

THE ART OF SYSTEMS THERAPY SERIES
Bradford P. Keeney, *Editor*

THE THERAPEUTIC VOICE OF OLGA SILVERSTEIN
Bradford P. Keeney and Olga Silverstein

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BRADFORD P. KEENEY
OLGA SILVERSTEIN

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Preface

This book is a dialogue between the clinical work of Olga Silverstein and the theoretical commentary of Bradford Keeney. The collaborative effort began as a clinical research project at the Ackerman Institute for Family Therapy and evolved into a training course entitled "Patterns of Therapeutic Intervention." The clinical work and analysis that follow were part of that course.

This book is unique in that it is the study of one complete, unedited case of Olga Silverstein. We begin with a general theoretical introduction, which includes an explanation of Silverstein's clinical strategy, and then turn to clinical material to demonstrate how the theoretical map(s) provide conceptual understanding. The clinical material is interspersed with commentary as the case goes along. This enables us to structure a more dialogical format, analogous to how we have taught.

The commentary includes both a practical focus on clinical strategy and a more formal attempt to understand the process of therapy. The case is an example of Olga Silverstein's approach to systemic family therapy. By "systemic family therapy" we mean a focus on treating the patterns that connect the problem behavior of one person to the behavior of other people. Approaches to systemic therapy include the work of Watzlawick, Weakland, and Fisch (1974), Haley (1976), Selvini-Palazzoli, Cecchin, Prata, and Boscolo (1978), and Papp (1983), among others. Although Silverstein's work is rooted in these diverse traditions of systemic therapy, it clearly stands apart as a distinct clinical voice.

In the chapters that follow, we present a dialogue between practice and theory that enables one to approach an understanding of how systemic therapy may be constructed.

B. K.
O. S.

Introduction

Most therapists would agree that our own reflections and comments about what we do are at best approximate conceptualizations. Whether such conceptualizations underlie the attitudes with which we enter the therapy session or the semantic tools we later use to analyze it, they are never identical to the immediate clinical experience. Such a discrepancy between behavior and explanation is inevitable. It is operationally impossible to describe exactly what one is doing from the perspective of doing it.

In a sense, therapy is a series of largely unanticipated interactions that combine to create a communal reality between therapist and patients. In the creation of this new reality, the old reality of the family must be constantly acknowledged and accepted. Even the therapist's gradual induction of the family into a systemic mode of thinking is little more than the shaping of an identical stream of consciousness between therapist and family. Semantic utterances are at the service of such a process and undergo constant mutations. Every word triggers another word that creates a constantly shifting network of complementary perspectives. Each session holds the potential for a virtually unlimited amount of diverse opinions on the part of the therapist and patients, for there is a constant stream of mutating information coming from all sides.

A therapist may feel that a particular school of theory forms the basis of therapeutic change, but the *in vivo* emphasis must always be on selectivity and timing. This is not to say that the therapist works solely in an intuitive manner. Though it is true that years as a clinician have narrowed the gap in my work between what I'm thinking and what I'm doing, the basis of my work has always remained cognitive. During a session I am always listening intensely to the material as it streams forth from the family and looking to see how small elements of change can be inserted at the most fortuitous moment. At this point in my practice, I have reached a level where

the cognitive patterns in my mind are very strongly connected. What is basically cognitive happens rapidly enough to appear almost intuitive. This does not imply, however, that there is any moment in a session when I am not trying to anticipate my next move.

A successful session is largely determined by the therapist's immediate sense of appropriateness. There are times when it is appropriate to back off, move forward, delay, reframe, repeat, or go off in another direction. Every move represents the taking of a small risk. It may produce change, or it may prove ill-timed and inappropriate. False starts have to be retracted; points of view often have to be reversed. Underneath this constant juggling act the therapist maintains an unruffled, hopefully profound point of view, based on the information injected into the system by the family. I rarely change my view about what needs to be done. All that changes is the timing.

It should be evident from such a description of clinical practice that even if there were time for lengthy theoretical reflection during the therapy process, heavily relying on it would become a disadvantage. In a sense, the pattern of interaction that grows out of each session happens as naturally as the patterns of family interaction that have brought the clients into the clinical setting. There is a pattern that flows from the interaction of the therapist and the individual family members that almost seems to create itself. The therapist merely rides the rapids of this interactional current and tries to steer the bark toward a safe and satisfactory destination.

Having someone like Brad Keeney to provide a running commentary on each step of the process is like having someone on shore, who cannot feel the rush of the current but who is perhaps in a better position to observe it. And out of this more detached observation may come a more profound, or at least a perspective other, explanation of therapy at work.

As a performer in the process of the family's therapy, I am perhaps one of the persons least qualified to describe it fully. I am just too involved in what I am doing to remain totally aware of it. But as an observer, Brad is also absorbed by an experience: He begins to lose consciousness of himself as he becomes involved in observing. He responds immediately to the scene that he is witnessing and attempts to pin it upon the theoretical framework with which he has come equipped. In one sense, then, his position mirrors mine: He forgets himself in the observing whereas I forget myself in the acting out. Both of us have the advantages of a certain perspective, and both

of our visions are limited by the peculiar boundaries of the subjective self.

A family's view of themselves, their reaction to me mediated by their expectation about therapy, my reaction to the family as filtered through the lens of my training as a family therapist, my own approach to therapy as a combination of process and content; and finally, to a certain extent, my own natural subjectivity are all elements that form the interaction witnessed by Brad. Brad's observations are in turn tempered by his theoretical approach to therapy as pure process, by his unique point of view as an observer rather than an actor, and by his own subjectivity. Then, for the reader, the experience is likely to be transformed a third time, as the transcripts of each session and Brad's commentaries come to be filtered through the lens of the reader's trainings, personality, and distance from the therapy situation.

