Systemic Thinking in a Linear World: Issues in the Application of Interactional Counseling

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Counseling practitioners are increasingly being exposed to the theoretical ideas and clinical techniques based in systems thinking. Systemic or interactional counseling approaches are based on an alternative view of causality and symptomatic behavior. As a result, several treatment, ethical, and legal challenges await the counselor who attempts to implement these theoretical ideas. Because of these potential problems, practitioners interested in such approaches must recognize and be prepared to deal with the unique difficulties that accompany this method of counseling. Using spouse abuse as an example, the author reviews the basic components of systemic approaches, identifies the potential problems inherent in their implementation, and offers solutions for the interactional counselor.

During the past decade there has been a dramatic increase in the interest and practice of systems-oriented counseling approaches. When first introduced, systemic approaches became the theoretical foundation for the development of marriage and family counseling as well as the practical orientation of many family counselors (Falicano, Constantine, & Breunlin, 1981; Hoffman, 1981). More recently, systemic ideas have moved beyond the exclusive use of marriage and family counselors. The theoretical application of systems thinking has been broadened and can now be viewed as a useful method of understanding human behavior in general (Claiborn & Lichtenberg, 1989; Kanfer & Schefft, 1988; Strong & Claiborn, 1982) as well as part of the mainstream of counseling and psychotherapy (Brown & Slee, 1986). Consequently, systemic or interactional theories and techniques are becoming an important part of counseling practice and counselor education programs.

Interactional counseling approaches are not only novel but also represent an important and potentially revolutionary development in counseling (Brown & Slee, 1986). These models offer great promise in unlocking the complex relationships that are part of the development and maintenance of client problems (Strong & Claiborn, 1982; Kaslow, 1991). Some have suggested that systems approaches may be particularly effective with even some of the most difficult client problems like schizophrenia (Selvini-Palazzoli, Boxcolo, Cecchin, & Prata, 1978).

Despite the increasing popularity, theoretical attention, and successful use of systemic therapies, little attention has been focused on the unique difficulties associated with the implementation and application of these novel approaches. Interactional counselors face not only many of the same difficult and complex clinical decisions as individually oriented counselors but also additional conflicts that do not typically concern those practicing linear-causal models (O'Shea & Jessee, 1982). To practice effectively and responsibly, advocates of the systemic approaches must recognize and be prepared to deal with unique treatment problems, ethical dilemmas, and legal challenges that arise when working systemically within a linear-based society. The purpose of this article is to review the relevant concepts of the systemic approach and identify the difficulties that oftentimes accompany the implementation of systematic approaches. Recommendations to help the counseling practitioners successfully overcome these difficulties are also made.

To illustrate the issues inherent in the implementation of systemic approaches, spouse abuse is used as an example throughout this article. Although systemic approaches have been successfully used in such cases (Bobele, 1987; Margolin, 1979; Nichols, 1986; Straus, Gelles, & Steinmetz, 1980), the purpose here is not to suggest that the systemic approach should be the treatment of choice or to debate the relative merits of various treatment approaches to this problem. Instead, couple violence is used to illustrate the unique challenges involved in the application of interactional approaches. Cases involving family violence most often involve not only clients but also other mental health professionals and other social and legal service agencies. Because there is debate in some circles concerning the appropriateness of interactional approaches in such cases (Dell, 1986; Imber-Black, 1986; Zerbe Enns, 1988), this example highlights the controversies that the interactional counselors are likely to encounter and helps them be better prepared to work effectively with such problems. Because spouse abuse is a complex and emotionally charged issue for the client, the counselor, and the community, it will easily highlight the complex treatment, ethical, and legal challenges that face the interactional counselor. In addition, because spouse abuse typically involves a male abuser and female victim (Rosenbaum & O'Leary, 1986), that common stereotype is followed in this presentation.

THE SYSTEMIC APPROACH

When first introduced, interactional counseling approaches were based on the cybernetic perspective introduced by Weiner (1954) and synthesized by Bateson (Bateson, Jackson, Haley, & Weakland, 1956). The focus of these early models was exclusively on the interactional, as opposed to the intrapersonal, nature of human behavior. Three basic assumptions set systems thinking apart from other counseling approaches. First was the notion of causality. Proponents of systemic theories suggested that mutual or reciprocal causality was a more useful explanation of behavior than were the linear-causal models advocated by most other counseling approaches (Bateson, 1972; Hoffman, 1981). In systemic models, causality is focused interpersonally on communication and relationship interactions among system members. The behavior of individuals in stable relationships is the result of the interaction between them rather than caused by either party; therefore, behavior is assumed not to be strictly under individual control (Strong & Claiborn, 1982). Consequently, historical and internal psychological causes are not viewed as being particularly useful when understanding and resolving client problems (Haley, 1976; Jackson, 1977).

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A second basic assumption that united systemic approaches was the concept that psychosocial systems are best understood as repeated patterns of interpersonal interactions. These patterned interactions eventually are organized according to covert relationship rules and roles that maintain behavioral consistency within the relationship system (Claiborn & Lichtenberg, 1989; Hoffman, 1981). The interdependent nature of members of a relationship suggests that behavior within the group must be viewed holistically and that stress, pressure, or change applied to any one person in the system must give rise to change on the part of other system members. Similarly, systems have a homeostatic quality and naturally resist change to maintain a state of equilibrium (Hoffman, 1981; Jackson, 1957, 1965). The patterned organization of members of family systems extends beyond the nuclear family and includes a generational perspective. Bowen (1978) and Carter and McGoldrick (1989) have suggested that a three-generational assessment is necessary to understand multigenerational dynamics of a family.

