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AUTHOR McNamee, Sheila
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ABSTRACT

The Milan model of systemic family therapy, developed in Italy and based on G. Bateson's cybernetic epistemology, can help meet the goals of a feminist/systemic epistemology in research by accepting data in its "traditional" form yet also connecting it to the act of researching, itself, thereby merging a feminist perspective with the domain of social scientific research. The systemic ideas of hypothesizing, circularity, and neutrality can serve as useful guides for researchers as well as clinicians. Employing these principles in research on communication means continuing an awareness of the researcher's role in choosing the methods and analytical techniques used, and this awareness alters the interpretations of social scientific work. The goal of systemic therapy is to facilitate change in dysfunctional family systems. By asking questions about various observed or perceived connections between behavior and influences on behavior, a researcher is able to facilitate a change in the way people think about these connections. The use of the Milan systemic ideas helps to celebrate the goals of feminist scholarship and reorient research. This reorientation means rejecting the male tradition of positivistic science which necessarily includes a frame of objectivity where the male norm becomes the observer's perspective. (Footnotes and 37 references are appended.) (MM)

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BREAKING THE PATRIARCHAL VISION OF SOCIAL SCIENCE:
LESSONS FROM A FAMILY THERAPY MODEL

Sheila McNamee
Assistant Professor
Department of Communication
University of New Hampshire
Durham, New Hampshire 03824
603-862-3040

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CHALLENGING THE PATRIARCHAL VISION OF SOCIAL SCIENCE: LESSONS FROM
A FAMILY THERAPY MODEL

This essay addresses the idea that there are "appropriate" methods for examining human interaction and highlights an alternative way to merge a feminist perspective within the domain of social scientific research. My argument has been addressed by other noted feminist scholars such as Harding (1986), Belenky, Clinchy, Goldberger, and Tarule (1986), Treichler and Wartella (1986), Mies (1983), De Bois (1983), and Stanley and Wise (1983) who question the goals of what Haraway (1981; 1985) and others have critiqued as "androcentric science." In feminist theory and research, attention is focused on the question: What constitutes "science"? The debate, itself, is certainly not new. The questions representing both sides of the argument point to the research dichotomy of "natural" versus "human" sciences. Should science be built upon the assumptions of objectivity, generalizability, and control? Or should science embrace alternative assumptions such as subjectivity (or the awareness that there is no one Truth but a constructed view of truth), plurality, and intervention? The latter premises are attempts to avoid polarization by focusing on how difference constructs a relationship (Bateson, 1972, pp. 271-2).

In this chapter, I introduce a model of family therapy and translate this model into a method for conducting social scientific research. My purpose in making this translation/connection is based upon my assumption that social science, as an area of inquiry like therapy, has understanding and improving the human condition as its goal. What we can learn from a clinical context that emphasizes the varied difficulties people have

adapting to, and interacting in the world is more than anecdotal. What we can learn from this context can inform our research in a productive and creative manner.

In addition, the clinical model I describe, the Milan model of systemic family therapy (Selvini, Boscolo, Cecchin, Prata, 1978; 1980; Tomm, 1984a; 1984b; Campbell and Draper, 1985; Boscolo, Cecchin, Hoffman and Penn, 1987), is epistemologically consistent with feminist theory. Both the Milan model and feminist theory encourage us, as researchers, to break from our tendencies to polarize what we study and how we study it.

For example, the therapeutic context and the research context are traditionally seen as different. A clinician's interviews with clients are rarely (if ever) considered as "research" per se. Many social scientists believe that there is not enough "rigor" or "control" in a clinical setting to allow for an "objective," "generalizable" view of the social order. Conversely, research is rarely considered therapeutic. Even policy research which is conducted for the primary purpose of setting social agendas (and thus, is interventive), is constructed in accordance with the criteria of objectivity, control and generalizability.

One of the key distinctions between therapy and research is that therapy is often focused on facilitating change while research is concerned with accounting for change. For example, communication researchers are often interested in determining how a change in communicative style or strategy will influence interpersonal competence, media impact, and so on. Therapists, on the other hand, are in the business of helping people change undesirable patterns.

However, a clinician must have an understanding or a way of accounting for expected changes before s/he can facilitate change. A clinician has a theory which guides his/her observations and the subsequent interventions

s/he makes. A researcher, on the other hand, has a method or technique, in the form of a research design and research instruments that ultimately facilitate change (e.g., the construction of manipulated conditions designed to produce various differences in the phenomena under investigation). The position of accounting for change in the therapeutic context and the position of facilitating change in the research context remain unexamined aspects of each respective domain. Just as a clinician is less aware of the ways in which s/he accounts for change in a system, the researcher tends to be blinded to the ways in which his/her work can fulfill a goal of facilitating change.

Blurring the distinction between research and therapy provides a way of meeting the interventive goal of feminist theory (Treichler and Wartella, 1986). By "interventive," Treichler and Wartella refer to the ways in which two (or more) disciplines can inform each other such that they have some effect on one another. Treichler and Wartella are specifically interested in the connection between feminist theory and communication studies.

They see this connection as an "intervention." In therapeutic literature and practice, intervention is standard terminology used to describe the behavior of the clinician. That is, clinicians are trained to intervene in (to come between) their clients' dysfunctional behavioral routines or cognitive constructions and their clients' desires to function effectively in the world. The Milan systemic model of family therapy developed by Selvini and her colleagues (1978; 1980) is introduced here in an effort to underscore intervention in communication and feminist research.

WHY A CLINICAL MODEL FOR RESEARCH?

