



Title: Practice based evidence based practice:  
navigating complexity in feedback-informed systemic  
therapy.

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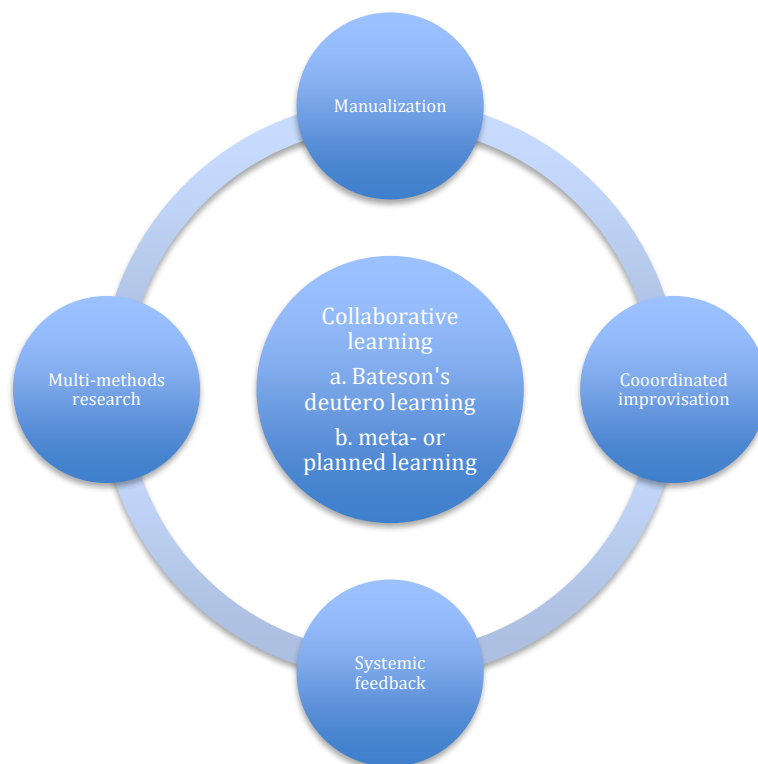
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## Thesis

### Practice Based Evidence Based Practice.

### Navigating complexity in Feedback-informed Systemic Therapy.



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*Professional Doctorate in Systemic Practice*

*University of Bedfordshire, Luton*

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Joseph Cornell inspired drawing by Anne-Marie Buis van Hennik

## The vagabond sculptor

Artist Joseph Cornell, using the surrealist technique of unexpected juxtaposition, made glass-fronted boxes in which he placed arranged Victorian bric-a-brac, old photographs, dime-store trinkets, and other things he accidentally found wandering through town. He called those boxes Shadow Boxes or Fluxus Boxes. Cornell's work reminds me of a vagabond sculptor, the metaphor biologist Maturana uses when he explains evolution as a natural drift, a spontaneous interplay between systems within their medium.

Evolution resembles rather a vagabond sculptor that walks through the world and takes this thread here, this piece of metal there, this piece of wood here, and puts them together in a way that their structure and circumstances allow, without any other reason than just putting them together' (Maturana & Varela, 1990).

**This thesis is dedicated to my daughter Luca Sophie**

*You made me learn how love and trust make the magical medium for learning.*

## **Author's Declaration**

I, Robert van Hennik declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

**Title: Practice Based Evidence Based Practice: Navigating complexity in feedback informed systemic therapy.**

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have cited the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. Some parts of this work have been published. I wrote about the research project; the research design (C4) and used figures 2,3,4,8 and transcripts of Jenny's case (D2) in two articles (Van Hennik, 2017, Van Hennik & Hillewaere, 2017).

## **Publications**

Van Hennik, R. (2017) Feedback gestuurde Integratieve Systeemtherapie als Practice Based Evidence Based Practice. In (red. Vermeire, S., Sermijn, J.) *Wegen Naar Her-verbinding* (p.p. 105-116). Antwerpen: Interactie Academie VZW

Van Hennik, R., & Hillewaere, B. (2017). Practice Based Evidence Based Practice. Navigating based on coordinated improvisation, collaborative learning and multi-methods research in Feedback Informed Systemic Therapy. *Journal of Family Therapy*, 39(3), 288-309

## **Abstract**

In this thesis I present a research-based account of designing and practising manualised systemic family therapy and doing practice-based, collaborative work. Some time ago my colleague Bruno Hillewaere and I were asked to start providing standardised, evidence-based systemic therapy. In reviewing the range of standardised approaches that were available at the time, we decided we could not commit to a single model or treatment manual. Our experience suggested to us that in times when therapy derives its legitimacy from control, standardised protocols and benchmarking, little attention is paid to the therapist's improvisations and those small, unpredictable and non-replicable differences that can make the difference for family members. Accordingly, we decided to develop, describe and research our own family therapy practice that was full of improvisations in response to the exchanges that take place, from one moment to the next, in the context of family therapy. In this thesis I present this work. I refer to it as Practice Based Evidence Based Practice (PBEBP).

This thesis traces the ways in which I co-developed, applied and used a fluid manual of Feedback-informed Integrative Therapy within Systems (FITS) as a Practice Based Evidence Based Practice (PBEBP) within the bio-cultural matrix that embeds. I present a theoretical framework, inspired by Neo-Materialism, that integrates cybernetics and social-constructionism in contemporary systemic thinking. The question I ask is how to navigate complexity and offer accountability about the process of systemic learning, without getting drawn into the paradoxical spiral of control. I suggest ways in which therapists may become systemic nomads and describe how to produce 'validity from within', remaining open to the unpredictable process of becoming in multi-actor networks of human and non-human generators.

I show how the fluid manual of FITS corresponds to the locality and complexity of social and cultural life. FITS as PBEBP is substantiated by collaborative practice-

based and generative research. The therapist is both practitioner and researcher and involves clients as co-researchers. Therapist and clients examine the effects of their collaboration. The output of research is input for therapy in the 'collaborative learning community' constituted together.

I have analysed eight cases of completed FITS therapies with families. I promote collaborative learning through coordinated improvisation, organised feedback and mixed-methods research. Accountability and transparency are provided by the quantitative measurement of developments and collaboration in therapy and the qualitative inquiry of therapist's navigating practice and collaborative learning. I use quantitative measurements as a prelude to evaluative conversation. I analyse critical moments in the transcripts of those conversations. I discover how therapy practice and research effectively intertwine. I hope to inspire systemic practitioners to manualise and research their own practices as a Practice Based Evidence Based Practice. FITS as PBEBP provides 'validity from within' in local and singular cases. This approach is an affirmative and transparent alternative to standardisation of protocols and methods in the field of mental healthcare generally and family therapy specifically.

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At last, but not at least I would like to thank my dear family. I thank my parents, Harry and Marianne van Hennik, for providing me a safe and supportive home for exploration, my brother Olaph van Hennik for being a comrade for almost all my life, my wife Anne-Marie Buis van Hennik for loving me (even when I am busy and abstracted writing my thesis) and Luca Sophie for challenging me in many ways.



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## Introduction

'Something is happening here and you don't know what it is, do you Mr Jones?' (Bob Dylan, 1965, *Ballad of a Thin Man*)

### **Becoming a systemic family therapist**

'Everything is multi-storied'. These were the first words I wrote in my notebook during a five-day intensive period of training with the narrative therapist Michael White in Liverpool in 2003. 'Everything is multi-storied'. I repeated those words to myself, slowly, and they set my head reeling. This notion opened up space for innumerable new possible connections and meanings. I immediately knew that something had changed, that my work as a systemic family therapist would be different from now on, something had changed, but I did not yet know exactly what.

I was touched by systemic family therapy ever since I experienced its magic and its efforts. At nineteen years of age I was a young social worker involved in the care of drug addicts in Amsterdam. Whenever I found time, in between assignments, I slipped behind the one-way screen, joined the observation team, and witnessed the empowerment and confusion that played itself out in family therapy. On one occasion I found myself alone as I observed behind the screen. One of the leading family therapists asked me to phone him fifteen minutes after the beginning of a conversation with an exhausted family. I did what he asked. The therapist explained to the family that the observing team (which was just me) wanted to discuss the case. He talked to me about his observations and asked about mine. When he returned to the therapy room, he told the family members that his team had advised him to stop therapy because of a lack of motivation (I had said no such thing). He then told the family, in a soft voice, that he disagreed with the team – that he saw a small but real opportunity for change. He asked the family if they wanted him to explain what this opportunity was, in his view. The family members were obviously interested in hearing what it was. This exchange changed the relationship and the response-space (Hyden, 2016) in the therapy.

As a social worker I learned that social embeddedness is more helpful than any therapeutic intervention. I remember one young man who was addicted to heroin and

who worked as a street prostitute. He would occasionally visit the methadone post, but only to get clean needles. We did not engage with him very actively, because we did not expect him to be able to escape from his miserable situation. One day he suddenly appeared at our centre, accompanied by a TV film crew. He asked us to arrange a treatment programme and to find him somewhere to live. The TV crew made a documentary about this young man's life. To everyone's surprise, he managed to get clean, found a job as well as a place to live, and has been doing well ever since. Many years later I met him again. I asked him what it was that had helped him to change. He told me: 'I knew that my parents and sister would see this documentary about me on television. I wanted this documentary to be about a hero who escaped from a bad situation and not about a loser who was unable to do so. He later became reunited with his family and he continued to flourish. This taught me that people need an acknowledging audience to help them present a different face to the world.'

After training as a family therapist, I worked in this capacity in several centres for mental healthcare, published articles about my work in the Dutch Journal of Systemic Therapy, and became a teacher and supervisor in systemic family therapy. I learned that suffering, pain, and anxieties are not problematic in themselves. Pain is a testimony to something people hold precious (White, 1988). I remember a conversation with a seventeen-year-old girl and her parents. The girl was suffering from the effects of anorexia, depression, and an obsessive-compulsive disorder. Treatment had thus far proved ineffectual and she had no confidence that it could make a difference. I asked her to express the impact of anorexia, depression, and her obsessive-compulsive disorder on her life in terms of percentages. She replied that the problems influenced 99.9% of her life. We all fell silent for a few minutes. 'Could you tell me something about the 0.1%?', I asked. The girl shrugged her shoulders, and tears sprang into her eyes. 'Are those tears protesting against the influence of anorexia, depression, and obsessive-compulsive behaviour on your life?' I asked. She nodded. 'What would the tears tell us, if they could speak?' I asked. She said that they would express their concern about the pain her parents were experiencing, and then she wept. 'Do you love and care about your parents?' I asked? She said yes, she did. 'Is that love and care in the 0.1%?' I asked. Her reply was: 'Anorexia, depression and obsessive-compulsive disorder can damage almost everything, but they can't take away the love and concern I feel for my parents.'

I am often surprised when family members give me their answers to the question: 'What was it that triggered change during your time collaborating in family therapy?' Last year I was called by a fourteen-year-old boy. He and his parents had participated in family therapy with me about seven years earlier. He wanted to tell me how he was doing after all those years. I remembered our meetings very well. We had externalised fear as 'the scary man' and I had interviewed his toy dinosaur, who told me about all the progress that had been made. I was working with the parents because of a violent family history and a lack of emotional support in their relationship. The therapy worked very well and the boy overcame his fears that year.

I was curious to hear his story. I asked the tall young adolescent, who was now seven years older, about what he believed had triggered the change. He answered immediately and started talking about an orange ball. I was astonished and had no idea what he was talking about. The boy said that he had initially been terrified of taking part in therapy. Then, in the final ten minutes of that first family therapy session, we decided to play a game of football. It was because of this football game that he started to enjoy our collaboration. Through this joy we were able to connect and because of that connection we were able to collaborate and chase away the 'scary man'. In complex adaptive systems it can be 'small unpredictable differences that make the difference' (Bateson, 1972).

Systemic family therapy often contributes to small – and larger – transformations. Even so, it is not possible for me, as a therapist, to control or predict which particular element of a conversation will make the difference. Change occurs in a unit of circular interactions (a system) within a continuously-changing environment (Maturana & Varela, 1987). External stimuli do not direct change, change can only be triggered and happens from within (Maturana & Varela, 1987). The therapist does not operate from outside the system but is an active part of the collaborative treatment. As a therapist, my feeling is that I am being invited to participate in both the productive and non-productive patterns within the system. I cannot direct change in others. What I can do, however, is to recognise and change my own contribution to non-productive patterns, trigger opportunities for change, and invite others to reflect on what is happening.

Take the following example. A young woman invited her father to talk to her in a therapy session. Not long after father and daughter had entered the therapy room, the young woman said: 'I'm sorry but I have to leave in thirty minutes'. Father became visibly upset, saying: 'I took the day off to get here and now you say you're going to leave in thirty minutes!' At that point they both turned and looked at me. I felt that they both expected me to make a sensible suggestion, but I decided not to. Instead, I waited, smiled, and invited them to think about how they were going to solve this problem together. I also said that I was curious about the connection between this event and the themes connected to their relationship that they wanted to discuss with me in therapy.

### **Co-creating FITS as PBEBP**

Some time ago, a company manager asked my colleague Bruno Hillewaere and me to start providing standardised systemic therapy. We deliberated, trying to figure out whether we could commit to a singular model or treatment manual. At length we decided that we could not. Instead, we developed, described and researched our own family therapy practice.

Nowadays, psychotherapy usually derives its legitimacy from its accountability, often with a focus on control. Policymakers in healthcare organisations strongly believe that change is manageable, that competence and results can be maximised, by controlling care processes in transparent ways. Achieving accountability with a focus on control can be achieved through the large-scale introduction of evidence-based standards of therapy and monitoring systems. This has led to the application of manualised treatments, systematic (routine) outcome measurement, and benchmarking.

My main criticism of the standardisation of such treatment models and monitoring systems is that it fails to take account of four elements that I value and believe to be crucial in our therapeutic work. First, it neglects the advantages of integrating multiple theories, practices and skills, gathered individually, over time. Lebow (2007) argues that each family situation calls for a different emphasis in terms of the configuration of theory and procedure. In an integrative family therapy approach, the therapist will match useful, clear concepts and techniques to the

actual questions, needs, and capabilities of the clients (Lebow, 2007). Second, the standardisation of treatment models ignores the importance of the therapeutic alliance, a partnership in which therapist and family members together forge an agreement on the nature of the therapeutic process. In the majority of cases, success in therapy is the result of the following factors: the therapeutic alliance, the therapist's characteristics, allegiance, and expectancy (Hubble, Duncan, Miller, 1999). Hubble, Duncan and Miller (1999) promote therapy informed by client feedback on outcomes, developments, and collaboration.

The third element is improvisation. This crucial therapeutic skill receives scant attention in manuals and is often actually described as an undesirable side-effect. The family therapist has to improvise and respond in a 'fitting' matter to particular circumstances (Shotter, 2007). As these circumstances evolve spontaneously, one can never know what they will be, or when – or how – they might arise (Andersen, 1991). The fourth point I would make is that in setting out to achieve control, standardisation conflicts with a systemic approach to organisational learning (Blackmore, 2010, Beats, 2006). In complex non-linear systems, small changes may have dramatic effects and generate a great deal of complex behaviour, because they may be amplified repeatedly by self-reinforcing feedback (Capra & Luisi, 2014). This means that control and structure are counter-productive and have a paradoxical effect: the more we seek to control a symptom, the more the symptom ends up controlling us. Self-learning systems, in contrast, allow for entropy, a tendency to move towards the edge of chaos (Beats, 2006).

Bruno Hillewaere and I developed a 'fluid' manual of Feedback-informed Systemic Therapy. We call our approach 'FITS': Feedback-informed Integrative Therapy within Systems. With FITS we seek to balance structure with spontaneity in a way that permits the methodical exploration of uncertain processes and outcomes. The therapist uses a manual and a time frame on the one hand and co-creates an appropriate configuration of theory and procedure in dialogue with family members on the other.

I decided to add collaborative and practice-based research to our project. We asked ourselves whether it was possible to provide accountability for FITS with a focus on relational ethics rather than control. I designed a mixed-methods research methodology for FITS. Accountability will be provided by using a fluid manual, doing mixed-methods research, and collaborative inquiry. The research outcomes are the inputs for collaborative learning in the system that the therapist and family members co-create together.

### **The present research project**

The present research project is composed of five sections, each of which is divided into chapters. Each section bears the title of a concept derived from the work of the French philosopher Gilles Deleuze. Deleuze regards thinking and living as inseparable. 'Life becomes in a diverse number of ways and one of those ways is becoming through thought (words, concepts, ideas and theories)' (Colebrook, 2002:xv). According to Deleuze, people transform life and act on it (through a productive desire of flux, force and difference) by re-thinking life in concepts (Colebrook, 2002). The concepts that I describe in the present work, concepts co-created with colleagues and clients, seek to find new ways of becoming, alternative ways of carrying on, and of practicing systemic family therapy in the present-day context.

Section A is entitled 'Contextual orientation: Line of flight'. Deleuze defines 'line of flight' as an escape from the status quo into a territory. In this section, I outline the social, political and philosophical context that informs by everyday practice as a systemic family therapist (Leppington, 1991). My work as a systemic family therapist is strongly influenced by both postmodern and neo-liberal capitalist discourses. These discourses seem incompatible, and yet both inform and shape my daily practice at work.

Postmodernism is characterised by questioning dominant orientations (deconstruction) and finding traces and temporary results (Evans, 2008) in an ongoing process of *becoming*. Neoliberal capitalism is characterised by a meritocratic ideology; 'we can maximise production by controlling processes'. Neoliberal capitalism is caught up in a paradox of control. With the increase of control comes increased complexity. Increased complexity in turn intensifies the desire to gain control. Both postmodernism and



neoliberalism have led to growing feelings of uncertainty and a crisis in trustworthiness in today's highly complex society.

We are experiencing a crisis of trustworthiness. Practices of deconstruction on the one hand, and those of standardisation, monitoring and benchmarking on the other, are exacerbating this crisis. The question I address in this chapter is how to produce trustworthiness, transparency and accountability while remaining open to an unpredictable process of becoming. I imagine lines of flight out of the territory. I reflect on the concepts of 'truth as an event' (Caputo, 2013) and 'becoming a nomad' (Braidotti, 2013). I suggest that systemic practitioners should integrate social constructivism, constructionism, and new materialism in contemporary approaches. Truth is trust. Trust is only possible in a state between knowing and not knowing. 'Trust means establishing a positive relationship with another person, in spite of not knowing' (Han, 2014:105). Systemic researchers offer 'a validity from within' (Maturana & Verden-Zoller, 2008) and 'local trustworthiness' (Walker, 2007) within communities of care.

Section B is entitled 'ecology of concepts and ideas'. The term 'ecology of concepts' (Deleuze, 2007) implies the interconnection of concepts, as if they combine to form a living system. In this second section I introduce the concept of systemic research, describe how it works in practice, and how living systems learn. I draw freely on the work of the philosopher Gilles Deleuze and the biologist Humberto Maturana. Living systems are self-organising and autopoietic yet strictly dependent on their respective environments. Each system co-evolves within the particular 'niche' of its medium. In order to survive, the system maintains its balance and undergoes transformation in response to unpredictable environmental conditions. The chances of evolution are increased when a system develops a wider variety of adaptive responses. Systemic intelligence means knowing how to respond. A stone knows how to respond to its environment. A wild animal knows how to respond to its environment in more different ways than a stone. Systemic learning occurs in the process of responding to unforeseen circumstances.

When a therapist creates a context for systemic learning, he or she cannot direct change from an outsider or expert position. 'Personal change evolves spontaneously from inside

and one can never know what it will be or how it will be or when it will happen' (Andersen, 1991). Change is often the effect of a certain randomness. Learning is the development of new responses to unforeseen circumstances. We improvise when we learn. Improvisational learning is central to the present thesis. One of the central questions I set out to answer is how one may improvise on the one hand and demonstrate accountability for the process of change on the other.

In this chapter, this ecology of concepts, I conceptualise 'coordinated improvisation', 'systemic feedback', 'collaborative learning' and 'Practice Based Evidence Based Practice'. A FITS therapist improvises, but always within specific frames of reference. I therefore refer to coordinated improvisations. If we seek to learn from our improvisations we have to accept a certain – relational – responsibility for enquiring into the effects. The FITS therapist/researcher invites participants to investigate and examine the effects of working together. The therapist and family members can constitute a 'collaborative learning community' (Anderson, 2012), in which they are all trying to learn how to learn.

The title of Section C is 'Cartography, methodology and practice'. Deleuze (2007) describes the practice of connecting concepts as 'cartography' or 'mapping'. Maps are like laboratories. Traces, set in interactions, do not represent but produce life. The practice of cartography helps build connections between existing concepts, which in turn can generate new concepts and 'singular becomings' in life.

Section C recapitulates the theories elucidated thus far and shows how they translate into my practice as a systemic family therapist. In structuring the present research project, I set out to build towards answering the following question: How can therapist and clients learn collaboratively from their improvisations and feedback in a process of becoming truthful, reliable, and autopoietic, and consistently with isolated, 'singular events'?

Together with Bruno Hillewaere, I developed a 'fluid manual' of Feedback-informed Systemic Therapy (FITS). I designed practice-based collaborative and generative research for FITS. FITS is a Practice Based Evidence Based Practice (PBEPB). Therapist and family members, working as a 'collaborative community', explore

their collaboration, developments and effects in FITS family therapy. The output of these explorations serves as input for therapy.