According to the systemic perspective, symptomatic behaviors must also be understood from an interactional viewpoint (Haley, 1976; Hoffman, 1981; O'Shea & Jessee, 1982). Because relationship systems are highly interdependent, symptoms cannot exist in isolation. Therefore, each system member has a part in the development and maintenance of any dysfunctional behavior. Although not desired, symptoms are functional in that they may control the behavior of members and may help provide system stability (Claiborn & Lichtenberg, 1989; Haley, 1963). Therefore, the identified patient must be considered a natural product of the system. Systemic counselors would be most concerned with the interactional effects of symptomatic behaviors rather than individual motivations or intentions (Haley, 1976; Sluzki, 1978).

Like other approaches to understanding human behavior, systemic thinking has undergone development and refinement. Two recent additions are particularly important to this discussion. First, Feixas (1990) and others (Dell, 1989; Hoffman, 1986) suggested that the personal meanings of individual system members are also germane. This central tenet of this constructivist position is that members of psychosocial systems co-create realities in which they then act accordingly. An important assumption in the constructivist movement is that reality is relative (Hoffman, 1990). Second, Fish (1990) and others (Dell, 1989; Hoffman, 1990) suggested that the role of causation suggested by the exclusively interactional focus must be reconsidered. Fish (1990) indicated that an interactional view of a family or a couple must consider that in short periods of time, causation in a family may be linear. It is only when the understanding of that behavior is expanded over larger time frames that an interactional perspective may appropriately apply (Fish, 1990).

The uniqueness of the systemic view may best be illustrated by applying the concepts to the area of spouse abuse. Linear-causal based approaches to spouse abuse suggest that men who abuse their spouses may have certain psychological traits that "cause" their behavior. For example, it has been suggested that male perpetrators are socialized to violence (Scher & Stevens, 1987) and are biologically predisposed to aggression, which may increase the likelihood that they will exhibit violent behavior (Lawson, 1989). In turn, Walker (1979) suggested that female victims of abuse may be characterized by a three-stage learned helplessness model that results in women having difficulty leaving a violent relationship. The predominate clinical focus would be individual, "causal" traits of the abuser and victim.

From the systemic point of view, spouse abuse is a relationship problem (Bobele, 1987; Margolin, 1979; Nichols, 1986; Straus et al., 1980). The "perpetrator" and the "victim" have co-created a system in which the events leading to and including the violent act have a unique meaning that can be understood only within the context of the relationship. The resulting relationship system involves repetitive roles such that each spouse takes part in the initiation and maintenance of the violent behavior.

For example, a common systemic explanation suggests that relationships in which abuse occurs are typically characterized by complementary relationships in which one spouse is submissive and the other is assertive, or where one is underadequate and the other is overadequate (Bobele, 1987; Lawson, 1989; Nichols, 1986). This type of complementary relationship, although less than satisfying to each member of the marital system, does serve as the pattern for how their relationship is defined. The very nature of a complementary relationship may build tension as the system members become unhappy and increasingly assertive-aggressive or submissive-passive in response to the other member's behavior. Escalation to violence, although not desired by either spouse, serves the purpose of bringing the relationship back within an acceptable range, reducing the tension between the couple and reestablishing the equilibrium of the system. This pattern becomes the very definition of the relationship and is repeatedly recycled (Lawson, 1989; Nichols, 1986; Rosenbaum & O'Leary, 1986). A systemic conceptualization would note that the perpetrator is responsible and does directly "cause" the violent incident by hitting the victim. Based on a systemic explanation, however, the appropriate clinical focus would be the relationship between spouses, the social context in which they find themselves, and the couple communication patterns that result in and maintain the conflict (Lawson, 1989).

TREATMENT ISSUES

Traditional models of counseling are based on linear assumptions of causality (Strong & Claiborn, 1982) and focus treatment efforts on what Watzlawick, Weakland, and Fisch (1974) called first-order change. In first-order change, the most logical "cause" of the behavior is the focus of therapeutic attention. Systematic practitioners focus on second-order change (Watzlawick et al., 1974) in which the focus of change is the broader interactional level of relationships in the client's world. Consequently, second-order change can seem counter-intuitive and seemingly illogical because it does not directly address the apparent linear cause of the presenting problem. Thus, interactional counselors face unique treatment complications related to the counseling relationship and the perceived acceptability of both the treatment model and related counseling interventions.

Counseling Relationship

The unique challenge for the interactional counselor is to develop a counseling relationship when his or her client may operate from a set of assumptions about causality and behavior change that are contradictory to those held by the counselor. Family members act like "linear theorists" and conceive of their own behavior and that of others in linear cause-and-effect sequences that match their understanding of the world (Strong & Claiborn, 1982). When confronted with interpersonal problems, they develop linear-causal explanations and attribute the cause of their difficulty to a specifically identifiable past event in their personal life, another's behavior, an environmental cause, or a personal deficit to understand and control the events around them (Jones & Nisbeth, 1971; Kelley, 1971; Strong, 1973). Interpersonal problems are linked by way of the attribution process to these specific events or persons that are associated in time and space to the identified problem (Strong, 1973).

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Phenomenologically, clients live in a linear world in which one event determines the next (Dell, 1986).

