evolving interactional regularities which interface with events experienced as difference. This difference—or transitional event—is responded to either by transformation or persistence. If observing from the level of mythology, no further meaning or organizing of action through a model is necessary. The system will reveal what is important in its development. However, that seems too simplistic and not sufficient for description at the level of action sequence and pattern. The formulation of stages of the family life cycle has been influential and helpful in "explaining" family behavior in family therapy. Much further study, both theoretical and empirical, is needed to assess whether the delineation of the stages of an organizational life cycle from an ecosystemic perspective is possible and important.

Central to the model, also, is the premise that healthy systems achieve a balance between change and stability processes, in other words, demonstrate a responsiveness to new information while knowing what sameness is important to preserve for the system to survive. "Logically" then, an
unhealthy system must have achieved an imbalance in change and stability processes, inclining toward excessive change or excessive stability. The four family therapy models and the Ecosystemic model refer to dysfunctional systems as reflecting rigidly stabilized relationship definition. An inconsistency of assumptions is apparent.

The argument can be made that excessive change does "exist", but that it depends on what order of feedback is being identified whether one sees stability or change. For example, an organization which holds to a mythology that "innovation is good," may take on many new projects within a short period of time. An action sequence revealing intense over-involvement of members might be evaluated as too much change. On the other hand, the repetitiveness of the cycle might be seen as stability. The researcher has chosen to look for excessive stability because of the overall emphasis on the redundancy of behavior and "stuckness" of problem-maintaining systems which is reflected in structural and strategic family therapy models.

The researcher also has discomfort with conceptualizing the goal of change practice as to-stop-what-is-going-on-but-leave-it-up-to-the-client system-to-decide-the-solution. This somehow conveys the idea that the change practitioner—and her model—are value-free. From a theoretical perspective, that myth contradicts the myth that all behavior reflects contextual meaning. By the very act of asking
ecosystemic type questions (circular questions, for example) or intervening through a positive connotation, the change practitioner is sending a message that this is an interactional problem and, therefore, must have an interactional solution.

Pragmatically also, it is possible to imagine a system choosing a solution which this researcher might anticipate as having negative interactional consequences. She would feel compelled to address it in some way. This issue of professional judgement came up in working with the Women's Health Collective. When the solution of creating a project director position was suggested by the co-directors, this change practitioner had reservations about it. All members were asked to express their personal view of the advantages and disadvantages—and the change practitioner expressed her view of the positive and negative interactional consequences.

A qualifying statement needs to be made also about the ecosystemic perspective of change practitioner responsibility. A worldview which assumes all parts of a system are recursively and reciprocally influencing but simultaneously states the change practitioner must take charge of the change process, appears to place all the responsibility for success or failure on the behavior of the change practitioner. Interpretations of the client system's failure to change as "resistance" does not fit with the ecosystemic reality. However, it is important to be a little easier on the change
practitioner. The successful interweaving of the two parts of the change practice system is a precarious venture and very much a product of the converging of actions, meanings—and good timing. Just because a part of a particular organization decides help is wanted does not mean that a workable state or readiness exists. In ecosystemic terms, this means that the continuous movement of system behavior, in both action and meaning frames of reference, come together differently all the time and, some times are better than others for intervening—both for the change practitioner and client system.

One objective set forth for the model was teachability. Having personal experience of learning family therapy over several years, this researcher is cautious in assuming that the model, as it is elucidated in this study, can be taught to someone not well-versed in family systems theory-based models. Even less so can the neophyte hope to apply this model in practice. The ideas are complex. The model's virtue may be in its respect for the intricacies of communicational processes and change, but one limitation is that is cannot be taught in a weekend seminar.

This does raise the question then, "Under what circumstances is this model most applicable for facilitating change?" Proponents of family therapy models highlight that what makes those models potentially more powerful in changing families (in the hands of skilled practitioner) is the
"paradigm shift" implies in the models. The strength of the perspective is in the broad conceptualization of the problem which helps to understand what else is working to support the maintenance of the problem besides the behavior of the individual or individuals defined as having the problem and the reality attributed to problem behavior which is so different from the reality of the "stuck" family. Models of family therapy were formulated in relation to families displaying highly rigid interactional regularities (Haley, 1981; Minuchin, 1967; Selvini-Palazzoli et al., 1977). Thus, it might be that this model is best applied when all else has failed, when a problem has persisted for a long time and many other solutions have been unsuccessfully tried. The longer the problem has lasted, the less workable are solutions of "reason," education, and direct advice.

The Ecosystemic Model is defined as a meta-model which integrates "higher level premises" (Fraser, 1984, p. 43) to subsume assumptions and concepts of other systemic models. It does not, however, subsume structural and strategic models within it. The levels of interaction are not equivalent to the variables of previously constructed models with the exception of the level of pattern which is equivalent to the variable of "solution cycles," in the Brief Therapy Model. In applying this variable pattern, though, the researcher tried to make more explicit the relationship between action and meaning than emerges from the Brief model. Whether the
Ecosystemic Model is received as an attempt to build a meta-model, or, a combining of models or model integration remains to be seen.

Whether the variables will pass the test of theoretical rigor is also beyond this researcher's ability to judge. From an ecosystemic perspective this model-builder can only evaluate her constructs of meaning through her own worldview. It is impossible to step out of the reality constructed in this dissertation to examine the model from any other perspective.

However neat the constructed variables of the model appear on paper, even to the researcher's eye, she can "see" they have not been adequately tested for their usefulness or fit in describing behavioral phenomena in problem-maintaining organizations—or other human systems. The focus of this study has been on a model-building effort, and applications of the model's reality to organizations remained illustrative rather than "proof-oriented." This is both a limitation of the model and the research, and while anticipated (see Chapter I) cannot be minimized.

Critique of the Research

Beyond the already cited issue of the lack of empirical data in this research, a number of other more general research issues need further exploration. First, the worth
of a change practice model is assessed not only by its
effectiveness in facilitating change but if and how it offers
something different from existing models. The focus of this
dissertation was on the model-building itself rather than on
providing evidence of its differentness, either in theory or
practice. Neither a comprehensive review of organizational
literature in OD models nor a comparison with any models
individually was undertaken. The rationale for the study was
derived from an overview of the state-of-the-art in OD and
characteristics of some OD models. There is an unstated
implication in this research that the Ecosystemic Model is
different from other models of communicational processes and
it may offer more than just a link between OD theory and
practice. This work does not provide adequate support for
those assumptions, and the issue of difference needs to be
addressed through both theoretical and applied comparative
research.

Equally lacking is a methodology for putting the model
into action. The description of the components of the change
process provides a conceptual framework for organizing,
evaluating, and altering problematic behavior through a
change practice relationship. What is missing is how the
change practitioner should proceed, or, "What should she say
after she says "hello?"

Finally, more serious consideration needs to be given to
the issue of the differences between organizations and
families and the impact of those differences upon change practice in each field. The researcher chose to take as an assumption, in agreement with Selvini-Palazzoli et al. (1975) and Watzlawick et al. (1967) that families and organizations, as examples of human communicational systems, are operationally similar enough to be described by the same body of theory. However, a number of theoretical and methodological questions about differences between the two types of systems pertain to this more general issue.