I designed a mixed-methods research approach, combining quantitative and qualitative investigation, in my research project 'FITS as PBEBP'. Quantitative measurements are used as 'conversational tools' (Sundet, 2012) in the dialogue about developments, collaboration, and collaborative learning. Qualitative enquiries are used to ascertain how the therapist and family members become a 'collaborative learning community' and to answer my main research question:

***How does a therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?***

I use analysed transcripts from eight different cases of FITS family therapy. I distinguish critical moments in the transcripts, add my inner dialogue to the text, look for patterns within layers of meaning, and investigate how the therapist and family members learn how to learn. Finally, I look for similarities, differences, affirmations, surprises and breakdowns in my findings. I want to understand the process of navigation and to discuss whether Practice Based Evidence Based Practice could serve as an alternative to standardisation in the field of systemic therapy.

Section D is entitled 'A plane of immanence: research findings'. Deleuze posits that all production occurs within what he terms a 'plane of immanence': there is nothing outside this ever-changing plane. Changes from within are configurations or reconfigurations, reorganisations of different but connecting parts. Learning is reorganising what we already know (Wittgenstein, 1953). This concept of the 'plane of immanence' helps to understand research as a practice of opening up and witnessing an actualisation of events (Deleuze, 2007) in the 'living moment' (Shotter, 2003). In this actualization, singularities and heterogeneous elements are allowed to connect and form new emergent and 'agentic assemblages' (Bennett, 2010). The researcher is both actor and witness, exploring from within the plane of immanence.

In the course of 2015 and 2016 I gave FITS therapy as PBEBP to a total of fifteen families. Eight of these families gave me permission to use the therapeutic information and transcripts for this research project. I use the quantitative measurements and qualitative information derived from transcripts of evaluation sessions in FITS therapy. I analyse these measurements and information according to a fourteen-step plan (see C.6). In chapter D 1, I discuss the practice, experience, and outcomes of my research project. I present two analysed cases in chapter D.3. The other six analysed cases are included as appendices.

The final section E is entitled: 'Becoming multiple: Reflections and learning'. A multiplicity is a collection or connection of different parts. Deleuze (2007) distinguishes between extensive and intensive multiplicities. An extensive multiplicity can be seen as a collection of different but related parts (things, bodies, numbers, qualities, or species) (Colebrook, 2002). An intensive multiplicity is a connection of different parts that cannot be mapped into identifiable categories (Colebrook, 2002). Becoming multiple is the result of unforeseen connections within a plane of immanence.

In this last section I compare the outcomes, findings and reflections arising from the eight analysed cases of FITS Therapy. I analyse the transcripts and written reflections with the aid of theme analysis (Braun & Clarke, 2006) and reflexive inquiry, through fragmentation and defragmentation, defamiliarisation, and reflexive criticism (Alvesson & Karreman, 2011). I look for similarities, themes and unforeseen connections in the empirical material. Themes and unforeseen connections open up space for new stories and questions. Drawing on the findings and reflections, I answer my research questions with narratives of affirmation and narratives of surprise. I discuss the question of whether FITS as PBEBP can provide 'validity from within' and whether it could serve as an alternative to standardisation.

I conclude with a letter addressed to the family members who participated as clients in the project, a fellow systemic family therapist, a researcher and a mental healthcare manager. I would like to give this readership the final word in my thesis by asking them to reflect on my letter.

Robert van Hennik

## Section A: Contextual Orientation, line of flight

'I define the critical posthuman subject within an eco-philosophy of multiple belongings, as a relational subject constituted in and by multiplicity, that is to say a subject that works across differences and is also internally differentiated, but still grounded and accountable. Posthuman subjectivity is nomadic and it expresses an embodied and embedded and hence partial form of accountability, based on a strong sense of collectivity, relationally and hence community building.' (Braidotti, 2013:99).

- A.1 Introduction
- A.2 Postmodern times
- A.3 Capitalist realism
- A.4 Trustworthiness in a postmodern world
- A.5 Ecosophy, a new materialist turn
- A.6 Validity from within
- A.7 Conclusion

## A.1 Introduction

Section A deals with what Deleuze refers to as the 'line of flight' – a route, a trace through a multiplicity of philosophical ideas that shapes intellectual lives over time (Deleuze & Guattari, 1972). This is a key term for the purposes of this section, which sets out to place my research project within its relevant social, political, and philosophical context (Leppington, 1991).

We are living in an age that is heavily influenced by postmodern and capitalist neoliberal discourses. Postmodernism is characterised by questioning dominant orientations (deconstruction), finding traces and temporary results (Evans, 2008) in an ongoing process of *becoming*. Neoliberalism can be defined as a meritocratic ideology, based on the assumption that production can be maximised by controlling the processes involved.

Postmodernism and neoliberalism have both led to a crisis in trustworthiness. Postmodern deconstruction challenges every dominant orientation. Nietzsche (1891) captures this in his famous quote: 'One must still have chaos in oneself to be able to give birth to a dancing star'. Capitalist neoliberalism is caught up in a meritocratic paradox of control. With the increase of control comes increased complexity. Increased complexity in turn intensifies the desire to gain control.

My work as a systemic family therapist in mental healthcare is significantly impacted by both postmodernism and neoliberalism. Within the field of systemic therapy, therapists, influenced by postmodern ideas, have developed collaborative, narrative, solution-oriented, and dialogical approaches. Within this context, I learned to adopt an attitude of 'not-knowing' and to remain open to the unpredictable process of becoming in those approaches. The influence of neoliberalism has resulted in large-scale, standardised procedures in the field of mental healthcare. I witness the meritocratic paradox of control in my everyday work in this sector: I am part of an escalating pattern, an increase of complexity, distrust, stress, and bureaucracy. Both postmodernism and the meritocratic paradox of control lead to uncertainty, culminating in the present crisis of trustworthiness.

Today, achieving transparency and control is greatly valued in mental healthcare organisations. The underlying belief is that this will enable us to find the appropriate care for each specific person at the right time. However, notwithstanding the undoubted advantages of the culture of transparency and control, it is also attracting a growing body of criticism (Fisher, 2009, Han, 2014). Some critics reason that, under the influence of capitalism and market forces, we are all encouraged to sacrifice cultural values such as trust, secrecy, not knowing, and dependency in favour of transparency and control. Trust is only possible in a state between knowing and not knowing. 'Trust means establishing a positive relationship with another person in spite of not knowing' (Han, 2014:105).

This first chapter presents the theoretical framework underlying my work as a therapist and my research in the context of this age of deep uncertainty. The question I ask is how to navigate complexity, how to make a difference that matters, without getting drawn into the paradoxical spiral of control. I suggest ways in which therapists may become systemic nomads and describe how to produce 'validity from within', remaining open to the unpredictable process of becoming.

## **A.2 Postmodern times**

### **Postmodern multiplicities**

It might be said, perhaps, that 'we' live in a postmodern era. I just wrote that sentence. But who is this 'we'? Who am I including and excluding by saying 'we'? I, Robert, living comfortably in the city of Utrecht in the Netherlands, within a well-educated multicultural (or more accurately, perhaps, monocultural) social community, embedded in a well-organised society with all the hi-tech aids a person could desire, may well live in a postmodern society. It is not redundant to add 'may': we can never know completely how we are living together, what we are making, or how it will be classified in a hundred years' time.

Let's travel back a hundred years in time. In 1917, the artist Marcel Duchamp (1887–1968) submitted a urinal entitled 'The Fountain' as his entry for the Society of Independent Arts exhibition in New York. The artistic committee insisted that 'The Fountain' was not art and rejected it out of hand. This exclusion caused an uproar among the emerging group of artists who became known as Dadaists, who challenged the dominant ideas about what constituted art and whose prerogative it was to make that decision.

Some twenty years after Duchamp, in 1938, the French philosopher Raymond Aron (1905–1983) wrote in his doctoral dissertation 'The Philosophy of History' about the limits of objectivity. Aron claimed that 'objectivity', 'progress' and 'reason' were nothing more than theoretical possibilities in time. The committee tasked with judging his dissertation was openly hostile to Aron. The notion of challenging objectivity was highly controversial. The committee argued that this approach could lead to subjectivism, relativism, nihilism, and the end of positivist, universal science. One of its members wondered if Aron was possessed by the devil and expressed the fervent hope that no other student would follow him. Aron later recalled this statement. He [Aron] was not possessed by the devil but rather 'experiencing in advance the world that my judges did not see coming' (Aron, 1990:76).

The contributions that Duchamp and Aron made to change in their respective fields opened up space for a new postmodern era. Postmodernists claim to have abandoned the basic premise of the Enlightenment. That premise, 'the ideal of the progress of mankind through a self-regulatory and teleological ordained use of scientific rationality aimed at the "perfectibility" of Man' (Braidotti, 2011:28) rests on the assumption that there is only one single, fundamental and static principle of organisation that explains our world, and that this principle can be discovered by pure reason and objective observation. Postmodernists dispute 'objective observable and reasonable truths'; instead, they proceed on the assumption that a mediated 'hyperreality' is a social construct. They embrace paradox, juxtapose unrelated parts in newly-formed assemblages, and open up space for multiplicities of differences in life.



‘They [post modernists] became more attuned to the irregular than to the rule, to the discontinuous rather than the linear, the hybrid instead of the pure, the singular rather than the universal, the marginal over the mainstream, the shadings and the mixtures instead of the clear and distinct, and a lot more willing to concede that things can, and do, go wrong all the time’ (Caputo, 2013:179).

Postmodernists have influenced many fields like art, architecture, philosophy, critical theory and psychology. Postmodernism has also had a considerable impact on the evolution of systemic family therapy.

### **Postmodern systemic therapy**

Postmodernism has influenced the field of systemic family therapy in many ways. In the 1980s, systemic theory was transformed under the influence of evolving social constructivist and second-order cybernetic theories (Maturana & Varela, 1978, Von Foerster, 1974, 1979). In the early 1990s, many systemic practitioners shifted from a *constructivist* to a *constructionist* epistemology (Anderson & Goolishian, 1990, Hoffman, 1990).

In first-order cybernetics, the observer’s observation is said to be objective. The observer (therapist, teacher, researcher) places herself or himself outside the system to be observed. A family therapist observes the structure and interaction between family members and between systems and intervenes from an external position. In contrast, systemic therapists focus on the problem at hand and adopt a solution-oriented approach.

‘The thing, problem, disease is seen as something in itself. A professional works with this problem and discovers the thing as it is. The thing has only one version. A personal change can be directed from outside: therefore it is predictable’ (Andersen, 1991:66).

Observers (therapists, teachers, researchers) often experience themselves as participating actors, as part of the system. Second-order cybernetics was developed precisely out of a need to include the observer within the system that is being observed. Second-order cybernetics approaches systems not only in the context of interactional

relationships, but also at a higher level of abstraction, which includes the observer in that which is observed (Von Foerster, 1974). The focus shifts to the connectedness between observer and observed.

From a second-order cybernetic or social constructivist perspective, the human subject cannot obtain a true representation of an external world. The observer's senses can be triggered but the perception of reality depends on the structure of these senses. 'An experience, image or message an organism processes into operation is transformed according to the sense organ and integrative ability of cells in the nervous system' (Maturana, 1978:170). A tree, a frog, you and I, we all perceive different realities. Living systems conserve their equilibrium according to their structurally-determined sense of reality (Maturana, 1978). Like a blind person we proceed with the aid of touch, mapping out our interpretations as we go in order to find the path we want.

Systemic therapists, under the influence of second-order cybernetics, have learned that they can trigger change, but cannot direct it.

'The thing, problem, disease is seen as a part of and related to a shifting context. A professional works with the person's understanding of the thing. A person creates an understanding of the thing, which is just one of many possible versions. A personal change evolves spontaneously from inside and one can never know what it will be or how it will happen' (Andersen, 1991:66).

In his book *The Reflecting Team* (Andersen, 1991), Tom Andersen describes a tipping point in his work: 'The reversal of light and sound'. The narrative symbolises the transition to a collaborative, non-expert stance. Andersen writes that he and his team formulated the intention to consult with family members regarding their working methods when they were looking for contributions to a new route or additional new routes leading to the desired goal.

'It took us three years before we dared to let them see us work. We had nasty thoughts about the people we worked with and were afraid those thoughts might shine through if we spoke about them with them listening to us'. 'So this idea had a long gestation period. On one day, however in March 1985, the idea pushed for a birth' (Andersen, 1991:11).

Andersen writes about a family therapy session that got stuck. The family was experiencing misery, and the therapist's upbeat questions were having no effect. Andersen watched the scene from behind the one-way screen and then 'the idea pushed hard to come out' (Andersen, 1991:11). At this point, Andersen decided to change tack. He entered the therapy room and said:

'We suggest that you all, both the family and the doctor, remain in your seats in this room. Our equipment allows us to dim the light here in your room, and we will turn on the light in our room. So you can see us, and we cannot see you any more. We can also switch the sound so that you will hear us, and we will not hear you' (Andersen, 1991:11).

Andersen and his team discussed their ideas about the family and reflected on what might happen if some of the possible approaches they came up with were used. They spoke haltingly, searching for respectful words, now that the family could hear them.

'When we turned the light and sound back, we were ready to see and hear anything – from angry people to bored people. What we saw were four very silent and thoughtful persons, who after a short pause started to talk to each other with smiles and optimism.' (Andersen, 1991:12)

Postmodern theories like language theory, feminist theory, narrative theory, hermeneutics, and social constructionism, have challenged systemic therapists to think differently about the systems they work with or in. A linguistic insight emerged in the systemic field, with a new paradigm: systems are created through communication and dialogue rather than through a layered social structure (Anderson, 1995). Language and knowledge create meaning through interaction. The creation of meaning does not happen within closed systems but in open dialogues. Consequently, the emphasis in systemic therapy shifted in the direction of social interpretation, language, and culture (Hoffman, 1990). Pioneers in systemic therapy developed new, language-based approaches to therapy. Tom Andersen (1991) from Norway introduced the reflecting team approach, Harlene Anderson and Harry Goolishian (1992) from Galveston, USA, talked about a 'therapist's not-knowing position and a non-interventionist practice'. Michael White and David Epston (1991) from Australia and New Zealand, respectively,

co-created narrative therapy, about subordinate storyline development with clients. Jaakko Seikkula (2006) and Peter Rober (2014) developed a dialogic approach to therapy, based on Bakhtin's (1981) concept of heteroglossia and emphasising the 'therapeutic alliance'.

Social systems are different from mechanical and biological systems. This difference led many authors writing in the early 1990s (Anderson & Goolishian, 1990, Hoffman, 1990, Leppington, 1991) to suggest replacing the cybernetics systems metaphor with a metaphor drawn from postmodernism and anthropological studies: social constructionism. Anderson and Goolishian (1990) argued that problems are not created by a system with a certain social structure. On the contrary, the problem creates the structure of the system. The problem creates a 'meaning system' through its distress and through conversations within the treatment unit. A meaning system is 'a group of people connected around the idea of doing something with (in) a certain situation' (Anderson, Goolishian & Winderman, 1986). The treatment unit is everyone who is contributing to the meaning system. This includes the treating professional 'as soon as the client walks in the door' (Hoffman, 1985:386).

The seminal thinker Kenneth Gergen describes social construction as a counter-narrative to psychology's dominant assumptions, and proposes relational and cultural practices that are socially just, collaborative, and generative (Lock & Strong, 2010:296). Gergen places psychological research itself in the uncomfortable position of a research object. 'How can theoretical categories map or reflect the world if each definition linking category and observation itself requires a definition?' (Gergen, 1985:4) He draws on Wittgenstein's 'language game theory' in an effort to illuminate the 'language game' of psychology.

'By asking such questions as where does one find grief or happiness, could one have a profound feeling in one second, and can one describe the features of hope, Wittgenstein demonstrated the conventional character of assumptions about the mind' (Gergen, 1985:4).

Social constructionism is predicated on the assumption that we shape the social worlds we inhabit. By changing the course of a conversation, we create a different 'afterlife' so

as to improve our social worlds (Pearce, 2007). 'Social constructionism views discourse about the world not as a reflection, but as an artefact of communal interchange' (Gergen, 1985:22).

'Social constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live. It attempts to articulate common forms of understanding as they now exist, as they have existed in prior historical periods, and as they might exist should creative attention be so directed' (Gergen, 1985:267).

Although family therapists working in the 1990s proposed abandoning the cybernetic systems metaphor, I wish to make the case here for the reintegration of cybernetics and social constructionism, with the aim of illuminating different levels of systemic learning. Cybernetics underwent wholesale transformation in the late twentieth century, in the fields of organisational psychology (organisational cybernetics), the politics of global complexity (community, state and peace building) and artificial intelligence (human & smart systems co-learning). Contemporary systemic thinkers (Senge, 2006, Bekkers 2007, Bocarra, 2010, Chandler, 2017) combine third-order cybernetics with complexity theory. In third-order cybernetics, the observer observes the observing observer, participates in multi-actor complex adaptive systems, and learns how to learn in unpredictable circumstances.

### **A.3 Capitalist Realism**

#### **Capitalist realism**

Today's thinking is influenced by both postmodern and capitalist neo-liberal discourses. Although postmodernism was described as marking the end of all master narratives (Lyotard, 1979), capitalism has in effect become the new master narrative, holding out the promise that the market economy will lead us to the highest possible form of human evolution. The assertion 'It is easier to imagine the end of the world than the end of capitalism' (attributed to Jameson, 2003) captures what Mark Fisher means by 'capitalist realism'.

'Capitalist realism: the widespread sense that not only is capitalism the only viable political and economic system, but also that it is now impossible even to imagine a coherent alternative to it' (Fisher, 2009).

There is a paradoxical quality to the relationship between postmodernism and capitalism. On the one hand they are completely at odds with one another, and on the other they can chime surprisingly well together.

Many postmodernist thinkers – who have frequently been accused of nihilism – played a political role in social resistance movements. Foucault, Derrida and Deleuze (the French critical school) became involved in, and drew inspiration from, the wave of protests that took place in Paris in May 1968. Foucault, the driving force behind the 'Groupe d'Information sur les Prisons' protested against prison policies. Deleuze and Guattari were involved in the anti-psychiatry movement. Contemporary postmodern thinkers like Braidotti, Barad, and Bennett influence feminist and queer theories and performative politics. Postmodernists reject 'totalising' knowledge and dominant representations, and strive to empower marginalised multiplicities in a pluralistic and multi-cultural world.

Even so, postmodernism and capitalism are not necessarily diametrically opposed forces. Postmodernists and neo-liberal capitalists share an affirmation of fluency, nomadic flows (Deleuze & Guattari, 1972). 'Capitalism is the great nomad', Braidotti (2013) argues, but a perverse one. Its slogan could be: 'I can't get no satisfaction'. Capitalism over-codes desire (Deleuze & Guattari, 1972).

"Advanced capitalism" is a "difference engine" in that it promotes the marketing of pluralistic differences and the commodification of the existence, the culture, the discourses of "others" only for the purpose of consumerism' (Braidotti, 2011).

In capitalist culture there is no separation between the promotion of profit-oriented differences and the ethical-political empowerment of alternative differences. An organic shop in the city where I live closed its doors shortly after a big supermarket company opened an organic department next door. This supermarket sells both industrialised,

processed food, and organic food. It orders its stock on the basis of profit; ethical considerations play no role. 'We sell what you buy'. Elvis Presley's manager earned a tidy sum in the 1950s by selling both 'I love Elvis' and 'I hate Elvis' buttons. When Nirvana messed with MTV at an awards ceremony, the producers evidently discovered that nothing got better ratings on MTV than protests against MTV (Fisher, 2009). In ways like this, capitalism colonises alternative subcultures.

'Alternative and independent don't designate something outside mainstream culture; rather they are styles, in fact the dominant styles, within the mainstream' (Fisher, 2009).

Capitalist culture promotes a free circulation of data, labour, employees, and profit-making commodities, without any ethical considerations. This is dangerous when it comes to merchandising living matter, seeds, plants, knowledge, and genetic codes. The free circulation or flow of profit-making commodities takes place in a trans-global, 24/7 economy, a world that is constantly changing. To connect with these processes calls for flexibility, a measure of control, and trust in the processes themselves.

### **Meritocracy, a paradox of control**

Capitalist realism is generally described as a meritocratic ideology. In a meritocracy, ability plus work equals success. The underlying assumption is that all change is manageable. We can maximise competence and production by controlling the process. Meritocrats demand predictable outcomes in linear processes. They intensify control to correct mistakes and improve the process of production. But it is not in fact possible to manage control in complex systems. Our actions take place in a complex world, where simple answers do not fit.

In complex, non-linear systems, small changes may have dramatic effects and generate a great deal of complex behaviour, because they may be amplified repeatedly by self-reinforcing feedback (Capra & Luisi, 2014). This means that control and structure are counterproductive and produce paradoxical effects. The more we try to control a symptom, the more the symptom will end up controlling us. Capitalist neoliberalism is caught up in a meritocratic paradox of control. Every increase of control leads to an

increase in complexity. And every increase in complexity intensifies the need to gain control.

It is a consequence of the meritocratic ideology that we regard problems as a lack of control over our lives, and brand a lack of control as failure. The promise of the meritocracy – ‘any individual can make it if they try’ – disregards positive and negative contextual factors. Some people work hard and never achieve success. Many people are unable to live up to society’s expectations. They internalise unachieved goals as a personal deficit. In a culture of ‘Yes we can’ (Han, 2014), ‘No we can’t’ is felt as a personal failure. We get stuck in vicious circles of internalising failures and trying to achieve control. This has produced ‘an epidemic of depression’ (Dehue, 2008) and a reproduction of power relations (Braidotti, 2013).

‘Under the cover of individualism, fuelled by a quantitative range of consumer choices, the (contemporary capitalist) system effectively promotes uniformity and conformism to the dominant ideology’ (Braidotti, 2013:61).

### **Capital-based mental healthcare**

Capitalist meritocratic discourses promise that success can be achieved if we control processes within a free circulation of commodities. This belief led to the introduction of market principles in the governance of profit and non-profit organisations’ (Lynch, 2014). Commerce and culture have become so inextricably linked that Western society itself is now characterised as ‘business culture’ (Deeks 1998, Goh, 2017).

