CASE CONCEPTUALIZATION IN FAMILY THERAPY

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CHAPTER 8

Milan Systemic Family Therapy

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Milan systemic family therapy was developed by Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Guiliana Prata. Based on principles developed at the Mental Research Institute, the founders of the approach attempted to integrate strategic ideas with Bateson's cybernetic epistemology. By 1980 there had been a major shift in their work from a strategic position to a more collaborative position. This shift led the therapist to move from actively making reframes (positive connotations) and providing strategic directives (counterparadoxes) to being less overtly interventive, using circular questions as the primary tool of therapy. This chapter will explore the Mosley family through the lens of Milan systemic family therapy, employing a combination of ideas from the various epochs of the development of this theory.

THEORY OF PROBLEM FORMATION

Families as Systems

Influenced by the work of Gregory Bateson and Jay Haley, and thus informed by cybernetics and communication theory, the early Milan team built their therapeutic approach on the idea that families are self-regulating systems that function based on self-developed rules tested over time through a process of trial and error (Palazzoli, Boscolo, Cecchin, & Prata, 1978a). The rules of the system determine what behaviors are allowed and not allowed in each particular family system, and through these transactions, the system preserves its homeostasis.

This process of trial and error learning begins when two people become a couple. Each person brings into the new system parts of their previous learning systems, which offer certain solutions for how to live together (Palazzoli et al., 1978a). Thus, the couple does not start off on a fresh slate, but is informed by aspects of their families of origin.
Stephen and Miranda Mosley each came from a family system with its own distinct self-regulatory functioning, based on its own rules. During most of Stephen's childhood and adolescence, he was a part of a single-parent family. Within this family system, an unspoken rule was that family members were to take care of each other and separate from others whenever they represented a potential threat to the family. For example, Stephen's mother, Esther, divorced his father, James, when James's alcoholism escalated and he became violent with her in Stephen's presence.

Miranda grew up in a home with both parents and two younger siblings. Family members typically did not display anger or disagreement. The family rule seemed to be that everyone must get along. When Stephen and Miranda first became a couple, they had to negotiate new family rules. The rules from Miranda's family of origin seemingly held more weight in the new family. Early in the relationship, when they were struggling with decisions of career and location, the couple faced numerous challenging disagreements, and the relationship was threatened. Once Miranda became pregnant, however, the rule of getting along and not showing discord gained traction and became an organizing premise for the family. The Mosleys seem to have developed a family rule that they must be the perfect family in which the children do well in school, the siblings get along together, and everyone in the family avoids open disagreements.

Family rules are not inherently problematic. Although all families have what could be considered problems to some degree, families with significant difficulties are based on rules that allow the problematic behavior. A family with symptomatic members demonstrates rules and transactions that keep the symptom present and thus preserve the family's homeostasis (Palazzoli et al., 1978a).

Families, viewed as systems, are characterized by two seemingly contradictory functions (Palazzoli et al., 1978a). The first is a homeostatic tendency through which the system maintains stability or sameness. The second is the capacity for transformation, which focuses on change. Both stability and change occur in systems simultaneously. In families with symptomatic members, however, the system tries to focus primarily on homeostasis. This seems to be the case in the Mosley family, as Stephen and Miranda are trying to maintain the current family rules rather than adapting them to see whether a new family organization will develop.

Families, as all living systems, have three fundamental characteristics (Palazzoli et al., 1978a). The first is the notion of totality. This means that the family system functions independently of its constituent parts. Second, the family system has an autocorrective capacity—a tendency to maintain homeostasis. The third characteristic of family systems is that they have a capacity for transformation.

Family members' behavioral communications and responses are performed, without conscious awareness, in a way that maintains the rules and, thus, any symptomatic transactions. Palazzoli, Boscolo, Cecchin, and Prata (1974) explained how this type of system enters into therapy: "A family who comes into therapy is usually a family in crisis, frightened by the possible loss of homeostasis and therefore anxious to maintain it at all costs" (p. 441).

The Mosley family's homeostasis has been threatened during the last several months. After many years of living together under the premise that overt conflict was to be avoided, they now face a member who is directly violating this rule. Coby is engaging in active conflict not only with his parents and siblings, but with others...
outside the system as well, including peers and school staff. Theresa's and Stephen's disagreements regarding Theresa's dating, Coby's school refusal, and the contribution that each is making to the family are beginning to escalate. Further, the rules are breaking down, as Stephen has finally expressed his discontent with Miranda regarding who makes decisions in the family. The Mosley family, especially Miranda and Stephen, now are trying to get the family to function as it did before the loss of Miranda's father, Edward. Before that time, there were few, if any, outward expressions of disagreement.

Control

Family members sometimes try to control the system or each other; this is not possible, however, as one person cannot exercise control unilaterally. The false epistemological premise—that a single individual can have unidirectional power—is often the central issue in families, and it typically encourages family members to continue attempts to maintain a superior position over others (Boscolo, Cecchin, Hoffman, & Penn, 1987). As Palazzoli et al. observe (1978a), however, power does not lie within the individual, but within the rules of the family's game—rules that can be changed only by someone outside the system. It is more accurate to describe the family as engaging in a circular, interactive process, as each person in the family system influences and is at the same time influenced by the others in the family.

Often, the symptomatic individual within the family is seen by the Milan team as attempting to gain power over the system or over another member, thus potentially violating the family rules/game (Palazzoli et al., 1978a). When one person makes a move to try to attain control, another person feels threatened and thus tries to establish his or her control (Boscolo et al., 1987). This leads to yet another person in the family feeling threatened and trying to establish control, and so on. The family may then worry that the status quo will be shaken; subsequently, the system attempts to put negative feedback into place to return to its original homeostatic level. Families who come to therapy are hoping to return to the equilibrium they had before the person became symptomatic.

As various family members attempt to unilaterally control other family members' behaviors (which they cannot do), their efforts in turn help solidify the family transactions known as the family game (Boscolo et al., 1987). In the Mosley family, Coby is the symptomatic person (otherwise known as the identified patient). Coby is using the problem (basically a school phobia, general discontent in the home, and isolation) to try to take control of the system. Although this is not a conscious process, Coby's attempt to shape the family system is affecting others, just as he is being affected by the other members of the family. Stephen and Miranda are the members feeling most threatened by these behavioral communications and are engaging in behavioral responses such as trying to force Coby to go to school. They are trying to make Coby fit into their notion of the "perfect family" in which all the children go to school and do well so that they can go to college, and all the children and their parents get along well.

Labels

The Western, Cartesian understanding of the world views others as autonomous and looks for intrapsychic explanations for behavior. This leads us to adopt a conventional
epistemology, employing the verb “to be” to understand why someone behaves in cer-
tain ways (Palazzoli et al., 1978a). Thus, a person exhibiting particular behaviors might
be labeled as sad, depressed, angry, or hostile. The Milan associates intentionally chal-
lenged the tendency to so label individuals, noting that “appearance is not necessarily
reality” (Palazzoli et al., 1978a, p. 26). They then began substituting the expressions “to
seem” or “to show” for “to be”—noting the difference this made in avoiding the epis-
temological error of assuming causal relationships rather than exploring the family’s
rules and games.