First, how does the issue of a member's ability to exit from an organization versus a family member's inability to leave the family affect ecosystemic theoretic-based change practice? There is no doubt that individuals routinely become unhappy in organizations and leave or outgrow their jobs and move on to other organizations quite untraumatically and with a very complete and final separation. This is not so in families.

It is possible for a problem in an organization to be resolved by the firing of a particular individual, with the involved participants feeling pleased at the outcome and former employee being very unhappy. The organizational participants may feel no responsibility or further connection to that individual. In a family, the departure of one member on bad or unhappy terms, impacts all members of the family.

It is also possible that an individual's departure may actually solve a problem for an organization—even if he
leaves on bad terms. Again, in much of family systems therapy theory it is implicit that leaving home on bad terms can have long term adverse consequences (Haley, 1980; Minuchin, 1967). However, it may be equally true that any given organization may evolve interactional processes dysfunctional enough that the way the parts respond to each other reduces individual perceptions that exiting is even an option. In working with the Women's Health Collective, at one point the change practitioner asked each member why she stayed. The explanations varied from financial security to belief in the mission of the organization, but it was the change practitioner's judgement that each person was "caught" in the ongoing struggle, for whatever reason. The issue may be, as in families, what are the interactional realities when a problem persists, that is, how rigid are the interactional regularities?

The issue of the arrival and departure of membership in organizations may be tied in with the issue of how differently organizations and families define "survival." In families, survival is defined by the "growing up of individuals to function adequately in the larger social context." In organizations, the concept of purpose presupposes a commitment to serve other systems, not just itself, through the creation of a product or service. It would seem the crucial consequence of the difference is that an organization's first priority is the preservation of the
identity and form of itself, and the second priority is the well-being of the individual. The family's first priority is the well-being of the individual and the second priority is the preservation of the family. (The power of this myth is convincingly reflected in the delivering of a positive connotation which reframes any family member's symptomatic behavior as a self-sacrifice in the cause of family stability. A well-designed and delivered positive connotation conveying that message elicits anger, denial of such a connection between behaviors—and a reduction in symptomatic behavior.)

Like survival, competence appears to take on different meaning in families and organizations. By competence, this researcher is describing an entity which refers to the technical and personal skills needs to perform a job. Competence is a criterion for becoming a member of many organization (but by no means all organizations), but is not at all a criterion for being a member of a family. In an organization the retention of someone who inadequately performs a job can become a problem. The commitment to the organization's identity would predetermine that the solution is to remove the individual from this position either by firing or change of position. However, there may be instances when incompetent appearing behavior may be a consequence of dysfunctional interactional processes and firing or relocating the individual may or may not resolve
the problem. How to distinguish between genuine incompetence in the situation and incompetence appearing behavior is worth more scrutiny.

The final issue related to differences between organizations and families concerns the applicability of some of the suggested techniques and strategies, particularly those designed to express an opinion complementary to the client system's opinion, i.e., taking a stance of "do not change now" in the face of the client system's request to "change us now." Several of these techniques facilitate change through the generation of anger and provoke a determination to prove the change practitioner wrong. Whether or not the change practitioner will find the change practice relationship abruptly terminated in further empirical research, the researcher has experimented successfully with presenting interventions in a way that generates confusion but no anger by taking a one-down position when delivering a message. Further consideration needs to be given to how to adapt the techniques of the Ecosystemic Model.

At this stopping point in the reflexively interactive process of model-building and application, evaluation of the model-building part of the process raises a number of theoretical and methodological issues to pursue. As a consequence of the theoretical focus of this study, the conclusion drawn from the critiques of the model and the research in general, is that these issues would be most
research in general, is that these issues would be most fruitfully addressed through applied research as a next step. The researcher's bias is that even the theoretical problems would benefit from being viewed in an action context and would possibly take on new meaning.

Final Comments: The Place-Rather Relationship of an Ecosystemic Epistemology in the Pursuit of Knowledge Today

What has been produced in this dissertation is simply another punctuation of reality. This punctuation does not claim to offer ultimate truths about the world and human relationships, simply useful ones. Other realities are not judged as invalid, but there is an assumption that all realities based on a linear epistemology operate at a lower order of abstraction and can be subsumed within an ecosystemic epistemology.

This worldview, which assumes there are no final realities, emerged as a response to worldviews that preceded and will ultimately be replaced by one that is more inclusive. There is a place—rather relationship—in the pursuit of knowledge, between all currently identified paradigms and "out there" which can be described by a reality that will subsume both ecosystemic and linear epistemologies at a higher order of reality.
In the zealous pursuit of the value of her ideas, however, the researcher is inevitably bound by her own ecology. It seems only fitting that final support for the perspective promoted throughout this research be drawn from the researcher's reality.

The means by which one man influences another are a part of the ecology of ideas in their relationship, and part of a larger ecological system within which that relationship exists...In fact, the problem of how to transmit our ecological reasoning to those whom we wish to influence in what seem to us to be an ecologically "good" direction is itself an ecological problem. We are not outside the ecology for which we plan...we are always inevitably a part of it. (Bateson, 1972, p. 504)

The emerged Ecosystemic Model of Organizational Analysis and Change Processes remains on the edge of holding promise for the field of OD and possibly beyond, if not in its current form, then in an improved form. In general, the theoretical development of the model appears emerged to a form worthy of application. That has been the task of this research, but if it is the accomplishment of the task that stands out, then, ironically, the researcher has not succeeded. If it is the larger context which remains in the mind of the reader, then the researcher has been successful.
NOTES

(1) (Chapter I, p 10) The founders of the Milan group have more recently formed two separate groups, both still working to refine the Systemic model but focusing on different aspects of clinical work. Selvini-Palazzoli and Prata concentrate on research while Boscolo and Cecchin focus on teaching and training. References to these four key figures will continue to identify them as "the Milan group."

(2) (Chapter I, p. 10) The term "structural" with a small "s" is used to refer to the general category of models that are described by this term. Both Salvador Minuchin and Maurizio Andolfi have been associated with developing models that fall within this category. Most references are made to Minuchin's model, though which is signified as "Structural" with a capital "S."

(3) (Chapter I, p. 23) References to a few unpublished sources are made in this dissertation who are part of a network of colleagues who have shared interest, thinking and pursuit of doctoral work in the area of applying family therapy theory and practice to organizational theory and practice. These individuals have strongly influenced the direction of this study, and, are therefore referenced.

(4) (Chapter II, p. 58) Reference is made to Judith Reed’s dissertation earlier in this chapter. It is not included in this literature review because the writing is still in process, and this researcher only had access to pieces of an early draft.


Fraser, J., "Structural and Strategic Family Therapy: Basis for Marriage or Grounds for Divorce," *Journal of Marital and Family Therapy*, 1982, 8, 13-20.