In this business culture it is obvious that everything in society, including healthcare and education, should be run as a business.

‘Free market discourse has colonised education, medicine, religion, politics, art, sports and the leisure sector, it has even spread into family life and our constructions of love, affection and personal identity’ (Deeks, 1998).

Dutch mental healthcare has undergone radical reorganisation over the past few decades, with the aim of achieving a more transparent, reliable, and manageable system. The government, insurance companies, and mental healthcare organisations agreed on



the large-scaled introduction of management and monitoring systems, making it possible to measure and compare the quality and results of treatments that have been funded. Policy mandates organisations to conform their therapeutic practice to established standards and evidence-based medicine. These changes have resulted in systematic, routine benchmarking and measurements of outcomes (Bruinsma et al., 2012).

Proponents of this policy emphasise the interests of the consumer. 'Let's bring the right care to the right patient at the right time – every time' (Owino, 2013:1) they urge. Our lives are filled with choices. When we buy a car, book a holiday, or choose a school for our children, we start by gathering information. Consumers want to make informed decisions. So when it comes to choosing our healthcare providers, it is essential that we have access to reliable comparative information about standardised healthcare products. Standardisation, outcome measurement, and benchmarking are intended to bring light into the black box that used to characterise mental healthcare (Hoogduin, 2014).

Critics argue that a capital-based healthcare system incentivises illness (Fisher, 2009, Whitaker, 2010). You cannot sell health. You can sell healthcare, however, to people who are sick. There is a growing healthcare industry that focuses specifically on the treatment of chronic and expensive diseases like obesity and diabetes. The expansion of psychiatric research and care over the past several decades has paradoxically been accompanied by the increased incidence of psychiatric diseases – indeed, an epidemic of psychiatric diseases, according to the journalist Robert Whitaker (2010).

Michael Sandel (2012) studies the moral limits of markets, the effects of market principles in different spheres of life. Sandel challenges his readers to adopt a moral position, answering the question of what money can or cannot buy in different cases. Is it ethical for poor people to make money by tattooing the name of a casino on their foreheads and becoming living advertisements? Is it ethical for women in Sri Lanka to act as surrogate mothers, in 'baby farms', for infertile Westerners? Suppose rich people were to pay homeless people to stand in line for them to buy theatre tickets? How would people respond to that? Do we want to live in a world like that?

'Market principles' are incompatible with a situation in which relational mutuality comes before profit. Sandel illustrates this point with two stories. First, a small village in Switzerland held a referendum about a nuclear dump nearby the village. Initially the 'yes' vote won, but the difference was too small for any decision to be made. To resolve the situation, the government offered to sponsor the village if it voted 'yes' to the nuclear dump. This move proved counterproductive. When the referendum was repeated, the 'no' vote won. People reacted negatively to the suggestion that they could be bribed. In the second story, Sandel relates that he received a thank-you note from his friend's son after having helped the boy. Sandel later heard that this boy received a dollar from his father for every thank-you note he wrote. He notes that the trustworthiness and integrity of a 'thank you' are different if payment is involved. Social, moral, and economic values are incompatible. Market principles do not belong in the spheres of education or healthcare, because the trustworthiness and integrity of the intention are altered when these provisions bear commercial logos.

### **Transparency, control and trust**

To build a business culture – through standardisation, measuring outcomes, and benchmarking) – everyone and everything has to become transparent (Han, 2014). The underlying promise is that transparency will make it possible to control production processes, to improve the quality of care, and to help consumers make informed decisions. But transparency also has a dark side, writes Byung-chul Han. It may involve giving up cultural values such as privacy, dependency, doubt, not knowing, and trust in favour of transparency and control. Han asserts: 'The transparency society is the hell of sameness' (Han, 2014:52), a totalitarian system of openness. Han compares this culture of transparency to pornography. In pornography, everything is visible and superficial. In our love lives, however, we also have to deal with secrets, shame, and trust. In Han's view, 'Trust is only possible in a state between knowing and not knowing. Trust means establishing a positive relationship with another person in spite of "not knowing"' (Han, 2014:105).

Dealing with complexity in a postmodern, constantly changing, pluralistic world demands 'negative capability' (Keats) – the capacity to endure uncertainty and

instability, to live with the unforeseeable and unpredictable (Caputo, 2013:92). It implies 'trust in spite of not knowing' (Han, 2014). How do we produce trust, trustworthiness in a postmodern world?

#### **A.4 Trustworthiness in a postmodern world**



##### **Uncertain times**

The question on the cover of this issue of TIME, 'Is Truth Dead?' highlights the crisis of trustworthiness in the modern world. Both postmodernist discourse and the meritocratic paradox of control have led to uncertainty, feelings of existential anxiety, and social insecurity. Postmodern deconstruction challenges every dominant orientation and neoliberalism is caught up in a paradox of control. Each increase of control increases complexity, and each increase in complexity strengthens the need to gain more control.

Postmodernism is often understood as a kind of 'anything-goes' relativism (the deconstruction of deconstruction leads to relativism) and has attracted strong criticism. Some authors (Pluckrose, 2017, Pomerantsev, 2016) hold postmodernists responsible for the rise of populism, neo-nationalism, the belief in 'alternative facts (such as the notion that climate change is a Chinese hoax) and a growing tendency to distrust authority, expertise, science, and government, in a disastrous response to the transformative complexities of our globalised world.

This complex, globalised world is sometimes described using the acronym VUCA, which stands for Volatility, Uncertainty, Complexity, and Ambiguity in the post-Cold War era (Mack et al. 2016). Several transitions have led to this VUCA world: (1) the transition from a structured to a more fluid phase of modernity: social structures dissolve faster than they can coalesce. (2) Political power has moved to a global level. (3) The decline of social solidarity and cuts to social security. (4) Our society is changing so rapidly that it becomes impossible for us to predict and plan our future. (5) The promotion of self-care, based on the belief that individuals are free and able to make their own choices, and that they are responsible for selecting from among the many available opportunities and solving their own problems (Bauman, 2012).

In his critique of postmodernism, the sociologist Anthony Giddens (1991) argues that what he calls 'late modernity' is a post-traditional society, in which doubt and self-reflexivity have become institutionalised. All knowledge takes the form of a hypothesis. Any claim is always potentially open to revision. The self and the body have become projects. An 'obsessive' process of self-reflection, self-construction, and self-expression has become the norm. The process of constructing an identity requires in each person a continuous response to changing social conditions. A constant urge for transformation is accompanied by a lack of clear orientation. This process results in feelings of existential anxiety and social insecurity.

'The individual feels bereft and alone in a world in which she or he lacks the psychological supports and the sense of security provided by more traditional settings. Therapy offers someone to turn to, a secular version of the confessional' (Giddens, 1991:33, 34).

### **Navigating complexity (I)**

The main question addressed in this thesis, this research project, is how to reliably navigate complexity. How can we respond in complex adaptive systems, without trying to control the process or adopting an 'anything-goes', relativist position, without getting stuck in the paradox of control or getting swept up in a current that leads nowhere? Navigating is a constant remapping, a finding of new coordinates (Braidotti, 2011). How can we navigate, remap, find new coordinates, and produce accountable trustworthiness in that process?

## **Becoming truthful**

If you ask a postmodernist 'What is truth?' you are likely to be met by a narrowing of the eyes and the cautious response: 'It depends' (Caputo, 2013:6). Is truth dead in the postmodern era or do postmodernists think differently about truth, or truthfulness? What is truth in a pluralistic world, without fixed ideas?

Over the centuries, classical philosophers from Plato to Descartes, Kant and Hegel have argued that reason creates the means to achieve enlightenment, while emotion is the road to human suffering (Lehrer, 2009). Each of these thinkers promotes a system of 'pure reason' and separates the observer from the observed – conceived as an external reality that can only be comprehended with the aid of pure reason. To Plato, most people are prisoners in a cave who give names to shadows on the wall and take them for real. What they see are illusions, mere representations of the static and logically ordered cosmos behind them. Descartes, the founder of seventeenth-century European rationalism, argued that we can find truth using only reason. Truth, in his thinking, is subordinate to reason. Kant, the philosopher of the Enlightenment, describes pure reason thus: 'The art of thinking is the cool critical, dispassionate discrimination of categories, of knowing how to draw borders' (Caputo, 2013:37). Hegel promotes a dialectical understanding of the world as a true whole, synthesising opposites that bring forth a historical development of progress. Plato, Descartes, Kant, and Hegel all share a desire 'to bring all phenomena under one common rule of law, create an agreement between mind and reality, discover a rational order, and unify the heavenly and earthly' (Caputo, 2013:114).

What is truth from a postmodern perspective? Nietzsche criticises the idea of 'pure reason'. To him, the Enlightenment is the 'Endarkenment', and Socratic reason is 'a monster . . . that suffered from an excessive and uncontrolled growth of one part at the expense of the whole' (Caputo, 2013:28, 29). Nietzsche introduces a relativist, anti-rationalist and affirmative counter-Enlightenment. Nietzsche's *tolle Mensch* (roughly, someone whose head is spinning, usually translated as 'madman') has lost his rational orientation. 'One must still have chaos in oneself to be able to give birth to a dancing star'. To Nietzsche, it is life rather than truth that comes first. He does speak, however, of

truthfulness: he puts truth to work in the service of life (Caputo, 2013). The question is not whether something is true or false (making judgments), but whether it serves life or death. Truthfulness is vital, a life power, it is not about who we really are, but about who we become. Truth is the process of trying to become true (Caputo, 2013:53).

### **Lines of flight**

In an essay called 'Nomad Thought', Gilles Deleuze (1995) builds on Nietzsche's concept of becoming true, replacing opposites with differences, and emphasising becoming rather than being (Deuchars, 2011). Deleuze conceptualises the process of becoming as creating 'lines of flight'. The line of flight is a route, a trace in a multiplicity of philosophical ideas that shapes intellectual lives through time (Deleuze & Guattari, 1987). Creating a line of flight does not mean to take flight but to re-create or act against dominant systems of thought and social conditions (Deuchars, 2011:5). Lines of flight 'never consist in running away from the world, but rather in causing runoffs' (Deleuze, Guattari, 1987: 204). Becoming truthful in creating lines of flight is about differing from 'the self' as much and as often as possible.

Truth is temporal (it comes into being and passes away again): it inhabits the realm of the mutable, rather than the eternal. Truth cannot be reduced to a single organisational principle that explains the world. There are a thousand planes or plateaus (1987), serving as compositional frames or assemblages. Together we create frames that allow us to think and act differently in the world. Becoming truthful means creating lines of flight, making 'adequate' compositional frames that allow for a multiplicity of little truths.

'What is "adequate" [about them] is a purely pragmatic matter, not a normative measure or an ideological injunction. It is whatever works to create sustainable lines and productive planes of transversal interconnection among entities and subjects that are related by empathy and affinity, not by some generic moral model or idealised paradigm. (Braidotti, 2011:33).

### **Parrhesia**

Michel Foucault (1970) describes the 'subject' as the result of 'processes of subjectification'. The concept of subjectification raises the question of whether the subject can be free and relate to – or escape from – the 'orders of discourse' that shape

its reality? In a later work Foucault (1983) explores the concept of 'parrhesia' as a 'practice of freedom'. Parrhesia is an ancient Greek concept. Etymologically, it means 'to say everything'. 'In parrhesia, the speaker is supposed to give a complete and exact account of what he has in mind so that the audience is able to comprehend exactly what the speaker thinks' (Foucault, 1983). Essentially, then, the speaker tells a truth that is different from what the majority thinks, which is dangerous to him and thus involves a risk.

'In parrhesia, the speaker uses his freedom and chooses frankness instead of persuasion, truth instead of falsehood or silence, the risk of death instead of life and security, criticism instead of flattery, and moral duty instead of self-interest and moral apathy' (Foucault, lectures, 1983).

One example of a *parrhesiastes* in ancient Greek literature is Socrates; another is Diogenes. Socrates confronted Athenians in the street and drew their attention to the truth in provocative ways. He also challenged power relations. He was convicted of corrupting the youth and was sentenced to death by drinking a poisonous draft of hemlock. Those who tell the truth rather than reposing in the security of a life where the truth goes unspoken risk death (Foucault, 1983).

Diogenes of Sinope challenged power relations in a famous encounter with Alexander the Great. Alexander visited Diogenes, who lived entirely without possessions in a barrel. When Alexander asked Diogenes what he wanted in life, Diogenes replied: 'Move to the side: you're blocking my sunlight'. Alexander was impressed and said: 'If I were not Alexander, I would like to be Diogenes'. Diogenes replied: 'If I were not Diogenes, I would like to be Diogenes too'. Alexander, who had conquered the world, was impressed by Diogenes, who needed nothing from life. Diogenes compared Alexander's power to what he himself considered the vastly superior power of what he refers to as the 'king among the bees'. As a *parrhesiastes*, Diogenes nonetheless managed to survive, possibly because he was an outsider, an illegal immigrant, who accepted his marginal status as a nomad, who was only loosely coupled to society. Foucault gives the following summary of Diogenes' taunt to Alexander:

‘The King of bees doesn’t need weapons to stay in power. If you bear arms, you are afraid. No one who is afraid can be a king’. Diogenes angered Alexander but stayed alive. He said: ‘Well, you can kill me; but if you do so, nobody else will tell you the truth’ (Foucault, lectures, 1983).

### **Truth as an event**

In Foucault’s 1983 lectures on parrhesia, he states that his aim is to focus not on the problem of truth, but rather on truth-telling as an activity. From a postmodern perspective, truth is not about what happens, but about something going on *within* what happens. Truth is an ‘event’: something that is trying to happen in something. Truth is a process; it is always in the making, a ‘forward repetition’, something coming that bears repetition. Martin Heidegger draws a distinction between repeating the actual and repeating the possible. Repetition of the actual is a repetition of the same. Repetition of the possible, on the other hand, is a way of recontextualising, and of allowing an unexpected truth to arise (Caputo, 2013). Truth is the process of (1) trying to become truthful, (2) creating adequate compositional frames that will allow for multiple small truths (3) being willing to take a risk.

‘We stand in the truth to the extent that we stand exposed to the event, open to what we cannot see coming, putting ourselves in question and making ready for something for which we cannot be ready’. (Caputo, 2013:83).

## **A.5 Ecosophy, a new materialist turn**

### **Nomadic times**

Postmodernist philosophers (Nietzsche, Heidegger, Foucault) proposed theories that are classified as anti-humanism. Anti-humanism is by no means ‘anti-human’. It challenges the way in which the term ‘Man’ (or humankind) is construed in the modern humanist era of Western thought. Humanism and positivism are the cornerstones of the Enlightenment. Postmodernists criticise the anthropocentric account of life in which the autonomous human being, guided by a universal law of reason, is ‘the measure of all things’ (Protagoras). Instead, they argue that human nature is a historical and social construct. The human subject is a historical entity (Deleuze, 1995).



The anthropocentric view attracted a growing wave of criticism in the 1960s and 1970s, fuelled by the historical and political movements of the age. Critics pointed out that great ideologies had failed to produce progress. On the contrary, the belief in the superiority of human beings had led to fascism and the Holocaust, communism and the Gulag, the application of scientific knowledge to develop and use nuclear weapons, postcolonial wars, a capitalist meritocracy, and ecological disasters. The human subject, according to Foucault (1970), is the result of a process of subjectification, under the influence of political, social, cultural, disciplinary, and normative forces.

In his work *The Order of Things* (1970), Foucault predicted the 'death of the human subject'. The account of the human subject as an autonomous, rational agent is a historical arrangement of thought. This 'Man', this arrangement of thought, could disappear as it had appeared, could be erased like a face drawn in sand at the edge of the sea (Foucault, 1970). If we are to heed Foucault's prediction, we shall need to develop a different model of self that can accommodate different ways of being together. An anti-humanist approach could serve to justify a passive, relativistic, consumerist stance in this pluralist world. Braidotti (2013) argues that there is a crisis in political thinking that we need to overcome. Life must not be taken for granted. It should be approached as an ethical, political, and juridical praxis, something to be worked on. So, let us shift our focus to considering what other 'models of self' would be more suited to the present-day world.

'We need new frameworks for the identification of common points of reference and values in order to come in terms with the staggering transformations we are witnessing.'  
(Braidotti, 2013:196).

Braidotti introduces the post-human nomadic subject. She argues that we need to pass beyond an anti-humanistic pessimism (Foucault) without relapsing into a more universalistic orientation, in the manner of neo-humanists (Habermas, Nussbaum). 'Neo-humanists attach the question of subjectivity to a universalistic belief in individualism, fixed identities, steady locations and moral ties that bind' (Braidotti, 2013:39). She argues that we need to start from a 'politics of locations' and everyday life,

thus becoming post-human nomadic subjects (Braidotti, 2011, 2013). Nomadic thought overcomes relativism and makes thinking an affirmative activity.

Nomadic thought 'makes all thinking into an affirmative activity that aims at the production of concepts, precepts, and affects in the relational motion of approaching multiple others' (Braidotti, 2011:2).

Let us examine four different characteristics or components of the 'post-human nomad': (1) posthuman, (2) non-binary, (3) destabilising, and (4) active in the margins.

(1) Post-human. Living a post-human existence (that is, living beyond being human) decentres the human being, not as a passive outsider but as an active participant in a pluralist world, along with natural, human, animal, technological co-actors, interacting in an ecological 'multi-actor network' (Latour, 1979). In other words, 'post-humans' are embodied, embedded, and interconnected with multiple human and non-human actors in the world.

(2) Non-binary. Becoming a nomad means rejecting binary oppositions (self versus other, majority versus minority, culture versus nature, man versus woman, humans versus animals) and instead kindling 'an affirmative passion for the transformative flows that destabilise all identities' (Braidotti, 2013:41). Nomadism promotes pluralism rather than dualism. Every binary opposition is false because nothing can be reduced to something else (Kleinherenbrink, 2017). Once differences are artificially defined as opposites, it is inevitable that one side of the opposition is conceived as active and dominant while the other is seen as passive and dependent: a 'woman' is a 'non-man' rather than something in her own right. The non-dualistic approach means seeing every entity as active, productive, and vulnerable in relation to numerous other active and productive entities (Kleinherenbrink, 2017).

(3) Destabilising. In the work of Gilles Deleuze, the nomad has nothing in common with the romanticised vision of a Bedouin. Rather, he posits a dissonant nomad, who operates in between primitive life and civilised society. The world cannot be described in terms of a single organisational principle. The nomad destabilises fixed identities and unravels dominant representations. Nomadic thinking is about 'tracing lines of flight and

zigzagging patterns that undo the dominant representations' (Braidotti, 2011:2). It is about 'differing from myself as much and as often as possible' (Braidotti, 2011:31).

(4) Active in the margins. Decentring the human in nomadic thinking means 'becoming minor' ('minotorian') – becoming the other, woman, animal, machine (Deleuze, Guattari, 1987). The centre is void; all the action is in the margins (Braidotti, 2011:42). The centre is rigid; all potential for change lies in the margins. 'The main objective, through nomadic interventions, is to deterritorialise dogmatic and hegemonic centres of the contemporary global world.' (Braidotti, 2011:19).

### **A new materialist turn**

Braidotti (2011, 2013), Haraway (1984), Barad (2007), and Bennett (2010) all emphasise the urgency of a 'new materialist turn' in postmodern thinking as opposed to transcendental and dualistic traditions (Dolphijn & Van der Tuin, 2012). This 'new materialist turn' is 'a cultural theory that does not privilege the side of culture, as in social constructionism, but focuses on what Donna Haraway calls 'nature-cultures' (Dolphijn, Van der Tuin, 2012). 'The social construction of *what?*' Braidotti pointedly asks. She identifies active matter, material, and nature as 'agentic' participants in life. Matter is not an obedient puppet on a string (Kleinherenbrink, 2017), a result of an external organisational principle (positivism), or a result of our own conversations (constructionism). Rather, matter, materialisation, is active and influential in its own right. This view can be traced back to Spinoza: 'The mind is an idea of the body, making the body necessarily the object of mind' (Spinoza, *Ethics*, 1677).

All situations are the result of multi-actor networks, which are called 'collectives' by Bruno Latour (1979) and 'agentic assemblages' by Jane Bennet (2010). In the autumn of 2014, the art student Emma Sulkowicz carried a 50-pound dormitory mattress around with her everywhere she went on the campus of Columbia University in New York. The thing, 'the mattress', was the focal point of a piece of performance art – 'Carry that weight' – and was conceived as a protest against Columbia University's mishandling of her charge of rape against a fellow student and part of her art thesis (Jackson & Mazzei, 2016). The performance activated many others. Other students and friends helped

Sulkowicz to carry the mattress. The protest became a media event and was broadcast on television.

Sulkowicz stated in the *New York Times* (22-09-2014): 'I was raped in my own dorm bed, and since then that space has become fraught for me. And I feel like I've carried the weight of what happened to me everywhere since then'. The performance/protest was the result of a multi-actor network, in which the mattress produced agency (Jackson, Mazzei, 2016). Material is vital, has a force of its own, 'thing power' (Bennett, 2010). The mattress, Sulokowicz, the alleged rapist, students, the media, public spaces on campus, and the administrative authorities of the institution all combined to produce 'another body', an agentic assemblage (Jackson, Mazzei, 2016).

Agency, according to new-materialists, is not localised in the human subject but is generated by multi-actor networks, agentic assemblages. Karen Barad (2007) has coined the term 'intra-action' to transcend the common definition of interaction and to fuse or 'entangle' meaning and matter. Interaction is about what happens *between* bodies/systems, which each retain a measure of independence amid that interaction. 'Intra-action', on the other hand, is about what happens from within. Bodies/systems are engaged in a living process of coordination, through transformational intra-actions. Each body or system has an interior, a reservoir of 'response abilities' (abilities to act). When they 'intra-act', these abilities shape and limit their own capacity to act: agency emerges from, and is transformed by, relationships in intra-actions.