A consequence of this causal attribution process is that clients enter counseling with expectations about counseling that can dramatically affect the counseling relationship (Tracey, 1986). These expectations are a logical extension of their linear causal understanding of the presenting problem. For example, clients naturally expect the source to which they attribute the problem to be the focus of discussion, the center of attention, and the direct goal of any intervention. The less the counselor adheres to the client's expectations, the more likely it is that rapport will suffer, the counseling relationship will have difficulty developing, and the client will terminate prematurely (Baekland & Lundwall, 1975; Tracey, 1986).

The interactional counselor enters the counseling relationship with a theoretical explanation that is discrepant with the linear-based, phenomenological description held by many clients (Dell, 1986). The counselor's primary orientation is toward a nonlinear, interactional nature of client problems based on the assumption of mutual, reciprocal causality. Thus, the counselor attempts to enter the client's world with a categorically different way of understanding behavior. The unique challenge for the interactional counselor is to understand and communicate clients' linear-based experience to be perceived as trustworthy and empathetic while maintaining his or her broader interactional view. Because, from a systemic perspective, the client's perception of the problem and expectations of counseling may even become a goal of future interventions, the systemic counselor has the added obstacle of empathetically responding while not validating or reinforcing those same perceptions (Sluzki, 1978; Watzlawick et al., 1974).

The discrepancy between the experience of the client and the theoretical explanation used by the counselor may threaten the counselor's role as a change agent in other ways. According to Strong (1978), the counselor's ability to influence the client is built on the counselor's being perceived by the client as a credible source of help. The more that clients' experiences in counseling match their expectations of the counselor, the greater the degree to which they can be therapeutically influenced (Kerr, Olson, Pace, & Claiborn, 1986). Similarly, Strong (1978) suggested that if the discrepancy in assumptions is wide enough, the client is likely to reject the counselor's point of view and not become invested in the counseling process. Likewise, if the counselor does not focus on the attributed cause of the client's concern, his or her credibility may similarly be compromised. If the counselor cannot become a credible force, a counseling relationship as well as any counseling intervention may be difficult.

Treatment Acceptability

Although closely related to issues of the counseling relationship, treatment acceptability is a particularly important issue in regard to counseling interventions. According to Kazdin (1980), treatment acceptability is the judgment of the public, clients, and others about whether procedures proposed for treatment are appropriate, fair, and reasonable for the problem and the client. Thus, the counseling consumer must perceive, understand, and believe that the interventions designed by the counselor are reasonable. Typical systemic interventions such as paradox, reframing, or indirect directives are oriented to the interactional relationship rather than to lineal cause and may seem to the client to be off the mark, counter-intuitive, and unrelated to the presenting problem. Hence, when a counselor poses a systemic intervention to a client, it may be vastly discrepant from the client's linear viewpoint and perceived as unreasonable for his or her problem or situation (Kazdin, 1980). In fact, clients who hold linear-causal views may deem the mutual-causal explanations of the interactional counselor to be unfair, unacceptable, and maybe even inhumane (Dell, 1989). Regardless of the efficacy of any interventions, clients are unlikely to comply with unacceptable interventions and may drop out of counseling altogether (Kazdin, 1980; Wolf, 1978; Yeaton & Sechrest, 1981). Weeks (1989) suggested that every client has an implicit theory of how people change and that to be successful, any intervention must be congruent with that view if the client is to comply.

Treatment Issues in Spouse Abuse

When couples in which spouse abuse has occurred seek help from a counselor, they naturally enter counseling with a perception of the source, nature, and course of their problem. The victim generally views the perpetrator as the cause of the problem, whereas the abuser may believe that his behavior is dependent on the victim's antagonizing actions. Based on these views, both enter counseling with an expectation that counseling will be in accordance with their linear-causal beliefs. Taking an interactional perspective, the systemic counselor would focus on the *relationship* between the perpetrator and the victim (Margolin, 1979; Straus et al., 1980). This focus would require attention to and questions about the victim's behavior and would necessitate an assessment of the victim's contribution to the pattern, although not deliberate, that resulted in the abuse. The victim may feel misunderstood because from her point of view, the problem started when her husband hit her. Likewise, the perpetrator may also feel misunderstood because for him, the problem began with the victim's behavior, which caused him to hit the victim. Thus, it may be understandably difficult for either client to trust the counselor and consider him or her to be credible in light of such divergent views of causality.

Once a counseling relationship is established and the safety of the victim is ensured, systemic interventions would attempt to find alternatives to the cycle of violence by developing new interactional rules and roles that result in more functional interaction (Bobele, 1987). The focus of counseling intervention would be primarily directed at changes in the relationship. Because of the highly emotional nature of spouse abuse, treatment acceptability may be a major issue in any intervention directed at mutual participation. Such interventions may, as a result, seem inappropriate to one or both members of the couple, resulting in a lack of compliance and a decrease in the effectiveness of counseling. As a result, it would not be unexpected to see the victim seek another counselor, whereas the perpetrator might drop out of treatment.

Successfully Overcoming Treatment Issues

The beginning stages of the counseling process are important to all counseling approaches (Kazdin & Schefft, 1988), but interactional counselors have many additional considerations. To avoid therapeutic complications, the interactional counselor must focus on the development of a counseling relationship, preparation of the client for his or her role as a client, and the development and delivery of effective treatment rationales that will help the client understand the usefulness of interventions. Complications in the development of the counseling relationship can be overcome if counselors separate their theoretical understanding of the client from their interpersonal interaction with the client. Counselors must take care not to discount the phenomenological experience of the client and understand that it is naturally linear in nature (Dell, 1986).