I have suggested, above, why clinical and research models should be seen as mutually informative. Specifically, my use of a clinical model in a social scientific research context stems from three lines of argument: (1) there are epistemological consistencies between feminist theory and the theory of systemic family therapy; (2) the act of employing a clinical model as a research model emphasizes the arbitrary distinction between social control and social intervention; and (3) family is a "natural" context. While different cultures and subcultures hold different definitions of "family" experience, the metaphor of family is commonplace and is one used to orient a great deal of thinking about gender, politics, and economics.

I do not offer the systemic family therapy model as the "best" model because it is precisely this kind of polarization that feminism attempts to avoid. But I do believe that a model, based on the study of the socially constructed notion of "family," that is adopted to study communication offers one alternative to the positivistic, lineal models of science so heavily criticized by feminists (see, Harding, 1986; Stanley and Wise, 1983; Miés, 1983). A therapy model that emphasizes intervention can serve as a model for conducting social research. In this chapter, I will show how this model reveals the common assumptions and goals of systemic and feminist perspectives.

Taking a therapy model that emphasizes intervention and translating it into a model for conducting social research places intervention at the forefront of research activity. Researchers borrowing from a context which legitimates, celebrates, and emphasizes intervention recognize that research can be social intervention.

In order to understand why a systemic model of family therapy has something to offer feminist scholars, it is necessary to consider the forum in which systemic family therapy arose.

Family therapy has hitherto presented itself as an anti-psychoanalytic reaction. The therapists of this persuasion deny the determinism of intrapsychic forces and the transparency of symbols, treating meaningful action as messages flowing through communicative channels. (Maranhao, 1986, p. xi)

It is first important to realize that family therapy, as a movement, shifted attention from individually-oriented to relationally-oriented descriptions of problem behavior. This is a major shift because it requires abandoning, for the most part, explanations of problem behavior that are based on internal, causal mechanisms. However, even within the family therapy field, there is still great disparity between those models assuming lineal ¹ causes of problems among family members (e.g., the husband withdraws because his wife is a nagging kind of person) and models which focus on identifying patterns which connect behavior, ideas, and people in a way that is dysfunctional (e.g., the more the husband withdraws, the more his wife nags, which increases his withdrawal which increases her nagging, etc.).

Even within the reactionary movement of family therapy, radical epistemological differences among family therapy models have evolved. Maranhao (1986, p. xi) describes these differences as a distinction between focus on models of the family vs. a focus on "communicative matrices." Specifically, the distinction Maranhao refers to is between simply stating that "family" is the context with which a therapist works (which leaves room for lineal, causal explanations) versus an orientation toward understanding and describing the patterned ways in which the behaviors of

one person connect to the behaviors of another in the formation of redundant, interactive sequences.

Hoffman (1985, p. 382) summarizes the major distinction between various family therapy models using Howe's and von Foerster's (1974) distinction between first order cybernetics (the study of observed systems) and second order cybernetics (the study of observing systems). von Foerster's distinction, in particular, is an important one because the distinction underscores the respective positions vis a vis the assumption of objectivity. Those who adopt what Maranhao calls a focus on models of the family assume that the family can be observed and the therapist/observer remains "outside" the system. Those who adopt a focus on communicative matrices assume that their own behaviors co-construct (with the family) the system being studied and thus provide useful information about that system and the interactive patterns that maintain it in a generative or dysfunctional manner.

In first order cybernetics there is a belief that the observer can remain distant and distinct from the phenomena being observed. Second order cybernetics, on the other hand, recognizes the recursive relationship between observer and observed. The latter position shares an epistemological orientation with feminism, which I discuss later. The idea of constructing a system through interaction does not exempt the researcher or theorist from recognizing his/her own social responsibility.

THE MILAN SYSTEMIC MODEL

The Milan model (Selvini, et al., 1978; 1980), developed in Italy, is based upon Bateson's cybernetic epistemology (1972, p. 309), which has commonly come to be called "systemic" (Keeney, 1983, p. 14). Detailed

descriptions of the Milan model have been provided by Tomm (1984a, 1984b) and Campbell and Draper (1985).

In brief, the Milan model accepts the recursivity between meaning and action and focuses on patterns that connect ideas, behaviors, events and people, which distinguish it from other clinical models where analytic focus is placed on the individual and/or family and a logic of lineal causality. Consistent with the pluralistic nature of feminist theory (Spender, 1980, p. 103) and systemic epistemology, the Milan associates developed what they call "guiding principles" for a clinician using their model. The term "guiding principles" carries markedly different implications than the strict "technique-orientation" of some more traditional clinical models.

Most schools of therapy identify specific techniques designed to flow logically from the model's foundational premises. The clearest example of this is Minuchin's structural family therapy model (1974). Minuchin's model is based on several assumptions. One assumption states that altering a person's position in a system alters his/her experience which alters the way s/he thinks. In practice, a structural family therapist might physically orchestrate the position of family members during a therapy session. The clinician may do this by moving people (e.g., a child sitting between feuding parents may be directed to sit elsewhere while the parents are directed to move their chairs closer to one another), by directing who will talk to whom (e.g., "Tell you wife, not me, how you interpreted her question."), and indicating who can speak for whom (e.g., "I do not want to know what you think about your brother's stealing, I want to know what he thinks.").

In contrast to Minuchin's model, the Milan model simply suggests orienting principles and makes no statement about what a clinician should

or should not do, specifically. The guiding principles suggested by the Milan team are hypothesizing, circularity, and neutrality. Each of these principles guides the analysis of and intervention into a social system.

