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ABSTRACT
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The first section identifies two basic assumptions of a systemic
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under a set of implicit rules. The second section outlines three
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practice, i.e.,: (1) the family should be assessed as a unit and
intervention should be planned to impact on the system; (2) recurring
behavioral patterns or loops should be identified and used to
identify therapy goals; and (3) the system members'
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Running head: Translating Principles into Practice

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The past few years have witnessed a rapidly expanding interest in
applying a systems perspective to understanding and resolving (Keeney,
1979; Selvini et al., 1978). This approach tends to view problems in
the context of rule-regulated, interacting systems. The family therapy
movement has been most clearly identified with this approach. Presently,
however, there exists no unified set of assumptions which are widely
accepted among therapists using systemic psychotherapy. With the
exception of a fundamental but limited conceptual core, the foundations
for theory and practice are still in a stage of experimentation and
development. As a result, its tenets tend to be implicit rather than
explicit; the relationship between defining assumptions and practice is
not clearly specified or uniformly recognized; and descriptions of the
approach tend to be case studies exemplifying isolated assumptions or
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The further development of this approach requires that its assump-
tions be defined explicitly and that the relationship between assumptions
and their operationalization in assessment and therapy be clearly deline-
ated and explored. This paper represents such an attempt. We will
identify some of the assumptions which appear to be central to any systemic
approach and indicate how these assumptions can be translated into practice.
The paper is divided into three sections. The first briefly identifies two
basic assumptions of a systemic approach. The second outlines three
operational corollaries of these assumptions which explain how the

underlying assumptions may be translated into systemic assessment and practice. The final section identifies unresolved issues and possible future directions.

Underlying Assumptions

The first and most basic assumption is that the unit of analysis is the system in which behaviors identified as problems occur and/or develop; the most frequently examined system is the family. This is because the family unit is both powerful in the shaping of behavior and readily accessible to the psychotherapist. By choosing the family as the unit, the therapist assumes that the behaviors, thoughts and feelings of individual family members can be fully understood only in the context of interactions or communications among family members. Furthermore, the therapist is defining the family's identified problems as system-related problems and not just as the isolated problems of an individual.

A second assumption of the systemic approach is that a system operates under a set of implicit rules. These rules tend to be relatively stable and are reflected both in the family's behaviors and their conceptualizations of their behaviors and feelings. Because the rules are stable, they tacitly enforce recurring patterns of behavior within the family as well as repeating explanations or rationalizations. In order to understand the rules, it is necessary to examine the family's behaviors, their explanations for their behaviors, and the connections between the two. The therapist who focuses on one to the exclusion of the others stands to lose a great deal of information which may prove essential to the effective catalysis of systemic change. This shall be discussed in greater detail below. It should be noted that the recognition of a connection

between behavior and explanation does not imply that a family's or an individual's understanding of a behavior would be considered accurate by other observers, or that a change in understanding will necessarily or immediately occasion a change in behavior. However, some interactional relationship between thoughts and actions does exist and changes in one area are likely in time to bring about changes in the other (Haley, 1978; Meichenbaum, 1977).

Operational Corollaries

Three operational corollaries flow from these assumptions. When these corollaries are applied to any given problem they can act to guide the analytic process of the therapist and suggest the working format for conducting therapy.

The first and most obvious corollary is that assessment and therapy focus on the system in which difficulties occur or develop. For the most part we are involved in settings in which a child is typically identified as the problem by other family members and referring agents. We have found that the most relevant and workable system is the family. While this is the most common situation, it is not the only one possible. For example, there will be times when the child's school and family are involved in problematic interactions around a child, and often, with each other. In such a case, the relevant system will consist of the family, the school and the child. Such cases notwithstanding, the family is the most frequent system with which we work. It should be noted that some of us also work with adults and apply the systemic approach equally well to this population. With adults the system of focus is also the

family (broadly defined as those people living in the home) although
other systems (e.g., peer, work) are frequently relevant.