The particular system of family therapy of which this book is an example had its early origins in the Brief Therapy Project at the Ackerman Institute in 1976. Two teams were involved in this project at its inception—one headed by Peggy Papp and the other by myself. The participants at that time included Richard Evans, Joel Bergman, John Clarken, Betty Lundquist, Paul De Bell, and Gillian Walker. Later we were joined by Anita Morewitz and Lynn Hoffman. Having been given the mandate to experiment, this creative group produced some interesting variations on the existing theoretical maps in the field.

By 1979 most of the team had moved on to projects of their own. The groups themselves divided, shifted, and added and lost members in an ever changing kaleidoscope of growth and reduction. The individual members remained, by and large, productive and creative.

Peggy Papp and I were left to work together as a twosome; one in the room and one behind the mirror. Many of the ideas crystallized in the work in this book were developed and integrated in that process.

It was during this period that the use of the therapeutic triangle was explored. The therapist in the room generally taking a position for change and the mysterious voice behind the mirror supporting the stability or the no-change position. Some time later we were joined by Stanley Siegel and then later by Marcia Sheinberg.

In the next phase of the project, we brought all three therapists

into the room to confront the family with its own contradictions. All three positions, change, stability, and new information, were argued in the presence of the family by three therapists firmly holding the three set positions.

In 1983 I began experimenting with putting into individual practice, the concepts developed by the group.

The therapy in this book is the culmination of a gradual evolution from a single therapist with a one dimensional view of process to a multiple view divided among multiple therapists to a single therapist with a multiple view.

Such a contrapuntal process is really no different than what occurs during clinical practice, when the ideas, feelings, and words of participating individuals are woven together into a multidimensional construct that enriches and enlarges understanding. All family therapy is necessarily collaborative, and all interpretations of it should resemble the collaborative mode. Neither clinical practice nor attempts to explain its theoretical basis can ever be restricted to a single point of view.

O. S.

Theoretical Maps

This chapter presents the basic theoretical maps that will be used in analyzing Olga Silverstein's approach to systemic therapy. The first section, Domains of Observation, Description, and Intention, provides an epistemological foundation for understanding how one views therapy. In the next section, Construction of a Systemic Therapeutic Reality, we examine how a therapist and client system comes to establish and maintain a therapeutic reality. And, finally, the section called, Olga Silverstein's Strategy for Constructing Systemic Therapy unpacks Silverstein's particular approach to treatment. With these maps, the remaining chapters of the book analyze a full-length case study of Olga Silverstein.

DOMAINS OF OBSERVATION, DESCRIPTION, AND INTENTION

Since descriptions are what we have to work with when we discuss the practice and understanding of systemic therapy, we begin by distinguishing relevant differences in descriptions. One way of keeping track of differences in description is to note how descriptions are part of different domains of observing. In the context of systemic therapy, we can easily distinguish the difference between descriptions associated with observations through a one-way mirror and descriptions presented in the conversation between therapist and client.

This difference can be described as descriptions arising from the therapeutic conversation in contrast to descriptions about the therapeutic conversation. Note that the former refers more to the contributions of a *participant* in the conversation while the latter has more to do with an *observer* outside the conversation. There are times, however, when a participant can become an observer of the conversation and an observer can become a participant in the conversation. Therapists who take notice of their behavior in a session

while interviewing a client system and consultants who send messages to a therapist and client system from behind a mirror exemplify these postures, respectively.

Differences in the domain of descriptions can therefore be approached by noting the differences between descriptions constructed by a participant in a conversation, by an observer of the conversation, by a participant observing his or her participation in a conversation, and by an observer participating in his or her observation of a conversation. In the context of systemic therapy we have associated these different domains with the following observational positions with respect to the therapist system:

Observational domain
in systemic therapy

Participant in conversation	Therapist speaking with client
Observer of conversation	Consultant or team member behind one-way mirror
Participant observing his or her participation in a conversation	Therapist noticing his or her behavior while in therapeutic situation
Observer participating in his or her observation of a conversation	Consultant sends message to therapist

In sum, the domain of observation called "participant in conversation" refers to the *view* of such a participant. The next domain, "observer of conversation," refers to the *view* of a meta-observer one step removed from the previous observer. When the participant shifts to meta-observing his or her situation or when the meta-observer shifts to more fully participating in observations, a recursion takes place. In general, the distinction "observer/observed" can be seen as recursively linked so that higher order observational domains can always be constructed.

All observers, independent of what observational domain they may be momentarily participating in, can be further seen as part of different contexts of description from within their observational domain. In a previous work (Keeney & Ross, 1985) the most funda-

mental distinction regarding contexts of description within any observational domain was indicated as the difference between a *semantic* and a *political* frame of reference.

A semantic frame of reference was defined as a descriptive domain primarily concerned with the construction of *meaning*. For instance, consider the following therapeutic conversation:

THERAPIST: Why have you come for therapy?

CLIENT: I hallucinate several times a day.

THERAPIST: What do you mean, exactly, by "hallucinate"?

CLIENT: You know, I hear strange voices that give me secret messages.

THERAPIST: What do you think these messages mean?

In this conversation, the therapist requests *meaning*, and the client attempts to construct it.

Later, however, the focus of the therapeutic conversation might change as follows:

THERAPIST: How often do you hallucinate?

CLIENT: At least twice a day.

THERAPIST: Who is the first person that knows you've hallucinated?

CLIENT: My wife.

THERAPIST: How does she find out?

CLIENT: I call her at work and tell her.

THERAPIST: What is the first thing she does after you tell her?

This frame of reference is not aimed at constructing meaning, but is primarily concerned with building a *view* of the politics of the client's situation: *who*-does-what-to-whom-when-and-how. Political frames of reference thus have to do with specifying the social organization of problem behavior, while semantic frames of reference specify the *meaning* of behavior.