The family often views the identified patient as a single entity, unconnected to
the rest of the system. That person is viewed as problematic, and the family typically
tries to change that person rather than to address interactions within the family sys-
tem. The identified patient’s behavior, however, may communicate that the relations-
ships within the family have become untenable (Palazzoli et al., 1978a). When the
identified patient makes a move that goes against the rules of the game, the system
invokes negative feedback to maintain stability/homeostasis, and often applies consist-
ent (and negative) labels to explain the problematic individual’s behavior.

Coby is considered by the Mosley family members “to be” symptomatic at this
point in time: He “is” the problem of the family. They may be thinking that if only
Coby were not acting the way he is, the family would be doing very well. Stephen and
Miranda probably do not view the situation as something in which they are directly
involved, but perhaps as a stage that Coby is going through or a sign that he is having
psychological difficulties. Coby perhaps also views himself as “being” the problem.
This would make sense since it is difficult for family members to view the interac-
tional patterns of mutuality that inform how the family operates.

Any family member may at some point demonstrate troubling symptoms. Some-
times these symptoms develop around the adolescent in the family. As Palazzoli et al.
(1978a) explained:

In a group in which everything manifested is meant to maintain the game and its
perpetuations, even the move of adolescent autonomy will elicit the foreseen
pragmatic effect of closing ranks, that is, negative feedbacks of every type which
will forbid the adolescent to go ahead. When these negative feedbacks occur, we
see the adolescent reacting with psychotic behavior. (p. 39)

Coby, as the oldest child, probably is the first to challenge his family’s myth of
the perfect family. He is likely not the only one, however. Theresa also seems to be
challenging this myth in her disagreement with her father—which, in essence, is also
a disagreement between Stephen and Miranda—about when she will be able to date
(and, thus, about her own autonomy).

Typically, clients view each other, rather than the context, as problematic. This
often leads to their initial contact for therapy, as parents usually express to their family
that their reason for going to therapy is the person who is currently symptomatic
(Palazzoli et al., 1974). Because the Mosleys seem to be focusing on Coby and assum-
ing that there is something going on internal to him, they expect him to change and
return to a younger Coby in order to restore the homeostasis that the family once had.
This view of Coby as problematic leads them to continue their concern about Coby
and their efforts to change him. For Stephen and Miranda, it would be illogical, given
the family rules, to instead explore their own actions and interactions as part of the context of the problem. Thus, they are not making changes in their own behavior. They are continuing to operate based on the old rules of the system in which the "perfect family" has parents who do not disagree and who ensure that their children are doing all the right things.

After an individual in the family is labeled, that person's behavior is viewed as related to the specific label (Boscolo et al., 1987). For instance, once Coby is labeled as phobic, Stephen and Miranda may understand his desire not to go out on a specific day as related to their understanding of him as phobic rather than to the context (i.e., Coby might be tired or might not like the location or activity that they were going to attend). Further, when a child is labeled, the label becomes a context marker for that child. The other children are viewed with a different context marker (i.e., not ill/problematic/symptomatic) and consequently will be treated according to this other viewpoint. Over time, the system begins to highlight and increase this difference between the identified patient and the other siblings.

This magnifying of the differences between the siblings can be deleterious if the parents do it repeatedly. The original false premise becomes a vicious cycle that becomes the invariant operating principle for the family. In the past year, Coby has been labeled as problematic by the Mosleys. This has been occurring for less than a year, but over the months since the symptom appeared, Coby has increasingly been viewed more negatively by the family members, while his siblings, Theresa and Brandon, have been viewed more favorably. If Coby decides not to go out with the family for dinner, his behavior likely will be viewed as his continued fear of connection with others instead of his desire to be alone, or his dislike of the restaurant, or some other equally plausible reason. If Theresa, however, were to not want to go to dinner, a different (and less pathologizing) explanation might be given, such as that she is tired or is not feeling well.

The identified patient exhibits troubling behavior that is housed within a web of interactions and relationships. When one person takes on a label, there is a reciprocity of functioning, which then changes other family members' perception. Boscolo et al. (1987) explained this process as follows: "When one member accepts the negative position in the system, all the others become healthier, they become united, they are all angels" (p. 49). Coby has accepted the negative position in the Mosley family system: He is viewed as the most, and probably the only, problematic person in the family; consequently, the other members of the Mosley family have united and are trying to change Coby. Theresa and Brandon seem to be viewed more favorably than Coby at this point in time, as they are going to school, listening to their parents, and being respectful of one another. Theresa's desire to date and her disagreement with her father are overlooked at this point since Coby is playing such a prominent role in the functioning of the family.

Labeling one member of the family as problematic helps divert attention from other potentially troubling areas of the family system. Family systems that have a scapegoat also tend to have some type of division in the system beyond the scapegoat (Boscolo et al., 1987). In the Mosley family, there seems to be a division, to some degree, between Stephen and Miranda. At this point in their lives, they seem to be living somewhat separate existences and are not joined together as a couple in what they both originally thought of as the ideal romantic relationship.
Family Myths and Premises

Over the years families develop a way of understanding what is going on in the system. This understanding can be considered the family premise or family myth (Boscolo et al., 1987), understood by the Milan team as a “deeply structured family belief that accounts for the family’s definition of the problem and indicates how it can change” (p. 183). The family premise in problematic families is unique to that family and contains rules of how people in the family should act. When the family’s myth is too rigidly constructed, family members have little room for flexibility. The symptomatic member is usually the family member who has the most difficulty in accepting the family myth. The behaviors of the symptomatic are usually a challenge to the myth. The family, as a whole, however, operates with a fixed explanation, based on a rigid map of what is occurring in the family.

In the Mosley family, there is a family myth of togetherness that prevents family members from expressing discontent with one another. Thus, Stephen and Miranda are not allowed to disagree or fight with one another, especially in front of the children. The children are all supposed to get along. After the death of Miranda’s father, Edward, Coby may have been able to sense tension in the family, especially between Stephen and Miranda. His reluctance to attend school and his difficulty in getting along with his siblings may be a way for him to keep both parents occupied and focused on him so that they do not address the tension between themselves.

The members of the nuclear family are usually not the only people involved in the symptomatic system. This is simply one part of a larger whole. What can be considered the “significant system” is “the network of meanings and relationships organized by the problem” (Boscolo et al., 1987, p. 184). In the Mosley family, the significant system includes Stephen, Miranda, Coby, Theresa, Brandon, Esther, Edward (or, at least, his memory), the school counselor, the school system, Coby’s peer system, Stephen’s extended family, and now the therapist(s).

Cultural Considerations

McGoldrick and Hardy (2008) have described traditional family therapy approaches as invented and defined by white males, noting that the foundational models were based on assumptions of white, heterosexual, middle-class families headed by men. They include the Milan team in their discussion of family therapy models premised on theoretical assumptions about “family members interacting as systemic units, with no acknowledgement of their unequal power to influence interactions” (p. 17). They go on to observe that during the time these models were defining the field, little to no mention was made of the relevance of gender, race, culture, class, or sexual orientation.