When working with a system, it is generally useful to have as many
members of the system as possible involved, especially during the initial
assessment. This allows the therapist to view the behaviors and to hear
the conceptualizations of each member. If everybody cannot be present,
it is necessary to ask other family members to describe the behaviors and
responses of the missing individuals. For example, if the mother identi-
fies the problem as disobedience of the child and the father is not
present at a session, it is important to know whether the child disobeys
the father, how the father responds to such situations, what the father
says to the child and the mother, etc.

The second operational corollary is that the particular behavioral
events which are identified by family members as problematic tend to
follow repetitive and predictable patterns. During the assessment phase
of treatment, the therapist should attempt to reconstruct the sequence of
actions in which the problem behavior is embedded. The pattern will
include all events or behaviors that recur together and that seem to be
critical to the maintenance of the pattern. It will typically include
those events that immediately precede the identified problem behavior,
the problem behavior itself, and the actions that immediately follow.
However, in some situations, the included behaviors will extend further
over time. This will be discussed below.

The sequences may best be conceptualized as forming closed cycles
or loops. The beginning and end of a sequence (i.e., its "punctuation")

are in some sense arbitrary. While there may appear to be immediate "responses" to the identified problem behavior that ostensibly end that episode, the actions do not change the inherent situation in a way that prevents a recurrence of the cycle. The analysis of the problem in terms of recurring behavioral loops highlights the fact that attempts made by the family to end the identified problem behavior are not solutions. In fact, the identified problem behavior cannot be singled out as being "the" problem. It is simply one of the active elements of the loop, having no special status or significance in the loop beyond the fact that it has been singled out by the family as being a problem due to its intensity or frequency of recurrence. The therapist should strive to conceptualize the actual difficulty as the recurrent pattern of behaviors. Every point or behavior in the loop is related to the others and serves to perpetuate the others. The loop itself is ultimately a product of the rules of the system.

The analysis of a system in terms of patterns suggests the immediate goal of therapy: to alter the loop. It should be noted that achieving this goal may be accomplished by focusing directly on the identified problem and trying to modify it or by attempting to alter other behaviors in the sequence. If the loop is broken at any point, it will have repercussions on the other points in the loop. The alteration of the repetitive cycle may force the system's members to find new ways of interacting.

In applying this general strategy, two issues must be kept in mind. The first relates primarily to the identification of loops and the second

to interventions designed to disrupt loops. The major issue for the

therapist is to determine which behaviors, exhibited by which family

members, at what times, and in what sequence, should be arranged within

the problem loop. Further, since the family usually exhibits a great

deal of activity during their troublesome interaction, it is most useful

for the therapist to construct the most parsimonious loop, including only

those elements critical to the maintenance of the cycle. A behavioral

loop can often be included within another larger loop. The choice of

the relevant loop will influence the identification of therapeutic goals,

so it is important that the most appropriate loop be identified. For

example, in a single parent home, the mother may be disciplining the

children inconsistently and the children may often be noncompliant. In

many situations, this may be the relevant loop. However, in some situa-

tions, the mother may be using the children's behavior to label the

children unhappy or emotionally damaged, a message she may give to her

former husband along with reproaches concerning his behavior. The

husband may respond in a number of ways. In these cases, the relevant

loop may include the behavior of the children, the mother and the father.

The loop which includes the behaviors of the mother and the children may

be actually serving a function within the larger loop which should be

the loop of focus.

We have found several strategies to be helpful in the identification

of the relevant loop. Typically, asking family members to "draw a picture"

for the therapist describing what happens around the problem has been

helpful. Directing clients to describe the ways in which they have

attempted to resolve the problem may contribute useful information. Also,

the relevant loop can.be observed in session by asking participants to
show the therapist what they mean. Selvini's strategy (1980) of having
one person comment on the interaction between two others is also informa-
tive. The last strategy, in particular, as well as the other ones to
some extent provide valuable information toward determining relevant
behavioral loops.