Hypothesizing

Hypotheses address the function of behaviors, ideas, and interactions rather than treating information as fact or truth. Importantly, hypotheses are not devised independently of the specific interaction they are attempting to explain. Hypotheses typically focus on behavioral sequences and any known interpretations and/or evaluations of these sequences made by those who are part of the system. ". . . the therapist must provide reasons for behaviours that contrast with explicative schemas and the intentionality assumed by members of the family system, and yet that are as plausible to them as their own" (Ugazio, 1985, p. 26). A systemic hypothesis allows for the possibility of change while avoiding the risk of the therapist's idea being rejected by the family. The practice of hypothesizing suggests that a variety of competing explanations for a "symptom" may be useful. They serve as frames through which the therapist can direct questions and connect data to produce information.

To clarify this principle, suppose that a therapist is presented with the following information about a family she is about to interview for the first time. Charles and Linda are a young couple with a teenaged son, John. John is having problems in school. His teacher has informed Charles and Linda that John has difficulty completing his assignments, although he appears to be very bright as well as very conscientious about working on the assignments. Charles has a difficult time understanding John's problem because of his own reputation as an efficient, organized and very prompt person. Linda feels that John is like her. He has difficulty completing

his school work because he wants to do his best and impress his teacher, his parents, and his peers. It is this pressure to perform, she thinks, that keeps John from finishing any project. Because Linda also struggles with this problem, she is sympathetic toward John's situation. Thus far, neither Charles nor Linda have been able to help John change his work style and they are concerned that this problem, if unattended, will present larger obstacles for him in the future.

Several systemic hypotheses can be constructed about this family. The following two are only suggestions.

By being so different from the rest of his family, Charles is able to help both John, his son, and Linda, his wife, see that there is a different way to approach work. Simultaneously, Linda and John help Charles by providing yet another context in which he can be seen as efficient and organized. This helps John and Linda recognize the importance and benefits of their work style.

Or,

Charles and Linda help John take his school work seriously by showing concern with his performance. John, in turn, helps his parents feel like they are "good parents" by presenting them with a problem to work on.

The Milan team suggests the development and use of several alternative hypotheses. In this way, a clinician can remain systemic and contextually sensitive in his/her thinking about the system rather than adopt and thereby reifying only one way to punctuate the system. A clinician can only construct alternative punctuations of a system (i.e., alternative ways to sequence and label the system as illustrated in the two hypotheses

above) if a view of "pragmatic truth" as opposed to classical truth (Tom, 1984a) is adopted.

Pragmatic truth refers to the clinician's acceptance that the "story," logic or explanation offered by family members at a given time is more useful than other stories and thus the story becomes "true". The story serves a pragmatic function. It helps members orient and make sense out of their own behaviors, as well as the behaviors of others. Pragmatic truth refers to the selections people make based on the distinctions they draw (i.e., the stories they construct).

Classical truth, on the other hand, refers to the idea that there is (or could be) one correct story, logic, explanation for any particular behavior. The distinction between pragmatic and classical truth is subtle yet significant. With an idea of pragmatic truth, clinicians and researchers develop a sense of respect and awe for the unique ways in which people conduct their lives. Classical truth imposes a linear, judgmental, monolithic sense of superiority and discrimination. The clinical effect of classical truth can be seen when a clinician believes his/her hypothesis. It is very difficult, if not impossible, to construct alternative hypotheses that provoke useful interventions/connections because the clinician is trying too forcefully to impose his/her view of what is right or wrong on the system.

Circularity

As a guiding principle, circularity is based on Bateson's logic of coherence where a difference can be a combinatory relationship (Bateson, 1972, pp. 271-2). At the methodological level, the Milan team develop circularity as a technique for interviewing clients. "Circular questioning" or "circular interviewing," asks questions that address a

difference or define a relationship as opposed to questions of facts and feelings that require a judgment of difference by (digital) distinction.

The most common form of circular question focuses on differences in time, or differences between ideas, people or events. Using the two systemic hypotheses about Charles, Linda and John, different circular questions can be developed. A clinician using the first hypothesis might be interested in asking the following circular questions:

Who believes most strongly that Charles is really different from the rest of the family?

Was Charles more or less efficient before John started having difficulties with his school work?

If Charles were to stop acting in such an organized and efficient manner, who would take his place, Linda or John?

If John were to stop having difficulties in school, what other problems might he have?

Or, for the second hypothesis:

Who, between Charles and Linda shows more concern for John's problem?

When do you think John will be able to take his school work seriously without procrastinating so much? (to parents)

Do you think that John would be more or less likely to have problems with school if you were more concerned? . . . less concerned? (to parents)

If John were not having school problems, how would you show him that you are concerned and good parents?

Both sets of circular questions illustrate the principle of circularity. By asking John's parents about his behavior, a systemic clinician can potentially gain more useful information because John's

parents have less interest in persuading the clinician to adopt John's story about or explanation of his problem. Also, Linda's and Charles' answers to the therapist's questions about what John thinks, for example; provide new information to John about how his parents see him as well as themselves.

Circular questions such as these depart from the stories or logic (i.e., explanations) that family members exchange daily. They provide an opening for new information which is often not radically different from what the family members already believe. A well thought out circular question is provocative in a subtle way. To design useful circular questions, it is important to devise systemic hypotheses that are circular (as opposed to lineal and causal) in their orientation. Circularity avoids a blameful approach as illustrated in the questions above where each family member is seen as contributing in benevolent ways to the creation of a pattern.