As with any approach, the counselor should initially focus on the joining process (Minuchin & Fishman, 1981), meeting the client at his or her linear description of their experience. The interactional counselor

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must engage each member of the family or couple and the system in a balanced fashion (Hollander-Goldfein, 1989). The goal is to join effectively with the system such that each member feels as if his or her position has credibility while exploring the mutually reinforcing dynamics of the presenting problem (Hollander-Goldfein, 1989). For the interactional counselor to have an impact, he or she must initially take the family experience of the client's complaints seriously, not redefining it as attributable to communication or reciprocal interaction (Strong & Claiborn, 1982). To introduce a discrepant view of the presenting problem before the family trusts the counselor could be associated with early termination and dropout (Gurman & Kniskern, 1978).

As the counseling relationship develops, the counselor can prepare the client for his or her role. Role preparation can be useful in aligning the expectations of client with those of the counselor, thereby reducing early termination and fostering treatment acceptability (Kanfer & Schefft, 1988).

A three-step process may be particularly useful for the interactional counselor. First, the counselor can reframe the experiences of the client, reattributing the cause to interactional explanations that are only moderately discrepant from the client's experience (Kanfer & Schefft, 1988; Strong & Claiborn, 1982). The goal of an initial "reframe" would be aimed at the development of a working relationship committed to addressing the couple's relationship (Hollander-Goldfein, 1989). As the client's frame of reference begins to change, the counselor needs to educate the client to a systemic way of looking at problems. In either case, it is the responsibility of the counselor to translate his or her systemic thinking into linear explanations that can be understood by the client. Any resistance experienced at this beginning stage of counseling may reflect the client's lack of understanding rather than lack of interest in change (Strong & Matross, 1973). Finally, as clients begin to incorporate the systemic view, the counselor can prepare clients for challenges they may encounter when attempting to maintain an interactional perspective with friends, family members, and significant others who fail to understand the changes that the client has made.

Successful interactional interventions should be based on a treatment rationale that fosters the acceptability of the technique. Some writers have argued that it is therapeutically important to withhold the rationale behind interactional interventions such as paradoxical directives and reframing (Haley, 1976). Most empirical studies, however, suggest, to the contrary, that it is not necessary to withhold the reasons for directives (Ascher & Turner, 1980; Hills, Gruszkos, & Strong, 1985). In fact, Kazdin and Krouse (1983) found that the value and strength of a treatment intervention can actually be improved by an appropriate treatment rationale. Boettcher and Dowd (1988) suggested that what is important is not the specific meaning given to clients for the intervention but that the reason makes sense to the client. Based on these findings, treatment rationales should be constructed to address the client's view of the problem showing the intervention to be reasonable and helpful. Weeks (1989) suggested that therapeutic acceptance could be fostered if the counselor would use the client's language. Only when clients think the intervention is sensible will they be willing to comply (Weeks, 1989).

Probably the most difficult issue in the application of systemic approaches to cases in family violence has to do with the theoretical principles of linear causality and power. The clients enter counseling with the experience that one spouse has hit the other. That experience, like most, is necessarily linear (Dell, 1986). The interactional counselor, however, approaches the situation with a theoretical explanation based on the assumption that causation is mutual and individual power is nonexistent (Bateson, 1972). Because no one can argue that the perpetrator is the literal cause of the violence, some writers have argued that the systemic view should be abandoned in such cases (Zerbe Enns, 1988).

Dell (1986), however, proposed that the experience of the client and the explanation of the counselor are not mutually exclusive but are instead different abstractions of the same event. He suggested that experiences are by their very nature linear, whereas theoretical explanations are causal abstractions that can transcend the experiential level. As suggested by Fish (1990), it is only with longer time frames that the interactional perspective may overcome the problems of power and causality. Rather than abandon an interactional approach to family violence, practitioners should be aware that the experience that clients describe by its very nature will be linear and focused on a narrow time frame. Counselors' theoretical understanding of the events described by clients must encompass a larger frame of reference and can be reciprocal without a contradiction in terms of the issues of causality and power.

ETHICAL DILEMMAS

Upholding the principles embodied in the ethical codes entails a commitment to promote and protect the rights and welfare of the client (Hare-Mustin, Marecek, Kaplan, & Liss-Levinson, 1979). The codes provide guidelines from which all practitioners are expected to make appropriate clinical decisions (Woody, 1990). The ethical codes, however, also reflect the cultural and theoretical values inherent in individual counseling theories and social institutions that espouse individualism and the rights of the individual (O'Shea & Jessee, 1982). Systemic approaches to counseling are based on the assumptions of reciprocal determinism in which the individuals are understood only within their social context, and causality and responsibility are mutually determined (Bateson, 1972; Hoffman, 1981). Wendorf and Wendorf (1985) suggested that the area of ethics has not kept abreast with the rest of the field in incorporating systems principles into its conceptual base. According to O'Shea and Jessee (1982), these different assumptions complicate for the interactional counselor the already difficult clinical decision faced by the individual-oriented practitioner and create unique ethical and professional dilemmas yet to be addressed. Particularly difficult for the interactional counselor are ethical issues related to the individual versus the group, the welfare of the client, manipulation and deceit, and informed consent.