Todd, T., "Integration or Disintegration? I Choose Both," Journal of Strategic and Systemic Therapies, 1984, 3, 3-5.


APPENDIX A

HISTORY OF FAMILY THERAPY
HISTORY OF FAMILY THERAPY

The four schools of family therapy presented are Structural Family Therapy identified with Salvador Minuchin and the Philadelphia Child Clinic, Problem-Solving Family Therapy identified with Hat Haley and Cloe Madanes of The Family Therapy Institute of Washington, D.C., The Brief Therapy Project, identified first with Don Jackson, John Weakland and Jay Haley and later with Paul Watzlawick and his colleagues at the Mental Research Institute in Palo Alto, California, and Systemic Family Therapy identified with Mara Selvini Palazzoli, Giuliana Prata, Luigi Boscolo and Gianfranco Cecchin at the Center for Family Studies in Milan, Italy. There are other schools of family therapy which see themselves as systemic therapies and give credit to General Systems Theory for their theoretical base but these four have been clustered together in graduate training programs, in family therapy journals and as an identity among family therapists. Practitioners typically identify themselves as "structural and strategic family therapists," the term "strategic" encompassing the second, third and fourth school named above.

This clustering is not purely by whim. While much of the seminal work in family therapy was occurring separately and concurrently in different corners of the world, these pioneers eventually all met. Over the past fifteen to twenty
years they have kept in touch, worked together, challenged each other and been resources to each other. The work of each has informed the work of the others, and the overlap of ideas is apparent in studying the models. The reason for selecting this particular cluster of systemic therapy models because they diverge most clearly from other therapies in their understanding of change, and the conceptualization of change represented by them is one of the unique features of the model to be developed.

To provide a background for understanding the similarities and differences between the models in the present, their historical roots will be briefly traced. Stemming from the combined impact of the post Korean War, an emphasis on the sanctity of the family and the growing disillusionment with the effectiveness of individual therapy, the 1950s saw the beginning of an interest in family therapy (Guerin, 1976, p. 2-3). This interest sprang up in separate parts of the country, almost secretively, until about 1960 when a few therapists began publishing their work, bringing a number of research projects in touch with each other (Haley, 1972).

One such major research project was the Bateson project beginning in 1952, not as a family therapy project at a veteran's hospital in Palo Alto to study communication. This research brought together people of diverse backgrounds: Gregory Bateson, the anthropologist, John Weakland, a
chemical engineer and cultural anthropologist, Jay Haley, a
graduate student at Stanford, Don Jackson, a psychiatrist,
and for a short while William Fry, a psychiatrist. The group
began with a curiosity and predisposition toward applying
General Systems Theory and Cybernetics, as coined by Norbert
Weiner, to their general study of communication (Roberts,
1979). One primary direction of the project was to study
levels of communication. Bateson's application of Bertrand
Russell and Alfred Whitehead's Theory of Logical Types to the
analysis of messages was the precursor to the evolution of
communication theory. One basic axiom of this theory is that
a class of things (i.e., all cats, all governments) and a
single member of a class of things (i.e., my cat, the U.S.
government) are at different logical levels and to treat them
as if they are at the same level will result in problems
(Bateson, 1979). The consequences of Communication Theory
are to distinguish between two levels of logical typing in
messages, at one level is the content of the message, at the
next higher level is the definition of the relationship.

Applications of these concepts shifted from the general
study of communication to family communication as a result of
the interest of the researchers and confinement by funding to
the study of schizophrenics' communication patterns (Roberts,
1979). Don Jackson's arrival at the project in 1954 moved
the focus in a clinical direction. A split in interest among
the researchers culminated in the demise of the Bateson
project in 1962. In addition to disagreement about conceptualizing functioning in families, Bateson continued to be interested in learning in systems and Haley was interested in behavior and communication (Haley, 1981).

A theory of therapy did not emerge until Jackson founded the Mental Research Institute in 1958, joined shortly after by Haley and then Paul Watzlawick, a Jungian analyst (Roberts, 1979). The focus was on families from the early 60s until the mid 70s when they began to believe that conceptualizing communication in systemic terms was more important than the number of people in the room. Over the years, two major questions organized their research: "How do you know the outcome of therapy?" and "What is the nature of change?" (Roberts, 1979). The results of their research have been highly influential among the four models being examined. While Communications Theory did not directly provide a theory of therapy, the model that emerged from this project, the Brief Therapy Model, takes as the basic premises that symptoms are messages that only have meaning within a context and that the concern of a therapist is with pragmatic or behavioral effects of behavior rather than their antecedents (Fisch, Weakland & Segal, 1982).

In the late 60s and early 70s at the Center for the Study of the Family in Milan, four analytically trained psychiatrists, Mara Selvini Palazzoli, Giuliana Prata, Luigi Boscolo, and Gianfranco Cecchin, were exploring the effects
of bringing in family members when providing therapy for young women with anorexia nervosa. Very influenced by their psychoanalytic backgrounds, they were hesitant to bring a whole family together. Selvini and Watzlawick met at a conference in 1969 which provided the impetus for a visit by Watzlawick to Milan to share the findings of the Bateson project and the work of the Mental Research Institute. The direction of the work in Milan shifted to the development of a systemic model based on Communication Theory. They have remained family focused and most research has been with anorectic or schizophrenic families as opposed to the wider range of research efforts undertaken by the Mental Research Institute. Also focused on symptoms as communication, the Milan Group views a symptom as functional to the family and to the maintenance of the transactional patterns which support the family rules. The rules reciprocally support the transactional patterns which maintain the symptom (Selvini et al., 1978). When Watzlawick visited Milan again in 1974, he judged their work had surpassed the work at the Mental Research Institute (Roberts, 1979). The impact of the Milan group in this country on at least two major family therapy training institutes, the Ackerman Family Therapy Institute in New York and the University of Calgary Medical School's Family Therapy program attests to the level of sophistication they have brought to the field.

Jay Haley's work provides the link between structural
and strategic family therapy. In the mid 60s Haley left the Mental Research Institute to learn from Salvador Minuchin in Philadelphia and through two training programs under his supervision, daily commuting to the clinic together and growing from student-teacher to colleagueal relationship over ten years, Haley integrated his Communication Theory background with Structural family therapy and brought Communication Theory to Philadelphia. In the early 70s he and his wife Cloe Madanes began the Family Therapy Institute in Washington, D.C. Central to their view also is that a symptom is part of an interactional sequence and serves a protective function within the system. However, as opposed to seeing it as simply helping to maintain a transactional pattern in accordance with the family rules, they also see the symptom as a metaphor for the person's situation in relation to an interpersonal context (Haley, 1976). The influence of Minuchin comes through in their emphasis on hierarchy in the family and seeing problems as a consequence of a dysfunctional hierarchy (Haley, 1976). Although Haley and Madenes have been categorized with the Mental Research Institute and Milan groups as strategic therapists, Haley directly acknowledges and expresses indebtedness to the Philadelphians for their contributions to his thinking.