Systemic therapists address different types of semantic and political frames of reference. When therapists speak of the importance of attending to (and sometimes *not* attending to) the "content" of therapy, they are usually referring to managing the wide variety of semantic frames that clients propose. With respect to semantic frames of reference, consider the following examples:

*Semantic frames of reference**Example*

Semantic frames of definition
(e.g., defining the problem)

THERAPIST: What do you mean by "hallucination"?
CLIENT: You know, I hear strange voices.

Semantic frames of explanation
(e.g., explaining the problem)

THERAPIST: What do you think these messages mean?
CLIENT: They mean that I don't know who I am.

Semantic frames about politics

THERAPIST: (*to daughter*)
What do you think about the relationship between your mother and your brother?
DAUGHTER: They're too distant from one another.

Systemic therapies have also constructed a variety of political frames of reference. These include building a view of the sequential organization of problem behavior. Such a view may be limited to discerning the sequence and relation of problem behavior and problem-solving behavior (see Watzlawick, Weakland, & Fisch, 1974), or may include a repeating social sequence in which at least three family members participate (see Haley, 1976). Other political frames of reference may indicate social coalitions (e.g., triangles and detouring) and patterns of interaction (e.g., symmetrical and complementary relations).

The relation of semantic and political frames of reference may be confused with another distinction, sometimes called "content and relationship" (see Keeney & Ross, 1985). This latter distinction refers to the dual characteristics of a single message. For instance, a client's statement, "I have hallucinations about twice a day," can be seen as describing a client's experience (content) as well as proposing that the therapist do something about it (relationship). Knowing the conversational context of this message requires looking at its broader frame of reference. If the client's statement followed a therapist's request to define why the client had come to therapy, it would be seen as arising out of a semantic frame of reference. Note

what happens, however, when the client's statement is seen as arising out of the following conversation:

THERAPIST: How often do you have these hallucinations?
CLIENT: I have hallucinations about twice a day.
THERAPIST: Who else knows about these hallucinations?

This conversation indicates a political frame of reference that emphasizes the sociopolitical organization of the problem behavior rather than its meaning.

Semantic and political frames of reference, as we mentioned, contextualize the descriptions that arise from any observational domain. We, as observers of a therapeutic conversation, can note how therapy shifts between addressing semantic and political frames of reference. This view refers to how one categorizes (i.e., contextualizes) the descriptions constructed by therapist and client in the course of therapy.

Suppose that we, as observers of a particular therapeutic conversation, propose that a therapist is more joined with the wife than with the husband. Categorizing this description as a semantic or political frame of reference is a different order of categorization than framing therapist-client descriptions. Take the following example of therapeutic conversation:

THERAPIST: (*to wife*) Why does your husband continue harassing you?
WIFE: He doesn't understand me.
THERAPIST: Why doesn't he understand you?
WIFE: Because he doesn't care.
THERAPIST: (*to husband*) Why don't you care about your wife?

Since this conversation involves requests and responses about the *meaning* of husband and wife's interaction, we can say that it specifies a semantic frame of reference. An observer from behind a one-way mirror might say, however, that this conversational episode indicates the political frame, that the therapist is more joined with the wife than with the husband. If we were to ask this observer how that conclusion were reached, he or she might point out that the therapist is sitting closer to the wife and giving more eye contact to her than to the husband. In addition, the observer might say that the

therapist's questions are more responsive to the wife's view and that the husband is not invited to present his own view.

These descriptions, however, are not descriptions that were constructed by the therapist, husband, or wife—they were constructed by an observer from behind a one-way mirror. The descriptions of this observer, however, can be seen as indicating a political frame of reference—but within the observational domain of the observer's descriptions of his or her observations (and not the domain of therapist and client descriptions).

Similarly, an observer of a session might inquire as to how the therapist uses affective experience to organize therapy. Although descriptions of one's own affective experience are more reliable, an outside observer is always free to make hypotheses about a client's or therapist's feelings and inner experience. Descriptions about affective experience, from whatever observational domain, may again be classified as part of a semantic or a political frame of reference. For instance, the following descriptions suggest a political frame of reference: "I get angry when she tells me to take out the trash; I then tell her she is 'queen of the naggers'; subsequently, she gets angry and then I feel hopeless." The following conversation, however, is more suggestive of a semantic frame of reference: "How do you feel about your behavior with your wife?" "It makes me depressed."

Note that these semantic and political frames pertain to the domain of descriptions constructed by clients and therapists in a session. An outside observer, as we suggested, could also make inferences about the client's (and therapist's) affective experience, such as, "The wife gets more anxious when the husband describes himself as 'depressed.'" This description of affective experience, within the domain of descriptions constructed by an outside observer, could in turn be distinguished as principally pertaining to either semantics or politics.

These examples illustrate how we can track a diversity of observational and descriptive domains involved in analyzing a therapeutic reality. We have discussed different contexts of descriptive frames of reference (in terms of semantics and politics) that are applicable to each observational domain. There is another form of analysis that can be introduced before examining how these epistemological domains lead to the construction of therapeutic realities. Given a particular observational and descriptive domain, the observer's intentions can also be distinguished with respect to whether formal

understanding or practical strategy is the purpose at hand. Therapists and consultants usually shift back and forth between trying to understand a situation and trying to create a strategy for what to do with a situation. Problems may arise, however, if they talk to one another across different intentional domains. A therapist who steps outside the room to momentarily focus on formally understanding a situation may be confused and distracted by a consultant who responds by addressing the design of a therapeutic strategy (or vice versa).

As a conceptual exercise it may be useful to imagine therapists using some sort of signal system to indicate to one another which intentional domain their conversation is trying to address from moment to moment. For instance, an arrangement of different colored lights could be installed in a consultation room for conversations between supervisors and therapists. One color, say purple, would indicate that the intent of their conversation is to focus on therapeutic strategy, while a different colored light would indicate a shift to formal understanding. Of course, a third light might indicate those moments when there is an attempt to discuss the relation between formal understanding and practical strategy.