As an example from a non-therapeutic context, let's suppose a researcher is studying perceptions of women managers in small businesses. Rather than asking the manager, Ann, how she gets along with those working for her, a systemic interviewer will gather more useful information by asking a third person, Susan, how Ann gets along with her employees (e.g., "Susan, would you describe Ann's relationship with her employees as more formal or informal?"). Susan might be another manager from a different department in the business or some other close observer. The interviewer might also ask Susan if Ann and her colleagues get along better now than they did before some specific event such as the reorganization of management.

Circular questioning can avoid the generation of stereotypic

information that is based, for instance, in depictions of "ideal" managers. Ann, for example, has much invested in commenting on her relationship with those working for her. She is more likely than Susan to present the interviewer with her "preferred" picture. This preferred picture may be Ann's intended consequent of her behavior yet tells nothing of how her behavior is perceived by others. That is, Ann's self report provides little information regarding the systemic implications of her behavior.

Although asking one of Ann's employees, Elinor, the same questions asked of Susan might yield a different interpretation, the process would produce much the same result because Elinor, too, has a vested interest in convincing the interviewer (as well as her colleagues) to see the situation or relationship as she does. Thus, using the technique of circular questioning to interview a third person involved in the system might provide information that makes a difference in the system and is, therefore, useful. In a circular fashion, asking all members the same kind of questions highlights the potential of different ways to label or punctuate the situation.

Circular questioning allows the interviewer (whether therapist or researcher) to gather information about the various ways in which people interpret the behaviors and ideas of each other within particular contexts. By answering circular questions in the context of the entire system being analyzed, involved members come to see how their own actions are interpreted by others. This is often called "gossiping in the presence" by the Milan team (Tomn, 1984b, p 260). The technique of circular questioning often illuminates a "difference that makes a difference" (Bateson, 1972, p. 271-2) to the overall performance of persons within a system.

The divergencies of interpretation become interesting information as opposed to a traditional researcher's or clinician's interest in

discovering one logical explanation. In this way, the observer and the observed have available a new set of connections/relationships. The data gathered through this questioning method is transformed into information about connections between people, ideas, relationships, and time and thus, into additional hypotheses about patterns. The beauty of this technique is that it reminds clinicians that all punctuations are equally logical within the frames of reference that different people use. The Milan clinician is more likely to remember that his/her own punctuation or interpretation of a situation is simply one more - not the "right" one. Hypothesizing and asking circular questions encourage the clinician to remain flexible; neutrality encourages him/her to remain curious.

Neutrality

Neutrality is described as "the ability to escape alliances with family members, to avoid moral judgements, to resist all linear traps and entanglements" (Hoffman, 1981, p. 303). To remain in a neutral position vis a vis the system does not imply inactivity. Instead, a neutral position is a clinician's attempt to remain curious. "Curiosity leads to exploration and invention of alternative views and moves, and different moves and views breed curiosity" (Cecchin, in press). Everything is accepted at face value but rejected as truth. It should be noted, however, that neutrality is an ideal.

Once a therapist acts, s/he loses any neutral stance because all behavior, in interaction, contributes to the continual formation of power relationships (Foucault, 1980). Neutrality is not used in the traditional, sterile sense that it is used to describe the position of the "objective," distanced researcher or the position of the "clinically detached" psychoanalyst. The Milan team recognize that any act is constrained by and

helps to organize the possible patterns of social interaction (Watzlawick, Beavin and Jackson, 1967). Thus, the best we can do is acknowledge our responsibility in contributing to the construction of ongoing interactive patterns and simultaneously avoid accepting any one position as more correct than another (including our own position). This is neutrality from the Milan systemic model.

Neutrality, in the Milan model, actually means maintaining a stance or a frame of curiosity about the system being studied as well as about the clinician's (or researcher's) own role in constructing and/or intervening in that system. From a position of curiosity, a plurality of perspectives can be entertained. An observer who is not curious stops asking questions because s/he is satisfied with the answers and thus, s/he has (at least temporarily) accepted one explanation as "true." In consequence, losing curiosity encourages objectivity. If a clinician is not curious, s/he stops asking questions. When there are no more questions to ask, it is because the clinician thinks s/he "knows" what is going on (what is wrong with) the system/family. Asking questions means interacting with the family. When a clinician and family are interacting with a sense of curiosity, the clinician is less likely to look on that family as an understandable "object" because the process of questioning actively involves the clinician in an experience that is "real" and very subjective. Here, again, "subjective" describes the active, co-construction of a logic/explanation.

Among other things, curiosity or neutrality for a researcher means addressing why particular research questions and analyses of data are the selected ones. As long as a researcher or clinician remains curious, s/he does not accept any punctuation or explanation as real, inevitable, or

expected. Each act, including his/her own, becomes an opportunity for curiosity. A plurality of perspectives and a recognition of the researcher's own signature help to maintain this systemic principle.

The examples of hypothesizing and circularity presented earlier illustrate the notion of neutrality. The questions asked of family members are attempts to show a keen sense of curiosity about their beliefs and actions. It is difficult to portray here the dynamic nature of this kind of questioning. With each response, further avenues heightening the clinician's curiosity are exposed. Systemic neutrality is based upon the idea of respect for the system. This is the kind of respect that fosters a continual questioning of premises underlying the beliefs people hold as opposed to the kind of questioning that challenges family members' premises.

In sum, the Milan model focuses on connections in a family's or individual's belief system. In practice, the focus is maintained by employing a circular questioning style to collect data about beliefs concerning relationships between people, events, behaviors and meanings. Circular questions also add a temporal dimension by accessing individuals' perceptions of sequences of behaviors and potential future states (e.g., "Was Ann a different kind of manager before this research began?" or "If Ann were to stop being understanding, would those working for her be less productive?"). By focusing on relational and temporal connections within and among logics, we have a way to attend to the historical features of those logics without adopting a deterministic, lineal perspective.