What differentiates Minuchin and his colleagues from the other three schools historically is the process of learning and development. The Mental Research Institute, Milan and
Washington groups began with a theory—Communication Theory, developed from General Systems Theory—and applied it to therapy. The Philadelphia group experimented with interventions and attached them to theory later (Roberts, 1979). Minuchin's work began in the early 60s with boys in a residential treatment center, from poor, multiproblem families. Discouraged by the lack of long term effects of therapy when the boys returned home and having read some of the early work out of Palo Alto, he introduced the idea of seeing families at the Wiltwyck School. A psychoanalyst by training, Minuchin made a gradual transition from using individually-oriented terminology to beginning to look at the family as a system and a problem as being a regulatory device of the system. Structural family therapy formally emerged in 1974 with the publication of his book, *Families and Family Therapy*. In it, he credits Haley for the influence he has had on his work through their daily commuting together. The results of the collaboration are felt in Minuchin's interest incommunication sequences within an interpersonal context, but the emphasis shifts to structure as the organizing dimension of his therapy (Steinglass, 1978). Transactional patterns are assessed in terms of their appropriate or inappropriate support of the family hierarchy and how well they modulate the distance between people. The symptom is also perceived as serving a function for the family, usually the preservation of stability.
The reversed processes of development of the structural
and strategic schools have consequences beyond those
mentioned thus far for the understanding of family processes
and change of those processes. (See Appendix B). Haley and
Madanes (1977) give an idea of the different directions the
two divisions pursued:

...there were basically two branches of therapy
developing out of the communication approach; one
was structural, emphasizing the hierarchical
organization in the family and describing
different communication structures. The other was
the strategic, also emphasizing organizational
structure but focusing more on the repeating
sequence on which structures are based. (1977, p.
95)

General Systems Theory and Communication Theory are not
the only interdisciplinary theories to have impacted the
innovators of family therapy, but they are commonly
acknowledged as the major guiding theories (Roberts, 1979;
Steinglass, 1978; Watzlawick, Beavin and Jackson, 1967).
APPENDIX B

ASSESSMENT AND INTERVENTION IN THE
STRUCTURAL, PROBLEM-SOLVING, BRIEF, AND
SYSTEMIC MODELS OF FAMILY THERAPY
By assessment in meant the means for gathering data. "Assessment" is preferred to the term "diagnosis" to describe the components of data collection and the organization of the data because of the connotation of a finality and truth of understanding about the system in the latter term derived from its Greek origins in which "diagnosis" means "to know." Assessment connotes a tentativeness in one's conclusions and an anticipation of a change of view with added information.

Underlying a method of assessment is a philosophy about a working method. The following discussion will include a statement about the philosophy of each model's working method and then how the philosophy (or theory, if you will) translates into action.

The four models are united by common systemic-based assumptions:

(1) According to Haley (1980) one of the distinguishing features of strategic therapies (in which he appears to include the structural school) is the planfulness of the
work. That planfulness includes an assumption that the therapist needs certain types of information which are gained by assuming an active position to learn about the interactional patterns of families and the families' reactions to the therapist's questions.

(2) The therapeutic process calls for ongoing integration of the system's feedback and reassessment of the direction of therapy.

(3) All four models see the primary question as "What is the key disabling dysfunctional interaction sequence?" Expressed as "the wrong solution cycle" by Watzlawick et al., (1974) as "the system metaphor" by Haley and Madanes (1976, 1981) and as "the nodal point in which the greatest number of functions essential to the maintenance of a system converge" (Selvini et al., 1975, p. 49), the therapist is looking for the recurrent loop which contains the problem behavior. Although the structural school focuses on negative feedback loops and the strategic school focuses on positive feedback loops all are problem-focused on their assessment goals. All believe that therapy progresses more smoothly when people feel the problem they came for is being attended and that if the vicious cycle which includes the symptom can be altered, then the system will probably transform itself to cope with other problems (Tomm, 1982; Haley, 1976; Fisch et al., 1982). The divergencies among models will be revealed in the discussion to follow.
The Structural Therapy Model

Assessment is most clearly formalized in Structural family therapy. If the therapist assumes that problems are a consequence of a dysfunctional structure, then the task of the therapist is to identify a version of that disabling structure. Since conceptualizing family relations in terms of structure is like stopping time as if one were photographing a sequence, then it is understandable that the therapist would want to capture such moments within a single frame of observation. Therefore, she creates opportunities for gathering that information within the session, having the family enact the dysfunctional structure in the room. This is often done by having the family members talk to each other in the room about the problem or performing the problem and attempted solutions the way they would at home. The therapist is likely to shift from discussion of the symptom to relationships in general, though.

When she feels she has sufficient information, the therapist conceptualizes the system through a mapping system. A family map is an organizational scheme. It does not represent the richness of family transactions any more than a map represents the richness of a territory. It is static, whereas the family is constantly in motion. But the family map is a powerful simplification device, which allows the therapist to organize the diverse material that he is getting. The map allows him to formulate hypotheses about areas that may be dysfunctional. It also helps him determine therapeutic goals. (Minuchin, et al., 1974, p. 90)
The components of the assessment process which form the map and generate hypotheses are:

(1) **Identifying the subsystems.** The therapist defines subsystems in the family by generation, tasks, and sex which determine her criteria for healthy relationships.

(2) **Boundaries.** The quality of the boundaries is assessed by how information flows between subsystems or between the system and its environmental or outside systems. Some standard symbols used in mapping boundaries are:

(1) ______ represents a **clear** boundary. This is considered a "normal" boundary.

(2) ______ represents an **overly rigid** boundary signifying disengagement.

(3) ______ represents a **diffuse** boundary signifying enmeshment.

The ideal family would look like this:

![Diagram of family structure]

(3) **Affiliation.** Assessment on this dimension reflects the affectional quality between dyads in the family. While the dyad may consist of more than two people, the relationship being assessed is two parts of the whole.

(1) husband ______ wife. This indicates a clear and appropriately close affiliation.

(2) father ______ daughter. This indicates an overly close affiliation.
(3) mother ——— son. This indicated a conflicted affiliation.

(4) daughter^ father. This indicates a coalition of several family members against one another.

(5) daughter / father. This is the author's own added notation for a covert coalition. Minuchin's symbols do not distinguish between covert and overt coalitions.

Mapping symbols are also used to integrate the data through triadic configurations. The system may be mapped as a whole or broken down into triadic units.

Here is a mapping of a hypothetical "whole" family system:

```
Child 2
Mo ————
Fa

Child 1
```

In this system the family is too closed to the outside world. Mother and father are in conflict with each other. Each parent has a close affiliation with one child and a conflicted affiliation with the other. Blown up as one would
conflicted affiliation with the other. Blown up as one would with a photograph to isolate the triads, one might see the following:

The therapist then asks herself the question, "what function is the presenting problem serving for this system?" If in the diagrammed hypothetical family, two chronically bickering children were being presented, a possible general hypothesis might be that the children are protecting their parents' relationship by each taking on the battles of one parent, providing a forum for the struggles that need to be aired while preventing Mom and Dad from saying or doing anything they might regret. The triadic maps indicate that overly close relationships exist between each parent and one different child, with the parents estranged from the child close to the other parent. However, when the children fight with each other, the parents unite with each other and form a coalition against the two children.