In sum, three different classes of epistemological domain have been presented:

1. Intentional domains (specified in terms of formal understanding and practical strategy).
2. Descriptive domains (specified in terms of semantic and political frames of reference).
3. Observational domains (specified in terms of observer and participant).

Each side of the distinction underlying an epistemological domain (formal understanding/practical strategy; semantics/politics; observer/participant) can also be seen as related. One's practical strategies arise out of a particular form of understanding, while one's understanding is derived from the outcomes of implemented strategies. Similarly, a sociopolitical pattern of organization (politics) leads to a particular frame of meaning (semantics) that in turn either maintains, corrects, or changes a political frame of social action. And finally, one's observing describes a way of participating and one's participation prescribes a way of observing.

As we examine systemic therapy, it will often be important to

keep track of the logical typing of the descriptions we find ourselves working with. An awareness of the intentional, descriptive, and observational domains that circumscribe our descriptions provides a way of making explicit the patterns organizing how and what we know.

CONSTRUCTION OF A SYSTEMIC THERAPEUTIC REALITY

The structure of music provides a metaphorical way of talking about the construction of a therapeutic reality. In music, individual notes can be discriminated as well as heard in sequential patterns—the melodic line. Notes themselves, however, may be combined into chords, resulting in the experience of harmony and cacophony. And finally, a melodic line and its underlying harmony are coupled to give rise to repetitive themes and movements that combine into the whole system of music.

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

Although we may sometimes emphasize the distinction between semantic and political frames of reference, it is always possible to reinstate their connection. From this latter perspective, one cannot imagine a semantic specification of meaning as separate from a political pattern of organization and vice versa. If a logician presents a radically different paradigm for understanding the foundation of mathematics, someone (usually an accepted scientific-political authority) will build a semantic frame that suggests that the logician's work is an example of nonsense written by a madman or that it is a masterpiece created by a genius. The semantic frame giving meaning to the logician's work politically organizes the whole scientific community—the work will be published, studied, and taught or it will be

ignored and possibly laughed at. Any change in the political structure prescribing meaning of the logician's work may subsequently result in shifting semantic and political frames of reference. The study of the history of science is, in effect, a study of how these changing semantic and political frames feed off one another.

In systemic therapy it is a well-known observation that semantically framing what has been previously called "problem behavior" as behavior that provides a family solution often results in a change in family politics. The subsequent political change in family organization may lead to different semantic frames that, in turn, prescribe alternative political patterns. The relation of politics and semantics is again recursive: each frame arises out of the other.

Since the political patterns are always coupled to semantic meanings, the therapist must work through meanings in order to know and influence politics. The same holds for the other perspective: knowing and influencing a client's frame of meaning requires working through his political situation. It is therefore useful to recognize that addressing any semantic frame is always a metaphorical way of getting at politics. Speaking in terms of a man's complaints about his chronic backaches may be a metaphorical way of talking about the politics of his marriage. In addition, it is useful to recognize that addressing any political frame is always a political way of getting at semantics. Reordering the sequential patterns underlying how a couple dines together may change the meaning (and politics) of their sex life.

Systemic therapy, in a nutshell, involves viewing the semantic frames presented by clients and therapist as metaphors about the politics of the problematic situation. Political frames, in turn, are viewed as coupled to systems of meaning. The art of systemic therapy involves using semantic and political frames as building blocks for the construction of alternative realities that lead to more adaptive change.¹ The therapist must begin with the semantic and political frames that clients present; these frames are the basic ingredients of the client's experiential reality. The task of therapy is to organize these same building blocks in an altered way. The desired result is that clients construct more adaptive meanings and political patterns.

1. "Adaptive," following Bateson (1979), refers to a better fit between a system and its environment.

The construction of an experiential reality has been previously set forth in the book *Aesthetics of Change* (Keeney, 1983). Based on Bateson's cybernetic epistemology, this perspective views experiential realities as constructed through a dialectic of process and form. More precisely, an experiential reality is constructed within the domain of description following a dialectic between descriptions of process and categorizations of form. Note that these terms are roughly analogous to political and semantic frames of reference, respectively.

Political frames thus refer to descriptions of process, usually specified in terms of simple action and interaction. The *meaning* of any simple action or interaction (semantic frame) is constructed through the naming or categorization of a political frame. The dialectical nature of this relationship between semantics and politics is such that the naming of a political frame subsequently leads one to a higher order view of political patterns.

A general map of this dialectic between semantics (classification of form) and politics (description of process) is presented in Figure 1. The right column of Figure 1, called "politics" refers to different orders of political frames. These frames arise from how an observer punctuates a sequence of action, and they are specified in the column as descriptions of simple action, interaction, and social choreography. To move from one order of political frame to another requires going through a semantic frame of meaning.²

Let us look at the classic "nagging husband-withdrawing wife" scenario as an example. We can begin by describing and giving meaning to simple actions. A husband's speech behavior with its accompanying body orchestration may be given the meaning of "nagging," while a wife's silence and yawning may be given the meaning of "withdrawing." At this level of analysis, the political frame of reference involves specifying behavior. Giving meaning to these behaviors recursively leads us to a higher order of analysis,

2. Some therapists advocate a neobehaviorist emphasis upon "observable facts," implying that the descriptive level of simple action is more objective and socially verifiable than other descriptive levels. This view ignores the more constructivist position that all observation is "theory-laden." The main point is that seeing "interaction" and "social choreography" shifts one's observing to higher levels than that of seeing "simple action." Learning to see these different orders of process in a way that is habitual, obvious, and socially verifiable is one of the basic tasks of becoming a systemic therapist.