If the most relevant loop is not immediately recognized, it should
become apparent relatively quickly when interventions are not effective.
Relatively simple assignments will not be carried out by the family;
"obvious" therapeutic reconceptualizations will not be comprehended.
This brings us to the second issue in applying this general strategy of
loop assessment-loop disruption to families. The therapist should con-
stantly assess the family's behaviors and the impact of therapy on their
behaviors. In this regard, the therapist should consider each interven-
tion a tool for assessment. After each intervention, the therapist
should reassess the family system. This reassessment directs later
interventions. If there has been a change in behavior in a direction
consistent with the identified therapeutic goal, progress is being made
and therapy can focus on issues of maintenance or termination. If no
changes are occurring or if the problem is perceived as getting worse,
it suggests either that the identified loop or therapy goal is not the
relevant or only one or that the intervention was not presented appropri-
ately. The question of how to formulate and present interventions to
the family brings us to the third corollary.

The third corollary concerns the identification of the family's con-
ceptualizations or conceptual frameworks. This corollary is based on the

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assumption that conceptualizations or ways of thinking are also involved in the system's implicit rules and as such some relationship between conceptualizations and behaviors exists. The conceptualizations that are most relevant to therapy are those which each system member holds about himself or herself and every other member of the system, and the ways in which each person conceives of the problem and of therapy. These pieces of information are not necessarily obtained via direct questioning but may be contained in statements which family members make during the therapy session regarding their thoughts and feelings about their family functioning.

The information on the conceptual frameworks of the family members is critical in formulating the way in which the therapist will present or frame interventions. The more new information approximates known information, the more easily the new information will be understood and incorporated into the old. Therefore, if the therapist phrases his/her message in terms of concepts that family members have and use, the message is more likely to be understood. The potential for changing the pattern is much greater when a message is incorporated into the system. It is important to realize that we are not suggesting the messages need to be pleasant or comforting. The point is they need to be close to the conceptual framework of system members. The therapist who insists on presenting a directive within his or her own framework risks provoking resistance or confusion in family members.

This corollary subsumes all communication between therapist and clients. The self statements, that is, statements that reflect family

members' conceptualizations of themselves, can be creatively incor-
porated into any message to a particular individual within the system.
For example, if a mother sees herself as a martyr, the therapist might
include this attribution in a message to her. For example, the
therapist may direct her to do something which will require a great
sacrifice on her part. In therapy, whenever family members attri-
bute qualities to themselves, these can be noted and later implemented
to make connections between these attributions and new behaviors or
ways of thinking about behaviors. Their use may be intended to change
the behavior, the attribution, or both.

The conceptualizations each client has about family members are
also used to whatever extent possible in the change process. For
example, if a mother in a family intervenes when her husband disciplines
a child and if a goal of therapy is stopping or altering her behavior,
the therapist's formulation would include a message that is consistent
with some of the mother's beliefs. Thus, if the mother believes that
the father is too harsh with the child or does not understand the child,
the mother might be told to instruct the husband in more effective
disciplinary techniques, or she might be told to join the husband in
disciplining the child so that she could help the husband to learn
more effective methods. It is important to recognize that a message
based on someone's conceptualization of another family member generally
cannot be in conflict with the other member's statement about himself/
herself.

Family members' conceptualizations of the problem and of therapy
are also important. If the identified problem child is indeed viewed

as the problem and the one needing therapy, for example, the parents may be enlisted into therapy within the frame of helping the child with his problem.

A particularly important consequence of obtaining family members' conceptualizations of therapy is to be able to decide whether the therapist should use compliance-based or resistance-based strategies. This distinction has been extensively discussed in the literature (Rohrbaugh et al., 1977) and will not be explored further here.

In summary, the application of the systemic approach implies at least three operational corollaries. First, the problem is a system-based problem and must be examined by assessing the entire system. Second, assessment requires the identification of recurring behavioral patterns or loops; this identifies the overall direction of therapy which is to break the loop that includes the identified problem. Third, the ways in which the family thinks about themselves, each other, their difficulties, and therapy must be assessed. This identifies the conceptual framework in which loop-altering or therapeutic messages can be formulated and expressed.

Unresolved Issues/Future Directions

The paper has focused on the importance of behavioral loops and conceptualizations of system members within the systemic approach. This represents the part of our approach within which we have obtained a high degree of confidence (Neilans, Jacobson, Quataert, Glenn, and Rosenberg, 1981 describe the use of this approach with noncompliant children). However, as our approach is evolving, the last section of this paper focuses on issues we are currently examining.