From this historical perspective, it would be easy to dismiss the Milan team's work as based on white male privilege and protected by complex theoretical formulations that distracted the clinicians from attending to issues of diversity. The Milan team, however, consulted internationally on clinical cases and thus worked with a wide range of clients from cultural backgrounds much different from their own. Their clinical focus when consulting with such diverse client populations did not change. As always, they were uniquely and sensitively attuned to the rich family dynamics that were keeping the families stuck. Informed by Bateson's ideas about systemic wisdom and Maturana's notion of the myth of instructional interaction, their nonnormative
approach allowed them to enter each family with a persistent curiosity about the idiosyncratic ways of remaining connected that the family had.

The Milan researchers learned from each family how its behaviors made sense in context, and they avoided prescribing normative ways of functioning or challenging interactions based on their own beliefs about culture, gender, race, or sexual orientation. They also were uniquely attuned to each particular family’s myths and premises, however, and utilized their understanding of these premises in developing their clinical interventions. As Boscolo observes in describing the team’s attention to the family’s premises, “You can have very powerful religious premises which are handed down by the culture in which a family lives. Or you can have premises regarding gender: what a woman is supposed to do, what a man is supposed to do” (Boscolo et al., 1987, p. 149). Thus, they were interested in learning how each family defined itself in terms of gender, class, culture, religion, and other factors, and were consistent in their commitment to avoid determining for family members how they should organize around such issues. Instead, they attempted, through their use of circular questioning and systemic hypotheses, to perturb the system in ways that would free the family up to change in ways the therapists could not predict and would not impose.

THEORY OF PROBLEM RESOLUTION

Given that the transactional rules of the system maintain symptomatic behavior, changing the rules of the system is one way to eliminate the symptom (Palazzoli et al., 1978a). That is, the family therapist tries to uncover what the family games are in a particular family and then to disrupt them (Boscolo et al., 1987). One way of doing this is to switch the way that the family construes what is occurring. This is an attempt to change how the family assigns meaning to people’s behaviors. If Stephen and Miranda view Coby’s behaviors differently, they might stop acting in their current ways and engage him and each other differently, which could lead to different system rules—rules that might be more amenable to the family.

When the therapist encounters a family that is labeling a particular family member (often the symptomatic member), the therapist works to understand the symptom and the family system outside of the influence of labels, both positive and negative (Boscolo et al., 1987). This is done through a process of changing the family myth of who is “good” and who is “bad.” The goal is to shift the family’s story or premise so that all members, as a system, develop more flexibility than was offered by the rigid myth that previously informed their actions. They then can have more freedom to be together or apart, or to get along or fight without endangering the system.

The Mosley family myth is one of having to be a perfect or loving family. This myth is very restrictive to its members, as it does not allow them to openly express disappointment, disagreement, anger, upset, or myriad other experiences. Given that the myth of the family seems to be that everyone must get along, Coby’s current behavior is standing out and going against this myth. The longer this occurs, the more he is viewed as troubled, and the more his siblings—who, for the most part, are following the rules of the family game—are viewed as the good ones. All members of the Mosley family are being affected by the family myth.

Instead of looking at a family system in terms of subsystems, the therapist views it in terms of triangles (Boscolo et al., 1987). Families tend to organize around triangles,
and one of the therapist's jobs is to break this rule of three. In the Mosley family, Stephen, Miranda, and Coby form a triangle. Coby may be involved in transactional patterns with his parents that perpetuate the symptomatic behavior as part of the family game. The therapist may want to separate this triangle so as to highlight Stephen and Miranda together, with Coby then not being involved in their marriage. This is based on the cultural aspects of Stephen and Miranda's families, in which children were encouraged to leave home after graduating high school and not be involved in the marital relationship. The therapist will need to be cautious here, however, as there is not a normative purpose for an intervention such as this. Boscolo explained this appreciation of the family's culture when devising an intervention: "In many cultures with three- or four-generation families, the children can grow up and stay with the parents and not have it get in the way" (Boscolo et al., 1987, p. 231). He further elaborated that interventions should be compatible with that family's idiosyncratic configuration rather than based on a notion of what is normal.

Techniques of Therapy

**POSITIVE CONNOTATION.** The Milan approach is defined in many ways by the idea that individuals and families cannot change under a negative connotation (Boscolo et al., 1987). This assumption led to the signature technique employed by the Milan team—the positive connotation (Palazzoli et al., 1978a). As used early on by the original members of the team, the positive connotation involved the therapist describing as positive "both the symptom of the identified patient and the symptomatic behaviors of the others, saying, for example, that all the observable behaviors of the group as a whole appeared to be inspired by the common goal of preserving the cohesion of the family group" (p. 56). A positive connotation thus is the therapist's explanation to the family that the symptom is meaningful in its context. It focuses not only on the identified patient and the symptomatic behavior but also on the other family members' symptomatic behavior. In essence, it is less about each person and more about explaining the whole family system's self-maintaining processes.

The positive connotation is specifically designed to avoid the negative reactions of family members, particularly parents (who may otherwise feel criticized), as it is instead an example of praise of them, and more specifically of their behaviors (Palazzoli et al., 1974). It is difficult for the family to rebuke the positive connotation because it is an approval rather than a reproach (Palazzoli et al., 1978a). The technique is paradoxical in that the family wonders why the cohesion of the group, which normally is a good thing, requires someone to be symptomatic, which is a bad thing.

There are many benefits to the positive connotation (Palazzoli et al., 1978a). As a systemic intervention, it puts all of the family members on the same level in that they are complementary to the system, and it focuses on the family's homeostatic tendency. It also connects therapists and family in that all are striving for the same thing. As Palazzoli et al. note, "all the members of the family oppose themselves to any change which presents a danger to their homeostatic ideal, and it is therefore necessary that the therapists ally themselves to this idea (naturally, for the moment only)" (p. 59). The positive connotation sets the stage for change by focusing on stability. Because
stability currently is problematic for the family, a different type of stability is desired—thus, the family wants change. Through the use of positive connotation, the therapist clarifies the relationship between the therapist and the family, defining the context of the conversation as therapeutic.

As the Milan team evolved and Boscolo and Cecchin focused more exclusively on developing their clinical approach, they modified the notion of the positive connotation to a more logical connotation (Boscolo et al., 1987). As their work became less strategic, they became less invested in defining a symptom as something the family needed or as something inherently good. Rather, they altered their approach so that there was no need:

to say that a problem is useful, beneficent, or functional—only that people have gotten used to it and that such habits are hard to break. In this way one avoids seeming to approve of some terrible symptom, which the family perceives as sarcasm, in favor of suggesting how meaningful it is in context, how understandable and by now perhaps necessary. (p. 16)

With this modification of the “sacrifice intervention,” the therapists could offer the family a way to be freed from habitual ways of viewing their situation so that they could construct new, more useful understandings.

When the Mosley family entered therapy, family members’ actions were organized around attempting to maintain homeostasis. The development of a positive or logical connotation would necessarily address this process. One possibility for the therapist is to highlight how, at this time, it is a good thing for the family members to be engaged as they are, as it allows Stephen and Miranda to continue to be “good parents” by trying to get their child to do what is expected. Further, Coby is helping his parents find ways to agree on their desire for him to go to school. For now, at least, this is an important part of keeping this family together. The focus of any positive connotation would be on all aspects of the system as interactional, rather than on attempting to change any of Coby’s symptomatic behaviors.