This new materialistic account of life has a lot in common with Maturana's constructivist theory about a bio-cultural matrix, structural determinism, the co-evolution between system and its medium as a result of coupling and decoupling in the spontaneous interplay between bodies/systems. Intra-action refers to the intra, an interior, an inner reality or even an essence (Kleinherenbrink, 2017). The term 'essence' tends to be disparaged in postmodernism. But perhaps we are adopting too modernist a view of essential realities, as if they were static and knowable. From a nomadic and new materialist perspective, an essential reality can be thought of as unknown and dynamic.

- (1) From a modernist perspective: There is an external reality that is objectively knowable.
- (2) From a postmodern perspective: There is no external reality. Everything is fluid. We notice the 'in between'.
- (3) From a new materialist perspective: There is an external reality, but we can neither fully comprehend it nor ignore it. It is an active part of multi-actor networks influencing our lives. We notice life from within. Meaning and matter are entwined.

## Ecosophy

'Without modifications to the social and material environment, there can be no change in mentalities. Here, we are in the presence of a circle that leads me to postulate the necessity of founding an "ecosophy" that would link environmental ecology to social ecology and to mental ecology.' (Guattari 1996: 264).

In his work *The Three Ecologies* (1989), Felix Guattari, which draws heavily on Bateson's *Steps to an Ecology of Mind*, advocates an interdisciplinary unification of studies of the mind, society and environment. Guattari emphasises the urgency of the need to develop an ecosophic perspective as a response to the escalating ecological crisis in the world.

'For Guattari then, as with Bateson, ecology is far more than a concern for the environment, it is an epistemological system, based on an understanding of nonlinear systems governed by feedback loops and non-linear causality. An understanding of connectivity, of balanced systems, network topography and complexity theory [is] fundamental to the way in which this ecosophic model operates' (Taffel, 2008).

Guattari's ecosophy is a territory, a multiverse, 'chaosmos', a unity composed of differences, a temporary result in the process of a territorialisation of space. Animals territorialise space. Deleuze and Guattari cite birdsong as an example of territorialisation. A bird sets the stage and then sings a song. The performance is the result of intra-acting multi-actors in mutual relationships within the territory.

'The bird sings its territory, or rather, the territory as relational rhythmic act sings itself through the bird, as the refrain actualises musical points of order, circles of control and lines of flight' (Khalifa, 1999:128).

Reuniting cybernetics and constructionism in systemic thinking, I link the ideas of Bateson and Deleuze regarding earth, territory, maps, and the differences between them. Korzybski (1879–1950) emphasised the distinction between territory and the map of that territory. According to Bateson, our focus should not be on either the map or the territory, but on the difference between the two. Deleuze distinguishes land from territory. Thinking, according to Deleuze and Guattari (1994) takes place between territory and earth.

Deleuze and Guattari assert that the earth is the potential of all life possible. As our potential, the earth is a materialised reality, dynamic, and not to be known. We cannot fathom it, yet it determines the opportunities that exist in life. Territorialisation constitutes an affirmative framing of the earth, a creation or cocreation of concepts. A territory is a space that has ceased to be functional. The map is not the territory, but an abstraction and representation derived from it. The map helps us to orient ourselves, as we inhabit territorialised spaces on earth. We make our way around the *earth* by traversing *territory*, and we find our way back, seek points of orientation, by drawing a *map* of the various paths we have followed.

Life happens *in between* the genesis of earth, the creation of a territory, and the making of a map. In between the coming into being of earth and the creation of a territory, Aion is active (Deleuze, 1990). Aion is an ancient Greek concept of infinite time, 'infinitum into past and future, in both directions at one' (Deleuze, 1990:164). Deleuze describes Aion as 'the explosive internal force that life carries within itself' (Deleuze, 2000:51). Aion, a continuing tense of becoming, runs through everything. It occurs in our 'spontaneous bodily responsiveness' (Shotter, 2002) to the world.

'the often rationally ignored nature of the singular and often fleeting expressive-responsive events occurring in the meetings between us as living beings, and the others and othernesses in our surroundings.' (Shotter, 2002:1).

Life emerges in the spontaneous interplay between system and medium (Maturana & Verden-Zoller, 2008). Life forms composed by parts are not the product of the design, but of a natural drift (Maturana & Varela, 1990).

‘Evolution resembles rather a vagabond sculptor that walks through the world and takes this thread here, this piece of metal there, this piece of wood here, and puts them together in a way that their structure and circumstances allow, without any other reason than just putting them together’ (Maturana & Varela, 1990).

In between creating the territory and making the map we navigate life through orientations. In the territory we experience life perceived and our stories lived. The map points at directions in stories told, discourses, constructs, narratives, and storylines. And in between we try to comprehend life, through language, conversation, and under the influence of discourses.

We can compare the earth-territory-map ecosophy to a starry sky, with an arrangement of material, a perceived experience, and a constellation.

<b>Earth</b>	<b>Difference in between</b>	<b>The Territory</b>	<b>Difference in between</b>	<b>The Map</b>
Reality, dynamic and unknowable		Life and stories lived (How we perceive and shape life)		Stories told (Discourses, constructs, narratives, storylines)
Aion, natural drift	‘Not getting it’	Navigating	‘Getting it’	Orientation
<b>Response-ability</b>	<b>Spontaneous responsive</b>	<b>‘Withness’ thinking</b>	<b>Reflexivity</b>	<b>Response space</b>

Figure 1. Earth-territory-map

**Response-ability**

The ability to act is different from the act itself. The capacity to walk is not the same as walking (Kleinherenbrink, 2017). Response-ability is a dynamic reservoir of possible responses. In collisions with other entities, the reservoir of responses changes: the variety of responses may increase or decrease.

Bodies, things, and systems intra-act (Barad, 2007). There is a structured interior that determines both the nature of reality and how it can be perceived. Maturana (1988) says: 'You hear what you hear, not what I say'. A tree, for example, is not structurally determined in such a way as to understand my language. I cannot fly like a bird, and a bird cannot write a thesis. But structure is not static. Structures are transformed through intra-actions with other structures. In intra-actions, bodies, things, systems collide and adapt their structure in a process of coupling and decoupling (Kleinherenbrink, 2017, Maturana & Varela, 1987).

Everything is connected, but not in harmony. If everything were in perfect harmony, the world would be static (Kleinherenbrink, 2017). Because of their different interiors, the structures of bodies, things, and systems never completely fit into their 'niche'. All matter manifests wear and tear, cracks, discoloration, and erosion. The world of the living is dynamic because of 'misfits' – that is, elements that are marginalised and only loosely coupled (Ashby, 1959).

### **Response space**

Imagine a tennis match. The match is defined both by the response-abilities of the actors involved and by a response space (Hyden, 2016), a socially constructed space of descriptions. The tennis players, the rackets, the ball, the court, the surface, all have response-abilities. The tennis player has the ability to hold a racket, and to hit the ball in a particular direction. The racket is strong enough to stop and return the ball. A ball responds differently to the racket than a stone or a feather. The game is different on grass than on gravel. Without the force of gravity on earth the game would not be possible. The responses of each actor are defined by its structure. The capacity to play tennis is not the same as playing the game. To play the game, we need more than abilities alone. We need a history, a conservation of patterned intra-actions, reasons to do it, rules, regulations, appointments, expectations, and storylines that shape the experience of playing the game. This system of meaning is a response-space. The response space defines why and how we play the game and the expectations invested in our actions.



‘The “Response space” is “a cultural, emotional and interactional defined space of opportunities for how to respond in a morally acceptable way according to culturally defined norms, as well as according to the responses of the other members of the social network’ (Hyden, 2016: 84).

Response space results from negotiating space to play and accepting relational responsibility (Gergen) in a community. Wittgenstein suggests that we should not look for answers, instead, we should look for possibilities and more space in which to play. How do we create more space to play? We can imagine possible futures and think about ‘how to be together otherwise’.

‘Hope is a way of dreaming up possible futures: an anticipatory virtue that permeates our lives and activates them’ (Braidotti, 2013:192).

We are response-ible when we ask ourselves how we can contribute in repetitive patterns, escape, and make better social worlds (Pearce, 2007). Barnett Pearce came up with four helpful questions to explore and expand our response space ethically: (1) What are we making? (2) How are we making it? (3) Who do we become by making this? (4) How can we make a better social world? (Pearce, 2007). We can make a better social world if we are conscious of the effects of our actions in interdependent relationships, when – as nomads – we display systemic sensibility or intelligence (Senge, 2006).

### **To become a systemic nomad**

Why should we become systemic nomads? Guattari (1996) emphasises that an escalating ecological crisis in the world demands an ecosophic perspective. We – humans and non-humans – are all in this together. Every situation takes place within the territory of a multi-actor network. The systemic nomad deterritorialises and reterritorialises temporary territories, planes of composition, ‘agentic assemblages’. The systemic nomad takes a relational responsible stance towards all entities that participate in the multi-actor factory of life.

'Responsibility, then, is a matter of the ability to respond. Listening for the response of the other and an obligation to be responsive to the other, who is not entirely separate from what we call the self. This way of thinking ontology, epistemology, and ethics together makes for a world that is always already an ethical matter' (Barad, 2012).

A relational responsible stance to all participants in the multi-actor networks demands a systemic sensitivity or intelligence. Peter Senge (2006) draws a distinction between systemic intelligence and systemic ignorance. The interdependence throughout the world has greatly increased, and we do not know how to handle it. No one actually desires the systemic outcomes that we are consistently producing. Neither abuse nor pollution is anyone's objective. They are among the effects of systemic ignorance. Systemic intelligence is experiencing oneself as one element of an interdependent environment, aware of the influence of the whole on the individual and vice versa. This systemic awareness is a degree of intensity that opens up possibilities for relational responsible transformation.

Transformation in complex non-linear systems cannot be predicted or controlled. The systemic nomad introduces 'the roar of the earth' into the process of becoming; opening up space for something unforeseeable that takes us by surprise and shatters our horizon of expectation. Truth as an unpredictable future event is fraught with risks. If we try too hard to minimise the risks, we will prevent the event (Caputo, 2013).

'Truth is uncomfortable, [it] is the shock of the unknown that breaks into our lives' (Caputo, 2013:100).

Systems, as unities of difference or chaosmos (Guattari, 1996) that do not totalise their elements remain open for transformation. Elements at the heart of the system are strictly attached in the service of the system's primary functions. Marginalised and loosely coupled elements (Ashby, 1959) are capable of – and open to – engaging in new couplings. The systemic nomad tries to find niches for alternative couplings. This intra-activity is fraught with risks. A certain systemic parrhesia is required to open up response space and challenge transformation without being silenced or excluded (or being compelled to drink a fatal cup of hemlock). The question is how to navigate complexity as a systemic nomad, to open up space for change and produce reliable

information about the process that will correspond to the demands and expectations of clients, organisations, and governments.

## **A.6. Validity from within**

[The social constructionist] 'is little likely to ask about the truth, validity or objectivity of a given account, what predictions follow from a theory, how well a statement reflects the true intentions or emotions of a speaker, or how an utterance is made possible by cognitive processing. Rather, for the [social constructionist], samples of language are integers within patterns of relationship. They are not maps or mirrors of other domains – referential worlds or interior impulses – but outgrowths of specific modes of life, rituals of exchange, relations of control and domination, and so on. The chief question to be asked of generalised truth claims are thus, how do they function, in which rituals are they essential, what activities are facilitated and what impeded, who is harmed and who gains by such claims?' (Gergen, 1994:53)

### **Local trustworthiness**

How to navigate complexity as a systemic nomad, open up space for change and produce reliable information about the process that is in line with the demands and expectations of clients, organisations and governments? Navigating complexity and producing reliable accountability demand rigour, openness and 'trust in spite of not knowing' (Han, 2007).

In a culture of compelling standardisation, transparency, and control, trust may be seen as dangerous (McLeod, 2006). We are not accountable for the mistakes we make if we follow standards and their guidelines. Accountability is warranted at the expense of trust. This accountability is weak or maybe false. As we have seen, in complex adaptive systems, change is unpredictable. We have to find different ways of producing reliable accountability for our systemic work.

When can we speak of trust? Trust requires one to: (1) be vulnerable, to some extent (2) to think well of the other person (in certain domains) (3) to be optimistic that the person is, or at least will be, competent in certain respects (McLeod, 2006). Ideally, trust

is reciprocal. For there to be mutual trust in a relationship, the actors in that relationship must be trustworthy. Some authors (Harding, 2011) assert that trust is the result of a rational judgment: trust must be proven or earned before given. Maturana (2008) refers to what he calls 'the biology of trust': 'Biologically, trust is the spontaneous manner of being of any living system when in comfortable congruence with the medium' (Maturana & Verden-Zoller, 2008:214).

'A butterfly that comes out of the cocoon arises with a structure that entails the operational trust that there is a world ready to satisfy all that it requires to live. Similarly, a baby is born in the operational trust that there is a world ready to satisfy in love and care... And indeed, if the baby is received in the manner that fulfils that trust, both the baby and the mother (and other members of the family) are in natural wellbeing.' (Maturana & Verden-Zoller, 2008:214).

Mistrust, according to Maturana, is an emotion that entails tension and systemic ignorance or blindness. Mistrust distorts the systemic awareness of possible relations between the organism and its circumstances. The loss of trust in the spontaneous coherence between systems in the medium leads to human suffering. Maturana distinguishes between control and influence. He seeks to define the feelings that arise when things do not go as we expect. When we feel a lack of trust, we seek to control: we try to stop or manipulate any event that is at odds with our criteria or expectations. Control, in turn, generates blindness. When we feel trust, we can be curious, open up to seeing and hearing something new, and influence one another.

Do we need an external theory or juridical theoretical model to establish trust? Margaret Walker (2007) argues that social scientists should shift their focus away from thinking in terms of global unities (juridical-theoretical models) towards local, collective, and collaborative practices of establishing trustworthiness in communities. Walker introduces an expressive collaborative concept of 'moral understandings'. Morality does not exist independently from how people live and form their opinions. Ordinary people weave a moral understanding together, in their language and culture, in the communities they belong to, with people they trust and for whom they feel affection (Walker, 2007).

‘The theoretical-juridical model pictures morality as an individual action-guiding system within or for a person. The expressive–collaborative conception pictures morality as a socially embodied medium of understanding and adjustment in which people account to each other for the identities, relationships, and values that define their responsibilities’ (Walker, 2007:67-68).

### **Validity from within (I)**

‘This process-oriented vision of the subject is capable of a universalistic reach, though it rejects moral and cognitive universalism. It expresses a grounded, partial form of accountability, based on a strong sense of collectivity and belonging by singular subjects’ (Braidotti, 2013:191).’

How do we respond to complexity and offer reliable accountability in relation to the process, with a focus on relational responsibility rather than control? Trustworthiness in mental healthcare is mainly provided by reductionist outcome research and the standardisation of evidence-based practices. From a systemic or postmodern perspective, the criteria used to assess its validity are not independent of the researcher, the observer, or the measuring procedure. The chosen form of inquiry and research influences the form of the answers that emerge. Our measurements are not identical to what has been measured.

Validity and verification occur within particular communities and their ‘language games’. We can understand  $2 + 2 = 4$  only within certain rules of a language game (Wittgenstein). As long as we play according to the rules of the game, we will end up with valid answers. There is no overriding set of rules for all games. It is not possible to understand something in one language game by referring to a different one. ‘Reduction is cheating, mixing up the rules of one game with the rules of another’ (Caputo, 2013: 199). ‘There is no referent other than the happening of the process of human living’ (Maturana & Verden-Zoller, 2008:xix). There is no independent variable when we explain the world we experience, when we ask ourselves if the sky is really blue. We are explaining our experiences with our experiences. There is no criterion of validity outside of the experience itself. Maturana (1998) suggests that we could speak of validity in itself, ‘a validity from within’.

A fascinating conversation between Humberto Maturana and Heinz von Foerster (1998) centred on the difference in meaning between the words 'science' and 'systemic'. The word 'science' derives by way of the French *science* ('knowledge') from the Latin *scire*, which originally meant to separate one thing from another, to distinguish. The same root is found in words like 'schism', 'schizophrenic', and 'shit'. To know means to distinguish, take things apart and see them as separate. In contrast, 'systemic' is related to the Greek *συσμ*, meaning '[putting] together', as in a word such as symphony. Science means 'taking things apart' and systemic means 'seeing the connections'.

Maturana and Von Foerster propose three stages of looking:

(1) Distinguishing. We can only talk about something when we are able to distinguish it and see it as separate. (2) Seeking to identify the pattern through which this 'something' is connected to other entities. At this stage we shift our attention to connections, relations, and patterns. (3) Viewing it within the overarching (bio-cultural) matrix in which everything is embedded. We cannot understand or control the matrix because we ourselves are part of it. But we can develop a systemic scientific perspective using these stages of looking.

A systemic scientific perspective based on this three-stage consideration would mean posing the following questions: (1) If I distinguish, say, 'consciousness', what am I distinguishing it from? (2) In what patterns of connection does it exist, what pattern links it to other phenomena? How do these relate to me? And finally, what is our connection to (3) the overarching matrix, the unity of all differences? According to Maturana, science is not about explaining an independent reality, but about creating coherence in the process of explaining what we experience and what we do (Maturana, 2013). In the 1998 conversation, Von Foerster puts it to Maturana that science should be about trust rather than truth. How do we create coherent explanations that are compatible with our culture and community, sometimes comfortable, other times uncomfortable, in such a manner as to open up new ways of living together differently?

## A.7 Conclusion

The aim of the above discussion was to outline the historical, social and cultural context of my thesis, following a line of flight as a route, a trace in a multiplicity (Deleuze, 1972). Both postmodernism and capitalist meritocracy create feelings of deep uncertainty. Postmodernists promote 'negative capability' (Keats) the power to 'sustain uncertainty and instability, to live with the unforeseeable and unpredictable' (Caputo, 2013:92). Capitalist meritocrats advocate controlling production processes as a way of improving achievements and success rates. Many people are unable to rise to this challenge. We need a certain sense of direction, and the more we try to control the symptoms, the more the symptoms will control us. This leads to the question I have posed above: How do we navigate complexity, without getting stuck in the paradox of control or getting swept up in a current that leads nowhere?

Where has this line of flight led? The discussion has thus far emphasised issues of truth and trust. From a postmodern perspective, truth is an event, in the process of becoming. It is about creating planes of composition that open up space for a surprise and different multiplicities. Truth is about taking risks, challenging dominant representations and common grounds in ways that are accepted in the communities concerned. Every situation is the result of an intra-acting multi-actor network of human and non-human generators (Kleinherenbrink, 2017). Actors (entities, organisms, things) collide, couple and decouple (Maturana) in meetings, transform their reservoir of response-abilities (structure) within a response space (meaning system). Truth is a local practice, according to Gergen (1985). But if this is the case, how do we account for our actions?

In the remainder of my thesis I set out to construct a reliable alternative to standardised outcome research and evidence-based practices. There is no such thing as an 'independent variable'. Every variable is part of a language game. What we can do is to produce 'validity from within', if we see (1) truth in the event, in the becoming; (2) if we are open to something that is unexpected, (3) which challenges dominant representations and prevailing assumptions, and if (4) this is acceptable within the local communities concerned (5) and explained in an accessible and coherent way. My

research sets out to produce 'validity from within', addressing the following question:  
What is a fruitful way for the therapist to navigate a path through Feedback-informed Systemic Therapy, on the basis of coordinated improvisation and collaborative learning, combined with mixed-methods research?



## Section B: Ecology of concepts and ideas

### B.1 Introduction

The term 'ecology of concepts' refers to the interconnection of concepts in the manner of an integral organic system. Deleuze (2007) posits that concepts are indeed inseparable from affects – that they are formative and responsive to human feelings. Thinking may be an 'ecological event' (Morton, 2010). The word 'ecology', from the Greek words οίκος and λογία, means the study of the dwelling place or habitation of nature. It follows that the 'ecology of concepts' involves the study of the dwelling place or habitation of concepts and ideas.

In this second section I develop my own specific ecology of concepts and ideas. I explore and shape a response space within which my work, research, learning and writing are conducted. I explore and describe the ways in which living systems learn. Living systems are self-organising, autopoietic, and yet strictly dependent on their environment (Maturana, 1978). A system co-evolves within the particular niche of its medium, maintains balance (equilibrium) and transforms (creating disequilibrium) in response to unpredictable environmental conditions in the medium. The chances of evolution are increased where a system develops a wider variety of adaptive responses. *Systemic intelligence* means knowing how to respond. A stone 'knows' how to respond to its environment. A wild animal knows how to respond in more – and different – ways than a stone. Systemic intelligence develops in the process of learning how to respond to unforeseen conditions and events.

'Systemic life oscillates between fractal self-similarity and negative feedback loops on the one hand and a dynamics of positive feedback loops on the other, in which random developmental noise or more violent environmental disturbances can push equilibrium over into another path, resulting in a very different final product' (Beressem, 2009:84).

'Personal change evolves spontaneously from inside and one can never know what it will be or how it will be or when it will happen' (Andersen, 1991).

Systemic learning is the development of new responses to unforeseen circumstances. This implies that learning involves a certain improvisation. Therapists improvise and invite family members to improvise and learn alongside them. The question is how to improvise on the one hand and to demonstrate accountability for the process of change on the other.