Presently our primary mode for guiding the therapeutic process is
cybernetic; that is, we move to make changes within a loop and then
evaluate the impact of that move in order to plan the next move. One
obvious difficulty with this approach is that the effects of an inter-
vention cannot be known in advance. Work by Prigogine (1976) hints at
the possibility of developing a body of knowledge which may enhance the
predictability of an intervention's effect on a system. He observes
that minor fluctuations occur in the workings of a system and do not
jeopardize the entity's essential structural integrity. When a major
fluctuation occurs within the system, it may exceed a critical threshold,
introducing a state of instability and occasioning a process leading to
the development of a new and stable structure that will include elements
of the old. In relation to therapeutic work with family systems, it
would be invaluable to know the steps which may characterize systemic
transformation. It thus might be possible for the therapist to induce
a fluctuation in a problematic cycle such that some predicted threshold
was passed and a new, nonproblematic loop created. With knowledge of
the transformation process in its various stages, the final state of
the system might be more reliably foretold by the therapist. Further,
it would be important to recognize those minor systemic fluctuations
which may render the family receptive to change, so that these deviations
could be amplified into major fluctuations. At present, we essentially
pay close attention to our timing and attempt to introduce our loop-
altering messages at the point in therapy that "seems" best. We are
hopeful of gaining information from the system's process that will
guide our actions.

A second issue concerns individual differences between clients in terms of their general cognitive style. We have observed differences in people's attitudes or faith in words as reflections of reality. For some people words are real and powerful. To label or categorize behavior or emotion is to imbue it with a definite meaning; this meaning then influences later perceptions or actions. These people recognize, at least theoretically, the distinctions between what one thinks about a situation and how one responds emotionally to a situation. For other individuals, conceptual distinctions are not as real or important. These people do not appear to be concerned with analyzing and understanding situations. They are not aware of or concerned with apparent logical inconsistencies in their descriptions and explanations of situations. Similarly, they are not concerned with apparent inconsistencies between their evaluative statements about situations and their emotional responses to those situations. We have labeled these groups as abstractive and associative (Glenn & Glenn, in press). The importance of this distinction for therapy remains to be studied. It has been our observation that abstractive individuals respond more rapidly to therapeutic intervention, which is obviously word-based. Associative individuals require more time on rapport building and/or educationally-oriented interventions.

A final area upon which we have been focusing has to do with understanding the fabric of the system's or family's conceptual framework. We are particularly interested in conceptualizations concerning interpersonal rules. Everyone has concepts about the ways in which people do or should interact. These interpersonal rules tend to be implicit

but strongly held. The assessment of a family should attempt to under-
stand the general interpersonal framework that a family uses. Messages
that are presented within the family's framework are more likely to be
perceived as meaningful or relevant for the family's understanding of
the problem. Related to this area and the second corollary is the work
of the neurolinguistic programmers. Whereas the second corollary focuses
on this area within the context of the style of the individual within the
system, this last area focuses on the style of the entire system.

To summarize: While numerous questions remain, the systemic approach
is at a point where defining assumptions can be identified and the links
between assumptions and practice can be delineated. We have argued that
the systemic approach is based on at least two assumptions. First, the
system is the unit of analysis. Second, all systems function according
to implicit rules; the rules governing family systems are reflected in
their patterns of behavior and their conceptualizations of themselves
and their behavior. These two assumptions can be related to practice
via three operational corollaries. First the family should be assessed
as a unit and intervention should be planned to impact on the system.
Second, recurring behavioral patterns or loops should be identified;
this will be used to identify the goals of therapy. Third, the system
members' conceptualizations of themselves, the problem and therapy should
be assessed; this will be used to frame or present interventions.

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The first relates primarily to the identification of loops and the second

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We have found several strategies to be helpful in the identification of the relevant loop. Typically, asking family members to "draw a picture" for the therapist describing what happens around the problem has been helpful. Directing clients to describe the ways in which they have attempted to resolve the problem may contribute useful information. Also,

the relevant loop can be observed in session by asking participants to show the therapist what they mean. Selvini's strategy (1980) of having one person comment on the interaction between two others is also informative. The last strategy, in particular, as well as the other ones to some extent provide valuable information toward determining relevant behavioral loops.