**RITUAL.** One of the primary interventions developed by the Milan team is the family ritual. As defined by Palazzoli, Boscolo, Cecchin, and Prata (1977), “A family ritual refers to an action or a series of actions, sometimes accompanied by verbal formulas or expressions, that are to be carried out by all members of the family” (p. 452). The therapist explicitly tells the family how to conduct the ritual, including where, when, who, and how often. Usually these instructions are given to the family members in writing so that they can conduct the ritual properly.

One of the benefits of a family ritual is that it focuses more on the whole system than on any one member. Usually, all family members are involved in the ritual, even if they are just observers of someone making a statement. The therapist does not explain why he is prescribing the ritual, as this would lead to the family possibly refusing (because rituals work on a different level than explanation). Family rituals target the old rules keeping the members stuck in the family game. They introduce into the family new norms designed to replace the old norms, thus changing the family game (Palazzoli et al., 1977).

Rituals are usually specific for each family; however, several rituals are generic enough to be used with a variety of families. One such ritual is the odd days/even
days (Palazzoli, Boscolo, Cecchin, & Prata, 1978b). This ritual is given to families where two people, usually the parents, are undermining one another. The therapist instructs the family that on odd days (Mondays, Wednesdays, and Fridays) one of the parents (for instance, the mother) is to control all decision-making for the family. The other parent is not to intervene, but only observe what occurs. On even days (Tuesdays, Thursdays, and Saturdays) the observing parent now has control over all family decisions. On Sundays, the family should respond spontaneously. This intervention is designed to stop the family game in which parents interfere with one another, without the therapist making the intervention overt.

Whatever intervention the therapist uses, it must be systemic and fit within the logic of the family (Boscolo et al., 1987). Therapy, especially family therapy, has the most impact when it focuses on the family’s deep premises. These premises, or myths, guide the family’s transactional processes. As a result, when the premise is changed, the transactional processes also change. In working with the Mosley family, a ritual that focuses on being a loving and perhaps perfect family would seem to make sense as it is in line with the family myth. This is not to say that the therapist wants the family to maintain this myth; however, it probably would not be effective for the therapist to overtly challenge this premise. It may be easier to work first within the current family myth and then shift it so that the family no longer finds it useful. The Milan team believed that a ritual is usually paradoxical, as it gets the family to engage in behavior that on the surface seems to maintain the family myth; however, the ultimate goal is to destroy it (Palazzoli et al., 1978a).

Rituals are typically targeted at the myths or premises that define the family interactions. The therapist helps to uncover and then shift these premises early on in the therapy when he asks the family about how they determined that there was a problem and who agrees with this definition (Boscolo et al., 1987). This introduces the premise in the family that they can decide not to have the problem. The therapist, without overtly saying that the family can and should change, implies through questions and interventions that the family can be different.

The interventions the therapist uses can be classified in two broad categories (Boscolo et al., 1987). The first is when the therapist challenges the premise from which the family system is functioning. This changes the belief system of the family members. The second category is when the therapist pushes for change and then backs off. In both cases, the therapist does not tell the family what to think or how to behave; that is left up to the family members themselves. The interventions, however, introduce the possibility that the family may go against the myths and premises that to this point have defined their interactions. Whether a ritual will be used with the Mosley family depends on how ingrained the family is in operating from the family myth; its use, however, would not determine how the Mosley family should be, as this is up to Stephen, Miranda, Coby, Theresa, and Brandon.

**Three Guidelines of Therapy**

According to the Milan team, there are three main guidelines for the conductor of the family therapy session: hypothesizing, circularity, and neutrality (Palazzoli, Boscolo, Cecchin, & Prata, 1980a). By adhering to these guidelines, the therapist can maintain a systemic epistemology and not be seduced into playing the family’s games.
HYPOTHESIZING. Palazzoli et al. (1980a) define hypothesizing as “the formulation by the therapist of an hypothesis based upon the information he possesses regarding the family he is interviewing” (p. 4). The therapist continually develops and tests his hypotheses of what is occurring in the family. The process, in essence, is an assessment of the system (Boscolo et al., 1987). The hypothesis is not viewed as “truth” by the therapist(s) but as a means of contacting the family. It is used as the guide for interviewing the family. The use of a hypothesis allows the therapist to track the relational patterns of the family, and through trial and error, the hypotheses are developed and refined. For instance, the therapist working with the Mosley family may develop an initial hypothesis of Coby's behavior as related to a family game of authority in which the parents are trying to stay in charge. The therapist may believe that the parents are not yet ready to view Coby as a young man moving into adulthood who may soon be ready to leave home. There is no assumption that a particular hypothesis will be accurate or “true,” but rather that it may prove useful for the family and offer the therapist a framework within which to contact the Mosley family.

The therapist uses the hypothesis to develop questions for the family members. Based on the hypothesis, these questions introduce the unexpected and improbable into the session (Palazzoli et al., 1980a). This prevents the family from countering the hypothesis directly. Yet, the hypothesis most likely changes throughout the interview. If, during the course of the family session, the therapist's hypothesis does not prove useful, a new and more meaningful hypothesis is developed. This occurs through the garnering of information in the session. Thus, hypothesizing is a continual process from the first contact with the family to the last encounter. Further, the hypothesis does not need to be complete for it to help create change in the family (Boscolo et al., 1987). If the therapist had developed the initial hypothesis around Stephen's and Miranda's attempts to keep Coby young, the interview might bring forth information that does or does not support it. The therapist might then hypothesize that Coby's behavior is serving a purpose in the equilibrium of the family—perhaps to maintain cohesion between the parents.

The family therapy session is organized around the hypothesis. It begins with a focus on the problem as it currently stands (Boscolo et al., 1987). If the family presents the problem as being one person's actions, the therapist expands this definition into an interactional operation. This can be accomplished by asking a question such as, “Who noticed the problem first?” For instance, in the Mosley family, the family members, particularly Stephen and Miranda, when asked what the problem is, likely would say that it is Coby's refusing to go to school. The therapist might then ask, “Who noticed the problem first?” Coby's going (or not going) to school has shifted from an individual event to a relational event, as there is someone who notices it. Thus, there is a connection between these two family members. The therapist can expand this connection to the other family members.

A main goal of hypothesizing is to formulate a more complex and encompassing systemic hypothesis. This occurs by connecting all of the extended relationships with the various contexts of the family system. This is a shift from the “problem person” to the “problem context.” The Mosleys might come in with a view of Coby as the problem person, but through careful questioning, the therapist can incorporate all of the relationships of the family (how Stephen and Miranda get along, how the siblings get along, how Stephen and Miranda treat each child, how this nuclear family gets along
with each of the extended families, how the school system plays a role, etc.). Bringing all of this information together will lead the therapist to understand Coby’s behavior as part of a larger context rather than as an isolated event.