The guiding principles of hypothesizing, circularity, and neutrality are rooted in the belief that it is helpful to understand the different reasons/causes given by people involved in the system (including the clinician's own explanations) so that connections or relations may be drawn

among explanations. Simply put, a systemic therapist is not trying to find one reason to explain why the system is as it is. S/he tries to connect all of the "personal epistemologies" (Bateson, 1972, pp. 309-37) in a way that is novel, yet somewhat consistent with family members' ideas and thus might facilitate the system in finding its own solution. For example, let's suppose that Ann learns through the systemic interview that Susan defines Ann's relationship with her employees as formal. This may be very different from the description Ann, herself, would give. Hearing this information, whether it is a "true" or "false" description of Ann's experience, provides Ann with information about how another (Susan) sees her relationships. She may then consciously act in ways that might bring her experience and Susan's observation closer together. Ann will find her own solution.

The notion of pragmatic truth (i.e., ideas that are believed to be true by a person because those ideas work and they allow that person to maintain his/her logic/explanation) provides a context where the questions asked become interventive strategies that imply new punctuations and labels by exposing equally plausible yet competing realities. Intervention strategies provide new connections for all members of the system (including the clinician). The notions of a dynamic system, the absence of a knowing or objective position from which to stand, and the use of circular causality (which also allows for the lineal ways in which individuals may punctuate their experiences) are the conceptual tools that distinguish the Milan model from other systems-based models of social interaction.

THE SYSTEMIC MODEL IN THE RESEARCH CONTEXT

In the activity of scholarly research, survey or interview questions serve the same function as a clinician's questions. Questionnaires,

observations, and measurements are research tools, just as a therapist's questions are his/her clinical tools. From traditional research perspectives, as well as traditional clinical perspectives, questions and instruments are not seen as necessarily provoking new connections. In general, the most highly esteemed clinical models (e.g., the psychoanalytic model, behavior modification) place heavy emphasis on diagnosis--that is, accounting for change or lack of change. It is only after diagnosis that clinicians working with these models move toward directing change. There is a traditional belief that the therapist's tools provide information concerning the state of affairs. Diagnostic tools and research instruments are not typically seen as social interventions, but rather as necessary or useful tools for "discovering."

In systemic epistemology, and in the Milan model specifically, questions themselves are viewed as social interventions. Questions in research and therapy indicate the distinctions drawn by a researcher. Particular theoretical or conceptual orientations facilitate specific kinds of distinctions. For example, a feminist approach, which is oriented to the ideas of subjectivity, plurality of perspective, and intervention, will promote "looking for" a variety to orientations to any given interaction. Accepting the ideas of subjectivity, plurality, and intervention means avoiding the imposition of a view that articulates, and then leads to confirmation of, the observation that, for example, women do X and men to Y in particular kinds of interactions. Instead, researchers are likely to adopt a perspective similar to Kramarae's strategies approach (1981), which defines speech as "socially situated action" (p.118) that demands an understanding of individuals' perceptions of context and intended goals.

The strategies approach avoids categorizing behaviors into types

(perhaps masculine and feminine types). Instead, women and men are viewed as acting with particular images of context and with specific intentions. A person's conceptualizations of context and intentions constitute a logic—a way of acting and thinking about acting—that makes sense to him/her. The implication is that while an observer may see many people as using the same type of strategy, each person is actually employing and expressing a different strategy based on his/her unique logic.

Inquiring about these logics is consistent with the feminist goals of subjectivity, plurality, and intervention because they allow understanding of the varied and diverse ways (plurality) in which people come to make sense of their worlds. People do this through their own, unique constructions of context, their present interpretations of past experience, and their intentions (subjectivity). The process of asking about these aspects of interaction has the potential to alter (intervene in) a person's logic simply by calling attention to previously unattended to aspects of interaction (e.g., unintentional behavior might become intentional or new punctuations might be introduced).

A systemic epistemology provides the conceptual tools for analyzing the processes of research; tools which focus on the social, political, and ethical ramifications of interpretations of data as well as the social, political, and ethical ramifications of conducting research. To recognize the researcher's activity in terms of the interventions provoked in social systems is to take on the role of social responsibility and recognize the researcher's inevitable self-reference, autonomy, and immersion in the system he or she hopes to understand.

Adopting the systemic epistemology in the study of communication changes the research focus in two ways: (1) it keeps researchers from examining concepts in a reified manner (e.g., starting from a view of

women's speech as different from men's speech and thus seeking out those differences, consequently making these differences real) and (2) it continually reminds researchers that they are not exempt from intervening in the process of conducting research. These changes demand an examination of the content of study and the processes which inform research.

TOWARD A FEMINIST/SYSTEMIC EPISTEMOLOGY

Oakley (1981), Frye (1985), and Spender (1985) are feminist theorists who have addressed the issue of alternative methodologies for social science. The Milan systemic model offers alternatives to traditional research methods--a model where the dichotomy between observer and observed is rejected. This model shares three central issues with feminist theory: (1) subjectivity, (2) plurality of perspective, and (3) a focus on intervention.

Subjectivity

The idea of subjectivity is distinguishable from, and simultaneously in relation to, the positivistic idea of an objective science. With objectivity comes the idea of truth-conditional or criterion-indexed approaches and/or observations, a belief in the lineality of events, and the notion that the researcher is separate from the process of researching.