If the most relevant loop is not immediately recognized, it should become apparent relatively quickly when interventions are not effective. Relatively simple assignments will not be carried out by the family; "obvious" therapeutic reconceptualizations will not be comprehended. This brings us to the second issue in applying this general strategy of loop assessment-loop disruption to families. The therapist should constantly assess the family's behaviors and the impact of therapy on their behaviors. In this regard, the therapist should consider each intervention a tool for assessment. After each intervention, the therapist should reassess the family system. This reassessment directs later interventions. If there has been a change in behavior in a direction consistent with the identified therapeutic goal, progress is being made and therapy can focus on issues of maintenance or termination. If no changes are occurring or if the problem is perceived as getting worse, it suggests either that the identified loop or therapy goal is not the relevant or only one or that the intervention was not presented appropriately. The question of how to formulate and present interventions to the family brings us to the third corollary.

The third corollary concerns the identification of the family's conceptualizations or conceptual frameworks. This corollary is based on the

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assumption that conceptualizations or ways of thinking are also involved
in the system's implicit rules and as such some relationship between con-
ceptualizations and behaviors exists. The conceptualizations that are
most relevant to therapy are those which each system member holds about
himself or herself and every other member of the system, and the ways
in which each person conceives of the problem and of therapy. These
pieces of information are not necessarily obtained via direct questioning
but may be contained in statements which family members make during the
therapy session regarding their thoughts and feelings about their family
functioning.

The information on the conceptual frameworks of the family members
is critical in formulating the way in which the therapist will present
or frame interventions. The more new information approximates known
information, the more easily the new information will be understood and
incorporated into the old. Therefore, if the therapist phrases his/her
message in terms of concepts that family members have and use, the
message is more likely to be understood. The potential for changing
the pattern is much greater when a message is incorporated into the
system. It is important to realize that we are not suggesting the messages
need to be pleasant or comforting. The point is they need to be close to
the conceptual framework of system members. The therapist who insists on
presenting a directive within his or her own framework risks provoking
resistance or confusion in family members.

This corollary subsumes all communication between therapist and
clients. The self statements, that is, statements that reflect family

members' conceptualizations of themselves, can be creatively incorporated into any message to a particular individual within the system. For example, if a mother sees herself as a martyr, the therapist might include this attribution in a message to her. For example, the therapist may direct her to do something which will require a great sacrifice on her part. In therapy, whenever family members attribute qualities to themselves, these can be noted and later implemented to make connections between these attributions and new behaviors or ways of thinking about behaviors. Their use may be intended to change the behavior, the attribution, or both.

The conceptualizations each client has about family members are also used to whatever extent possible in the change process. For example, if a mother in a family intervenes when her husband disciplines a child and if a goal of therapy is stopping or altering her behavior, the therapist's formulation would include a message that is consistent with some of the mother's beliefs. Thus, if the mother believes that the father is too harsh with the child or does not understand the child, the mother might be told to instruct the husband in more effective disciplinary techniques, or she might be told to join the husband in disciplining the child so that she could help the husband to learn more effective methods. It is important to recognize that a message based on someone's conceptualization of another family member generally cannot be in conflict with the other member's statement about himself/ herself.

Family members' conceptualizations of the problem and of therapy are also important. If the identified problem child is indeed viewed

as the problem and the one needing therapy, for example, the parents
may be enlisted into therapy within the frame of helping the child
with his problem.

A particularly important consequence of obtaining family members'
conceptualizations of therapy is to be able to decide whether the thera-
pist should use compliance-based or resistance-based strategies. This
distinction has been extensively discussed in the literature (Rohrbaugh
et al., 1977) and will not be explored further here.

In summary, the application of the systemic approach implies at
least three operational corollaries. First, the problem is a system-
based problem and must be examined by assessing the entire system.
Second, assessment requires the identification of recurring behavioral
patterns or loops; this identifies the overall direction of therapy
which is to break the loop that includes the identified problem.
Third, the ways in which the family thinks about themselves, each
other, their difficultues, and therapy must be assessed. This identifies
the conceptual framework in which loop-altering or therapeutic messages
can be formulated and expressed.