The goals of the therapist might include loosening the boundaries between the children, clarifying then between the parents and the children, loosening it between the husband and wife and between the family and other systems.
The Brief Therapy Model.

Assessment in the Brief Therapy model is the most problem-focused. Thus the questions are designed to elicit concrete answers which reveal the symptom-maintaining behavioral cycle, although the procedure itself is not clearly delineated. The assessment format presented is one formalized by this therapist and her colleagues (Terry, Schumm, and Kurinsky, unpub., 1981). The following data are elicited from the client(s):

(1) **What is the nature of the problem?** The therapist looks for a description in concrete behavioral terms. Problems such as "I'm not happy" or "we can't communicate" are not acceptable, because they defy evaluation of success. To concretize the definition of the problem further, the therapist may ask, "What would you like to be doing that your problem interferes with doing?"

(2) **Who else is involved in the problem?** The assumption therapist is that this problem has meaning in an interpersonal context. Even if the whole family is present, it is still important to know if any outsiders such as a community agency or friends have been involved. If the client is an individual and insists it is just her problem, the therapist asks "Who else is worried about this problem?" or "Who has tried to help you with it?" Of the people involved, the therapist wants to know "Who is most stressed by this problem?" This is important for knowing where the
greatest leverage is in the system, and who will be most receptive to intervention.

(3) **What solutions have you tried?** This is the central question. The therapist tries to ask in detail about attempted solutions, tracking the sequence by asking, "What did you (your mother, your husband) do then and after that...and after that?" The value of this question is twofold. First, the "wrong solution cycle" is usually revealed with several attempted at first-order change solutions informing the therapist what not to do. Second, the question conveys a respect for the client's efforts and helps him feel a part of the problem-solving effort. From the information generated, the therapist should be able to visually represent the feedback loop cycle.

(4) **When did the problem begin? How long has it been going on?** This question helps to identify how the problem fits into the developmental life cycle of the family. The therapist may also ask "Why do you think this problem is occurring now?" She is not looking for the cause but rather for the family's punctuation of events which is necessary for planning interventions which are intended to alter the reality of the system.

(5) **Non-verbal communication.** This is data gathered by observation and is not commented upon to the clients. There are no suggestions for how to organize this information, but basically the therapist is looking for discrepancies in
levels of communication, i.e., between the report and command levels. Drawing upon Bateson's premise that "information is a difference" (1979, p. 68), the therapist is interested in discrepancies to assess meaning in context for this system.

6. What would be the smallest amount of change that could happen that would indicate things are getting better? This method of goal-setting sets the range for a brief therapy contract, clarifying to the clients that the goal is not to make life perfect. Rather, the goal is to get the family back on track and then have it continue on its own.

Chapter 6, "Case Planning," in Tactics of Change (Fisch et al., 1982) follows closely the idea incorporated in this assessment. Assessment in the Brief Therapy model differs from the other models in two respects. First, it does not posit any function to the symptom, either benevolent or malevolent. While identifying the wrong solution cycle is actually hypothesis formation, the model does not seem to maintain the same experimental and tentative attitude toward it as the Milan model does.

The Systemic Therapy Model

The interviewing method of the Milan group has become their unique contribution to family assessment. The objectives of developing their method were twofold:

1. Selvini et al. wanted to develop a method that was consistent with the systemic paradigm.
They wanted to dispel a prevailing mythology that successful work in therapy is contingent upon certain abstract and unlearnable qualities in the therapist such as "charisma" or "intuition." (Selvini et al., 1980)

The essence of the approach is to regard the therapeutic process as a recursive cycle of assessment and intervention in which the feedback from each successively narrows and frames the next move of the therapist. Assessment, intervention and feedback are interchangeable behaviors in the same way that action and reaction are. In other words, they are convenient labels that punctuate the sequence but are all part of an ongoing interactive process.

The principles guide the interviewing process: hypothesizing circularity and neutrality.

(1) **Hypothesizing** is the process of forming a working conceptualization of the systemic relationships around the symptom based on the current level of information that the therapist processes (Selvini et al., 1980). The goal of hypothesizing is to come up with a formulation that strikes at the nodal point of "the game without end" and answers the question "How does this symptom help solve a problem for everyone in this family?" From the first phone contact with a family member, the group formulates a hypothesis for the initial visit which frames the nature of the questioning. The primary question for the first session is, "Why is this family presenting for therapy in this way at this time?"
The interviewing will focus on the symptom itself and tracks the behaviors of family members asking questions such as "When Johnny has a seizure (the symptom) what does Father do...and what does Mother do when Father does that.. and then what?" Each question is intended to explore connections between behaviors that may be meaningful in that system.

Three criteria for the hypothesis must be maintained:

1. The hypothesis must always be systemic in nature and include everyone involved with the symptom, even members of the extended and community (Selvini et al., 1980).

2. The hypothesis is never given directly to the family since it is assumed that at some level the family knows what it is doing, but the rules of the system prevent members from acknowledging that awareness.

3. Lastly, the hypothesis is a tentative formulation to guide the interviewer to learn more about the family. It is a useful reality and no matter how many times it is revised, it will only achieve a greater or lesser contextual fit, not a final truth about the family.

Circularity is the quality of the interviewing process that helps the therapist get information, "news about difference," based on the feedback absorbed.

That which we call circularity is therefore our consciousness, or better yet, our conviction of being able to obtain from the family authentic information only if we work with the following fundamentals:
1. Information is a difference.
2. Difference is a relationship (or a change in the relationship). (Selvini et al., 1980, p. 8)

Triadic formulations in the questioning are a powerful way to elicit information about difference. The format is to ask one person about the relationship of two others in the family. Also called "gossiping in the presence of others," the Milan group often conduct entire interviews this way to get a better sense of the circularity of the relationships, explaining this is very effective in bypassing family resistance to presenting information (Selvini et al., 1980)

Three types of difference are elicited:

(1) difference between individuals in a family in their opinion or perceived characteristics, e.g., "Who gets most upset when Johnny has a seizure?"

(2) difference between relationships, e.g., "Who is closest to Grandmother—Mother or Granddaughter?"

(2) differences in relationships over time. This may refer to past, present or future time, e.g., "If Johnny were to stop having seizures, would Mom and Dad be closer, further apart or stay the same?" (Tomm, 1982)

Circular questioning encourages responses from all members, even children, and conveys the idea that everyone's opinion matters.

(3) **Neutrality** refers to the nonjudgmental stance of the therapist in relationship to what the family offers. This
does not presume the therapist has no personal values but is a deliberate pragmatic stance which is intended to ally with everyone and no one simultaneously and generates a respect for everyone's opinion and a confusion about where the therapist personally stands. The need to take a metaposition to the family, that is remain on different communication levels in assessing interactional sequences, is vital to the success of therapy. This also does not mean that the therapist is evasive but takes the information offered to a metalevel. If parents are debating over the organic versus psychological origins of Johnny's epilepsy, the therapist can ask, "Who of everyone in this family believes most strongly this problem is a medical problem...who of everyone believes this is a psychological problem?"