On the other hand, feminist theory celebrates subjectivity but not at the expense of objectivity.

Feminist science-making . . . reject[s] the dichotomies between science and the maker of science, between observation and experience; we reject the idea that the task of science is to examine a given, fixed reality of which we are observers,

not participants. The challenge for feminist science will be to see, name, describe, and explain without recreating these dichotomies . . . (Du Bois, 1983, p. 112)

Du Bois goes on to describe her self doubt about her ability to be "objective," honest, unbiased, unmanipulative in designing, reporting, and interpreting her research (p. 113). She is not interested in tossing the idea of objectivity aside. "Our doubts and uncertainties are not only natural, they are even desirable. They keep us honest . . . by obliging us continually to question our purposes, our motives, our values, our integrity, our scholarship" (p. 113). These uncertainties hold "the beginnings of the synthesis of subjectivity and objectivity that is the source of intellectual power and responsibility - and truth" (p. 113).

An understanding of Bateson's work, upon which the systemic model of family therapy is developed, also involves recognizing that subjectivity cannot be discussed devoid of objectivity, that circular causality can only be conceptualized in counter-relation to lineal causality, and that evolutionary change can only be seen in light of the idea of homeostasis or stability. The centrality of Bateson's idea that understanding is the process of seeing difference (1972, p. 271-1) entails an active acknowledgement of the particular distinctions drawn by individuals. Such distinctions are evaluated by a criterion of ethics (Keeney, 1983, p. 80) in human practice as opposed to a criterion of objective truth.

Traditional, positivistic models of science assume that a theory pictures the world as causally connected. If a theoretical proposition does not reflect the "real" world as assumed, it is meaningless. The criterion for evaluation of any theory is clear correspondence of concept and measure through observation (i.e., operationalized phenomena).

In discussing Bateson's systemic epistemology (1972; 1979), Keeney

suggests a move beyond the objectivity/subjectivity distinction to the alternative he calls "ethics."

From an ethical perspective we do not ask whether we are 'objective' or 'subjective.' Instead, we recognize the necessary connection of the observer with the observed, which leads to examining how the observer participates in the observed. (Keeney, 1983, p. 80)

As a criterion for science, ethics emphasizes responsibility and acknowledges intervention of the researcher/observer.

Because feminist scholarship emphasizes the personal aspect of theorizing (Frye, 1985; Harding, 1986, p. 23), the observer (the theorist, the researcher) is included in the process of observing. Most often, this perspective has been labelled "soft science" because its methods involve interviews, personal histories, and the like. Yet, one striking observation is that many feminist scholars are not "bothered" by the apparent lack of "objectivity" inherent in these methods.

For example, Mies (1983) proposes a methodology for feminist research which is designed to eradicate what she calls the schizophrenic situation women scholars are driven to if we depend upon positivistic social science.

Women scholars have been told to look at their contradictory existence, i.e., at their subjective being as women as an obstacle and a handicap to 'pure' and 'objective' research. Even while studying women's questions they were advised to suppress their emotions, their subjective feelings of involvement and identification with other women in order to produce 'objective' data. (p. 120)

Mies introduces a methodology which purposively encompasses women scholars'

experiences of sexist oppression. She articulates several methodological guidelines which, together, present a different orientation toward the issue of science as "objective." That is, we see little polarization and more of a "double consciousness" (p. 120). For example, Mies suggests that researchers accept, consciously, their partiality. She also suggests that the hierarchical relationship between researcher and researched be avoided. The double consciousness that Mies refers to implies an alternative view where dichotomies (such as subjective-objective) are rejected and all positions or perspectives become possible.

Bateson introduces a similar idea, that of "binocular vision" (1979, p. 147). If we have binocular vision, we recognize descriptions from each side of a relationship, both the researcher's description and the subject's description. In research on gender and communication, then, the conclusions which indicate, for example, that women's linguistic styles are evaluated less favorably than men's linguistic styles, tell as much about the personal epistemology of the researcher as it does about the objects of study. Epistemology (personal or collective) provides a frame for a researcher and that frame is the process of seeing difference (Bateson, 1972, p.315) because epistemology distinguishes foreground from background. That is, the epistemological orientation that a researcher adopts is going to place some assumptions and beliefs in the forefront of all research activity and retire other views to the background. However, the researcher who accepts the idea of subjectivity as foreground is more likely to accept responsibility for the construction of discoveries (i.e., research results) through his/her use of theory. When the researcher also accepts the notion of plurality, s/he can abandon the idea that all researchers should share the same theoretical orientation.

Plurality of Perspective

Spender says, "The concept of multidimensional reality is necessary for it allows sufficient flexibility to accommodate the concept of equality" (1980, p. 103). Pluralism, as a theoretical criterion, suggests that multiple logics for making sense of the world are equally viable. This is not a relativist position. Instead, it accepts the validity of multiple realities and multiple ways of generating an answer. "Right and wrong are the foundation stones of hierarchical meanings and such dichotomies are not at all useful for feminism which is trying to structure nonhierarchical social organizations" (Spender, 1980, p. 104). The nonhierarchical plurality of feminist scholarship emphasizes drawing connections and seeing patterns. It avoids taking a perspective that undervalues one method or perspective over another. As Spender says, the feminist perspective requires us minimally to acknowledge that there is more than one reference system and that every reference system from political parties to personal friendships seems to have within it not only the means of legitimating itself but of discounting alternatives. (Spender, 1985, p. 308)

What we need is a methodology that allows us to tolerate and recognize different reference systems. The idea of plurality can guide us in this pursuit.