The ecology of concepts I describe embraces a number of specific terms: 'coordinated improvisation', 'systemic feedback', 'collaborative learning', and 'Practice Based Evidence Based Practice' (PBEBP). Therapist and family members can constitute a 'collaborative learning community' that seeks ways of learning through practices of improvisation, evaluating feedback information, and collaborative inquiry. In PBEBP, the therapist is both practitioner and researcher and involves his or her clients as co-researchers. Therapist and clients together examine the effects of their collaboration. The output of research becomes the input for therapy in the 'collaborative learning community' thus constituted.

B.2 Systemic Inquiry

B.3 Systemic learning

B.4. Practice Based Evidence Based Practice (PBEBP)

B.5 Manualisation

B.6 Coordinated Improvisation

B.7 Feedback-informed Systemic Therapy

B.8 Collaborative learning

B.9 Multi-method research

B.10 Conclusion

## **B.2 Systemic Inquiry**

### **Validity from within (II)**

‘Even if there is no truth, man can be truthful, and even if there is no reliable certainty, man can be reliable’. Hannah Arendt (1958: 254)

Systemic epistemology is different from modern – positivist – scientific epistemology. The systemic theorist Maturana (1989) defines three stages in systemic research. (1) We experience ‘something’ that we distinguish; (2) We perceive that ‘something’ in a connecting pattern; and (3) We embed these various patterns in a matrix. Since we are both observers and participants in the matrix, we cannot step outside it, see it as it is. ‘We explain our experiences with our experiences’ (Maturana & Verden-Zoller, 2008). We cannot objectively compare our measurements to any external independent parameters, since no such external parameters exist. Every parameter is part of what may be called a language game, and can only be understood within the rules of that particular language game. What we can do in systemic research, however, is to create ‘validity from within’, to create coherent explanations of different experiences that make a difference that matters – explanations that ‘fit’ within the communities involved.

The concept of ‘validity from within’ is at odds with the dominant discourses of science, in which ‘truth is a matter of the accuracy of representation of an independently existing reality and not of subjectivist interpretation’ (Braidotti, 2013:175); in which validity is based on value-free rationality in research; and in which objectivity is the condition of research and distance the condition of objectivity. An example of ‘validity from within’ is illustrated in an interview with Karen Barad.

‘Another example that may be helpful here is an example that Haraway (2008) talks about. It is an example that is raised by Barbara Smuts, who is an American bioanthropologist who went to Tanzania to investigate baboons in the wild for her doctoral research. She is told as a scientific investigator of non-human primates to keep her distance, so that her presence would not influence the behavior of the research subjects that she was studying. Distance is the condition of objectivity. Smuts talks about the fact that this advice was a complete disaster for her research,

that she found herself unable to do any observations since the baboons were constantly attentive to what she was doing. She finally realized that this was because Smuts was behaving so strangely to them, they just could not get over her. She was being a bad social subject in their circles. The only way to carry on and to do research objectively was to be responsible; that is, that objectivity, a theme that feminist science studies has been emphasizing all along, is the fact that objectivity is a matter of responsibility and not a matter of distancing at all. What ultimately did work was that she learned to be completely responsive to the non-human primates, and in that way she became a good baboon citizen. They could understand, at least intelligibly to the non-human primates, and as a result they left her alone and went about their business, making it possible for her to conduct her research' (Dolphijn, van der Tuin, 2012).

Establishing 'validity from within' means finding a way of explaining the experience (something we distinguish, perceive as part of a pattern within a matrix) in a reliable, accurate way. In arriving at this explanation, we use the coherence of our experiences to explain our experiences: 'if this and this happens, then the result is such and such' (Maturana & Verden-Zoller, 2008:14). An explanation, according to Maturana is:

(1) We use our experiential coherences.

(2) We propose a generative mechanism. This generative mechanism (if this, then that) is the formal explanation.

'A generative mechanism consists of a process that if it were to take place, the result would be experience to be explained' (Maturana & Verden-Zoller, 2008:15).

(3) This formal explanation should be accepted as such by an observer. This condition is the informal part of the explanation:

'It must also satisfy some condition that the observer adds from his or her own choice, or preference as he or she listens' (Maturana & Verden-Zoller, 2008:15).

In Maturana's criterion for a scientific explanation, there is no independent reality. Prediction and control do not play any role. An explanation is scientific, according to Maturana, contingent on both formal conditions (experiences are coherent and generative) and informal conditions (the experiences are accepted as coherent and generative by an observer). The informal part of the explanation is subjective.

Acceptance depends on the observer's preferences, discussions between observers, their various understandings in the language games that exist within the specific social communities. It follows that validity, as acceptance, results from discussion. But how do observers distinguish perception from illusion? When is an explanation seen as valid or invalid? Observers experience their experience in relation to other experiences. When observers devalue one experience in relation to another they experience illusion. When observers value one experience through another experience, they consider it to be valid, or even more valid. Validity is a result of valuation, and valuation takes place occurs in culturally-informed exchanges. Cultures are closed networks of exchanges, a result of the systemic conservation of manners of living, manners of seeing, reacting, reflecting, and valuing (Maturana & Verden-Zoller, 2008).

### **Systemic practice and research**

'The ordinary processes of scientific advance in a lineal world, a world of lineal thought, are, after all, experiment, quantification, and, if you are anywhere within the realm of medicine, you will be expected to take a "clinical posture". And I want to suggest to you that experiment is sometimes a method of torturing nature to give an answer in terms of your epistemology already immanent in nature. Quantification will always be a device for avoiding the perception of pattern. And clinical posture will always be a means of avoiding the openness of mind or perception which would bring before you the totality of the circumstances surrounding that which you are interested in.' (Bateson, 1978:42)

Over the past three decades, systemic research has generated a growing body of evidence for the effectiveness of systemic/couple and family therapy (CFT) treatments and methodologies for studying them (Heatherington et al., 2015).

'Many reviews and meta-analyses of CFT since 1990 have established that, compared to no-treatment or waitlist controls, these treatments are efficacious for a variety of problems, and indeed more efficacious than individual treatments' (Heatherington et al., 2015).

Evidence-based practice is seen as 'the key to utilize the best research to inform practice'. However, this term is often misconstrued, as 'if it isn't proven via an RCT

(randomized controlled trial), it should never be done' (Swisher, 2010). It has led to debate, and continues to do so, in the field of systemic therapy. One might say that family therapy differs from other sciences because 'we are all, in some way, experts about families' (Cecchin et al., 1992). It is hard to adopt a distance from what, in many ways, is so familiar to us. Social life is complex. Can the complexity of social life be captured in cause-and-effect measurement? How can we conduct research that does justice to the familiarity and complexity of social life?

Traditionally positivist, evidence-based and systemic, postmodern orientations have been presented in opposition to one another. Authors writing in the 1980s (Allman, 1982, Tomm, 1983) argued that quantitative models were inadequate for systemic research because they took no account of context and employ linear, reductionist paradigms. Quantitative researchers focus on development outcomes and pursue goals defined in terms of symptom relief. From a systemic perspective this 'lineal causality' is an 'epistemological error' (Bateson, 1972).

'From a very early age, we are taught to break apart problems, to fragment the world. This ... makes complex tasks manageable, but we pay a hidden, enormous price. We can no longer see the consequences of our actions; we lose our intrinsic sense of connection to a larger whole' (Senge, 2006:3).

Integrating quantitative and systemic research presents certain conceptual difficulties. Thinking in systemic concepts like circularity and recursiveness is difficult to reconcile with the linearity of time, for example when considering developmental outcomes. In quantitative outcome research, reproduction should be the operationalisation of the independent variable. This implies that reliable outcome research requires a manual, a precise description of the precise, time-framed steps that the therapist has taken. The therapist is only part of the procedure and the therapeutic relationship is a 'confounding variable' (Escudero, 2012). This clashes with the core values of systemic, constructionist family therapy. Relational communication between therapist and family members during therapy sessions is fundamental when explaining the therapeutic process.

From a postmodern perspective we believe that language constructs rather than mirrors reality. Adopting this perspective, researchers will ask questions such as: What are we

doing when we ‘mix up the rules of one language game with the rules of another’ (Caputo, 2013: 199)? What are we doing when we overrule personal expressions in ‘living moments’ (Shotter, 2011) that present an objectified truth claim; build upon reduced information as data? Does reducing personal experiences to data, to numbers in a diagram, make sense at all? The concept of ‘data’ as ‘collected facts and statistics for reference or analysis’ is difficult to use when are taking a systemic, postmodern perspective as our point of departure. Researchers, using induction and deduction as a basis for scientific explanation, share a belief that they can separate data from the researcher’s subjective experience and his or her theoretical frames of reference (Alvesson & Karreman, 2011).

‘What (possibly) exists out there is complex and ambiguous and can never simply be captured... Any claim of truth claim then says as much or more about the researcher’s convictions and language use than about the object of study’. (Alvesson & Karreman, 2011:7).

It is impossible to separate the observation from the observer. All data is theory-laden and embedded in language (Alvesson & Karreman, 2011). Our measurements are not identical to what we have measured. R.D. Laing used ‘capta’ instead of ‘data’. Denzin (2003) prefers to speak of ‘empirical material’.

### **‘Not getting it’**

‘Something is happening and you don’t know what it is, do you, Mr Jones?’ (Bob Dylan, 1965)

In 2011 John Shotter published his book *Getting It!*, about ‘thinking in the moment’ when encountering unique, ‘first-time’ events. In spite of its title, the book opens up space for what we *can’t get* – the ineffable. Shotter refers to ‘a third realm’ of mysterious events that subsist in between those that we are completely unable to describe in words – the ineffable – and those we believe can be addressed through rational thought. More precisely, he distinguishes: (1) the Ineffable; (2) problems that can be solved through the application of reason; and (3) relational difficulties in between, difficulties of orientation, struggles relating to how best to ‘go on’. Shotter’s book focuses on this third,

in-between realm, the process of 'getting it' – even without ever being able to fully comprehend it.

'With the help of Wittgenstein's (1953) methods, we can begin to find our "way around" within the realm of the mysterious, to "find our feet" within it, so to speak, even though it may never be wholly comprehensible to us' (Shotter, 2011:3).

Although Shotter's focus in *Getting It* is on 'the third realm', I want to look a little more closely here at the ineffable, or the imperceptible. The ineffable, imperceptible, *aion* occurs when we experience bewilderment and feel perplexed and confused. Although this sensation influences our everyday lives, science has nothing to say about it (Barad, 2007). Opening up to the imperceptible requires us to descend into primeval chaos and feel at home there (Wittgenstein, 1953). It requires 'negative capability' (Keats), the capacity to sustain uncertainty and instability, to live with the unforeseeable and unpredictable' (Caputo, 2013:92) and to 'trust in spite of not knowing' (Han, 2014).

We need to learn how to open up space for the ineffable, the imperceptible, without trying to 'get it', because the effort to 'get it' means losing it. Water provides a good metaphor: it can buoy up a ship but slips through our fingers if we try to grasp and hold it. In research in the social sciences, we are obliged to accept that 'social reality is not fully understood' (Alvesson & Kärreman, 2011: 115). What does awareness of the ineffable look like? The book *The Feeling of What Happens* (1999) by the neuroscientist Antonio Damasio introduces a three-layered scale of consciousness (1) the proto-self; (2) core consciousness; and (3) extended consciousness.

Damasio's 'protoself' is a coherent collection of neural patterns, which map the state of an organism's physical structure from one moment to the next (Damasio 1999). Core consciousness is born when the organism becomes aware of its bodily state (protoself) as affected by its (emotional) experiences and responses to those experiences. The brain continues to present a non-verbal narrative sequence of images in the mind of the organism, based on its relationship to objects, such as a person, a melody, or a neural image. Core consciousness is concerned only with the present moment, the here and now. It has no need of language or memory, nor can it reflect on past experiences or project itself into the future (Damasio 1999).



The psychologist William James (1842–1910) discussed ways of experiencing our lives through a stream of consciousness, embedded within a flow of living. Opening up space for the ineffable, the imperceptible, and the core consciousness implies getting a sense of life within the stream of consciousness, within the flow of life.

‘Yet, as James emphasizes, vague and unnameable though they may be, such tendencies are central in ‘shaping’ our everyday activities. “It is, in short”, he says, “the re-instatement of the vague to its proper place in our mental life which I am so anxious to press on the attention” (p. 254) (Shotter, 2011:26).

‘Indeed, as James shows, within our experience of the stream of our subjective lives, as he calls it, there is a tendency for every moment to be “infected”, so to speak, with aspects of not only previous moments but also with anticipations of what next might occur.’ (Shotter, 2011:25).

### **‘Getting it’**

‘Getting it’, in Shotter’s book (2011) is about dealing with what he calls ‘its’ (living moments in unique circumstances), sensing and doing detailed justice to those ‘its’, without ‘stripping them down’ to fit them into already well-known categories or frameworks (Shotter, 2011). Instead of thinking about difficulties as if they were objects ‘over there’ in the world outside us, Shotter argues that we can ‘relate to’ and ‘enter into’ our difficulties in an exploratory fashion. Shotter calls this exploratory fashion ‘witness thinking’. ‘Witness thinking’ means ‘to know what we are doing while we are doing it, but which we didn’t plan in detail before we embarked on it’ (Shotter, 2011:2).

‘I have called this alternative approach to imaginative, exploratory thought, witness-thinking, to contrast it with our much more usual style of exploratory thought in which we think about things in terms of some kind of representation, that is, picture, of them. It involves imaginatively thinking from within a moment of acting, with the voice of another or with a detailed concrete circumstance in mind. For, as we shall find, such events can provide us with action-guiding anticipations as to how we might act next in relation to the particular difficulties we might face, in each unfolding-moment by unfolding-moment, in such a circumstance’ (Shotter, 2011:2).

Shotter describes an ‘in-between space’ between sensing and expressing. ‘We know that there is “something there” to be said, “something” that our words must somehow

express' (Shotter, 2011:36). Shotter describes the tension inherent to finding a way to go on inside this 'in-between space'. He illustrates it with an example from a therapy session described by Tom Andersen. Andersen, talking with a man that has beaten his wife and son, feels an invitation to say: 'Stop doing what you are doing'. He realises that corrective instructions often don't work. Andersen then asks the man whether his hand is open or closed when he hits. He asks: 'if your hand, on its way to hit, stopped and talked, what might the words be?' (Shotter, 2011:14) The client has difficulty understanding the question, and, noticing this, Andersen thinks about to himself that this is not surprising: for some people (maybe mostly men), in some situations, hitting out may be easier than finding words. Andersen asks: 'Do you have another side that wants something differently?' 'Sure' the man replies and together they explore this other voice. Andersen asks: 'where in your body will that voice be'. 'In my heart' the man said. Shotter comments:

'Here, clearly, Tom's task was not an intellectual one. He did not face a problem that could be solved by the use of reason. The difficulty he faced with the man was a difficulty of orientation, a relational difficulty, a struggle to do with how best to "go on" with such a troubled man'. (Shotter, 2011:15).

In section A, I used the earth-territory-map diagram to describe processes of navigating life. I expanded it by including 'not getting it', 'getting it' and 'witness thinking' in the diagram. The earth is our potential, a materialized reality, dynamic and unknowable. We can't 'get it', parts of it are beyond our powers of perception, but nonetheless exert influence over our lives. In between the earth and the territory we can sense what unfolds without actually knowing what it is. Our body responds spontaneously (Shotter, 2011) within 'the feeling of what happens' (Damasio, 1999). From within we navigate life through 'witness thinking'. The territory refers to the experience we have perceived and the stories we have lived. In between the territory and the map we are trying to express what we have perceived in language. The map refers to frames of reference, stories told, discourses, constructs, narratives, and storylines that shape, permit and limit our response space.

<b>Earth</b>	<b>Difference in between</b>	<b>The Territory</b>	<b>Difference in between</b>	<b>The Map</b>
Reality, dynamic and unknown		Life and stories lived (How we perceive and shape life)		Stories told (Discourses, constructs, narratives, storylines)
<i>Aion</i> , a natural drift	'Not getting it'	Navigating	'Getting it'	Orientation
<b>Response-ability</b>	<b>Spontaneously responsiveness</b>	<b>Witness thinking</b>	<b>Reflexivity</b>	<b>Response space</b>

Fig. 1 Earth-territory-map (repeated p.37)

## Navigating complexity (II)

'Not getting' it, 'knowing from within' and 'getting it' are ways of navigating complexity. Living systems anticipate in response to unpredictable conditions, looking for a fit that makes a difference that matters. We navigate complexity when we try to control a situation (try to find a solution by exploratory thought) or when we orient ourselves within the flow of life (reacting to, or reflecting on, the feeling of what happens – finding ways to go on). I distinguish four ways of navigating complexity based on control, flux, and reflection: they are reactive, directive, spontaneously responsive, and reflexive responses to complexity.

<b>Navigating complexity</b>	Non-reflected	Reflected (in action)
In control	<b>Reactive</b>	<b>Directive, strategic</b>
In flux	<b>Spontaneously responsive</b>	<b>Reflexivity</b>

Fig 2. Navigating complexity

## Systemic Inquiry

'A further methodological issue arises as a result: the advanced, biogenetic structure of capitalism as schizophrenic global economy does not function in a linear manner, but is weblike, scattered, and polycentered. It is not monolithic, but an internally contradictory process, the effects of which are differentiated geopolitically and along gender and ethnicity lines, to name only the main ones. This creates a few methodological difficulties for the social critic, because it translates into a heteroglossia of data that makes both classical and modernist social theories inadequate to cope with the complexities. We need to adopt nonlinearity as a major principle and to develop cartographies of power that account for the paradoxes and contradictions of the era of globalization and do not take shortcuts through its complexities.' (Braidotti, 2011:136)

Gail Simon (2014) argues that 'Systemic Inquiry is a form of Qualitative Inquiry, in which methodology is treated as an emergent and ethical activity' (2014:3). Simon invites systemic practitioner-researchers to choose or develop their research methodology by adopting a systemic approach, a social constructionist critique, and a degree of irreverence, 'to ensure an ethical and ideological fit to our practice' (Simon, 2014:4).

Systemic researchers do not set out to be objective observers. On the contrary, they allow themselves to be changed by what they find. Leppington (1991) advocates for 'the socio-political-philosophical contextualisation of method and theory' (Simon, 2014:7). Alvesson and Karreman (2011) suggest that researchers do well to focus less on data and more on how data are constructed for theoretical reasoning.

'The researcher develops theoretical ideas through an active mobilization and problematizing of existing frameworks data, theory. Researcher and researched are fused within conversations' (Alvesson & Karreman, 2011:3).

Systemic research may be **practice-based** (Swisher, 2010), **generative** (Alvesson & Karreman, 2011), and/or **collaborative** (Anderson, 2012).

In the **practice-based** model, practice informs research and vice versa (Swisher, 2010). Practitioners do not simply reproduce evidence-based treatment models. They can work simultaneously as researchers and practitioners, measuring and documenting real-world practice just as it occurs (Swisher, 2010). Practice-based evidence means: No therapy is provided without measuring effects, and no research is done without reference to the practice itself (Hafkenscheid, 2007). Practice-based research may be capable of bridging the wide gap that exists between research and the practice of couple/family therapy (Dattilio, Piercy, & Davis, 2014), if researchers, practitioners, and participants can together develop sustainable practice-research collaborations and networks.

In **generative** research (Alvesson & Karreman, 2011), the researcher generates – co-creates – theory rather than mirroring reality or looking for justification. The main

question is how to find new possibilities, interpretations and ways to go on, instead of answers. Language is not seen as representing an external reality, but as a useful tool to describe and shape the world we are living in (Wittgenstein, 1953).

Theories of science theories fall roughly into the following categories

- (1) Logical positivism: there is an external reality to be discovered and known.
- (2) Logical constructivism: a logical match is possible between coherent experiences and an external reality.
- (3) Social linguistic constructivism: Our experiences are contingent on the biological and cultural (linguistic) structure of the observer.
- (4) Social Constructionism: Our sense of reality is the result of interactions within communities within certain frameworks of meaning.
- (5) Post-human: Our sense of reality arises from complex multi-actor movements on the part of humans and non-humans, within nature, culture, and technology. Reality is 'out there', dynamic and unknown. In research we should open up space for what is imperceptible, what is structurally determined, and what we make of that in our interactions within communities within the existing frameworks of meaning.

Theories 1 and 2 are based on proposition logistics. Researchers adhering to these theories believe that a language of logic could represent a world based on the laws of logic. Theories 3, 4 and 5 propose research as a generative practice. The difference has consequences for the research methodology proposed.

Research methodology can be roughly divided into the following categories:

- (1) The explanatory approach. This approach amounts to 'filling in gaps'. A researcher posits a theory, formulates a hypothesis, tests the hypothesis, and confirms or modifies the original theory in accordance with the findings. The researcher tests, proves, and explains.

- (2) The discovery approach. The researcher does not start from a theory, but creates a theory, collecting data within an empirical reality. The researcher discovers and explains.
- (3) The constructionist, generative approach. The researcher constructs from within rather than representing an outside world. The researcher describes experiences and generates new ideas.

In approaches 1 and 2, the researcher sets out to discover – objectively – ‘something out there’. In approach 3, the researcher tries to co-create a ‘locally relevant theory’ (Alvesson & Kärreman, 2011:24). The researcher proposes a theory (a coherent experience of experiences (Maturana & Verden-Zoller, 2008) that is only valid if accepted as coherent, generative and useful by the relevant community (Validity from within). The criterion of ‘acceptance’ implies that in this case, the researcher involves the community, not as subjects but as co-researchers. This is **collaborative** inquiry (Anderson, 2014).

‘Research becomes a decentralized process of learning and knowing that brings in the voices of the people – the so-called subjects that the so-called researchers want to learn from – as active participants in learning with each other. It flips learning about to learning with’ (Anderson, 2014:70).