As stated, there is no correct hypothesis—only more and less useful hypotheses. One way for the therapist to find a useful hypothesis is to try to get a sense of how stuck the family is (Boscolo et al., 1987). After the therapist has a sense of the family’s “stuckness,” it may be possible to move toward solutions. These solutions, however, are embedded within the hypotheses of the family myths. The Mosley family is stuck because their family premise is based on a false epistemology. They are operating from the assumption that they must be a perfect family, which includes the children performing well in school so as to get scholarships in college (as happened in the previous generation), Stephen and Miranda having a conflict-free marriage, and the children getting along with each other. The Mosleys are unable to stray from these premises. They are stuck in a game of not being able to express discontent—which then builds discontent, which they are not able to express, which then builds more discontent, in a perpetual vicious cycle.

Hypotheses are derived from four sources: the data, the therapist’s theory, the therapist’s previous experience of working with other families, and the therapist’s personality (Boscolo et al., 1987). Primarily, the therapist works from each specific family’s data to develop a systemic hypothesis that fits that family’s organization. This comes from testing an original hypothesis and employing feedback gained during the session to augment and modify the hypothesis. The therapist working with the Mosley family would take in the information presented, such as who is in the family, how they relate to one another, what premises they have developed, and how they interact with the therapist.

There are three different classes of hypotheses (Boscolo et al., 1987). The first class focuses on who is with whom in the family. The therapist tries to understand what the coalitions, alliances, and “marriages” are within the family system. The second class of hypotheses explores the family’s premises and myths, while the third class of hypotheses focuses on the family’s communication, both within the family system and between the family system and other systems. The therapist working with the Mosley family may explore who Miranda is most and least connected to, determining that she seems most connected to Brandon and least connected to Stephen. Coby seems to be least connected with his sister, Theresa, and most connected to his mother. This information may be related to the family myth that everyone should get along and not overtly express disagreement. The myth that the family should be perfect shapes the coalitions and alliances of the family system. Lastly, this myth may be connected to larger systems, such as the extended system. Miranda’s family of origin may be understood as the place where the family myth began. A hypothesis may come forth that she is more “married” to her mother than she is to her husband, Stephen.

**CIRCULARITY.** The second main guideline for conducting the family therapy session is the idea of circularity. Palazzoli et al. (1980a) explained the notion of circularity as “the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships and, therefore, about difference and change” (p. 8). Circularity thus became an interviewing technique with the family.
The notion of circularity is based on two premises (Palazzoli et al., 1980a). The first is that information is a difference. The second is that difference is a relationship. Thus, the therapist looks at the relationships between members of the family system and between the family system and larger systems for news of difference. Circularity occurs through a process between family members and between family members and therapist. The therapist working with the Mosley family will enter the therapy room with an initial hypothesis. This hypothesis will inform the questions that are asked, which may produce information that makes a difference for the family members and for the therapist, who will use it to adjust the hypothesis, which then will be used in connection to the family.

Families are connected over time through particular patterns of family member interaction (Boscolo et al., 1987). These connections and interactions are the basis for circularity. Family members communicate information to one another within these patterns. One way to help explore these interactions is through the use of circular questions. Circular questions help elicit this information, some of which is based on false ideas connected to the family myth. Circular questions provide the opportunity to connect what is currently happening in the family with past behavior to see how the family myth has maintained itself. In the Mosley family, members may be asked who is most or least concerned about getting along, how people got along differently before and after they noticed the school issue, or how each member understands the sequence of events around trying to get Coby to go to school.

Circular questions also introduce new information into the significant system by uncovering the family premises. This new information can then be ascribed meaning, which allows for new alternatives of understanding and behavior. This happens based on getting family members to go beyond the rigid roles they held with their original premise. Circular questions allow people to respond in ways that might not align with their previous rigid position (Boscolo et al., 1987). In a session with the Mosley family, Theresa may be asked to comment on who is more anxious about Coby's not going to school, mother or father. Here she moves beyond her previous prescribed role of needing to keep things covert and is allowed to comment on the family. This kind of circularity is a way of testing and eliciting new information for the purpose of hypothesizing.

**Neutrality.** Circular questions, which prevent the therapist from taking any one person's side, are also a way for the therapist to maintain a stance of neutrality, the third guideline for the conduction of the family therapy session. As Palazzoli et al. (1980a) characterize it, "By neutrality of the therapist we mean a specific pragmatic effect that his other total behavior during the session exerts on the family (and not his intrapsychic disposition)" (p. 11). The therapist does not assume that any one family member's position is more correct than any other's. Neutrality, then, is a therapeutic stance (Boscolo et al., 1987), which leads the therapist to understand the system as a whole. By being neutral, the therapist shifts from a viewpoint of people using the verb "to be" as a guide, to using the phrase "to seem." Thus, people are not labeled, and a view of interactions and connections comes to the forefront.

Neutrality is also demonstrated by the therapist's not taking a stance on how the family should be (Boscolo et al., 1987). The therapist believes that the family system, once perturbed, can find its own solutions. Families are able to heal themselves, which
occurs through self-creative activity. To achieve this result, the family therapist asks questions to elicit information rather than making a statement, which would be an attempt at talking about “truth.” The therapist does not know how the Mosley family should operate. It might be that the parents should be in charge; or that Coby should have more autonomy, since he is soon to be a young adult; or that Sophia should play a more (or less) prominent role in the family. These would not be the specific goals of therapy, however. Once the family premises are challenged, the Mosleys would need to develop their own new way of being with one another.

As a stance, neutrality helps the therapist enter more deeply into the family. Cecchin (1987) described this notion of neutrality as being a state of curiosity for the therapist. Here the therapist does not try to find “truth” but explores alternative views of the situation. This helps to bring information into the system. The therapist’s hypotheses can come through in the questions asked; however, when the therapist does present his map to the family, it is to be portrayed as a doubt or a possibility, and not as fact (Boscolo et al., 1987). In essence, a stance of neutrality comes when the family does not know what the therapist thinks that they should do, and when each family member believes the therapist fully understands his or her view of the situation.

Questions

The therapy session primarily consists of the therapist asking questions, which can focus on behavior or on ideas (Boscolo et al., 1987). These two foci are related because action and cognition are connected. What a person does leads to how he or she thinks, and how someone thinks leads to what that person does. When exploring behaviors, the therapist starts by asking about the behaviors and then moves to the context of the behaviors. While doing this, the therapist attempts to understand how these behaviors make sense in the overall context of the family system.

The purpose of therapy questions is to bring forth news of difference, which is information (Boscolo et al., 1987). The primary way to get at difference is to use circular questions that ask one family member regarding the relationship of other members. The therapist moves from person to person and relationship to relationship to understand each family member’s perspective of other family members. These questions are not intended to uncover the truth of the family but rather simply to bring forth information. As previously discussed, information is news of a difference. Thus, circular questions usually focus around difference in the family system.