The Individual Versus the Group

According to the ethical codes, counselors are to be agents of the client and must acknowledge and promote the client's individual freedom and autonomy (American Association for Marriage and Family Therapy [AAMFT], 1985; American Counseling Association [ACA], 1992; American Psychological Association [APA], 1981). Nevertheless, by adopting a systemic view, the counselor defines the unit of intervention as the client's psychosocial system. Accordingly, the systemic counselor often places the individual system member's definition of the problems and goals into the larger picture of the system problems and system goals (Framo, 1981). In essence, interactional counselors become agents of the relationship. Is it ethical, however, for systemic counselors to define presenting problems in such a way that they are asking the individual system members to temporarily sacrifice their freedom, autonomy, needs, and wishes for the overall good of the system?

The application of interactional principles further complicates the ethical picture. Many systemic counselors require both members of a couple, the entire family, or members of multiple generations to be

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involved in counseling (Boszormenyi-Nagy, 1974; Framo, 1981). The ethical dilemma arises in regard to the right of the counselor to insist on or refuse treatment unless other family or related individuals participate in one member's counseling (Green & Hansen, 1986; Hare-Mustin et al., 1979; O'Shea & Jessee, 1982). Even if family members agree to participate, they may differ significantly on the desired outcome or the goals to be accomplished in counseling. The routine involvement of counselors with the entire family may threaten the individual freedom of some family members and place the needs of the group over the individual (Hare-Mustin, 1980). In particular, Hare-Mustin et al. (1979) raised concerns in regard to the protection of the rights of children in such situations.

Welfare of the Client

In its strictest interpretation, systemic thinking implies that individual responsibility, unequal power, and individual coercion of one system member over the other do not exist (Bateson, 1972; Selvini-Palazzoli et al., 1980). Consequently, systems counselors are trained to take a neutral stance toward individuals and focus instead on the interrelated social relationships (Lopez, 1989; Selvini-Palazzoli et al., 1980). For the interactional counselor, the difficult question is "Who is the client?" Wendorf and Wendorf (1985) suggested that the welfare of the individual is best served in the long run by a focus on the system, even if the rights of those same individuals may be compromised in the short run. Nevertheless, a theoretically neutral stance toward individuals can be in opposition to the ethical requirement to place the welfare of an individual as the highest ethical priority (Kitchner, 1981). This contradiction may be most evident in those situations in which there is a perceived victim and a perpetrator, such as spouse abuse. For example, Sluzki (1978) conceived of the roles of victim and victimizer as the result of an arbitrary punctuation in the sequence of events rather than a therapeutically important distinction. The counselor, however, is ethically and legally bound to protect the individual clients.

The issue of individual welfare is further complicated in the intent and implementation of some interactional interventions. The general goal of many systemic interventions is to push toward restructuring and reorganization of the system at a more adaptive state (Hoffman, 1981). The focus of such interventions is system change, aimed at nonspecific and unspecified goals (Tomm, 1984). Accordingly, the counselor may elect to "turn up the heat" to force a second-order change in the family (Hoffman, 1971). If the interactional counselor accepts the theoretical notion that the identified patient may serve a homeostatic and stabilizing function in the family, the push to restructure the system may actually serve to escalate the symptoms and discomfort for some individuals in the family. Consequently, the interactional counselor must face the dilemmas of balancing general relationship change with the degree of distress or risk that can be tolerated by one member for the sake of long-term benefit to the system (O'Shea & Jessee, 1982).

Manipulation and Deception

Client manipulation and deception are common concerns raised by opponents of interactional approaches (Brown & Slee, 1986; Okun & Rapapport, 1980). These concerns primarily relate to the selective disclosure of information provided by the counselor in regard to many of the techniques typically associated with systemic counseling such as paradoxical intention, reframing, and indirect directives (Brown & Slee, 1986; O'Shea & Jessee, 1982). From an ethical point of view, the important question is whether the interactional counselor is harming or deceiving the client when using these techniques.

Opponents have argued that according to the ethical codes, counseling is intended to be an honest venture between client and counselor (AAMFT, 1985; ACA, 1992; APA, 1981), but systemic interventions often involve clients who are unaware of the true intent of the intervention and are being manipulated toward a covert goal determined by the counselor (Brown & Slee, 1986; Cottone, 1981; Whan, 1983). Proponents of systemic techniques have advocated the ethical legitimacy of strategically providing information for the "benevolent" effect it may have regardless of its truth (Haley, 1976). This argument is based in a utilitarian "if it works use it" ethical stance (Haley, 1976; Weeks & L'Abate, 1982). On the other hand, Kitchner (1981) pointed out that there is an ethical principle beyond utility that includes the issues of individual freedom, autonomy, and client protection. For the interactional counselor, the struggle is to balance honesty with counseling efficacy.

Confidentiality

Two important aspects of the ethical responsibility to ensure confidentiality uniquely affect the interactional counselor. Each of these issues highlights problems with the struggle between individual versus family confidentiality (Grosser & Paul, 1964). In systemic counseling, the counseling contract is with several people, members of the nuclear family, or even individuals outside the family involved in the presenting problem, such as a former spouse, extended family member, or current lover (Naiper & Whitaker, 1978). This situation is analogous to that which occurs in group counseling in which the limits of confidentiality are necessarily expanded. In family counseling, however, extended family members or others may not share the same degree of investment and commitment to the counseling process as the primary clients, and, therefore, confidentiality may not be as absolute (O'Shea & Jessee, 1982).