In conducting a systemic inquiry, we move away from a generalising theory towards a context-specific knowing (Simon, 2014). Different situations, territories, language games must not be conflated. We co-create theory and practices, valid from within, in polyphonic interactions and collaboration with communities of care (Walker, 2007). We explain particular coherent experiences with other coherent experiences (Maturana & Verden-Zoller, 2008) and propose a locally-relevant generative mechanism. Systemic inquiry encourages reflexive dialogues about the differences of knowledge and knowing and know-how (Bateson, 1979), reflexive dialogues that open up space for territories of expression (Gergen & Gergen, 2002: 14) and a multiverse with polyvocal participation (Simon, 2014:13).

### B.3 Systemic learning

'Problems are solved, not by giving new information, but by arranging what we have always known.' (Wittgenstein, 1953, aphorism 109).

#### What is a system?

A system is a 'unity of differences' (Guattari, 1996). A living system unifies unrelated parts, without totalizing them. Guattari (1996) speaks of the *chaosmos*. A living system needs both sufficient order and sufficient disorder in order to remain an identifiable and flexible entity, interconnected and open to change. A system is a 'fixed (enough) arrangement of components, or factors, with stable (enough) capacities that in the right sort of stable (enough) environment (medium) will, with repeated operation, give rise to the kind of regular behaviour that we represent in our scientific laws. (Cartwright, 1999:50). 'Fixed enough' is important here. Not all components are equally coupled, nor do all serve the system's repeated operations within the specific environment.

Cybernetics, responding to criticism of its mechanical metaphors, developed instead a socio-cybernetic approach (Luhmann, 1984) to describe events in complex adaptive social systems. In the physical world, systems are governed by the laws of nature. In the social domain, behaviour is governed by rules generated by the social system itself. These internal rules generate the relationships and cultural boundaries in the network, the response space.

'Each social system, a political party, a business organisation, a city, or a school – is characterized by the need to sustain itself in a stable but dynamic mode, permitting new members, materials, or ideas to enter the structure and become part of the system. These newly entered elements will generally be transformed by the internal organization (i.e. the rules) of the system' (Capra & Luisi, 2014:137).

A system co-evolves within the niche of its medium (that is, the range of environmental conditions). System and niche change together congruently and spontaneously. Together they conserve and develop patterned ways of relational becoming. The system, organism interacts with the medium in a 'cognitive' way (Maturana & Varela, 1980). The organism 'knows' how to respond and co-create an environment within the medium that permits its actualisation (Capra & Luisi, 2014).

A spider creates a web, depending on its environment, between branches and in the wind – a web that permits its existence. Social systems develop patterned ways of becoming in relation to other systems and within a self-referential context of meaning that permits their actualization and existence.

Elements such as cells, organs, bodies, couples, families, subcultures, populations, humans, species, 'humanimals', cyborgs, and so on – are systems within systems within systems. Systems and their medium conserve and develop manners of living. In so doing, they form a configuration, a new system of components, a productive multi-actor network. An entity is self-organising (autopoietic), productive in relationships, and part of an ecology.

1. Self-organising (autopoietic)
2. Relationally productive
3. Part of an ecology

### **Autopoiesis, structural determinism and coupling**

Living systems are self-organising, autopoietic, and yet strictly dependent on their environment (Maturana & Varela, 1987). Systems co-evolve within the niche of their medium and co-adapt in an unpredictable spontaneous interaction. To survive, the system maintains balance (equilibrium) and transforms (creating disequilibrium) in response to unpredictable environmental conditions. The chances of evolution are increased where a system develops a wider variety of adaptive responses – response-abilities.

The system's structure (its reservoir of response-abilities) determines how it will behave. Take the game of billiards, for instance. It is the structure of the ball, rather than a cause and effect relationship, that determines what may happen in the game (Dell, 1985). Bateson (1972) illustrates structural determinism by using the example of the different chain of events that occurs when we kick a dog, compared to when we kick a stone. The difference in response depends on their structures, and structures together define the interaction between them. Cats greet each other by making nose-to-nose contact. Dogs greet each other by sniffing each other's



behinds. When cats meet dogs, they often run in circles. A spontaneous, playful new interaction emerges.

Structure is not static. Reservoirs of response-abilities undergo transformation through intra-action (Barad, 2007) in a process of coupling and decoupling (Maturana & Varela, 1978) between systems. A 'coupling' is the fit between co-adapting systems in changing conditions. It is a match that has consequences for both the system and its medium. The various matches that may exist between a human body, oxygen, food, and poison are all very different and are dependent on the structures involved. Falling in love is a process with consequences that are entirely different from the process of getting an infection (Kleinherenbrink, 2017).

Structurally determined systems change in the process of co-adapting, coupling and decoupling, in the co-creation of new configurations, newly-composed unities of different components. Neither nature nor culture generates life. Life emerges when systems collide, decouple, couple and generate new systems, configurations, multi-actor networks, cultures. Every meeting, collision, crash between systems in multi-actor networks provides a construction moment (Kleinherenbrink, 2017) for their structures, reservoir of response-abilities and productive opportunities.

1. Collisions happen one moment at a time in the 'here and now'.
2. Response-abilities are the results of couplings and decouplings that have taken place in the past.
3. With the production of a new configuration or system we shape a future.

### **Knowing how to respond**

'To know has become to live, to live has become to know' (Maturana, 1982:18)

Maturana posits that living systems are cognitive systems. They know how to respond in the world. A stone knows how to respond to its environment. My cat knows how to respond when she needs my attention because she is hungry. A wild animal knows how to respond in more different ways than a stone or a domestic

animal. Systemic learning occurs in the process of responding to unforeseen conditions or events.

'A cognitive system is a system whose organization defines a domain of interactions in which it can act with relevance to the maintenance of itself, and the process of cognition is the actual (inductive) acting or behaving in this domain. Living systems are cognitive systems, and living as a process is a process of cognition. This statement is valid for all organisms, with and without a nervous system' (Maturana and Varela, 1980:13).

According to Pearce (2008), the difference in systemic know-how between non-living, living, and human systems is a difference in the way they coordinate their actions and manage their meaning. Pearce illustrates the difference by comparing grains of sand, a pack of wolves, and interacting human beings.

- (1) Grains of sand respond to gravity and other grains if you drop them on top of each other. They form a pile in an orderly shape. There is no autopoiesis, no self-repair. When the pile is out of balance it will fall.
- (2) A pack of wolves will coordinate its interactions. There is autopoiesis and self-repair in the pack. Any wolf that challenges the existing power relations will be killed or disciplined – or alternatively it will emerge the winner, receive support, and thus change the structure of the pack.
- (3) Human beings coordinate their interactions and manage meaning. There is autopoiesis, self-repair and the construction of meaning. Like wolves, human beings challenge their place in the social order, but unlike wolves, they belong to more than one social order and (also unlike wolves) they redefine meaning. If children fight, each may tell their mother 'he started it'.

Systemic know-how or intelligence depends on the richness of the variety of response-abilities and productive opportunities within a response space. Learning is the result of adaptation to unpredictable conditions or events in the spontaneous interaction between and within systems in the medium.

## **Opening up zones of unforeseen connections**

Systems learn in the spontaneous interaction between and within systems in the medium. Maturana argues, for example, that our ancestors did not develop language intentionally. Language was not necessary to survival, but rather resulted from a spontaneous, structurally-determined 'natural evolutionary drift' (Maturana & Varela, 1990).

'Moreover, we maintain that living in languaging arose not because it was necessary for the survival of our ancestors, or in any way advantageous, but merely as a result of their manner of living together' (Maturana & Verden-Zoller, 2008:62).

We do not follow a necessary design when we learn. What systems learn becomes necessary in the course of the making process. Learning happens in coherent transformations between systems and unforeseen conditions or events through coupling, decoupling, and conservation over time. According to Maturana and Varela (1990), the natural evolutionary drift resembles a 'vagabond sculptor' that randomly links accidental findings that fit together.

When systems are only determined by their structure they are fully captured by their own rules and response-abilities.

'Structure-determined systems are perfect in the sense that they never make mistakes. It is behaving in the only way that it can behave in those circumstances according to the structure' (Dell, 1985:11).

A living system is a unity of differences that does not totalize its elements. Fully attuned symmetrical or harmonious relationships do not exist (Kleinherenbrink, 2017). Any world that were to emerge from fully attuned symmetrical or harmonious relationships would be stable and static. Our world is not stable and static. It takes energy to keep things in their place. All the connections that are made are characterised by hesitation, deficient anticipation, and erosion, wearing and tearing and faltering.

Systems are not determined solely by their coupled components. Not all components are coupled equally and in the service of the repeated operations of the

system in the medium. There are loosely-coupled components (Ashby), free components (Maturana), or untamed elements (Deleuze). In a school, for example, we can easily identify elements that do not serve the dominant operation of being a school: there is a hot summer sun shining through the window, distracting the students, there are spiders in the corners, there is a lost toy in the corridor, the headmaster is having an affair with the secretary, and the staff are gossiping about it. No narrative can embrace the totality of what has happened; there are always details that have gone unnoticed, and secondary stories that are implicit but untold (White, 2007).

Loosely coupled, free or untamed components are primarily active in the margins of the system; the centre serves the system's dominant operations. The elements at work in the margins are open to change, to finding a niche for new couplings or configurations that may come as a surprise. These new configurations may become necessary in the making process; they may expand the reservoir of response-abilities and the response space, and be capable of systemic conservation in and between systems within an embedding matrix.

Systemic learning involves the expansion of both the reservoir of response-abilities (structural changes through intra-actions in a multi-actor network) and the response space (reflexivity through exchanges, interaction within communities of care). It is not possible for us to control change or to give instructions to cause change from the position of an outsider. Observers, teachers, consultants, and therapists play an active role in the system that they are observing, teaching, supervising or treating. They can open up zones of unforeseen connections (Deleuze) and reflect on what emerges, on 'differences that make a difference'.

### **Learning systems**

Living systems are autopoietic, self-organising or self-learning systems. We have seen that systems conserve and develop manners of living, make and break patterned habits, through generations and within bio-cultural contexts that permit their existence. They do so through feedback mechanisms. Feedback is classified as positive or negative on the basis of its effect on the system, not on its content. The effect of negative feedback is to maintain structural constancy (morphostatic), while

positive feedback produces a deviation in the variability of response-abilities, structural change, through intra-action (morphogenic).

Control and causation (in the sense of interaction that provides instructions) do not exist. Only difference can trigger a response (Bateson, 1979). The world is not causally determined, as Newton argued, but structurally determined within response spaces that permit ways of living together differently. A mother seeking to find effective ways of behaving with her second child will need to discover and use only those methods that fit that particular child (Dell, 1985). Mother and child will find unique ways that are suited to them if they systemically trust their abilities to connect.

Maturana identifies systemic trust as a condition for learning. A butterfly systemically trusts the world to satisfy its needs when it struggles free of its cocoon and flies into that world. Mistrust leads to systemic blindness (Maturana & Verden-Zoller, 2008) and the urge to control and manipulate the world. There is a difference between trying to control the world and trying to influence it. Seeking to control means trying to manipulate what happens in ways that correspond to our expectations. We exert influence and learn how to anticipate when something unexpected takes place.

How do systems learn how they learn? This process may be understood from diverse perspectives: positivist, constructivist, constructionist, and the perspective based on complex-systems theory.

- (1) From the viewpoint of positivist epistemology, knowledge exists independently of the learner. First-order learning is functional and informative education. Learners adapt their behaviour to external norms and expert knowledge.
- (2) From the viewpoint of constructivist/cybernetic epistemology, learners construct knowledge. Second-order learning, as the result of reflexive dialogues, occurs when assumptions and aspirations become the subject of our learning.
- (3) From the viewpoint of constructionist epistemology, learners construct knowledge not as a reflection but as an artefact of communal interchange

(Gergen, 1985). In the process of social constructionism, we co-create collective frames of reference, a cultural environment that makes our existence possible.

(4) From the viewpoint of third-order cybernetic, complex-systems theory, learners learn how to learn in unpredictable circumstances, as a result of first and second order learning and the social construction of frames of reference. This implies learning about the contexts in which experiences of repetitive interactions are formed, maintained, and altered (Visser, 2003).

<b>Epistemological approach</b>	<b>Systems</b>	<b>Learning</b>	<b>Learning by</b>
Positivism	Closed systems	First order: Single loop learning	Adaptation to external norms or expert knowledge.
Constructivism	Open systems	Second order: Double loop learning	Reflexivity. Triggering structural changes within the system that open up new possibilities for connection.
Constructionism	Belief systems	Collective construction of meaning	Co-construct a collective frame of reference that fits.
Complexity Theory	Complex systems	Third order: Deutero-learning	Learning how to learn. (1) Deutero-learning (2) Meta-learning

Fig. 3 Perspectives on learning

Learning how to learn, in cybernetic terms, is ‘third-order learning’. Visser (2003, 2007) distinguishes different kinds of third-order learning. He uses Bateson’s (1972) concept of deutero-learning to describe a kind of learning that is a creative, often implicit, unconscious adaptation in response to patterns of conditioning. Visser describes meta-learning and planned learning as other kinds of third-order learning. Essentially, they are structured inquiries about processes in which single-loop and double-loop learning take place. My thesis about Practice Based Evidence Based Practice focuses on meta-learning or planned learning. Together with family members, we learn how we may learn, in order to improve collaboration and development.

## **B4. Practice Based Evidence Based Practice**

This section expounds on the main concept in my thesis: 'Practice Based Evidence Based Practice' (PBEBP) as a form of systemic inquiry that describes and generates systemic learning.

I have worked as a systemic therapist, teacher and supervisor at different mental healthcare institutions in the Netherlands. Some time ago, a company manager asked my colleague Bruno Hillewaere and me to implement a standardised systemic therapy. We deliberated as to whether we could commit to a single model or treatment manual and decided that we could not. Instead, we developed, described and researched our own family therapy practice. We developed a 'fluid' manual of Feedback-informed Systemic therapy. We call our approach Feedback-informed Integrative Therapy within Systems (FITS). With FITS we seek to balance structure with spontaneity in a way that allows for a methodical exploration of uncertain processes and outcomes. The therapist uses a manual and a time frame on the one hand and co-creates an appropriate configuration of theory and procedure in dialogue with family members on the other.

FITS is a Practice Based Evidence Based Practice. Accountability is provided by using a fluid manual, multi-method research, and collaborative inquiry. The outcomes of research serve as the input for collaborative learning in the system that the therapist and family members co-create together. Practice Based Evidence Based practice implies that no therapy is provided without measuring its effects and no research is done outside of the practice itself. The therapist and family members examine the effects of their cooperation in collaborative research. The output of research is input for therapy and for the reconstruction of the fluid manual.

I developed FITS as PBEBP in five domains (fig. 3). (1) Manualisation. We (Hillewaere and I) co-created a 'fluid' manual of Feedback-informed Systemic Therapy. (2) Coordinated improvisation. Therapists improvise in unpredictable situations within frameworks of meaning. We coordinate our improvisations when

we are able to reflect on the connections and frameworks we devise together. (3) Systemic feedback. We organise structured feedback, discuss developments and collaboration, and learn how to improve collaboration. (4) Collaborative learning, which is central to this approach, is enhanced in the process of improvisation, feedback, and research. By using feedback and collaborative inquiry, we learn how we can learn together. (5) Multi-method research. Using quantitative and qualitative data, I explore the way in which a therapist can navigate on the basis of coordinated improvisation and collaborative learning in Feedback-informed Systemic Therapy.

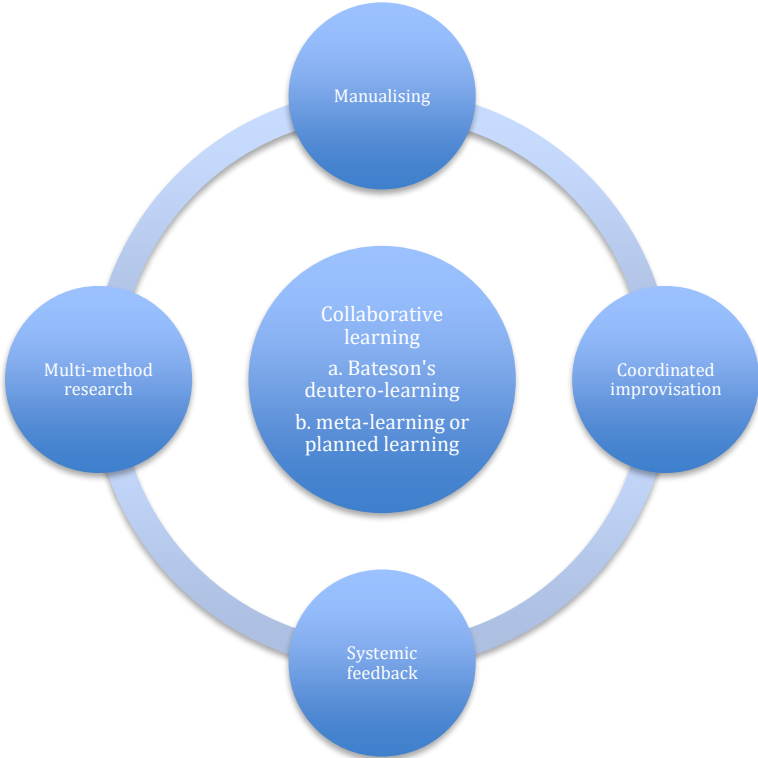


Fig. 4. Practice Based Evidence Based Practice



## **B.5 Manualising**

With FITS I set out to create accountability for unplanned organic processes as the main focus of our practice by co-creating a fluid manual and conducting multi-method research. Co-creating a manual is not an obvious move, and it might even be considered controversial from a constructionist perspective. Tilsen and McNamee question the use of manuals: 'EBP often relies on manualised approaches, thus silencing creativity in the therapeutic practice, marginalizing relational inclinations, restricting therapists' capacity to respond to clients' unique circumstances' (Tilsen, McNamee, 2015:125). They argue: 'When we view therapy as social construction, we are not particularly interested in predetermining what sort of interactions will produce transformation' (Tilsen, McNamee, 2015:127).

Developing FITS as PBEBP, we are interested in learning what kind of interactions produce transformation, in the local sense. What works for this particular therapist and these particular family members in their particular collaboration setting? Therapists improvise, but they do so on the basis of knowledge, skills, and values. The organisational adviser and former jazz musician Frank Barrett (2012) links the art of improvisation to training in skills and learning standards, as applies in the world of jazz. He quotes the jazz legend Charles Mingus: 'you can't improvise on nothing; you got to improvise on something' (Barrett, 2012:67). We improvise in therapy, based on our knowledge and skills, clustered in a coherent and flexible narrative, our 'fluid' manual.

Escudero (2012) promotes the use of treatment manuals for research in systemic family therapy, while noting that such a view is a 'heresy'. He argues that a treatment manual, used to promote reliable outcome research and reproduction, should be the operationalisation of the independent variables in research, and therefore a precise description of the precise, time-framed steps taken by the therapist. The therapist is only part of the procedure, and the therapeutic relationship is a confounding variable (Escudero, 2012). This clashes with core

values in systemic, constructionist family therapy. Relational communication between therapist and family members during therapy sessions is fundamental when explaining the therapeutic process. Nonetheless, Escudero argues that adopting manuals for research is the best way to answer questions such as how family therapy works, what qualifies as 'good' therapy, and whether therapists actually do what they say they are doing. He proposes the integration of empirically-informed guidelines into practice and encourages process-outcome research, coherent with the systemic model and in a way that does not constrain the therapist's creativity.

'Such guidelines allow therapists to use manuals flexibly so that they deepen the understanding of the process of therapy' (Escudero, 2012:106).

Our challenge, in co-creating FITS, was to develop a manual that was coherent with personal, systemic, and constructionist values and useful for reliable research. We learned to see the manual differently, not as an operationalisation of the independent variables but as what Anderson has called 'a necessary myth':

'The complex interplay of a therapeutic orientation (myth), including its specific techniques (ritual), within the context of a healing setting and a relationship that provides the needed ingredients for successful psychotherapy' (Anderson et al., 2010:157).

The manual provides a culturally acceptable rationale for change and is in line with the idea of 'allegiance': a shared theory of change and agreed directions in therapy promote commitment towards collaboration. Therapists and clients together negotiate a collective frame of reference that permits them to undergo family therapy, to challenge dominant ideas, to break repetitive patterns and to do something unusual towards seeking beneficial change.

'Manualising' refers to a process of describing, re-describing and adapting a 'fluid' manual as a result of learning by feedback. It enables us to present FITS as a coherent and flexible narrative, open to exploration, critique, and development. We do not desire to generalise knowledge or to establish a uniform approach. Rather,

we constitute a 'learning community' and set out to learn how therapist and family members learn together.

## **B.6 Coordinated Improvisation**

'Thus, as I see it ... a "therapeutic moment" occurs when a uniquely new "something" – created in the dialogically-structured exchanges occurring in the dynamics of the unfolding relations between us – enters us, and as a result, opens up previously unnoticed new ways forward into the future, by creating new expectations within us as to what will happen next in our current situation' (Shotter, 2011:771).

### **Spontaneous interplay within a zone of unforeseen connections**

Systemic learning (developing and conserving ways of living) happens in a spontaneous interaction (Maturana & Verden-Zoller, 2008) between response-able systems within a response space (a space that permits, limits, and validates ways of living). We expand our reservoir of response-abilities and response spaces when we open up a zone of unforeseen connections (Deleuze), respond to and reflect on what surprises us.

Systemic learning, a transformation of living together, starts when the actual consequences of an action strategy do not correspond to the expected consequences (Visser, 2007). At these unique moments of discrepancy, we learn – provided we are able to creatively respond and reorganise ourselves in a "fitting" manner to what spontaneously occurs.