Selvini et al., (1980) suggest a possibility that if this method of interviewing were carried out correctly, the interview itself might be sufficient to transform the family (1980). Thus far they still terminate most therapeutic sessions with a planned intervention aimed at interrupting the game without end and evidence for the possibility of effecting change without it has not been corroborated.

While the Milan group interview the family, they are organizing the data to answer particular questions. They do not share their responses to these questions with the family but with each other at a break time during the session. Their collective responses form the systemic hypothesis. They
credit Jay Haley's framework in "The Family of a Schizophrenic: A Model System" (1959) for defining the parameters to examine (Selvini et al., 1977).

(1) Do family members qualify their own communication? Do they affirm, reject or disqualify messages, in the latter communicating incongruencies in level of message.

(2) Do family members quality each other's communications? Do they affirm, reject or disqualify each other's messages? Is the existence of the speaker denied through the message?

(3) How is leadership defined? Can members openly take leadership?

(4) What allowances or coalitions are there among members, subsystems? Can they be acknowledged?

(5) How is blame handled? Where is it placed? Who accepts responsibility for what goes wrong?

It is apparent this calls for a highly complex level of analysis of communication in a pathological system. To be interviewing, analyzing and hypothesizing simultaneously can be overwhelming. To maximize the possibilities for synthesizing the information meaningfully, the group break during the session to share views, hypothesize and design interventions. Then the primary therapist returns to the therapy session to continue the session or deliver an intervention.
The Problem-Solving Model

Haley and Madanes's assessment methods are no more formally elaborated upon than are the other strategic models'. What is elaborated upon in a number of works (Haley, 1980, 1976) is the view of therapy as being conducted in stages and the working method as directive. The rationale for the directive approach is that:

(1) To transform the system, behavior is changed first, then feelings and attitudes. To get people to experience the world differently, the therapist needs to direct them to new experiences.

(2) When families come into therapy, they are already experiencing two incongruous hierarchies, one in which the symptom-bearer is elevated to a more powerful position by exhibiting a behavior that cannot be controlled by others and one which is prescribed by tradition, culture or family agreement. If the therapist is passive and lets the family take charge of the therapy when they have come to ask the therapist to help, in essence to take charge, another incongruous and dysfunctional hierarchy is created.

The goal of the assessment is to identify a solvable problem that is agreed upon by both the family and the therapist and to identify the malfunctioning structure which produces the symptomatic interactional cycle. The assessment includes the following questions for the therapist (Brandon, unpub. 1981):
(1) What is the presenting problem? The family may come in with an ambiguously defined problem or one that is defined in such a way as to provide limited possibilities for problem-solving. If the problem is not behaviorally defined and workable as presented, assessment should include a redefinition of the problem. For example, in a case of a couple in treatment to help a husband who had been defined as a case of depression because for two years, allegedly, he could not get any work done. The therapist redefined the problem as "irresponsibility." The task of the therapist then became to help the wife to teach her husband to be responsible rather than alleviate depression which was viewed as an inaccessible internal state. (Madanes, 1981).

(2) Who is involved with the problem? Haley has always been concerned with the relationship of the family with the larger system. He looks not only for significant others who may have been involved with the problem or identified patient but also social context factors such as cultural identity and socioeconomic level of the family relative to their residential and work contexts.

(3) What stage of the developmental life cycle of the family are they experiencing? Haley and Madanes have adhered to a developmental view of problem formation more clearly than the other schools. What transitions in terms of the family life cycle are this family negotiating? What existing relationships are appropriate or inappropriate to the
developmental stage (or stages)?

(4) **What is the interactional sequence of behaviors which includes the symptom?** Tracking the behaviors of the sequences in the therapy session first asking each member about the problem and then by having them interact in the session around the problem provides the therapist with this information. This information then helps to identify the malfunctioning hierarchy.

(5) **How is this hierarchy malfunctioning?** The assumption is that symptomatic families present a malfunctioning hierarchy; so, the therapist looks for "the perverse triangle or triangles" that are operating which are equivalent to incongruities in levels of communication. Identifying the operating hierarchy is the key to designing strategies which should eliminate the incongruities in the hierarchy and consequently in the levels of communication.

(6) **What metaphor does the symptom express?** In other words, how is the interactional cycle around the symptom isomorphic with other interactional dilemmas? And, for what might the symptom itself be metaphor?

(7) **What is the interpersonal gain for the child and his parents (or whoever is involved in the therapy) of maintaining the symptom at this particular time in the family development?** This question is based on the notion that the symptom has a protective purpose for the system. Hypothesizing the function of the symptom for the system
contributes to the designing of interventions which begin to change the system metaphor.

(8) What are the goals of therapy? More clearly than other models, Haley distinguishes between overt goal setting with the family and covert goal setting by the therapist. To aid in the evaluation of the success of the therapy, Haley believes that the therapist and family should negotiate for clear behavioral signs that the objectives have been accomplished. Simultaneously the therapist has private goals not only to eliminate the symptom but also to correct the hierarchy and hopefully long term to change the system metaphor (Haley, 1976)

Summary

While these questions seem straightforward, it is important to remember that the means for gathering the data are not simple. Families present their problem-generating patterns amongst a variety of patterns and messages. Learning to interview to elicit meaningful data and then learning to sort out relevant information from distracting information takes time and experience. This applies certainly to all of the models, from the straightforward structural assessment of Minuchin to the complex, circular questioning of Selvini and her colleagues.
Intervention

Intervention techniques as a part of the change process are intended over the course of therapy to provide the stimulus for second-order change, that is, the transformation of dysfunctional sequences. A few basic principles guide the designing of interventions in all four models.

(1) Interventions are experiments guided by hypotheses which provide feedback to the therapist about the process of therapy. (Haley, 1976; Minuchin et al., 1974; Selvini-Palazzoli, 1980; Watzlawick et al., 1974)

(2) Interventions are messages directives which are intended to alter the reality of the family by providing an opportunity for them to experience the world differently, particularly with respect to the symptom. (Fisch et al., 1982; Haley, 1976; Madanes, 1981; Minuchin et al., 1974; Tomm, 1982) These directives may be in the form of in-session strategies of homework assignments. They may be compliance-based, assuming change will occur by following the instructions of the messages, or defiance-based assuming change will occur by opposing the instruction of the intervention. The values of the directives are to provide a new behavioral experience and link the family with the therapist between sessions.

(3) Interventions are directed at three dimensions of family reality, symptom removal, the level of interaction and
the level of meaning or metaphor (Bross & Benjamin, 1982). Only Haley (1976) and Bross and Benjamin (1982) make explicit this multilevel focus.

(4) Interventions are designed to fit the uniqueness of the family's transactional patterns and meaning of those patterns in that family. While categories or types of interventions can be described, particular directives applicable to many families cannot be described.