ORDER OF RECURSION SEMANTICS POLITICS
(Classification of Form) (Description of Process)

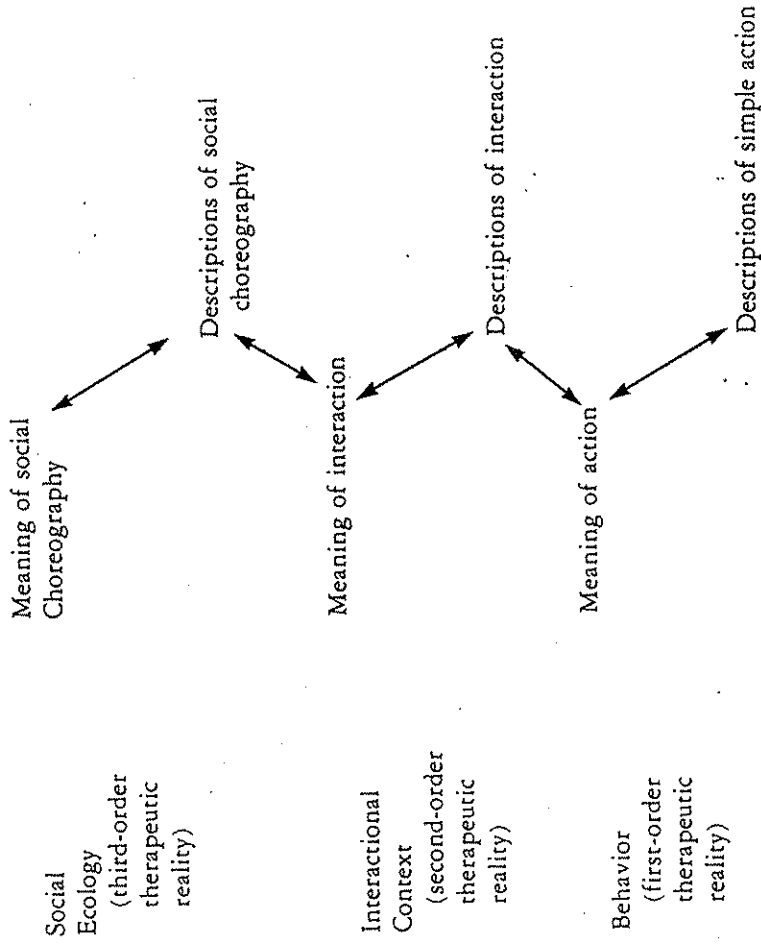


FIGURE 1. DIALECTIC OF SEMANTICS AND POLITICS

where we shift to analyzing interactional contexts. Here interaction, rather than simple action, becomes the political frame of reference. This political frame specifies an alternation between nagging and withdrawing (a description of interaction) that, in turn, may be given the meaning or classification of a "complementary relationship."³

3. The term "complementary relationship" is the name of a pattern of interaction in which the actions of A and B are different but mutually fit each other (e.g., dominance-submission, exhibition-spectatorship).

This context or pattern of interaction is itself subject to a higher order of view. Social ecology—the highest order of recursion in this conceptual system—refers to how interactions are patterned as parts of a whole system of social choreography. At this level of analysis, the married couple's escalating complementary interaction may itself be subject to higher order political constraints, such as receiving a complaining call from a neighbor, the husband's having an asthmatic attack, or a child's becoming disobedient. Given this political frame, we can proceed and give it a frame of meaning. For instance, we might say that the family is caught in a "double bind."

One way of defining the goal of systemic therapy is to say it attempts to change the patterns of social choreography in a way that leads to more adaptive changes in organization (politics) and meaning (semantics). The systemic therapist, however, must utilize the client's communications as a means of building a way of knowing and influencing higher order patterns of systemic organization. For the most part, client's descriptions are on the level of descriptions of simple action and the client's associated meanings. These simple order semantic and political frames must then be transformed by the therapist into a view of interactional patterns and social choreography.

The construction of a therapeutic reality, from this perspective, entails a dialectic between semantics and politics. This dialectic leads the therapist to build a view of the patterns that connect the problem behavior of one person with the behavior of other people. With this systemic view the therapist has a perspective that is of higher logical type than that of the client, and that subsequently enables the therapist to design and implement interventions.

Systemic therapy can thus be seen as involving a series of stages, with each stage corresponding to a jump in the dialectical ladder between semantics and politics. The beginning stage involves the therapist gathering simple-order semantic and political frames. The therapist will organize information in such a way that only those building blocks that offer a way of building up a higher-order view will be emphasized and discussed. With these simple-order frames, the systemic therapist can begin moving toward the middle stage of therapy. Here the therapist attempts to build and work with a view of interactional patterns and meanings. At this stage the different actions of people are seen as related and connected. In particular, the connection of problem behavior to more encompassing patterns of

interaction will be underscored. When this higher-order view is firmly established, the therapist can proceed to the final stage of systemic therapy. At this stage, diverse patterns of interaction are connected in a way that emphasizes the social choreography of a whole social ecology.

One way of looking at the construction of a systemic therapeutic reality is that most client systems come to therapy stuck in a simple-order view of their situations. Indeed, as was mentioned, most of their initial descriptions center on the politics and meanings of simple action. The therapist accepts these simple-order semantic and political frames and leads the family to higher-order realities, where their behavior is experienced as organized in a way that connects each of them as parts of a more encompassing whole system.

The above account of systemic therapy may seem to suggest that therapeutic change requires clients to achieve some form of "systemic insight." An alternative view is that it is the therapist who requires a "systemic insight" to be useful to a troubled situation. Namely, the therapist must construct a higher-order view of the situation to be able to have access to the systemic patterns organizing problem behavior. Of course, the therapist's higher-order views are always only hypotheses that heuristically suggest higher-order ways of intervening. The outcomes of a therapist's interventions, usually described in simple-order terms, help maintain, polish, and correct the therapist's ongoing hypotheses.