Circular questions are based on the hypothesis that the therapist has regarding a specific family system’s interactions. Throughout the session, the family’s responses will provide openings to new information that will require the therapist to change the hypothesis so as to more accurately fit the information of the family system (Boscolo et al., 1987). Openings are “an expression of the meaning system in a family” (p. 253). They highlight how that family organizes thinking, behaviors, and meanings. Over time in a session, these openings become more complex, providing richer information on the family’s pattern. Thus, there is a circular process between the hypothesis and the questions asked. Circular questions bring forth new information that either refines the current hypothesis or leads to abandoning the hypothesis and adopting a newer, more useful one. During the session with the Mosley family, the therapist may hear them talk about how things were when Coby’s grandfather,
Edward, was alive. This may be an opening to explore past alliances, which then may
connect, or not connect, to current alliances and the family myth. Other openings
may present themselves if Stephen discusses the possibility of losing his job; he then
could speak about how his sense of being a provider is challenged, which also con-
nects to the family myth.

Because it is the uncovering of information that is important, circular ques-
tions in themselves are interventive (Boscolo et al., 1987). They are designed to
perturb the family system. Because the family is in therapy due to an epistemologi-
cal error in thinking that members can control others, the therapist would commit
the same error if he tried to control the system. By following the notion that one
cannot control others, the therapist, during the session, perturbs the system; the
system then, if perturbed sufficiently, will reorganize in a way that is most useful
for it at that time.

Because families often label one member as problematic, circular questions can
be used to interrupt this labeling (Boscolo et al., 1987). These questions shift focus
from an individual with a problem behavior to shared or possible behavior in the
system. When one child in a family is labeled in a particular way (either good or bad)
the therapist can use circular questions to gain information about the other children
in the family and how, at times, they could be assigned that same label. This puts all
the children on the same level. For instance, in the Mosley family, if members state
that Coby is mean, the therapist might ask, “Besides Coby, who can be the meanest,
Theresa or Brandon?” This changes the family’s punctuation of an either/or mentality
that one child is good and the other is bad. All children are potentially problematic
and nonproblematic.

For the Milan team, there are several categories of questions (Boscolo et al.,
1987). Family members might be asked about difference in perception of relationships
or differences in degree. The therapist might also use explanatory questions, in which
family members are asked to explain their own hypotheses about their behaviors.
Palazzoli et al. (1980a) provided several other methods of using circular
questions. First, questions might be asked regarding interactional behavior in specific
circumstances. Second, the questions might focus on differences in behavior (rather
than internal attributes). Third, questions can be asked to rank members in relation to
a specific behavior or interaction. Fourth, questions can target the change of a rela-
tionship before or after an event (perhaps the onset of the symptom). Circular ques-
tions may also focus on the differences that various family members perceive regarding
hypothetical situations.

Future and hypothetical questions ask family members about what differences
might occur in the future. Boscolo et al. (1987) explained the differences between cir-
cular and future questions, “Circular questions collect information toward the con-
struction of a hypothesis and a problem premise, whereas future questions challenge
a family premise or advance a new one” (p. 34). These questions usually are asked
later in a family interview. They have a twofold purpose. The first is to determine
whether there is, in the family system, a self-fulfilling prophecy that will maintain the
symptomatic person in his or her current label as the problematic one. The second
purpose is to shift the understanding away from the identified patient as the only one
in the family with the problem in order to propose the notion that others in the sys-
tem also might have the same or a similar problem. Future questions enable the family
members, who might think that the current way of being is how it will always be, to see that things could be different. Hypothetical questions have the added benefit of actively engaging all family members to make connections between information and possible solutions.

In the Mosley family, the therapist might ask hypothetical questions surrounding school, such as, “Let’s say that Coby is no longer staying home from school. Which of the other children would most likely have an issue with school?” This question puts Coby, Theresa, and Brandon all on the same level. It also disturbs the notion that Coby is an isolate and no one else could be problematic.

**Format of the Session**

The therapist begins working with the family from the first telephone call (Palazzoli et al., 1978a). This contact is short, but provides the therapist(s) information to hypothesize about what seems to be occurring in the family.

The family therapy session is divided into five parts (Boscolo & Cecchin, 1982; Boscolo et al., 1987; Palazzoli et al., 1978a). In the *presaision* the therapist comes up with some initial hypotheses. If this is the first session, the intake information, information from the referring person, and the content and nonverbal information from the family's telephone call are taken into account. If this is the second or a subsequent session, the information from the previous session(s) is used to develop further hypotheses that will help guide the beginning part of the family interview.

The *session* is the time when the therapist interacts with the family to determine what the rules of the system are (Palazzoli et al., 1978a), and also employs questions to elicit information, which may become interventions (Boscolo et al., 1987). The session lasts approximately 40 minutes to 1 hour. During the session, the therapist usually does not make any interpretations. Rather, the session is designed to promote information, with the hopes of finding difference. The therapist attempts to validate and/or modify the hypotheses previously developed. If the family was referred by a professional, the therapist might explore this person’s involvement in their lives, as the referring person may have become part of the family system (Palazzoli, Boscolo, Cecchin, & Prata, 1980b). In the case of the Mosley’s, the school counselor referred the family to therapy. Coby had only one session with the school counselor and did not seem to make a connection with her. The family has had little contact with the school counselor, and thus, once the family explains this to the therapist, it might be hypothesized that she was not incorporated into the family system and would probably be excluded from therapy. If it is discovered, however, that she plays a pivotal role in the family system, especially in maintaining the family game around the symptom, she might be invited into the therapy.

During the session, the therapist usually starts with a focus on the current time period and family unit and then works outward (Boscolo et al., 1987). The therapist begins with what is happening now, then focuses on the past, and then shifts to the potential future. The session will also highlight the immediate family and then work outward to the extended family and other systems the family is involved with. The therapist may also explore how the family system is connected to the therapeutic system. The *systemic hypothesis* is the connection between what is occurring in the relationships between members within the family system, between the family system and
the larger context (such as extended family), and between the family system and the therapeutic system (consisting of family and therapist). In the session with the Mosley family, the beginning portion probably will be spent talking about how the five members of the nuclear family currently are affected by the problem. Later in the session, the therapist probably will talk about the school issue in the past and perhaps what the Mosleys were like before this problem began. At this point, therapy may be expanded beyond the five members of the family, and would probably include the extended families, particularly Edward and Sophia.

The systemic interview may change its focus many times in a session. This helps the therapist maintain neutrality. Conversation with the Mosley family may shift from Coby's relationship with school to his relationship with his siblings, to Stephen's and Miranda's relationship, to the immediate family's connection with the extended family, to the family system's connection with other, larger systems (if the church or friends or other therapy is involved).

The third part of the session is the intersession. At this point, the therapist(s) in the room takes a break and discusses what occurred with therapist(s) watching from behind a one-way mirror. The discussion focuses on whether new hypotheses need to be developed and what intervention, if any, should be given to the family.

The fourth part of the session is the conclusion. The therapist returns to the therapy room and delivers the intervention. This is the shortest portion of the session. Usually, the therapist leaves the room immediately after delivering the intervention so that family members cannot disqualify it.

The final part of the session is the postsession discussion. After the family has left, the therapists discuss how the family reacted to the intervention and make some hypotheses, which will be the jumping-off point for the presession of the subsequent session.