The family's uniqueness has been considered in different ways by key theoreticians of structural strategic schools. Minuchin speaks of "intervening family...[entering] the labryynth that is the family, and Fishman, 1981, p. 2) Fisch et al. (1982) offer interventions both specific and general in form but remind the reader that these interventions are not recipes for particular types of families. The Milan group stresses that the goal of therapy is to expand options, not constrain them. If the therapist offers specific directives which give a solution, she is not respecting the individuality of the family and the right to self-determination.

(5) Underpinning all interventions is a reframing of the current view of the identified problem and relevant relationships. Reframing is a recontextualization of events and relationships in a variety of possible ways so that situations which seemed unchangeable and uncontrollable to those involved now appear changeable and controllable.
Minuchin and Fishman describe this as "challenging the family's definition of the problem and the nature of their response." (Minuchin and Fishman, 1981, p. 68) Haley and Madanes (1981) use a form of reframing which involves relabeling the problem and Watzlawick et al. summarize the power of reframing as follows:

...once an object is conceptualized as the member of a given class, it is extremely difficult to see it as belonging to another class. This class membership of an object is called its 'reality';...what makes reframing such as effective tool of change is that once we perceive the alternative class membership(s) we cannot so easily go back to the trap and the anguish of a former view of 'reality' (1974, p. 99)

Similarly, the Milan group emphasizes the importance of introducing something new and unexpected through an intervention which is related to the systemic understanding of the family (Tomm, 1984). The overall approach to intervention differs dramatically between the Structural model and the three models derived from Communication Theory, although particular interventions may be common to all four.

**Structural Therapy Model**

Structural interventions are generally compliance-based, that is, they offer a concrete task to perform, frame a new reality in terms that "make sense" to the family. The intervention is more likely, but not exclusively, to address family relationships in general rather than the behavior around the symptom. The Structural school is likely to use
an alternative linear explanation to jolt the family's view rather than a systemic or circular explanation. In other words, a structural therapist who identifies a structure in which the relationship between a stepfather and a child is too distant and between a natural mother and child as too close might say to the mother, "Why do you help your husband so much? You are too protective. You have to let him learn to be a father to this child."

Intervention in the Structural model involves the therapist's participation in the system both during the session and outside of the session. Single interventions will not change a system which has been operating with patterns of interaction that have endured for years. So the therapist must provide many experiences of an alternative reality for repatterning to occur and persist.

Two main operations are the basis for intervention: joining and restructuring (Minuchin et al., 1974). Separating the two is exclusively for the convenience of discussion because both processes take place continually through therapy.

Joining is the "therapist's method for creating a therapeutic system and positioning herself as its leader" (Minuchin et al., 1974, p. 123). This process is a way of balancing the information exchange to ensure that the family keeps returning. Such maneuvers may or may not speed up the phases of therapy.
Restructuring interventions are "the therapeutic interventions that confront and challenge a family in the attempt to force a therapeutic change" (Minuchin et al., 1974, p. 138). So the therapy becomes a process of balancing support (joining) against stress (restructuring). Restructuring operations involve intervening both in the session and outside of the session. Some in session techniques include boundary marking, enactment, paradoxes, complementarity, reality construction and homework tasks (Minuchin & Fishman, 1981). Each of these techniques is intended to expand or modify the family's views of their own reality, to dispel the family myths of who each person is how the unit works as a whole. Necessarily, the therapist is selective about what to focus on and make decisions about what in the flood of data they are presenting is significant and useful.

Outside of the session the family is usually instructed to do some kind of task, to build upon the restructuring experiences created during a session. The task does not take the form of offering advise on how to solve the presenting problem directly. The tasks, like other restructuring interventions, are intended to clarify boundaries and either increase or decrease the distance between subsystems and subsystem members. In a frequently cited case of a 10 year old firesetter, the therapist perceived the boundary between the mother and the oldest child (parental child) as too diffuse, and the boundary between the parental child and his
siblings as too rigid, with this oldest child inappropriately as a member of the parental subsystem. A homework task was designed for the mother to spend ten minutes a day teaching the firesetter how to use matches appropriately. The parental child was to babysit the younger children while she worked with the firesetter (Minuchin et al., 1974, pp. 229-30).

In discussing the interventions and techniques, the language of linear thinking seems, at times, to take over. It is easier to think of an idea being dropped upon a family rather than being part of an interpersonal context. However, ...

...convincing the family of a new concept requires the therapist's participation. Furthermore, the separation of a cognitive challenge from a structural challenge is an artificial construct. A challenge to the family worldview is simultaneously a challenge to its interactional worldview. Cognitive challenge simply does not exist in isolation. With this caveat firmly in mind, however, the therapist can make effective use of cognitive schemas. (Minuchin & Fishman, 1981, p. 243)

The Brief Therapy Model

The Mental Research Institute group seems more attendant to the symptom-management cycle. In keeping with the systemic focus, this cycle is understood as isomorphic to a variety of problem-solving cycles and a change in one should produce a change in the other.

The criteria for second-order change techniques of the Mental Research Institute are:
(1) The strategy is applied to the solution cycle of the problem.

(2) The strategy appears not to make sense or is registered as weird by the family.

(3) The strategy addresses effects of the solution not causes and is focused on the here and now.

(4) The strategy "lifts the situation our of the paradox-engendering trap created by the self-reflexiveness of the attempted solution and places it in a different frame..." (Watzlawick et al., 1974, p. 83).

The Problem-Solving Therapy Model

Haley and Madanes are more attendant to the Symptom-bearing cycle than the Symptom-management cycle. Their focus on therapy as a multi-stage process is reflected in how they view the process of intervention design.

"A way to view the approach is to give directives going directly to the goal, such as getting the child to school. For those families in which a direct approach is not effective, the therapist falls back on an alternative plan that will motivate the family toward the goal. If that alternative is not effective, fall back on yet another alternative plan." (Haley, 1976, p. 80)

The Systemic Model

Like Haley and Madaness the Milan group is more attentive to the symptom-bearing cycle than the symptom-management cycle. More clearly than any of the other models, though, this model adheres to a belief that interventions
should not contain any direct advice about the direction of change to take. Not only cannot the therapist know enough about others' lives to know what is right for them but also specific advice becomes obsolete in relation to general problem-solving for the future (Tomm, 1984).

Summary

While a description of specific techniques is not included here, the techniques of all four models are based on second-order change principles, do not provide final solutions—only means to solutions—and are designed to move the system to greater complexity.

Critique of Assessment and Intervention in the Four Models

To refresh the memory of the reader, these four models the Brief Therapy, Problem-Solving, Systemic Therapy and Structural Therapy models, were selected to be a basis for an organizational analysis and change processes model based on as systemic perspective for a number of reasons:

1. In the field of family therapy these models have provided a radically different and effective way to conceptualize problem formation and problem resolution.

2. These models offer a successful integration of therapy and practice, consistent with the systemic paradigm.
3. The four models were chosen not only because of their common heritage but because they appeared to complemented each other in strengths and weaknesses.