OLGA SILVERSTEIN'S STRATEGY FOR CONSTRUCTING SYSTEMIC THERAPY

Olga Silverstein's therapeutic strategy also involves different stages, beginning with the utilization of simple-order semantic and political frames of reference. In the beginning stage Silverstein reacts to any semantic frames the family presents as a metaphor about some political relationship in the family system. In particular, definitions of any individual's presenting problem are viewed as a semantic frame about family politics. Rather than anchoring the therapy to being centrally organized by a particular semantic frame, such as a therapeutic contract to work on a specific problem, Silverstein views all presenting semantic frames as ways the family talks about their sociopolitical patterns of organization.

Silverstein uses the presenting semantics of a family to address political frames of reference. For example, if a wife suggests that she feels like she's "inside a shell," Silverstein might respond with a political question: "With whom do you feel withdrawn?" In uncovering the coupling of semantic and political frames that specify parts of the family's system of meanings and organization, the therapist will eventually make a move toward constructing a view of patterns that connect these frames.

Silverstein's general view of the politics of family organization follows a unique political hypothesis that she developed with her colleague Peggy Papp (1983). She holds that a presenting problem is connected to each family member in a way that provides both positive and negative consequences. More specifically, the symptom or problem behavior of one individual can be seen as providing social disadvantages and advantages to each member of the family. A daughter with severe asthma not only provides a discomforting experience for herself and her mother, but may also provide a way in which they feel connected through the mother's efforts to take care of her. When the disadvantages and advantages of problem behavior are spelled out for all family members, it becomes possible to begin specifying connections between family members in terms of these positive and negative consequences (see Figure 2). A disadvantage of problem behavior for father, for instance, may be linked to an advantage for mother (or vice versa).

When a story or hypothetical explanation is constructed that enables multiple disadvantages and advantages to be tightly woven as an interlinked system, an even higher-order systemic reality is experienced. The story that connects then becomes the systemic therapeutic reality calibrating all subsequent communication in therapy. At this final stage, all semantic and political frames are reframed and utilized as further evidence and support of the systemic story, hypothesis, or explanation. When the therapist and family system have tightly spun this order of therapeutic reality, the family system may be dismissed from therapy. If the family were to call the therapist in the future about another problem (semantic frame), the therapist would return to the originally constructed therapeutic reality and incorporate the family's new frame within it. Seen this way, the family never really leaves therapy. The story constructed by the therapist and the family remains with them, organizing and calibrating future communications.

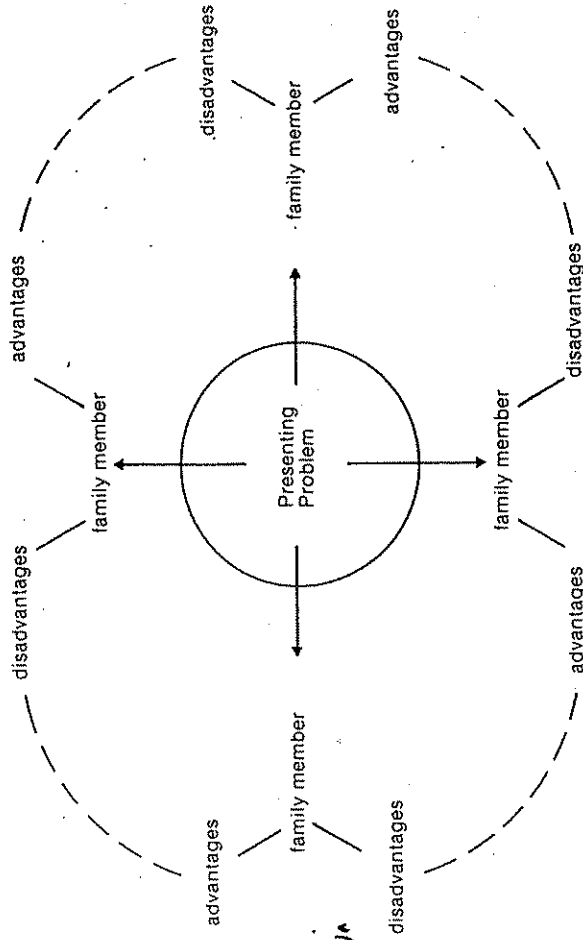


FIGURE 2. OLGA SILVERSTEIN'S GENERAL POLITICAL HYPOTHESIS.

Feedback Patterns

Another way of approaching Silverstein's therapeutic strategy involves describing the different patterns of *feedback* involved in its different stages of development. Feedback, the central idea of cybernetics, can be simply defined as utilizing the results of one's communication to help shape one's subsequent communication.

In the beginning stage of developing her systemic therapy, Silverstein constructs feedback between simple-order semantic and political frames of reference. In particular, a semantic frame offered by a family member will often precipitate Silverstein to ask a question about the political frame she assumes the semantic frame is contextualizing. For instance, consider the following therapeutic conversations:

DAUGHTER: She's in outer space.

THERAPIST: How often do mother and father go out together?

DAUGHTER: Never. Well, maybe once every two months.
THERAPIST: Where are you when they go out?

In this conversation, the daughter proposes a semantic frame that the therapist hypothesizes is about the politics of Mother and Father's relationship. Daughter's response enables therapist's subsequent response to extend her focus to include daughter's own political participation.

In effect, a semantic frame introduced by a family member directs the therapist's questions about a political frame. The family's response is then used by the therapist either to scrap, to modify, or to elaborate her present line of inquiry. In this way feedback is established. This order of feedback is sketched in Figure 3.

This sketch indicates four general categories of political frame that Silverstein usually addresses in her work:

- P₁ = Sequential organization of behavior
- P₂ = Problem-solving behavior including involvement of referring contexts
- P₃ = Social coalitions
- P₄ = Past and future views of family politics

The presentation of a particular semantic frame by a family member thus directs Silverstein to address one of these classes of political frame. The family's response subsequently organizes which frame she addresses next. In this way, the beginning stage of Silverstein's therapeutic strategy involves a feedback relation between simple-order semantic and political frames.