The FITS therapist improvises, and invites family members to improvise, at moments at which they have previously tended to get stuck in repetitive patterns and fixations. We escape from these patterns and fixations if we co-create a 'zone for unforeseen connections' and allow for some randomness and disorder in our interactions.

### **Irreverence**

Each social system is made up of different components that are related through patterned interactions, within frames of reference. Systems transform and maintain

their equilibrium through feedback, self-correction, in response to dynamics in the medium. Transformation implies risk-taking. Outcomes are unpredictable. Under stress we sometimes try to avoid change. People within stressed systems often repeat unproductive patterns that fit their self-referential frameworks. People tend to see what they believe in.

As a therapist, I am part of the system with which I am working. I participate in both the productive and unproductive patterns we are making together. A therapist may unintentionally reinforce those unproductive patterns. If I take too much control, the client may lose control. If I teach too much, the client may become a slow learner (Cecchin et al., 1992). The more I help, the more family members feel helpless. The more I adopt a certain distance, the more they need me. If I comfort one particular family member, I am depriving the others of comfort. It is my firm belief that I cannot change other people or their behaviour. I can only change myself, my contribution to patterns, trigger different responses, and explore the effects in the way an event unfolds, in discovering other ways of living together.

Gianfranco Cecchin (1992) teaches therapists to become 'irreverent' in order to maintain a reflexive stance if they find themselves getting stuck in therapy. Within a particular system, a therapist may participate in repetitive, unproductive patterns and get sucked into rigid hypotheses or preferred stories about clients or therapy. Becoming irreverent means that the therapist is open to different orientations without getting sucked into any of them. The therapist should be able to abandon a theory that had previously proven effective in other therapies. It requires irreverence to maintain a reflexive stance – and vice versa.

If a therapist becomes frustrated, this is a sure sign that the therapist is too firmly attached (reverential) to his own theory or story. No theory or story can capture the entire event. A single hypothesis will not do: the challenge is to co-create several hypotheses, some of which may be odd or even outlandish. It may be helpful to ask oneself: 'what good reasons may these family members have for doing what they are doing?' and to compliment a family member for displaying behaviour that is considered problematic (Cecchin, et al., 1992). According to Cecchin, the key to

accessing irreverence is having the courage 'to recognize the source of frustration and take action in questioning his (her) own theory about the situation, instead of being protective of himself. That's the art of being irreverent' (Cecchin, et al., 1992:21).

Cecchin (1992) was called in as a family therapy consultant in a case involving a girl who had been hospitalised for a long time. Her symptoms became worse whenever the subject was raised of her being discharged from the ward. Cecchin decided to adopt an irreverent stance. He told the psychiatrist: 'You have been treating this girl in quite the wrong way'. He complimented the girl on deciding to stay in the hospital and told her parents that their daughter would not be able to deal with the problems at home: 'Your daughter might leave her mother alone to deal with mourning the loss of her son through marriage.' Then he told the psychiatrist: 'It is clear that every time she improves a little, and you want to discharge her from hospital, she has to get worse. Could you stop doing that? Could you let her decide when she is ready to go?' The parents found the consultation session a disappointment. 'Is that all?' they asked. A few weeks later the girl announced that she would be ready to leave in two weeks' time (Cecchin, et al., 1992).

### **Reflection in action**

Improvisation has been defined or described as 'the art of adjusting, flexibly adapting, learning through trial-and-error initiatives, inventing ad hoc responses, discovering as you go' (Barrett, 2012:12), an embodied performance of self-readiness (Goldmann, 2010), and a risk-taking activity. Shotter (2007) discusses readiness and risk-taking in therapy in his article 'Tom Andersen's way of being Tom Andersen'.

'He had a composure that manifested a readiness – after a pause, after a moment of 'inner dialogue' – to respond in a 'fitting' manner to whatever might happen. But to live like that, to live in that moment of risk and uncertainty, to live with the fear of having to act, yet not knowing whether your action will be 'fitting' or not, being able to trust that if it wasn't, then others will help out, requires, I now think, a special kind of way ... that I think we need constantly to remind ourselves of' (Shotter, 2007:19).

The improvisational therapist is sensitive to whatever happens or comes to mind and 'reflects in action' (Rober, 2011). Therapists who join the family system often feel encouraged to react and sustain repetitive, unproductive patterns. Reflexive therapists will monitor these implicit promptings (be careful, comfort, protect, take over) and reflect on the possible negative and perpetuating effects of their contribution to the existing patterns. They will listen to the 'inner dialogue' and ask themselves: 'What is it I am being encouraged to do? What pattern am I sustaining? How can I make a difference?'

'This reflection-in-action reveals itself in the thousands of small and ordinary questions the therapist asks him/herself in his/her inner conversation during his/her talks with clients: "What will I say? What will I ask? To whom? What do they expect from me? What will I do next?" and so on' (Rober, 2010:159).

### **Improvisation theatre**

To learn the art of improvisation performance I took some improvisation theatre classes, where I was instructed in the following principles and skills:

- (1) To say 'yes, and so ...'. The first principle taught was to say 'Yes, and so ...'. People experiencing stress tend to say either 'no' or 'yes, but'. To say 'yes, and so ...' implies accepting the existing situation while at the same time adding something to it.
- (2) The OODA loop. The second principle taught was the OODA loop. The improvisation game unfolds. The improviser has to make many fast decisions. The OODA loop is a theory used by military pilots. It stands for the sequence: Observe, Orient, Decide, Act, Observe, Orient, Decide, Act etc. The improviser using the OODA loop orients, make fast decisions, acts and explores the effect to take decisions and to go on.
- (3) Fit and difference. The third principle was to make a fit and a difference. When we say "Yes, and so ...", thus deciding to add something to the situation, there needs to be both a fit and a difference for a story to continue. This principle reminds me of Tom Andersen's (1991) phrase 'something unusual but not too unusual'.

(4) Let the other person shine. The fourth principle was to 'let the other person shine'. In improvisation theatre, it is very important that everyone's contribution helps others to shine.

### **Coordinated improvisation**

I use the concept of coordinated improvisation. The FITS therapist improvises on the basis of knowledge, skills, and values that are set down in the 'fluid' manual FITS. The FITS therapist senses, monitors prompts or encouragements ('invitations') to act in a certain way, and reflects through inner dialogues, responding to self-reflexive questions such as 'What is it I am being encouraged to do? What pattern am I sustaining? How can I make a difference?' A therapist's response, whether spontaneous or considered, may be reactive or reflexive. In a reactive pattern we sustain repetitive patterns. In reflexive patterns we open up space for new connections, frames of reference, for something new to happen. Learning as a result of the therapist's improvisation widens our variety of possible future responses in indeterminate interactions. A therapist who improvises is never certain about the outcome, but adopts a relational responsibility (Gergen) by requesting feedback about the collaboration and developments.

## **B.7 Systemic feedback**

Feedback-Informed Therapy or FIT (Hubble, Duncan, Miller, 1999), as frequently used in systemic family therapy, is an APA-registered evidence-based practice. In FIT, the therapist takes responsibility for creating a culture of feedback, using two scales: the outcome rating scale (ORS) and the session rating scale (SRS) (Miller, Duncan, 2000). Exchanges based on the ORS and SRS make it possible for clients to tell us what is not working well, when we are not being helpful, and when we need to make changes in order to keep the dialogue going in a meaningful way (Bargmann & Robinson, 2012).

As a systemic therapist, I consider the focus in FIT to be relatively individualistic. The ORS/SRS scores represent individual perspectives. The 'identified patient' remains the central focus if only his/her well-being is rated in scales. The SRS

evaluates only the collaboration between the therapist and the family; it leaves out other collaborations. With FITS, we (Van Hennik & Hillewaere, 2017) add the 'S' of systemic therapy to the acronym. We look at the entire system that the therapist and family members constitute together. We developed and use the FGRL (Family Goals Rating List) to negotiate personal and family goals (that can – and often will – change over time). Family members rate how they collaborate as a group to move closer to their goals.

In FITS, feedback is used as in FIT and also in much the same way as in cybernetics (Von Foerster, 1984). Cybernetic theory can help to clarify collaborative learning through feedback in the system we constitute together. The system that the therapist and family constitute together may be seen as a 'self or social learning system' (Beats, 2006, Blackmore, 2010). Living systems are self-organising (autopoietic) and strictly dependent on their environment (Maturana & Varela, 1978). System and environment undergo transformation together in mutual relationships. Learning is an expression of structural coupling. Environmental influences trigger structural changes, but do not direct or specify them. A learning system co-evolves, renews its structure, and expands its variety of response-abilities, through feedback, reflexivity and within life's ever-changing dynamics and response space.

'A community that maintains an active network of communication will learn from its mistakes, because the consequences of the mistake will spread through the network and return to the source along feedback loops. Thus the community can correct its mistakes, regulate itself, and organise itself' (Capra & Luisi 2014:96).

## **B.8 Collaborative learning**

FITS, applied as Practice Based Evidence Based Practice (PBEBP) means that the therapist is both practitioner and researcher. The therapist involves clients as co-researchers. Therapist and clients together examine the effects of their collaboration. The output of research is input for therapy in the 'collaborative learning community' constituted together. Anderson (2012) refers to training and supervision groups as 'collaborative learning communities'. Therapist and family



members alike learn, through feedback, how to become an effective team, to collaborate in ways that will benefit all members as well as the group as a whole.

Collaborative learning means mutual reflective learning. Therapist and family members become partners in dialogue who work, create, and learn together. They appreciate and value each other's expertise, truth, knowledge, and experience as equals. They share in participation, accountability and responsibility (Anderson & Burney, 1997, Anderson, 2012, 2014).

Collaborative learning entails asking the question: 'How do we learn how we learn?' The therapist and family members examine how they learn through collaboration (see fig. 3). In this collaborative inquiry we distinguish zero, first and second-order learning, co-constructing frames of reference, and third-order learning, or learning how to learn (see fig. 3).

- Zero-order learning occurs when we sustain repetitive patterns without reflecting on the 'why' or 'how' of this interaction.
- First-order learning is learning by instruction, through adapting to external norms or expert knowledge.
- Second-order learning is learning through reflexivity, triggering structural changes within the system that open up new possibilities to connect. The 'knower' is not seen as separate from his or her knowledge. Knowledge is defined as knowing how to go on.
- Co-constructing frames of reference that fit makes it possible to explore different ways of living together and to expand the response space.
- Third-order learning means learning how to learn.

Visser (2003, 2007) describes third-order learning and refers to Bateson's concept of deutero-learning and meta-learning or planned learning. Bateson's concept of 'deutero-learning' (creative, implicit, unconscious adaptations) helps to illuminate coordinated improvisation as a collaborative learning process. Visser's concept of meta-learning or planned learning helps to illuminate my practice-based multi-method research approach as a collaborative learning process.

## **B.9 Multi- or mixed-methods research**

In my practice-based collaborative research I combine different quantitative and qualitative research methods – methods frequently seen as opposites: ‘Traditionally quantitative and qualitative methods have been presented as diametrically opposed to another’ (Sells, Smith, Sprenkle, 1995:200) and as ‘mutually exclusive and incompatible’ (Sells, Smith, Sprenkle, 1995:201). For many years, quantitative findings were presented as the only responsible means available to assess family therapy (Gurmann, 1983). Qualitative findings were often seen as non-replicable, not subject to disconfirmation, and not credible (Cavell, Snyder, 1991). On the other hand, various authors writing in the 1980s presented quantitative models as inadequate for systemic research because they take no account of context and are based on linear, reductionist paradigms (Allman, 1982, Tomm, 1983).

‘A historical antagonism between proponents of qualitative methods and quantitative methods had prevented recognition of the benefits to be gained by employing both methods (that is, a multi-method approach)’ (Sells, Smith, Sprenkle, 1995:199).

Recently, many authors (Chenail, 2005, Tashakkori & Teddlie, 2009, Plano Clark & Ivankova, 2016) have argued that quantitative and qualitative research are in fact perfectly compatible, and discuss the benefits of integrating them in mixed or multi-method research designs. For example, a researcher might conduct an experiment (quantitative method) and subsequently set up an interview-based study with participants (qualitative method) to find out how they view the experiment and its results. Qualitative research can generate theoretical concepts related to a specific practice. The researcher can then substantiate these theories with the results of a quantitative study.

‘A multi-method researcher employs linearity of time and recognises the reciprocal bidirectional impact that qualitative and quantitative findings have on each other’ (Sells, Smith, Sprenkle, 1995: 2002).

A multi-method or mixed-methods approach is well attuned to my research questions about navigating complex learning systems and producing ‘validity from

within'. I use quantitative research outcomes as a way of entering into evaluative dialogue, and qualitative research to learn how we learn from these exchanges. Section C describes the way my research is designed.

## **B.10 Conclusion**

In this section I have set out my ecology of concepts and ideas, the response space from within I work, inquire, write, and learn. The systemic epistemology described here differs from modern, positivist, scientific epistemology. Conducting rigorous systemic research and explaining complex systemic processes presents a real challenge. Maturana (2008) has posited that an explanation can be called 'scientific' on the basis of both formal conditions (experiences are coherent and generative) and informal conditions (these experiences are accepted as coherent and generative by an observer). The criterion of 'acceptance' implies involving the community, not as the subjects of our research, but as co-researchers.

The systemic research I have described here is a practice-based, generative and collaborative approach. Practice-based research means that practice informs research and vice versa (Swisher, 2010). In generative research a researcher generates/co-creates a theory that fits reality rather than mirroring it. In collaborative research (Anderson, 2012, 2014), the participants are co-researchers. They learn how to learn in collaboration.

In the fluid FITS manual, we (Van Hennik & Hillewaere, 2017) use feedback as in cybernetics. A system co-evolves within the niche of its medium, maintains balance (equilibrium) and transforms (creating disequilibrium) in response to unpredictable conditions in the medium. Systemic intelligence, knowing how to respond, develops in the process of learning by feedback anticipating these unforeseen conditions and events.

FITS is a Practice Based Evidence Based Practice. Practice Based Evidence Based practice implies that no therapy is provided without measuring its effects and no research is done outside of the practice itself. The therapist and family members examine the effects of their cooperation in collaborative research. Accountability

and transparency are provided using a fluid manual and doing collaborative multi-method research. The output of research is used as input for systemic therapy and serves collaborative learning in the system that the therapist and family members co-create together.

## **Section C: Cartography, methodology and practice**

### **C.1 Introduction**

Deleuze sees *thinking* as the creation of concepts, and the ecology of concepts as an interconnected network of concepts. Deleuze describes the practice of connecting as ‘mapping’ or ‘cartography’. Cartography enables us to see and make connections that generate singular becomings.

‘Ultimately, the primary purpose of ecosophic cartography is not to signify and communicate but to produce assemblages of enunciation capable of capturing the points of singularity of a situation’ (Guattari, 1995:128).

Section C will gather together the thoughts that have been expounded up to this point and show how I apply them in my systemic family therapy practice. It will describe the design of my study, the ‘fluid manual’ of Feedback-informed Systemic Therapy (FITS), and the practice-based, collaborative, and generative research methodology that informs FITS. The central question is ‘How do therapist and clients collaboratively learn from their improvisations and feedback in a process of becoming truthful, reliable and autopoietic and consistent in singular events?’ I use a mixed-methods research approach, combining quantitative and qualitative methods to answer my research questions.

FITS is a Practice Based Evidence Based Practice. Therapist and family members research their collaboration, developments and effects in FITS family therapy. The output of research is input for therapy in the ‘collaborative community’ that is constituted together.

C.2 Research project

C.3 Manualising FITS

C.4 FITS as PBEBP

C.5 Research design

C.6 Research design in 14 steps

C.7. Conclusion

## **C.2 Research project**

### **Language games**

As described above, some time ago, a company manager asked my colleague Bruno Hillewaere and me to implement standardised evidence-based systemic therapy. We deliberated to ascertain whether we could commit to a singular model or treatment manual before deciding that we could not. Instead, we developed, described and researched our own family therapy practice. We (Van Hennik & Hillewaere, 2017) co-created a 'fluid' manual of FITS (Feedback-informed Integrative Therapy within Systems). Since evidence-based models are usually presented as abbreviations (MST, FFT, MBT-F, ABFT, EFFT), we decided we needed our own abbreviation or acronym. We started out fully intending to play the 'language game', seeking to find the right words that highlighted our preferred approach (integrative, improvisational and feedback-informed). This worked better than expected. Systemic therapy (a fifty-year tradition) was regarded with suspicion. FITS (a fictional method (at that time), an act of poetic disobedience (Hoffman, 2017), was accepted as a contemporary approach to therapy. Indeed, the company for which we were working at the time promoted and advertised FITS.

What started as a language game soon became a more serious project. We co-created a 'fluid' manual, under permanent review and construction, distilled from what we learned from feedback in response to our practice and new theoretical input. I decided to research FITS and gradually developed it as a Practice Based Evidence Based Practice. 'FITS as PBEBP' produces accountability, validity from within, in local and singular cases. In the following pages I shall discuss the validity and viability of 'FITS as PBEBP' as a generative alternative to standardisation in the field of systemic therapy.

## **FITS as PBEBP**

FITS is an approach that is guided in part by method but primarily by questions. While using a manual and a time frame, the therapist also co-creates a fitting configuration of theory and procedures with family members. The FITS therapist needs to be knowledgeable regarding a wide range of well-known theories, practices and skills relating to family therapy. It is the therapist's responsibility to determine the relevance of a specific technique to the family by organising feedback and dialogues about outcomes, developments, and collaboration. Transparency and accountability are provided by means of outcome measurement, practice-based evidence, and qualitative inquiry. A practice based evidence based approach means that therapy is at no time provided without measuring its effects, and that no research is done outside of the practice itself. Therapist and family members examine the effects of their cooperation in collaborative research. The output of research is input for therapy and for the ongoing revision of the fluid manual.

## **The research project**

From January 2015 to August 2016, I provided manualised FITS therapy and PBEBP research to fifteen families at two different mental health care facilities. In each case, I sought the consent of family members to use information arising from the treatment and research in my doctoral research project. I gave them an informative pamphlet and an additional sheet of data for those who wanted it (appendices 2&3). Eight families consented to the use of the information as requested. I gathered quantitative data and audio recordings of sessions in which we (that is, therapist and family members) evaluated the developments and our collaboration. I analysed the transcripts in accordance with my research design (C.5). The findings generated input for therapy and answers to my research question about ways of navigating systemic therapy (C.5.).

In the process of writing my thesis, I had the sense of being accompanied by 'textual friends' (Shotter, 1993), as I read the works of John Shotter, Gilles Deleuze, Rosi Braidotti, Humberto Maturana, Tom Andersen, Gianfranco Cecchin, Michael White, and Peter Rober. I followed classes in improvisation theatre, participated in a philosophy

reading group, took part in a five-day summer school with Rosi Braidotti, and greatly benefited from the support and wisdom provided by my peers and supervisors Gail Simon and Ravi Kohli.

### **Key concerns in my Professional Doctorate in Systemic Practice**

I have a number of key concerns in this doctoral thesis in Systemic Practice:

- To construct a socio-political and philosophical context for methodology and theory (Leppington, 1991). This is the socially constructed response space that makes my practices and speech possible.
- To describe FITS as a temporary and constantly developing 'fluid' manual.
- To develop FITS as a Practice Based Evidence Based Practice.
- To design a systemic research methodology.
- To conduct research and to learn how to navigate on the basis of 'coordinated improvisation' and 'collaborative learning' in Feedback-informed Systemic Therapy. I use a mixed-methods approach to research: quantitative research seeking to produce reliable data regarding outcomes, developments and collaboration in therapy, and qualitative research, that seeks to illuminate the ways in which a family therapist can navigate Feedback-informed Systemic Therapy on the basis of coordinated improvisation and collaborative learning.
- To learn from learning, to write reflexive narratives about findings, affirmations and surprises. This third-order learning can help me to expand my responsibility in navigating and re-describing the fluid manual of FITS as a temporary result in the process of becoming.
- To discuss the potential for PBEBP to serve as an alternative to the standardisation of therapy manuals.

### **The key aim in my research project**

The key aim in my research project is to design and conduct research on ways of navigating on the basis of coordinated improvisation, collaborative learning, and mixed-methods research in Feedback-informed Systemic Therapy.



To this end, I work as follows:

- I describe and analyse the ways in which I coordinate improvisation and enhance collaborative learning in my work as a therapist, as a result of dialogue and feedback in FITS.
- I describe the place of transparency and accountability as part of the practice of coordinated improvisation and collaborative learning in FITS. This is done through outcome measurement, practice-based evidence, and qualitative inquiry.
- I learn from the descriptions and research outcomes to improve coordinated improvisation and collaborative learning in FITS family therapy.

### **Research questions**

The key question in my research project:

- How can a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?

Secondary questions:

- How does a FITS therapist navigate on the basis of coordinated improvisation?
- How does a FITS therapist navigate on the basis of systemic feedback?
- How does a FITS therapist navigate on the basis of collaborative learning?
- How does a FITS therapist navigate on the basis of mixed-methods research?
- Can we produce accountability in the transparent process of co-creating 'validity from within', conducting FITS as a Practice Based Evidence Based Practice?
- Could Practice Based Evidence Based Practice serve as an alternative to standardisation in the field of systemic therapy?

### **Target group or sample**

Eight families gave their consent for the use of treatment and research data in my research project. All of them were undergoing therapy at one of the two mental healthcare facilities (De Viersprong & Intermetzo) to which I was attached in this period. We recommended FITS therapy (one to fifteen sessions) for families with children aged between twelve and twenty-three. The families were classified as 'multi-stressed'. The

children displayed severe emotional, social, and behavioural problems, such as aggression, depression, or chronic truancy. Complex family problems are often related to trauma, divorce, or the parents' mental health problems. The parents frequently feel helpless and react with anger and aggression or alternatively by withdrawal. Family members feel caught in undesirable, unproductive, self-reinforcing vicious circles of behaviour.