These three reasons for selection also provide clues to their inherent strengths and limitations as models in and of themselves. Simultaneously, a critique of the models may clarify aspects of the models which are useful and which are not in applications to other forms of human systems.

**Strengths of the four models**

Research over the past ten years has brought in results of outcome studies in family therapy (Gurman & Knistern, 1981; Stanton & Todd, 1980). Results show that the success of family therapy approaches with a range of problems including those defined as marital or family conflict, childhood or adolescent symptoms, the classic "individual" or "intrapsychic" problems have better success rate when treated through family therapy than through other therapeutic treatment. It seems that the systems paradigm may have provided a very powerful therapeutic approach. The models have also contributed greatly to developing theoretically sophisticated applications of a systemic perspective to human behavior. From this researcher's standpoint, these models have recognized the virtues and limitations of General Systems Theory, utilized the basic principles well integrated othr systemic theories to supplement what was lacking.
This integration has allowed for a level of comprehensiveness which successfully linked theoretical assumptions, a concept of change and methods for implementation. While all models leave variables unattended the success of a model is determined by whether or not it works with the variables selected, not by its comprehensiveness in isolation.

In the process of human change, two of the most difficult questions to answer have been: (1) What should we be aiming for? (2) How are we going to know when we have arrived there? The four models vary more in emphasis than in substance for goal setting and for evaluation. They also raise to a level of awareness an aspect of goal setting which is not very often acknowledged: there are usually two sets of goals, the overt goals, which the change agent determines with the client, and the covert goals, which the change agent keeps to herself and reflect her personal values and beliefs.

However, what may be their greatest strength of these four models, collectively is that they do offer a different conceptualization of human relationships. They are different from other therapeutic models (Hoffman, 1981). They are different from other change models for dealing with other human systems (Short, 1981), and difference is information. Thus, if these models have no other strength than to challenge the reality of those interested in changing human behavior, they provide a powerful tool.
Individually, the four models have strengths also. The Structural model in particular provides the most straightforward standards for evaluating "normality." The standards are value-laden but suitable to the Western culture. The components of his model are more clearly elucidated than in any of the other models and provide useful criteria and means for assessment. More than other models, Minuchin assesses the impact of non-developmental stresss as well as developmental stresses upon the family. The model is the easiest to learn and to implement because of the clarity of the conceptual framework.

The Brief Therapy Model has contributed both a sophisticated theory of communication but also a theory of change which provides the core of each of the other models. (Even the Structural school was primarily analytic in orientation until Haley and Minuchin began to collaborate.) They also contribute a unique conceptualization of dysfunction and a theoretically integrated perspective on the relationship between persistence and change. The techniques that emerges from the theory of change are very powerful and have influenced the other models.

From the Brief Therapy model, the Milan group went on to bring a systemic perspective to new heights, attempting to apply it consistently to all aspects of the therapeutic process which includes in therapy, the family-therapist suprasystem, the process of therapy and the larger social
context. The particular techniques of positive connotation and rituals are not only powerful interventions but also are aesthetically appealing and systemically thorough. The components of their interviewing method are the clearest, most theoretically rich and sound and pragmatic in generating data.

The strengths of the Directive model are impressive also. It serves as a reminder that the Structural model and Communication Theory models are not as far apart as the within-the-field-bickering would indicate. Haley clearly bridges the gap between the two with his integration of structure and process. His model more deliberately applies Developmental Theory in the practice of family therapy than the other models do. And, lastly this model attends more to the notion of stages of therapy than the others.

Limitations of the four models

The newness or difference of these family therapy models (not so new any more but still different) does not abate the need to scrutinize them for their limitations. Some limitations apply to one or two of the models but not all four. That is what makes working from all four so enticing.

There seem to be four areas of neglect that do apply to all four models though. The first focuses upon the minimal attention to the relationship of the family and is environment. Other systems are included in assessment when
an awareness of their influence overtly impacts the therapist but any overall schema of family functioning which includes other systems is vague (Benjamin, 1982).

The second shortcoming common to all is the lack of recognition of affective processes such as "love" as relational concepts in their own right. The question has not been adequately raised or answered whether treating affect as an aspect of behavior is sufficient or whether it impacts relationships distinct from its pragmatic effects.

The third shortcoming is what Benjamin (1982) considers a lack of clarity about whether therapy is directed at both the levels of interaction and the levels of meaning or just the former. Only the Problem-Solving school begins to address the issue in declaring standards for success. However, Haley comments that the therapist often does not know if change has taken place at the level of meaning or metaphor because, if it happens, it happens over time and beyond the time of therapy (1976). The Systemic school judges change at the level of meaning by the occurrence of spontaneous changes unrelated to the symptom that take place after the family has begun its transformation. This question may remain a general therapeutic issue rather than an issue peculiar to these models.

Fourth, no typology of family dysfunction exists in the field. While the family therapy field rejects the typology of individual psychodymanic therapies, no substitute has been
found. Whether such a typology would have the effect of reifying concepts in the field and limiting the creativity of its practitioners or whether a typology would provide a useful organizing tool for assessment is not clear to this therapist. Nevertheless, the lack may be a sign of the early stage of the development of the discipline.

The last part of this critique of the four models focuses on the limitations of individual models and simultaneously provides a basis for evaluating what aspects of these models may not be easily applied in another model-building effort.

Overall, assessment processes in all models except the Structural are very unclear. Therapeutic responses are contingent upon client responses, and there is an ambiguity about how the therapist gets from point A to point B in the assessment and how she knows she has gotten useful information. Certainly experience helps but these models do not provide a checklist of behaviors or questionnaires which generate enough information by themselves to formulate a hypothesis. The Structural model provides a clear framework for assessment, but a closer examination reveals a high level of generality in concepts such as enmeshment that the therapist has to rely strongly on her own biases about the quality of the structural relationships.

A few limitations of the Structural model need to be addressed. The theory of change is very superficial and
unteachable. His writings about change are as brief and vague as his writings about therapeutic "spontaneity" (1981). They do not translate into concrete behavior readily.

Both he and Haley seem more culture-bound than their colleagues from the other schools. The solutions, that is, the structures they envision for families are very traditional and somehow do not seem to reflect the diversity of family styles that exist in Western culture today. The value of parents being in charge of the children seems very appropriate, but the unquestioned support for a traditional division of family functions. Changing relationships of men and women seem to be minimally considered.

Finally, token attention is paid to the relationship of the family life cycle to current dilemmas. All theories insist that the relationship is central to their thinking, but Haley and Madanes and Minuchin are the only ones who have integrated it into assessment and intervention directly (Haley, 1980, 1973; Minuchin et al., 1974). The inadequacies of the theory itself have been narrowed by Bodin's added dimensions. It remains for the model-builders to integrate the theory more fully.

Summary. Model-building is a recursive process as all are processes of development. Some of the challenges for enhancing a systemic model of change will be considered in this research. Others will be ignored. New challenges hopefully will be created.
APPENDIX C

DESCRIPTION OF SYSTEMIC THEORETIC BASES