In a family setting, family secrets also challenge the traditional ethical guidelines of confidentiality. In the course of working with families, the counselor is often privy to information held by one or more members that has not been made available to the entire family. Haley (1976) suggested that family secrets create and reinforce some of the conflicted relationships that may maintain the presenting problems. Many systemic counselors have adopted the position that the counselor should retain the right to reveal secret information when they deem it necessary for the good of the family (Haley, 1976; Wendorf & Wendorf, 1985). Such a stance, however, may compromise the right of the individual to confidentiality (AAMFT, 1985; ACA, 1992; APA, 1981). As noted by Karpel (1980), systemic counselors are often faced with the conflict between their need to know and use information and their ethical obligation to maintain confidentiality.

Informed Consent

The ethical principles require that clients have sufficient information about the procedures, goals, side effects, qualifications of the counselor, and alternative sources of help to make informed choices about whether to begin and continue in counseling (Hare-Mustin et al., 1979). Informed consent can become difficult for the interactional counselor in two instances. First, many times families enter counseling with an "identified patient" who is perceived to be the source of the family problem. These families expect the identified patient to be the focus of counseling. Once counseling begins, however, the initially identified client is often not the direct focus of intervention. Clients who believed themselves to

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be only the "initiator" of counseling, or just a "consultant" to the counselor, may find themselves at the center of counseling interventions. Second, some of the typically systemic techniques, including paradox, theoretically require the deception of the client. The very nature of this theoretical directive calls into question whether or not a client can be given the necessary information from which to make an informed choice (Brown & Slee, 1986; Whan, 1983).

Ethical Issues in Spouse Abuse

The unique ethical challenges that face the interactional counselor are particularly apparent in cases of family violence (O'Shea & Jessee, 1982). The counselor is immediately faced with the dilemma concerning the issue of client agency. Because violence is involved, counselors are ethically bound to protect the victim. According to the theoretical explanation, however, violence is a relationship-oriented problem, and the focus of attention should be on the couple relationship.

Consequently, to what degree can individual welfare be set aside when violence has been a part of the relationship? The counselor must also determine whether the treatment will be individual or conjoint. It may be difficult to assess and intervene at the interactional level, and treatment may suffer if individual treatment is used; however, conjoint treatment may put one or both spouses at risk (Bobele, 1987). Similarly, can the counselor either directly or indirectly force both members of the couple to participate in counseling? One may consider the dilemma if in individual sessions the counselor found out that there had been a history of violence and that the victim had agreed not to tell. To breach confidentiality may endanger the victim or place the perpetrator at additional legal risk. When intervening it would also be extremely difficult to apply the principle of "turning up the heat." Interventions directed toward nonspecific treatment goals may be therapeutically questionable and ethically indefensible. On the other hand, the couple may be so entrenched in their relationship patterns that direct linear-based interventions would not be useful and second-order change would be necessary (Hoffman, 1981).

Successful Ethical Practice

The theoretical assumptions of interactional counseling have challenged the traditional guidelines of the ethical codes (Wendorf & Wendorf, 1985). Ethical decisions, however, reside with the counselor, not in the professional codes. Wilbach (1989) suggested that ethically aware counselors needed to be flexible and use different theoretical techniques and modalities, while including ethical judgment as part of treatment planning. To include ethical considerations in practice, the interactional counselor should turn to a broad base of information including personal and societal values and professional ethical codes, as well as the moral, philosophical, and theoretical orientation of the counselor (Woody, 1990). To be prepared, practitioners must develop more than a passing familiarity with the ethical codes. With this knowledge, the practitioner can proactively identify potential areas of ethical conflict and consider ethically appropriate alternatives.

The professional codes require considerable interpretation and leave action in many areas unclear (Green & Hansen, 1986). Consequently, practitioners must also consider higher ethical principles in making clinical decisions (Kitchner, 1981). For the interactional counselor, the most important ethical principles should be based on the goal of producing the maximum good with the maximum protection and welfare of all involved (Woody, 1990). Following this directive, the counselor has the dual role of being agent for family and family member and is responsible for all participants in counseling (O'Shea & Jessee, 1982). When designing interventions, the welfare of the individual client cannot be overlooked (O'Shea & Jessee, 1982; Woody, 1990). The decision to push the family system toward unspecified goals cannot ethically be routinely made but requires thorough knowledge of the family's dynamics, their limits of tolerance for conflict, and their probable reactions (Selvini-Palazzoli et al., 1978). The counselor must ultimately balance the safety and immediate well-being of the individual members with the most effective systemic treatment intervention (Hines & Hare-Mustin, 1978). Interactional counselors can guard against deterioration of individuals by making frequent assessment of the individual, the marriage, and the family (Gurman & Kniskern, 1981; O'Shea & Jessee, 1982).

The ethical issues related to manipulation and deception can be successfully met if counselors consider their reasons for using these techniques and include ethical considerations in the treatment planning process (Wilbach, 1989). Haley (1976) has made a convincing argument that techniques such as reframing and paradox are not only harmless but also helpful. Fisher, Anderson, and Jones (1981) and Papp (1980) noted that rather than being deceptive these interventions accurately represent what is true on the systemic level if not on the linear level.

The greatest danger, however, is not with interactional techniques but with the attitude of the counselor. If the counselors consider their behavior as "paradoxing" to clients rather than as presenting an accurate interactional perspective, they may have the tendency to consider themselves superior to their clients and, thus, allow themselves to operate outside the usual rules, because the "ends justify the means" (Wendorf & Wendorf, 1985). Interactional techniques are unethical if they undermine the counseling relationship, are used in a knee-jerk and cavalier fashion, or if they mask a lack of counselor skill (Fisher et al., 1981; Stuart, 1980). Responsible use of these techniques requires the counselor to be competent in their use, have an understanding of the role of the symptom for each family member, obtain adequate supervision, use a therapeutic style conducive to the technique, and base the intervention on a conceptual rationale that supports the choice of intervention (Fisher et al., 1981; Tennen, Rohrbaugh, Press, & White, 1981). Providing treatment rationales to clients will not only ensure informed consent but may also serve to enhance therapeutic cooperation (Selvini-Palazzoli et al., 1978).