Unresolved Issues/Future Directions

The paper has focused on the importance of behavioral loops and
conceptualizations of system members within the systemic approach. This
represents the part of our approach within which we have obtained a high
degree of confidence (Neilans, Jacobson, Quataert, Glenn, and Rosenberg,
1981 describe the use of this approach with noncompliant children).
However, as our approach is evolving, the last section of this paper
focuses on issues we are currently examining.

Presently our primary mode for guiding the therapeutic process is cybernetic; that is, we move to make changes within a loop and then evaluate the impact of that move in order to plan the next move. One obvious difficulty with this approach is that the effects of an intervention cannot be known in advance. Work by Prigogine (1976) hints at the possibility of developing a body of knowledge which may enhance the predictability of an intervention's effect on a system. He observes that minor fluctuations occur in the workings of a system and do not jeopardize the entity's essential structural integrity. When a major fluctuation occurs within the system, it may exceed a critical threshold, introducing a state of instability and occasioning a process leading to the development of a new and stable structure that will include elements of the old. In relation to therapeutic work with family systems, it would be invaluable to know the steps which may characterize systemic transformation. It thus might be possible for the therapist to induce a fluctuation in a problematic cycle such that some predicted threshold was passed and a new, nonproblematic loop created. With knowledge of the transformation process in its various stages, the final state of the system might be more reliably foretold by the therapist. Further, it would be important to recognize those minor systemic fluctuations which may render the family receptive to change, so that these deviations could be amplified into major fluctuations. At present, we essentially pay close attention to our timing and attempt to introduce our loop-altering messages at the point in therapy that "seems" best. We are hopeful of gaining information from the system's process that will guide our actions.

A second issue concerns individual differences between clients in terms of their general cognitive style. We have observed differences in people's attitudes or faith in words as reflections of reality. For some people words are real and powerful. To label or categorize behavior or emotion is to imbue it with a definite meaning; this meaning then influences later perceptions or actions. These people recognize, at least theoretically, the distinctions between what one thinks about a situation and how one responds emotionally to a situation. For other individuals, conceptual distinctions are not as real or important. These people do not appear to be concerned with analyzing and understanding situations. They are not aware of or concerned with apparent logical inconsistencies in their descriptions and explanations of situations. Similarly, they are not concerned with apparent inconsistencies between their evaluative statements about situations and their emotional responses to those situations. We have labeled these groups as abstractive and associative (Glenn & Glenn, in press). The importance of this distinction for therapy remains to be studied. It has been our observation that abstractive individuals respond more rapidly to therapeutic intervention, which is obviously word-based. Associative individuals require more time on rapport building and/or educationally-oriented interventions.

A final area upon which we have been focusing has to do with understanding the fabric of the system's or family's conceptual framework. We are particularly interested in conceptualizations concerning interpersonal rules. Everyone has concepts about the ways in which people do or should interact. These interpersonal rules tend to be implicit

but strongly held. The assessment of a family should attempt to understand the general interpersonal framework that a family uses. Messages that are presented within the family's framework are more likely to be perceived as meaningful or relevant for the family's understanding of the problem. Related to this area and the second corollary is the work of the neurolinguistic programmers. Whereas the second corollary focuses on this area within the context of the style of the individual within the system, this last area focuses on the style of the entire system.

To summarize: While numerous questions remain, the systemic approach is at a point where defining assumptions can be identified and the links between assumptions and practice can be delineated. We have argued that the systemic approach is based on at least two assumptions. First, the system is the unit of analysis. Second, all systems function according to implicit rules; the rules governing family systems are reflected in their patterns of behavior and their conceptualizations of themselves and their behavior. These two assumptions can be related to practice via three operational corollaries. First the family should be assessed as a unit and intervention should be planned to impact on the system. Second, recurring behavioral patterns or loops should be identified; this will be used to identify the goals of therapy. Third, the system members' conceptualizations of themselves, the problem and therapy should be assessed; this will be used to frame or present interventions.

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