Many noted feminist theorists including Kelly (1984) and Spender (1985) describe feminist scholarship within a paradigm of "dual vision" which is consistent with the idea of plurality. In her definitional essay, "On Feminism and Propaganda," Spender discusses the problem of research as propaganda. She acknowledges that any scholar, in taking a position, insists on his/her "own impartiality while pointing to the partiality of others" (1985, p. 308). Similarly, Kelly (1984, p. 52) describes feminist

thought and scholarship as consisting of a "unified 'doubled' view of the social order." Feminist and systemic theories attempt to construct methods that help us recognize our own partiality and maintain a unified double view of the world.

These theorists, like Bateson, attempt to chart a way of thinking that is dialectic, but not polemic. The goal is not to take the opposing position and present it as the "correct" perspective.

From my perspective . . . it is just as misguided to accept either assertion [that patriarchy is compensatory or that it is natural] as the whole truth, as more than a partial view. As long as patriarchy begins with the premise that the male is the positive norm, and feminism begins with the premise that the female is the positive norm, then the war of propaganda simply continues to be waged. (Spender, 1985, p. 310)

The goal then becomes one of double vision.

If all frames of reference including our own are closed systems containing within themselves the means for their own legitimation and for the outlawing of the systems of others, then our minimal commitment should be to understand frames of reference. (Spender, 1985, p. 310)

Understanding frames of reference requires focusing on things in relation--whether those "things" be organizations, groups, people, ideas, acts, objects, or situations. Seeing "in relation" requires "both separation and full social participation" (Kelly, 1984, p. 56). It also requires avoiding an either/or frame because in order to build a relationship, both poles of a dichotomy must be considered. We have a clearer image of what "power" means to a person when we have a sense of

that person's meaning for "impotence." Focus should be on the "more fascinating and comprehensive question, "How do we converge different perspectives, whether they be fact and fiction, formal understanding and practical action or problem and cure?" (Keeney, 1983, p. 3). Double description is one way to address this question. Double description juxtaposes descriptions from each side of the relationship to generate a sense of the relationship as a whole. The acceptance of the researcher's subjectivity and the awareness of multiple points of view help the feminist researcher to see research as interventive.

Intervention

The third issue central to this debate is the celebration of the idea of research as interventive. As discussed earlier, Treichler and Wartella (1986, p. 2) refer to the generative ways in which feminist theory and communication studies inform each other as "interventions." In a similar manner, research, theorizing and everyday interaction are interventions to each other. The results of research influence and change people's lives and the problems and occurrences of people's lives change and establish research agendas. The concept "intervention" is one not commonly used in traditional social science. The well-known studies of Rosenthal and Rosnow (1969) illustrated long ago that there are a variety of ways in which a researcher can have an effect on the data collected during scientific investigation. Yet the traditional interpretation of Rosenthal's and Rosnow's work has directed researchers to remain aware of the ways in which they must "control" the research environment so as to minimize demand characteristics. Commonly the attempt is to control intervention rather than accept it as a normal part of the scientific endeavor.

Intervention becomes the connerstone for integrating a feminist

epistemology with systemic epistemology. The particular translation of systemic epistemology that has emerged in the field of family therapy provides a useful model for alternative methods for social scientific research, particularly research in the area of communication studies.

IMPLICATIONS OF A FEMINIST/SYSTEMIC EPISTEMOLOGY

Feminist theory has much to offer social science. Treichler, Kramarae, and Stafford (1985), Belenky et al. (1986), and Harding (1986) are a few among many feminist writers who have illustrated that an alternative vision of science can offer a rich understanding of social processes. Yet, there has been little in the way of precise suggestions for action in implementing such an alternative view into traditional models. There are two reasons for the existence of this void, each of which will direct a researcher differently. The first is that the current paradigm shift (Kuhn, 1970) has not yet reached the stage where alternative methods have been constructed to coincide with the new paradigm. If Kuhn is accurate, then it can be assumed that such developments are "on the brink" and consequently, scholarly activities should be devoted to filling this void.

Second, researchers and theorists may be accepting the left-over assumptions of positivistic science—the search for a unifying or "truth-giving" method—as they try to develop alternative paradigms. A feminist/systemic epistemology, using new questions, provides a different orientation to the study of social phenomena. Traditional perspectives ask how a researcher can discover the cause of certain phenomena. The alternative questions, asked from a feminist/systemic perspective, concern how a researcher can inquire about and make observations of phenomena that provoke new information and/or serve as useful social interventions into

both the system being studied and the research's own system. In addition, instead of seeking one methodology, the feminist/systemic researcher acknowledges that data can still be collected in a wide variety of forms and they can be analyzed within a broad spectrum of techniques (e.g., empirical or interpretative). It is in the spirit of this second explanation that the systemic family therapy model developed by Selvini and her colleagues is introduced. The intention is to offer a model that is useful in the study of social interaction. The model is not designed to become a "technique" but rather a way of thinking. The basic premise concerns the vision of communication research if thinking takes the form of a feminist/systemic epistemology.

In addition, this model accepts the interventional nature of observing and questioning. Once the myth of "objectivity" is removed, empirical interaction is all that remains. By seeing the research process as objective, researchers have mystified the normal, human interaction that occurs when, for example, a researcher gives a person a questionnaire. Embracing subjectivity demystifies the research endeavor by allowing the researcher's voice, not only the voice represented by data, to be heard.