Confidentiality can be ensured by the use of informed consent. Wendorf and Wendorf (1985) suggested that the interactional counselor adopt a position that the most ethical way to handle secrets is to inform the family that confidences will be used in the best interest of the family system. In this way the counselor reserves the right to use client's disclosures based on the good of all. Similarly, Karpel (1980) suggested a policy of "accountability with discretion," by which the counselor's decision to withhold or share information is made in terms of the rights and overall well-being of not only those in the family who are aware of the information but those unaware family members as well. Clearly informing and having the family consent to this policy allow counselors to maintain their ethical responsibility, while therapeutically understanding secrets systemically.

In the cases of spouse abuse, ethically aware counseling can successfully coexist with systemic understanding and treatment of the couple. Rosenbaum and O'Leary (1986) have suggested a multiple-level decision-making tree for spouse abuse treatment. The first important consideration is the protection of the member of the couple that may be injured. Counselors cannot ethically afford to push the relationship system toward nonspecific change when violence is involved. Once protection is ensured, conjoint treatment can proceed. Wilbach (1989) suggested that it is important to use nonviolence contracts, which must

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be followed if conjoint treatment is to continue. Using such a multiple-stage approach allows the systemic counselor to attend to both ethical and legal issues while maintaining an interactive focus for treatment. Such an approach also acknowledges that in the short run individual causality and power exist, while in the long run an interactional perspective is still important (Fish, 1990).

LEGAL CHALLENGES

The legal system and the systemic perspective operate from fundamentally different assumptions that magnify existing legal challenges and create special concerns (O'Shea & Jessee, 1982). By its very nature, the legal system is linearly based and primarily concerned with ascertaining responsibility for action and the determination of guilt (Roswell, 1988). Conversely, the systemic counselor is concerned with understanding behavior from a mutually causal, relational perspective. Nonetheless, from a legal perspective, the actions of counselors, regardless of training, discipline, or theoretical approach, are judged on legal standards, case law, and state licensing regulation (Van Hoose & Kottler, 1985). Particularly important for the interactional counselor is the concept of appropriate standard of care.

Standard of Care

Legal sanctions against counselors result from four conditions: when a counselor has breached professional duty, when the performance of the counselor did not conform to an acceptable standard of care, when there was a causal connection between the breach and client injury, and when the client was injured (Huber & Baruth, 1987). In any legal conflict, the appropriateness of a counselor's actions would be judged against the standard of care, or the type and level of care that would be given by a similar professional to a similar client with a similar problem (Huber & Baruth, 1987).

This legal process creates many interesting challenges for the interactional counselor. First, any legal challenge would likely be brought by a client or his or her significant others. That claim would be based on a belief that the treatment that he or she received did not uphold the professional duty of the counselor. The likelihood of such a claim may be fostered by difficulties of treatment acceptability. The counselor's actions would then be judged by what the professional community considers to meet the appropriate standard of care. Because most forms of counseling are based on linear-causal assumptions (Strong & Claiborn, 1982), the interactional counselor may find him- or herself outside the "typical" range of interventions that might be offered to clients. Likewise, interactional counseling is generally active in nature, and as noted by Roswell (1988), any counselor who takes an active part in counseling and give directives for concrete action makes it easier for a court to perceive a link between counselor action and client injury.

Legal Challenges in Spouse Abuse

The clinician may have particular difficulties working with the legal system while maintaining a systemic approach in cases of spouse abuse. The purpose of the legal system in an abuse case is to determine if the perpetrator is guilty. Given the task of facilitating change, the interactional counselor would focus on mutual causality and contribution to the development and maintenance of the cycle of violence (Bobele, 1987). The counselor would assess both parties' contributions in the maintenance of abusive aspects of the relationship. Given the intense levels of emotion often associated with such cases, it may be that an interactional approach would not be perceived as acceptable to one of the clients. If a claim would be brought, the systemic counselor may face questions about the advisability of focusing on the couple as opposed to the perpetrator, or working with both spouses conjointly rather than individually. Practitioners may face theoretical questions regarding the justification of maintaining a belief in mutual causality and neutrality in light of the challenges to these issues from within their own field. Regardless of theoretical approach, the legal system would judge the systemic counselor based on a linear-based general community standard of care.

Systemic Counseling Within the Legal System

There are several precautions all counselors can take to protect themselves regarding the legal system. Counselors should learn about the law and keep abreast of both basic and recent rulings that might affect their practice. One of the most important legal protections may be for counselors to ensure they abide by the ethical guidelines established by their professional group (Hare-Mustin et al., 1979).

For the interactional counselor, it is particularly important to ensure that participants in counseling give informed consent, understand the extent of their potential involvement, and be aware of both the risks and the potential benefits that may result. It may be important to obtain signed consent from all parties, including parents, spouses, and siblings of the initially identified patient (Margolin, 1981). Along this line, a useful model would be to conceptualize informed consent as a process rather than as an event (Roswell, 1988). Thus, information would be given and clients' consent would be gathered on an ongoing basis as new interventions are initiated. While serving as a legal protection, informed consent as a process may also foster treatment acceptability and help with the development and maintenance of the counseling relationship. Counseling interventions based on a comprehensive, documented treatment plan that clearly addresses the client's presenting problem help the counselors document the justification for their actions and, thus, legally protect themselves (Roswell, 1988). With notes counselors can track the course of their conversations with clients including explanations of treatment and intervention, each verbal request for and response to consent, and preparation of clients for counseling interventions.