Ending Therapy

If a subsequent session is needed, it usually is spaced out for about one month (Boscolo et al., 1987; Palazzoli et al., 1978a); however, it might be determined that no further sessions are needed. The therapist attempts to assist the family in taking on a perception of not needing therapy and terminating. Boscolo et al. explained that termination should occur "when the family doesn't define itself as pathological and the therapeutic context doesn't define itself as therapeutic. Somehow the family cures itself of the idea of being sick and the team cures itself of the idea of being useful" (p. 107).

Change may come after the initial consultation or after several sessions. One approach has been to negotiate with the family for 10 sessions and not give them any more unless a renegotiation occurs (Palazzoli et al., 1978a). If the family does not use all 10 sessions before change occurs, the remaining sessions can be kept in reserve. The change that happens in the family may first manifest itself in only one member, who perturbs the family system, subsequently inviting change in other members, and this process continues (Boscolo et al., 1987). Thus, change is gradual, based on continuous feedback within the family system. Any member of the Mosley family could change, which might lead to other members changing and then to a change in the family premise. Once the family premise changes, people may take on
different roles than they previously had. These roles may be more amenable to them, giving them more flexibility of being. As discussed, there is no preset final endpoint for how the family should be, just that they operate in a manner that is more beneficial for them.

CASE TRANSCRIPT

Pre-session

THERAPIST: What do we know about the family we are about to see?
TEAM MEMBER: The mother called last week asking for the appointment. It is a family of five; mother, father, and three children. The oldest, a son, is refusing to go to school.
THERAPIST: Is this a new thing with school?
TEAM MEMBER: The mother said he started saying he did not want to go at the end of the last school year but once summer break ended, he has refused to go back.
THERAPIST: Do we know anything else about them? Was anything else going on several months ago?
TEAM MEMBER: I don't know; just that the son is also not getting along with the family like he was before.
THERAPIST: Okay, so what might be going on around this school situation? What in the family might be happening?
TEAM MEMBER: Well, mother might be the one to be pushing this family as she is the one who called, and she sounded quite upset and anxious on the phone.

Based on the information from the phone call and the mother's nonverbal communication on the phone as interpreted by the therapist, the team members begin to develop an initial hypothesis.

THERAPIST: The son is sixteen, so maybe this is an issue with autonomy.
TEAM MEMBER: Yeah, perhaps the parents are having a hard time letting their oldest become a young adult. Although maybe he is just giving his parents an opportunity to keep being parents for a while longer.
THERAPIST: Perhaps mom is not the only one in the family who is concerned. These initial hypotheses will continue to be explored, altered, and refined as the therapist questions the family throughout the session.
TEAM MEMBER: Who do you want to invite to the session?
THERAPIST: Let's ask all five of them to come.

Stephen, Miranda, Coby, Theresa, and Brandon all attend the first session.

Session

THERAPIST: I am working with a colleague today who is behind the one-way mirror. At some point she will call me out, and she and I will
discuss what we have heard. We are interested in hearing from you what the problem in the family is at this moment.

This question focuses on what the problem is now in the family. The question is intentionally not directed specifically at one person so that the therapist can note who responds to it and how. As Cecchin states:

we know that at a certain point, the so-called healthy members will point to the identified patient, and we will then ask the identified patient whether he agrees to be a patient or not. Then we ask the different members of the family who most thinks that this person has problems and who least thinks it. We want to see how people line up around the behavior they want changed. (Boscolo et al., 1987, p. 108)

**MIRANDA:** Coby is having difficulty in school. He doesn't want to go anymore.

**THERAPIST:** He tells you he doesn't want to go to school?

**MIRANDA:** Yes, he tells us he hates it, and he refuses to go.

**THERAPIST:** And how long has this been a problem for you?

**MIRANDA:** It started about seven months ago when he began saying he did not want to go.

**THERAPIST:** Who was the first to notice this situation? This circular question shifts the talk about the problem from interpersonal to transactional.

**MIRANDA:** It was probably me. One day Coby told us that he didn't want to go to school that day; that he wasn't feeling well. So he stayed home and we didn't think much of it. But when it happened the next day too, and then continued, we became very concerned.

**THERAPIST:** Does everyone agree that this is a problem?

**STEPHEN:** Well, we are all concerned.

**THERAPIST:** Who is the most concerned about this problem? This circular question explores a ranking of members of the family.

**MIRANDA:** I am.

**THERAPIST:** Who is next concerned?

**STEPHEN:** I'm concerned as well; he needs to go to school. Coby has a lot of potential, and he needs to move past whatever this is and get his act together.

**THERAPIST:** Do you agree that your wife is most concerned?

**STEPHEN:** As I said, I'm worried about Coby as well.

**THERAPIST:** [to Coby] Your mother and father say that the problem is you not going to school. Do you agree? This question demonstrates to the family the therapist's neutrality. As previously noted, the therapist does not assume that any one family member's position is more correct than any other's. Neutrality, then, is a therapeutic stance (Boscolo et al., 1987), which leads the therapist to understand the system as a whole. The therapist's goal is
for all family members to believe that the therapist completely understands their particular views of the family's difficulties.

Coby: I guess, but not really.
Therapist: You guess, but not. How do you see it?
Coby: Why do I need to go to school? I can get a GED, or I can work for my friend's dad. He makes video games and he wants me to try them out for money. I can make a ton. And I hate school; it's stupid.
Therapist: Then do you see that there is a problem now?
Coby: Yeah. I'd say that it's my parents won't back off.
Therapist: Which of your parents is more on your back?
This circular question explores a difference in degree.
Coby: I don't know. Maybe my mother. She gets after me more. My father just kind of says, "You need to go to school."
Therapist: When you say she gets after you, how does she do this?
This question focuses on specific interactive behaviors.
Coby: She just bitches at me all the time. She says my life is going to be a waste.
Therapist: So do you agree with your mother that she is the most concerned about you in the family?
Coby: Yeah. She drives me crazy.
Therapist: [to Theresa]
Theresa: When everyone else did. When my brother got too scared to go to school. But I don't care if he goes to school. I just want them to quit fighting all the time.
Therapist: So you think he's scared to go to school. What is he scared of?
Theresa: I don't know; ask him.
Therapist: [to Stephen]
Stephen: Do you agree with your daughter? Is your son scared to go to school?
Therapist: [to Miranda]
Miranda: I do think he's anxious about school; and Stephen thinks he can come in now and tell him what to do, after all these years. He's never noticed the problems before.
Therapist: Has this been the way that the family has always been?
The therapist begins to shift the temporal frame in an attempt to explore for difference in time by asking whether past family interactions were significantly different from the present ones.
Stephen: No, we got along better.
Therapist: Who got along the best?
STEPHEN: We all did.
THERAPIST: Yes, and who the best among you?
STEPHEN: Maybe, because how things are, Miranda is close with Brandon. But she's also very close with Theresa.
THERAPIST: Miranda, do you agree?
THERESA: Probably.
THERAPIST: Who got along best with Coby?
MIRANDA: My father, Edward. He passed away a year ago.
THERAPIST: Coby, do you agree that you got along best with your grandfather?
COBY: Yes. I miss him.
THERAPIST: Who in your family misses him most?
COBY: Probably my grandmother.
THERAPIST: And then who?
COBY: Maybe me.
THERAPIST: And then?
COBY: My mother.
THERAPIST: How was your mother and father's relationship before this school situation started? *This question explores a difference based on time—before/after.*
COBY: I don't know. Fine I guess.
THERAPIST: Is their relationship better now or worse?
COBY: Maybe a little worse. I heard them argue recently, which I don't remember them doing before. *As intended when exploring through circular questioning, this discussion creates an opening that allows reconsideration of the family myth of perfection (including an absence of conflict between the parents).*
THERAPIST: Would you consider your parents' marriage to be happier than most? *(to Theresa)*
THERESA: Yeah. They're not all lovey-dovey with each other, but they don't hate each other like some of my friends' parents.
THERAPIST: Coby, what are your thoughts on this?
COBY: They're fine. Not great. But not awful.
THERAPIST: Who played more of a role in disciplining you growing up? *The therapist has a sense that there is a difference between the parents in their interaction with and disciplining of the children. This question elicits new information that will lead to an alteration of the therapeutic hypothesis.*
COBY: My mom.
THERAPIST: And then?
COBY: Maybe my grandmother. Not that she really disciplined me, but my parents both worked, so she was there during the day.
THERAPIST: Would you agree with Coby that mother did the main disciplining and then grandmother?