The Milan model offers alternatives to traditional research methods, a model where the dichotomy between subject and observer is rejected. It takes as its foundation the same pluralistic stance of feminist theory. Viewing the domain of study (communication) from the systemic orientation of the Milan model means adopting the guiding principles in conducting research. In doing this, the researcher's active role as "social interventionist" is clarified. Recognizing how researcher and researched co-construct theories and research results inevitably must remind a researcher of his/her responsibility. Maintaining a stance of responsibility enhances the ability to see "truth" from a new frame; that

is, as a construction arising out of the distinctions drawn. Those distinctions are influenced or brought about in interaction, whether that interaction be the focus of study or the process of studying (i.e., the interaction between the researcher and the researched).

In particular, Cecchin (in press) suggests that hypothesizing helps to maintain a stance of curiosity. He claims that when hypothesizing is thought of as "storytelling" an observer is more likely to generate hypotheses within a systemic epistemology. This is because when explanations are seen as stories, we are less likely, as social scientists, to treat them as "Truth." It is easy to recognize that families come to the therapeutic context with tightly written scripts. The problem is that their scripts do not help them act as the family or individuals they would like to be. Clinicians offer new scripts which help families adjust their own stories. Recursively, the re-written story of the family helps the clinician re-write his/her own story and so on.

This process highlights the social construction of the therapeutic context. In the research context, the researcher is the only participant typically credited with constructed hypotheses. It is time to consider the elaborate stories (hypotheses) of subjects and the ways in which these hypotheses "fit" with the researcher's.

Hypotheses help to connect the stories of those being studied with the researcher's stories. Connection allows for seeing how the system maintains the pattern being examined. In these hypotheses the positive, logical contributions made by each member of the system can be recognized. This is a circular way to view the pattern. In framing these behaviors as benevolent and connected to others, researchers intervene by (1) acting in different ways towards that system (e.g., systems that may look "bad" to a

psychoanalyst are seen as victims of patterns instead of victims to other people); and (2) by provoking the participants as well as themselves to see new connections (through circular questions), thereby changing dysfunctional patterns.

As a guiding principle, circularity implies not only the need to develop hypotheses about connections but, at a more pragmatic level, suggests new ways to ask questions in research. Instead of gaining lineal beliefs about the phenomenon (e.g., what "causes" what), questions of difference can be addressed. Circular questions may serve as useful interventions in that they have the potential to introduce information into the system in a new and provocative manner (i.e., in a way that connects past behavior to present behavior, one person to another, observation to experience, etc.)

Neutrality implies accepting nothing as "truth"; that an observer remain "curious." Recognizing the researcher's interventive role acknowledges the pragmatic truths and multiple constructions of a situation or variable. Neutrality, as an idea, highlights the attempt to simply connect various forms of information as opposed to using them as competing alternatives (implying that one is correct).

Summary

This overview should provide some cursory indication of how the Milan systemic model can help us to meet the goals of a feminist/systemic epistemology in research. Data is accepted in its "traditional" form but also connected to the act of researching, itself. Any given study is seen as a possible intervention in that the researchers, in conducting a circular interview, become aware of how they potentially provide new connections for subjects just as subjects provide new theoretical

connections for researchers. Finally, results are not interpreted as "facts" but as alternative punctuations of patterns of interaction which may or may not facilitate change. Research, from this perspective, is more than a way of accounting for change or accounting for phenomena.

The systemic ideas of hypothesizing, circularity, and neutrality can serve as useful guides for researchers as well as clinicians. Employing these principles in research on communication, does not mean abandoning experimental methods or statistical analyses. Rather, it means continuing an awareness of the researcher's role in choosing the methods and analytical techniques used. This awareness drastically alters the interpretations of social scientific work. Research becomes an alternative punctuation.

Seeing theoretical models and research methods as partial and open to correction, rather than complete and closed to correction is an epistemological tool enabling generation and distinction of different orders of pattern (Keeney, 1983, p. 33). The goal of systemic therapy is to facilitate change in dysfunctional family systems. By asking questions about various observed or perceived connections between behavior and various influences on behavior, a researcher is able to facilitate a change in the way people (including him/herself) think about these connections. Drawing a new conceptual distinction might aid in developing behavioral distinctions (that is, acting in different ways). Research serves the same function and within the domain of communication studies, the use of the Milan systemic ideas helps to celebrate the goals of feminist scholarship and reorient research. This reorientation means rejecting the male tradition of positivistic science which necessarily includes a frame of objectivity where the male norm becomes the observer's unquestioned perspective (cf MacKinnon, 1982; Harding, 1986).

It is syntactically and semantically correct to say that subjective statements are made by subjects. Thus, correspondingly, we may say that objective statements are made by objects. It is only too bad that these damned things don't make any statements. (von Foerster, 1976, p. 16)

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Footnotes

1

Using the term "lineal" rather than "linear" is purposive and based on Bateson's (1979) observation that "lineal" refers to a sequence of ideas or propositions that does not return to a starting point while "linear" is a term used in reference to geometry.

2

It is interesting to note that the Milan method of working involves use of a therapeutic team where one or two therapists actually conduct the interview with the family and the remainder of the team (approximately 2-5 people) observe from behind a one-way mirror. The format for conducting a Milan systemic interview includes what is called an "intersession" where the clinicians interviewing the clients reunite briefly with the clinicians behind the mirror. During this intersession, all members of the therapeutic team share their hypotheses with one another. At this time, a variety of views of the same system are exposed reminding the clinicians that their constructed hypotheses of the system (family) are only punctuations - not "truths." Comparing the differences between competing hypotheses continues and mirrors the circular process employed in the clinical interview.