SYSTEMIC THINKING IN A LINEAR WORLD

A common thread in each of the previous sections has been that because of different basic assumptions, communication between linear clients and systemic counselors can be difficult. These potential problems go well beyond the primary client. Counselors are, directly or indirectly, in contact with significant others in the client's life who have the power to influence whether or not the client will continue in counseling, comply with suggested interventions and, in the end, benefit from the counseling process. Issues of treatment acceptability will be equally important with "secondary" clients. In the course of their work, counselors also interact with school, medical, and legal professionals. Like clients, members of these associated professional groups have beliefs about the nature of psychological problems, human behavior, and standards of treatment acceptability that are often based on linear-causal thinking. On an even broader scale, communities have standards for appropriate practice similarly based on the prevailing linear model. Because systemic counselors operate on assumptions, their ability to interact with significant others in a client's life, other professionals, and the community may be complicated (O'Shea & Jessee, 1982).

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Spouse abuse involves strong individual and community values. Thus, the dilemmas encountered by the systemic counselor are particularly challenging. Even after establishing that violence is unacceptable and attending to client safety, it may be difficult for a victim and her family to understand a counselor who views the abuse as an interactional problem involving both partners. In their natural attempts to protect the victim, significant others may strongly oppose a systemic explanation for abuse because of the misperception that the counselor is "blaming" the victim. Social service agencies may inadvertently reinforce the linear-causal view by appropriately seeking protection for the wife until the husband can learn to control his temper, while expecting counseling to focus exclusively on assisting victims to overcome the trauma of the event, and on impulse control for the perpetrator. Likewise, the legal system would look for the "evidence" that would support a case against the perpetrator.

Thus, the legal authorities may insist on an evaluation of the violent spouse to determine the nature of his or her disorder and to predict the potential for future violence. The counselor may eventually be called into court to give testimony about the competence of the abuser and the stability of the marriage. In opposition to the systemic counselor, many of the other professionals involved in a spouse abuse case may even question the advisability of conjointly working with the couple until the abuser has been rehabilitated and learned to manage his temper.

Interactional counselors should also be aware that within our own field, the application of systemic thinking to cases of spouse abuse continues to be debated. Considerable criticism has come from the feminist perspective (Imber-Black, 1986). For example, Zerbe Enns (1988) suggested that the family systems viewpoint is not adequately sensitized to the social inequities that are the sources of many of the problems women experience. Hare-Mustin (1980) inferred that some systems counselors may subordinate the needs of female family members to the needs of male members by endorsing traditional sex role models.

Taggart (1985) noted that a central concept in systems thinking, circular causality, is particularly problematic in the area of family violence, because it attributes abusiveness to the interaction between partners rather than the perpetrator. For Zerbe Enns (1988) the problem with circular causality is that it potentiates a view that women are legitimate victims of violence and that the model blames the victim. On the other hand, Lopez (1989) suggested that such criticisms were attributable to the application of linear thinking to a systemic model. Regardless of the issues, interactional practitioners must be prepared to encounter criticisms from both inside and outside the profession.

Systemic Practice in a Linear World

Interactional counselors are themselves members of a larger social-cultural system. As a result, counselors must be aware of the effect their assumptions and beliefs may have on that larger system. Significant others in the client's life must be considered when developing treatment plans. As suggested previously, it is particularly important for interactional counselors to help their clients develop an acceptable rationale for their treatment that can be discussed with significant others.

When working with other professionals, systemic counselors can take steps similar to those taken with clients to minimize potential conflicts. The interactional counselor can also take a proactive stance and become involved only in activities that are congruent with the assumptions of the interactional approach. For example, interactional counselors may not want to accept requests in which the goal is to establish individual responsibility outside of the interactional context (e.g., an evaluation of the individual personality characteristics of an abuser for use in a legal proceeding).

Within the profession, interactional counselors must remain abreast of the work in the area of spouse abuse. Although there has been criticism, a corresponding body of theoretical and research work supports the contention that interactional counseling is a theoretically useful and therapeutically effective approach in cases of spouse abuse (Bobele, 1987; Lopez, 1989; Nichols, 1986). The best defense for the interactional counselor is to be prepared for criticism with current knowledge of this and other work in the area. Thus, systemic thinking in a linear world can be successful with the intentional effort of the counselor.

CONCLUSION

Systems thinking is making a significant impact on the field of counseling and psychotherapy and offers the potential of increased therapeutic effectiveness (Claiborn & Lichtenberg, 1989; O'Shea & Jessee, 1982). The questions and challenges raised here are not intended to suggest that interactional approaches are therapeutically, ethically, or legally in question. As illustrated, however, there are many unique challenges associated with the implementation of this novel approach. Problems in the implementation of systemic approaches occur because systemic counselors are themselves part of a larger psychosocial system based on linear-causal beliefs. Someday the systemic view of the world may even be the norm (Brown & Slee, 1982). Until then, interactional counselors must take the lead in bridging the gap between these different views of experience if they wish to enhance their therapeutic effectiveness and ensure responsible professional practice.

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