FIGURE 3. FIRST ORDER FEEDBACK IN SILVERSTEIN'S STRATEGY

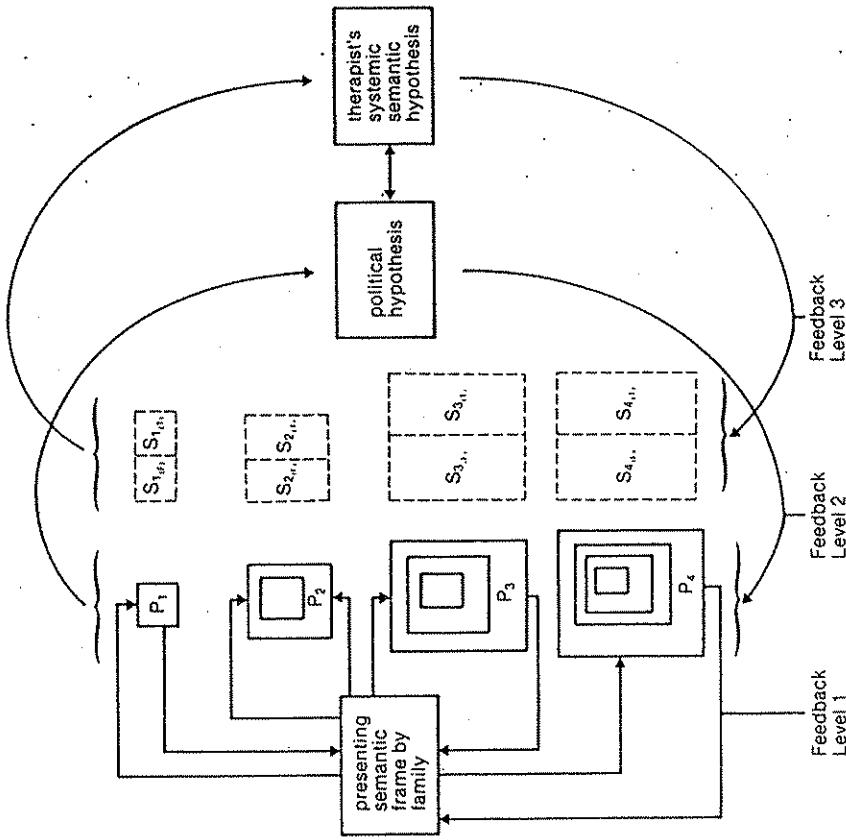
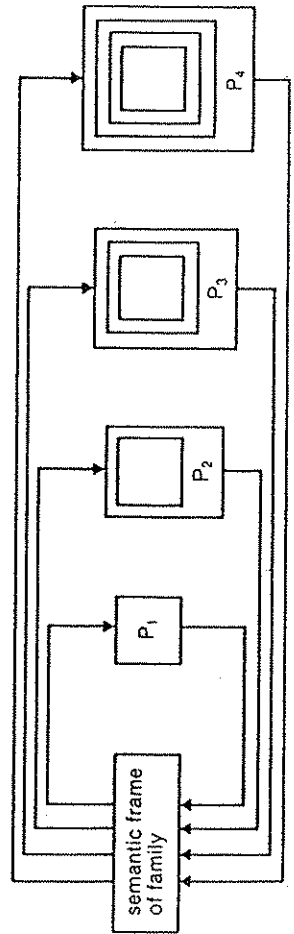


FIGURE 4. OLGA SILVERSTEIN'S THERAPEUTIC STRATEGY

The next stage of therapy moves up to a different order of feedback (see Figure 4). Here the therapist begins connecting the political information derived from the family with her hypothesis about family politics. Recall that Silverstein's political hypothesis always embodies the same underlying structure: problem behavior is connected to social advantages and disadvantages for all family members. At this stage of therapy, feedback organizes questions about family politics to help shape responses that contribute to building a view that politically connects family members.

And finally, the last stage of building her therapeutic reality involves building a systemic story, explanation, or hypothesis that embodies the family's and the therapist's semantic frames as a way of articulating the therapist's political hypothesis. The emerging story is constructed through the feedback connection between the therapist's political hypothesis and the various semantic frames that the therapist and family have previously constructed about family politics. These latter semantic frames can be seen as metaphors about "partial arcs" of family politics (see Keeney and Ross, 1985). For instance, father's problem behavior may be explained as providing a solution for a problem of mother. This view, however, is only from the perspective of one side of the relationship. We can therefore refer to this view as indicating a "partial arc" of the whole circular relationship.

In the last stage of this therapeutic approach, partial arc hypotheses become connected in a way that leads to a well-formed systemic hypothesis, that is, one that includes the participation of all relevant members of the social ecology. In the previous illustration, this might involve demonstrating how Mother's own problem behavior is complementary to Father's problem behavior and provides a solution for Father. In addition, Mother and Father's form of complementarity might be depicted as fitting into more encompassing patterns of social organization that include the behavior of their children as well as participation from other generations.

Construction of Therapeutic Interventions

We will now shift to examining how Olga Silverstein designs therapeutic interventions. In previous works (Keeney, 1983; Keeney and Ross, 1985) systemic therapeutic interventions have been depicted as addressing three general parts: stability, change, and a source of meaningful noise. The structure of a systemic intervention has been mapped as follows:

(Stability/Change) / Meaningful Noise

The left side of this expression, (Stability/Change), defines the cybernetic organization of a system: a cybernetic system achieves stability through processes of change. For instance, keeping one's balance on a high-wire (stability) requires that the acrobat constantly adjust

position (change). In therapy, a troubled system can be seen as aiming to change the way it changes in order to achieve a more adaptive form of stability. Consequently, the therapist must address the complementary relation between stability and change. Efforts to singularly prescribe stability will most likely result in the troubled system demanding that its requests for change be taken seriously. On the other hand, singular prescriptions for change may result in the appearance of that beast to therapy sometimes called "resistance." Resistance, in this view, is a natural outcome from a system that has been provoked to demonstrate that its requests for stability be taken seriously.