[to parents] I would not say so. I disciplined them.

STEPHEN: Steve, you were working a lot. My mom really helped me take care of them. You would help out when there was a big situation. Like with the miscarriage.

The therapist gets the sense that this is a charged issue in the family, one that they could not talk about openly before. The systemic hypothesis has now grown to include an extended family system: mother’s mother, and a triadic relationship with Miranda, Sophia, and Stephen.

THERAPIST: So grandfather died a year ago? And Coby, you were closest to him. What happened in this family after grandfather died?

THERESA: Coby had a hard time; he started hanging out in his room all the time, by himself.

THERAPIST: If grandfather were still here, what would he say about Coby not going to school?

Again, through the use of circular questioning, the therapist gains a stronger sense of how each family member understands the family myths and premises organizing their behaviors. Also, the therapist begins to highlight the significance of the grandfather’s death, particularly for Coby.

THERESA: [laughing] Are you kidding? If he was here, there’s no way Coby would miss a day of school.

THERAPIST: So grandfather knew how smart Coby is, even though Coby tries to hide it?

STEPHEN: He’s hiding it pretty well these days; missing school is pretty stupid.

THERAPIST: If grandfather were still alive and Coby was going to school, who would grandfather be most worried about?

This hypothetical question tries to break the family’s current understanding of Coby as isolated and dysfunctional. It also offers the possibility that all the family members are potentially problematic and nonproblematic at any given time.

THERESA: He would be worried about my mom. He always worried most about her. He thought Dad worked too much.

MIRANDA: I don’t think he would be worried about anyone.

THERAPIST: Coby, do you agree that he would be worried about your mother?

COBY: [does not respond; stares at the floor].

MIRANDA: Well, maybe he would be worried about Brandon. There are some challenges he’s going to face in life.

THERAPIST: [to Stephen] Would you agree?

STEPHEN: I might say Theresa. She’s starting to mature a bit too much right now.
(The telephone in the room beeps and the therapist answers it.)
The family apparently is beginning to consider the possibility that the other children could potentially be cause for concern.

**Therapist:** My colleague would like for us to stop here and consult with me. I will come back when we are finished to tell you what we talked about.

*(The therapist leaves the therapy room.)*

**Discussion Break**

**Team Member:** It seemed as if you changed your focus in the interview.

**Therapist:** Yes, I don't think our initial hypothesis was correct, that they were trying to keep him young and that this school situation was a way for them to maintain being parents.

**Team Member:** It seems that when Coby lost his grandfather, he lost his way.

**Therapist:** The family has to seem to be a happy perfect family. This is preventing them from being able to express to each other when they are unhappy. The children, until very recently, have never seen or heard the parents fight. Coby's behavior has been important in allowing this myth of perfection to be challenged.

**Team Member:** Maybe Coby sensed that there was some type of marital strife, and his behavior is a way to keep the parents united. They team up against him instead of going at it with each other.

**Therapist:** Coby seems to be keeping grandfather alive in this family. Maybe grandfather was always worried about Miranda and her marriage to Stephen. It's possible that grandfather never thought Stephen treated Miranda as he should have, but that was never allowed to be expressed.

**Team Member:** So by not going to school, Coby protects this family. As long as his parents are focused on him, they will preserve the marriage. Miranda will avoid questioning her husband the way her father may have, and the family can continue with the status quo.

**Therapist:** So Coby is helping his parents.

**Team Member:** Yes, but perhaps this then can bring it to the surface and they might then be able to talk about it, which they haven't been allowed to do in the past.

**Intervention**

**Therapist:** Let me share with you what my colleague and I were talking about during the break. We think that you all did a very good thing in coming here today for therapy. And we think that it is very important for Coby to continue making his own decisions about his school and his future, at least for now.

*The therapist starts the intervention with a positive connotation of the situation. As stated previously, it is difficult for the parents to reject this message, as they are all being commended rather than challenged. This connects them with the therapist.*
THERAPIST: Coby, we see that when your grandfather died, it was hard for you. Perhaps your grandfather saw in you what others, and maybe even you, don't see yet. So we think it's a good thing that you are so strong you are able to make your own decisions about your education and your future. Maybe your grandfather thought you might even be smarter than your dad; this could be a problem, so for now you are right to keep your light from shining too bright just yet. You also help your parents to stay together and figure out what to do with you, since they are good parents and they both worry about you. We think it's possible that this helps your dad not worry too much about your sister, and helps your mom not worry too much about your little brother. So we think you have figured out a good way to help this family, at least for now. Here is what we would like for you all to do. Each night, at the same time, we would like for you to gather as a family and read this short letter to grandfather. You can each take turns reading it out loud to the others. I will read it out to you now.

Dear Grandfather, we thank you for schooling Coby in helping keep his parents together. We hope that, even though he is a smart and sensitive young man, as you knew he would be, he will continue to keep his light from shining too brightly until his younger sister or brother (or even his parents) can take over his role. You were right to be proud of him. You were right to be proud of Theresa becoming a mature and intelligent young woman. And you were right to be proud of Brandon for his unique abilities.

Why don't we meet in two weeks at which time my colleague and I will be most interested in hearing what is happening in your family.

Postsession

TEAM MEMBER: I noticed Stephen gazing intently at Miranda as he listened to the letter. Everyone paid careful attention, and Theresa was watching her father the entire time. How do you think the family responded?

THERAPIST: I have the sense that Coby was relieved; his closeness to his grandfather is acknowledged, as is his loss. And his ability to make choices for himself can now be seen as a good thing.

TEAM MEMBER: It seems this challenges the family myth of perfection and allows the parents to consider that they can disagree overtly about other concerns in the family. It allows them to view themselves as caring parents. It also allows them to see Coby as someone who cared deeply about his grandfather, and who also cares about his family.

THERAPIST: And perhaps the other children may be freed from the need to appear as perfect, and will be able to make their demands and difficulties known.