In sum, therapeutic change can be depicted as the transformation of a system's way of achieving stability through change:

(Stability/Change) Transformation (Stability/Change)₂

To achieve such a transformation the system must encounter a source of the random or, more accurately, a source of "meaningful noise" (see Keeney, 1983; Keeney and Ross, 1985). Meaningful noise is a term that indicates not only that the system is encountering some source of the random ("noise"), but that it has some process of selection which can operate on the random (an observer who constructs "meaning"). These two components—a source of the random and a process of selection—are the ingredients of stochastic process (see Bateson, 1979). Thus, the term "meaningful noise" is a way of specifying the ingredients of stochastic process that underlie all adaptive change and learning.

With this idea, a more complete specification of therapeutic change follows:

(Stability/Change);/Meaningful Noise → (Stability/Change)₂

The art of therapeutic intervention, as we mentioned before, thus requires prescribing change, stability, and a source of meaningful noise.

In Olga Silverstein's strategy the positive social consequences of problem behavior provide a rationale for prescribing stability, while the negative social consequences may be linked to prescribing change. Meaningful noise refers to how the therapist lays out an explanation for prescribing these complementary sides. The most common sources of meaningful noise may be constructed from family history, cultural myth, psychobabble, religious metaphor, stories about other clients (fictional or not), and so forth. The semantic

frames clients propose or request usually provide a clue to what form of noise will be meaningful. A student of Eastern thought might be given a reading from the *I Ching*, whereas a deacon of a Baptist Church may require some obscure biblical reference. A client who happens to be a family therapist, however, may have to be given a theoretical mythology, such as Ericksonese or Satirese.

Olga Silverstein's strategy involves prescribing various ways of addressing stability, change, and meaningful noise in therapy. In the beginning of therapy, the client's presenting semantic frame may be stabilized (often through accepting the client's choice of metaphor), while a change in the politics it is assumed to be about may be implied. The source of meaningful noise involves drawing upon the semantic frames the clients have already presented. Consider the following therapeutic conversation:

MOTHER: (*referring to husband*) I've stopped being a mother to him.

THERAPIST: You think you changed from being a sort of "good mommy" to him to an "angry mommy"? Is that where it's gone?

Here the therapist addresses *stability* through emphasizing that mother is still a "mommy" to her husband, but introduces *change* by speaking about how her way of "mommying" has changed. Her choice of terms for describing this change—"good mommy" to "angry mommy"—provides a source of *meaningful noise*.

As therapy progresses, stability can more readily refer to underscoring how problem behavior provides a positive contribution to stabilizing and maintaining a relationship, while change can address the negative consequences that arise from the particular way stability is being maintained. Meaningful noise now involves making semantic references to higher-order political frames that further hint at a social organizational view of how problem behaviors link people together. Consider the following therapeutic conversation:

WIFE: Why should he continue staying out all night?

THERAPIST: It keeps your mind off worrying what to do with your parents [stability]?

WIFE: But he's driving me crazy!

THERAPIST: The two of you do pay a price [change implied] for the way you've chosen to be loyal to your parents [meaningful noise].

Stability addresses how problem behavior, in this case the husband's staying out all night, contributes to stabilizing the wife's relationship with her parents. Change is subsequently implied when the therapist acknowledges the price (in terms of negative consequences) their solution requires. And, finally, meaningful noise points to how their relationship contributes and fits as part of a more encompassing family ecology.

Silverstein's therapy culminates in the creation and maintenance of a well-formed systemic story or explanation about the family's situation. At this stage, all semantic and political frames the family has presented will be recycled and incorporated into the therapist's systemic explanation. Her explanation, embodying the political hypothesis that connects problem behavior to social disadvantages and advantages, provides the way in which stability and change become more fully addressed. At this stage, the therapist speaks more and more about the family's "dilemma." Since problem behavior provides social advantages, its contribution to stability must be addressed. However, at the same time, the social disadvantages of the problem suggest that change is necessary. The therapist at this stage often repeats her explanation of the family's dilemma, each time adding to it the additional semantic and political frames the family offers.

In conclusion, Silverstein's strategy demonstrates how a dialectic between semantics and politics constructs a systemic therapeutic reality. The context of this dialectic is a conversation between therapist and clients. As Szasz has suggested, psychotherapy is not to be understood in terms of medical interventions, but in terms of the structure of rhetoric. The systemic therapy of Olga Silverstein fully utilizes the rhetorical structure of therapy and builds upon the understanding that therapy is primarily within the epistemological domain of description.

In systemic therapy, what emerges are stories and stories about stories. Stories reveal how people construct their world and therefore provide clues for knowing their epistemological premises. In general, therapy is a process of weaving stories between therapist

and client systems. Attending to symptomatic communication is one way of hearing a story. To paraphrase Bateson, the therapist must be shrunk to fit the procrustean bed of the client's stories. The therapist then builds her own story in response to the one she has been told. From a cybernetic perspective, when an exchange of stories is structured in terms of feedback, self-correction and adaptive change become possible.

The stories people live as well as their stories about those stories are all a therapist has to work with. In this sense, therapy is indeed a conversation, an exchange of stories. As Szasz (1978, p. 11) summarizes, "Seeing therapy as conversation rather than cure thus requires that we not only consider the error of classifying it as a medical intervention, but that we must also look anew at the subject of rhetoric and assess its relevance to mental healing."

It should be no surprise that poets are well aware of these concerns. Gary Snyder (1979, p. 29), for instance, describes poetry as "a hook; a net to trap, to clutch, and present; a sharp edge; a medicine, or the little awl that unties knots." This provides a tidy metaphor for systemic therapy, where knots of description are embodied in the stories clients and therapists construct. In the chapters that follow, it will be clear how Olga Silverstein's systemic therapy, like poetry, attempts to untie these knots.