## **Ethics**

Informed consent: All family members requesting therapy at either De Viersprong or Intermetzo mental health facility are informed orally and in writing about the ways in which information arising from the therapy sessions may potentially be used. All information related to therapy is kept in secure files. Family members sign a document (appendix 3) in which they either consent to the use of routine outcome measurements of therapeutic outcomes, and their generalised anonymised use in scientific studies, or indicate that they refuse to grant such consent.

The decision to refer clients to FITS Family Therapy is taken after an initial assessment. The family members receive an explanatory pamphlet about FITS. In my first session with a group of family members, I ask them whether they would like to join in my research project. I hand them an information and consent form (appendix 2, 3) explaining how the research is conducted. I also explain that I would like to make audio recordings of two sessions in which we evaluate the collaboration and developments in therapy. All transcripts and deliberations will be returned to the families after these have been processed for research purposes.

Family members taking part in FITS, including children aged twelve or older, decide whether or not to participate in my research project. In the case of those aged twelve to fifteen, parental consent is obligatory (appendix 3). It is made clear to all family members that their decision as to grant or withhold participation in the research project has no effect whatsoever on the therapy, that all their personal information will be protected, and that they are free to terminate their participation at any time during the therapy.

Confidentiality and data access: I am a professionally-trained systemic therapist and adhere to a strict professional code governing confidentiality. All therapy provided at one of the mental healthcare facilities to which I was attached (De Viersprong, Intermetzo) takes place under the overall responsibility of a senior psychotherapist. All personal information is stored in personal files, which clients may examine whenever they wish. The audio recordings that are used in the course of my research are encoded, with each family member receiving a unique code. All the information incorporated into written reports or publications is encoded and anonymous.

Data after completion of the project: All outcome measurements (ROM, CDOI, FGRL) are stored in the personal files of the facility concerned (De Viersprong, Intermetzo). All audio recordings will be erased three months after recording. The transcripts will be encoded and published anonymously as part of my thesis.

### **C.3 Manualising FITS**

This section describes the ‘fluid manual’ of FITS, which we (Van Hennik, Hillewaere 2017) have incorporated into our practice as a set of empirically-informed guidelines (Escudero, 2012). In FITS, the therapist adopts a collaborative, curious, ‘not knowing’ stance. Our aim is to co-create a ‘collaborative learning community’ together with the family members, a context in which change might occur. It is a ‘fluid’ manual, open for learning from feedback and mixed-methods research.

#### **Feedback-informed Integrative Therapy within Systems (FITS)**

In FITS we (Van Hennik & Hillewaere, 2017) integrate a number of different concepts:

- I. Integrative Family Therapy
- II. Feedback-informed Therapy
- III. Within Systems (systemic theory)
- IV. Coordinated Improvisation
- V. Practice-Based evidence

## I. Integrative Therapy

Bruce Wampold (2005, 2010) presents meta-analyses of the outcome research of different psychotherapy methods. His analysis proves that there are no significant differences between them. This is known (from Lewis Carroll's *Alice in Wonderland*) as the 'Dodo verdict': 'Everybody has won and all must have prizes.' Wampold goes on to say that the important point is to determine what works best for whom in each particular situation and context. Lebow (2007) argues that each family situation demands a different configuration of theory and a different emphasis in terms of procedure. In an integrative approach to family therapy, the therapist will map potentially useful, clear concepts and techniques against the actual questions, needs and capabilities of the clients (Lebow, 2007). Lebow promotes this integrative approach. To work in this way, the therapist must be knowledgeable about a wide range of theories, practices and skills. It is the therapist's responsibility to determine the relevance or otherwise of any particular technique to a particular family (Lebow, 2007). This assessment can be made in discussion with the clients.

## II. Feedback-informed therapy

Wampold (2005, 2010) argues that therapeutic success results not so much from specific factors (superior specific ingredients or techniques) as from common factors: 'Common factors lead to successful outcomes' (Wampold, 2010: 56). These common factors in therapy are as follows: The therapeutic alliance, the therapist's characteristics, allegiance and expectations (Hubble, Duncan, Miller, 2010). Research shows that a positive therapeutic alliance and allegiance are the best predictors of outcome in psychotherapy (Hubble, Duncan, Miller, 2010). The 'therapeutic alliance' refers to the therapist-client bond, while 'allegiance' refers to the agreement that is reached about the tasks and goals for therapy (Wampold, 2010).

'It is important to note that treatments intended to be therapeutic are cogent treatments [that are] (a) provided by a clinician who believes in the treatment and (b) accepted by the client' (Wampold, 2010:60).

What implications can we draw from the assertion that therapeutic outcome relies to a large extent on these common factors, in seeking to improve our therapeutic practices? Wampold (2010) has no difficulty answering this question:

'The answer to this question may be quite a simple one and one that applies to learning most any skill: continued practice with feedback. Learning to sail involves practice with feedback from the environment and from experts. Without feedback, learning any skill is almost impossible' (Wampold, 2010:70).

Feedback-informed therapy (FIT) was developed by Scott Miller and Barry Duncan, who devised a method largely that draws heavily on these outcomes. In each FIT session, the therapist uses two lists – Outcome Rating Scores (ORS) and Session Rating Scores (SRS). He/she measures and discusses collaboration, outcomes and developments in therapy.

### III. Feedback within systems (cybernetic feedback)

We (Van Hennik and Hillewaere, 2017) added an S (from systems) to FIT and use 'feedback' as in cybernetics (Von Foerster, 1979). We work within systems, rather than claiming (or seeking) to direct change from the position of external 'experts'. We reflect and invite reflections on what happens between us, as participants within the system. The FITS therapist takes a collaborative, curious, 'not knowing' stance. We set out to co-create a 'collaborative learning community' together with family members. Autopoietic systems transform themselves to maintain their equilibrium, through feedback, and in relation to unpredictable circumstances within the medium. If we recognise feedback loops we can take the system's output into consideration, which enables us to adjust our performance together to achieve the desired output responses. The following comment (already quoted in section B) is worth repeating here, since it perfectly encapsulates the process of collaborative learning through systemic feedback.

'A community that maintains an active network of communication will learn from its mistakes, because the consequences of the mistake will spread through the network and return to the source along feedback loops. Thus the community can correct its mistakes, regulate itself, and organise itself' (Capra & Luisi 2014:96).

In FITS as PBEBP we learn *how to learn* through the use of feedback. We distinguish:

- Single-loop feedback: increasing organisational performance by adjustment;
- Double-loop feedback: restructuring organisational actions by evaluating current norms;

- Deutero-loop feedback: learning to learn, complex adaptation to complexity.

#### IV. The coordination of improvisation

Learning, transforming ways of living together, starts when the actual consequences of an action strategy turn out not to correspond with the expected consequences (Visser, 2007). These moments of discrepancy provide unique learning opportunities, provided we are able to reorganise ourselves and devise a fitting response to spontaneous events. The FITS therapist improvises, and invites family members to improvise, at moments at which they have previously tended to get stuck in repetitive patterns and fixations. We can escape from these patterns and fixations if we co-create a 'zone for unforeseen connections' (Deleuze) and allow for some randomness and disorder in our interactions.

Improvisation is only possible within specific frameworks. The FITS therapist coordinates improvisation on the basis of the 'fluid' FITS manual, inner dialogues about what it is the therapist is being 'invited' to say or do, and feedback on collaboration and developments. Improvisation is only effective if we can devise a 'fitting' response (Shotter, 2007) to unpredictable events or conditions and if we accept relational responsibility (Gergen) for what happens in the system of which we have become part.

#### V. Practice Based Evidence Based Practice

The FITS therapist responds spontaneously to situations that occur within the system of the therapeutic unit. He or she is guided by a 'fluid' manual, but largely improvises during the sessions. The therapist organises structural feedback. Therapist and clients collaboratively learn how to cooperate better in dialogues about dialogues (Andersen, 1991) as well as in giving feedback about developments and collaboration. The therapist, who is also conducting mixed-methods research, invites the clients to take part as co-researchers in order to learn how they learn together. Practice-based evidence informs practice as in a loop.

#### **A fluid FITS manual**

In the FITS manual (fig. 8) we divide the therapeutic process into six phases: (1) Information and preparation; (2) Alliance, creating a culture of feedback; (3) Context and focus; (4) Attunement, invitations to reflexivity; (5) Actions, connections and

improvisations; and (6) Becoming a learning community. FITS therapy takes about eight to seventeen sessions. The process is evaluated in sessions 3, 5, 8, 12 and 15. Evaluation is the 'pulse' of FITS. We organise feedback structurally, using quantitative and qualitative data in evaluative dialogue. Quantitative data is obtained with the aid of ROM (routine outcome measurement) before, during, and after therapy. In addition, we use the outcome rating scale (ORS) and session rating scale (SRS) in every therapy session. We use our own FGRL (Family Goals Rating List) during evaluations. Family members set personal and family goals and rate how they themselves and others have collaborated to achieve these goals. We evaluate collaboration and developments by asking the question: How do we collaborate more effectively in order to learn how to learn and get closer to the desired goals and directions?

#### Phase 1: Information and preparation.

- Intake interview. In the interview we ask family members about their resilience, their worries, and how they would like things to change.
- Information about FITS Family Therapy. I hand the new clients a pamphlet with information about FITS.
- Information about research. I ask the family members if they would like to join in the research project. They are given an information sheet (appendix 2) to read. If they decide to participate, they sign a consent form (appendix 3).

#### Phase 2: Alliance, creating a culture of feedback

- Sessions 1 to 3
- A collaborative stance. The therapist is an ally who actively supports the clients in a process of building 'preferred lives' (Madsen, 2007).
- A 'culture of feedback'. The therapist uses the ORS and SRS in every session. The therapist asks questions like: 'How are you finding it to collaborate with me?' 'How do you experience our collaboration?' 'Have we been working on issues that are important to you?' 'What, if anything, is missing?' 'What could we all do differently to improve our collaboration?'

#### Phase 3: Context and focus

- Sessions 3 to 5

- Context and focus. The therapist zooms out before zooming in, does not move too quickly to agreeing specific goals. The same discourses that dictate the problem often dictate the desired solution, the aspirations for change. In my own practice, I differentiate between desires, questions, and changes that are defined as goals. In between, there is a narrative to be explored, about ‘understanding the reasons for what is happening’. For instance, a family that initially stated that they wanted to have less hostility in their verbal interactions arrived at the realisation, after a period of contextual exploration, that they were afraid of anger because of the violence they had experienced in their families of origin. This had the effect of changing the request for help. Instead of ‘we don’t want to fight’, the goal became ‘we want to learn how to deal with anger and to have faith that we will not replicate the patterns of aggression that we experienced in our own childhoods’.
- Worries and desired changes (step 1 in fig.5). I ask each family member about their worries and how they would like things to change. Inspired by Rober (2014), I believe that it is better to focus on *worries* rather than *problems*. When family members talk about their worries, they express the ways in which they relate to others: ‘I am worried about you or about what is happening to us’. Family members often have different worries and often wish for different things. It is important to co-create a context for differences, dissent, while at the same time seeking to arrive at a consensus about shared wishes for change. For example: ‘Everybody seems to want the current situation to be different’. The therapist asks for a ‘yes’ response to this shared understanding. Even a teenager who does not want to attend therapy sessions wants the current situation to change and can therefore say ‘yes’ to this statement. A ‘yes’ response is a precondition for proceeding to the next step in the diagram (fig. 5).

<b>Yes response</b>	2. Narrative holding. Making/understanding a context for what is happening.	<b>Yes response</b>
1. Worries & wishes for change		3. Request for help, goals and plan for collaboration.
<b>Entrance/exit</b>	4. Action, feedback and evaluation	<b>Yes response</b>

Fig. 5. Context and focus



- Co-constructing a narrative about ‘understanding the reasons for what is happening’ (step 2 in fig.5). Therapist and family members explore the context of their resilience, worries, and wishes. I interview family members and invite family members to interview each other. I ask circular questions, make lifelines, drawings, genograms, and so on. In the FITS manual we (Van Hennik, Hillewaere, 2017) refer to different family therapy frameworks (fig.6). A system undergoes transformation (reorganises its structure) through time (family life cycles) on a horizontal timeline (Carter & McGoldrick, 2005). Reorganisation triggers resources and limitations (response-abilities) in vertical timelines (societal and cultural influences and intergenerational patterns). In FITS we explore how the family seeks to meet the different and evolving needs of family members in response to changing conditions in the environment by reorganising its structure (Minuchin, 1974). We identify recurrent circular patterns of interaction and distinguish between content and process (Watzlawick, 1967) and between intention, behaviour and effect (Palazzoli et al., 1978). We approach the family as an emotional unit and ask questions about the affective climate, attachment, expressed emotions, and intimacy (Byng Hall, 1998, Hughes, 2004). Finally, we co-construct narratives on the basis of values and discourses. We question frames of reference that permit, limit, or validate ways of living together (Andersen, 1991, White, 2007, Rober, 2014). Within these family therapy practices we co-construct a narrative that contextualises what is happening and that is acceptable to all participants in the system.

Domain	Content
Horizontal timeline	Family life cycles, transitions, responses to a changing environment
Vertical timeline	Cultural, societal influences, family culture, and belongings
Structure	Hierarchy, boundaries, triads, coalitions, alliances, conflict
Patterns	Circular repetitive interaction. Content and process
Affective climate	Affection, attachment, intimacy, mentalisation, comfort
Frame of reference	Narratives, storylines, discourses and values

Fig. 6. Family Therapy Frameworks

- A 'yes' response' to a shared narrative is a precondition for moving onto the third step (fig 5.), in which we discuss the request for help, the goals, and the plan for our collaboration. Once the goals are agreed, we record them in the Family Goals Rating List. We rate personal goals, family goals, and our collaboration in moving towards these goals.

Phase 4. Attunement, invitations to reflexivity

- Sessions 6 to 8
- The therapist works from within the system. The therapist senses what is going on, what is expressed or not expressed, received or not received. He or she can sense the presence of an invitation to repair or maintain the existing equilibrium. The inner dialogue functions as a 'reflexive space'. The therapist listens to the inner dialogue and asks internal questions like: (1) What am I being invited or encouraged to do? (2) What pattern would I be sustaining if I accept this invitation? (3) How can I make a difference?

2. Invitation	The inner voice: What am I being invited to do? What pattern would I be sustaining if I accept this invitation? How can I make a difference?	3. Responding
1. Slow listening to Outer and Inner Conversations		Spontaneous responsive Reactive Directive Reflexivity
Entrance/exit	5. Collaborative learning on the basis of feedback and dialogue	4. Relationally responsible

Fig. 7. Invitations and responses

Phase 5. Actions, connections and improvisations

- The therapist co-creates a context for spontaneous learning, different connections, becomings and frameworks that make it possible to live together in

different ways. The therapist improvises and invites family members to improvise. The therapist triggers unpredictable outcomes in spontaneous interaction.

- The therapist changes his or her own contributions to the pattern and explores the relational effects. His or her responses may be spontaneous, reactive, directive, or reflexive. The therapist takes responsibility by checking if there is a 'fit' or an opening for new connections and different frameworks, and by seeking feedback about developments and collaboration.

<b>Navigating</b>	Not reflected	Reflected	Fit	Opening
In control	<b>Reactive</b>	<b>Directive</b>	Yes/no	Yes/no
In flux	<b>Spontaneous</b>	<b>Reflexive</b>	Yes/no	Yes/no

Fig. 2. Navigating complexity (repeated p.57)

#### Phase 6. Becoming a learning community

- Becoming a learning community means that all participants reflect on their contribution to change, to different patterns, the way their self evolves and changes, and different frameworks of meaning. The participants learn how they have learned in ways they can transfer to other domains in their lives. Therapy is successful when families expand their response-abilities and response space through spontaneous interaction and reflexive dialogue.

## C.4. FITS as PBEBP, research design

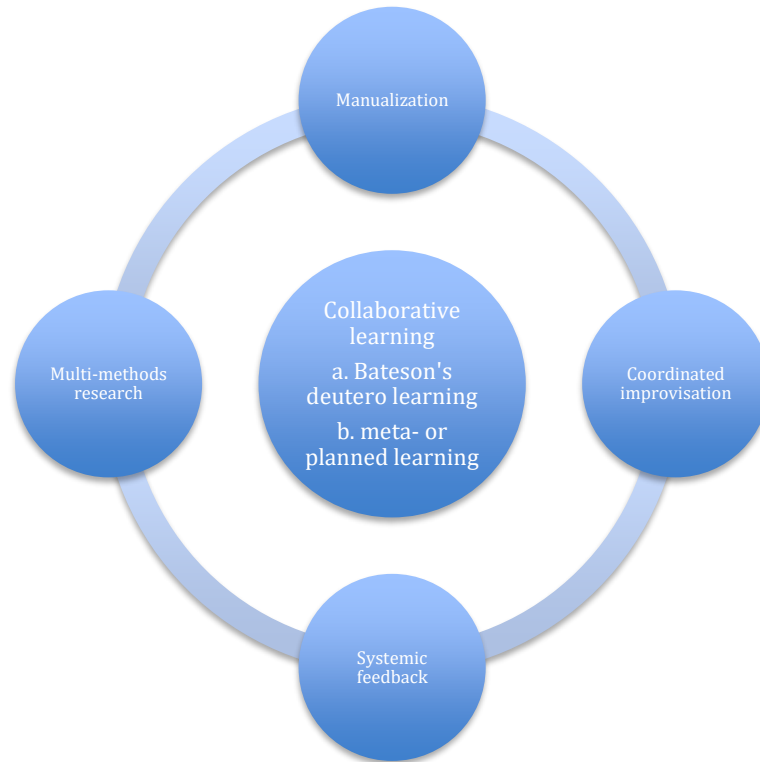


Fig. 4. Practice Based Evidence Based Practice (repeated p.70)

In FITS as a Practice Based Evidence Based Practice, the therapist researches developments and collaboration in therapy practice with clients, family members as co-researchers, in order to learn how to learn. In my research project (fig.4.) I mix different research methods to answer my research question:

- How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning, and mixed-methods research in Feedback-Informed Systemic Therapy?

### **Mixed-methods research**

I combine quantitative and qualitative research methods in a complementary and preliminary sequence (Bishop, 2015). Quantitative data/material is used as information in primary qualitative research. In conducting quantitative research, I generate reliable

data on effects, developments, and collaboration in therapy. But quantitative data alone cannot illuminate the quality of navigation, collaboration and developments. It is essential to add interpretive exchanges with participants in the project (in FITS, these are family members). Quantitative outcomes are used as 'conversational tools' (Sundet, 2012), as a way of introducing evaluative discussions. In qualitative research, we (therapist and clients) set out to discover *how to learn how to learn* in those evaluative discussions.

With quantitative research, I can produce reliable information about effects, developments, and collaboration in therapy, while generating or corroborating theoretical concepts related to FITS practice. For Routine Outcome Measurement, in measuring developments and effects, I use the YSR (Youth Self Report, Achenbach, 1991), CBCL (Child Behaviour Checklist, Achenbach, 1991), and OBVL (Parenting Burden List, Vermulst et al., 2012). I use the ORS (Outcome Rating Scale, Miller, Duncan, 2000) to measure the affected dimensions of a family member's life, and the SRS (Session Rating Scale, Miller, Duncan, 2000) to measure the quality of the therapeutic alliance. I use the FGRL (Family Goals Rating List, Van Hennik & Hillewaere, 2017) to measure collaborative achievements in relation to personal, family and community preferred directions.

With quantitative research I can answer questions like:

- (1) Are family members experiencing fewer problems and less stress? (ROM)
- (2) Do family members think that the identified 'patient' (child/teenager) now has an improved quality of life in terms of individual wellbeing, relational wellbeing, and social roles? (ORS)
- (3) Are family members moving towards, or have they reached, their preferred goals and directions in therapy? (FGRL)
- (4) Are family members satisfied with the collaboration with the therapist? (SRS).

In conducting qualitative research, I set out to understand unplanned organic changes in FITS. We make audio recordings of evaluative dialogue and analyse written transcripts in the following five stages:

- (I) Shortly after the recording has been made, the therapist/researcher selects two or three 'critical moments' from each conversation. Critical moments are defined as moments at which 'if we act wisely, we can change the trajectory of the conversation and thus create a different "afterlife"' (Pearce, 2007:3).
- (II) The therapist/researcher adds the inner dialogues to the transcript and responds to internal questions such as: 'What am I being invited or encouraged to do in this experience?' 'What pattern is being reproduced?' 'How can I make a difference?'
- (III) The therapist/researcher focuses on the patterns that exist between family members and therapist. These patterns may be reactive or reflexive. Reactive patterns are self-reinforcing repetitive circles. There is a low level of reflexivity on intentions, effects, and assumptions. In contrast, reflexive patterns (a high level of reflexivity) open up space for new connections, reframing and for 'something new' to happen.
- (IV) The therapist/researcher contextualises patterns. We use Pearce's concept of 'logical (contextual and implicative) forces', or 'perceived oughtness' (Pearce, 1989) to inquire how patterns evolve within different layers of meaning. Contextual force describes how meaning, within a frame of reference, allows and affects interaction. Implicative force describes how interactions shape meaning, and help to create (or re-create) a frame of reference.
- (V) The therapist/researcher examines how family members and therapist together learn how to learn, through first-order and second-order learning and coordinated improvisation, and by co-creating a collective frame of reference that allows for preferred ways of coexisting or living together.

<b>Phases</b>	<b>Practices</b>	<b>Inquiry</b>
Phase 1: Preparation	Intake and information	ROM.
Phase 2: Alliance	Creating a culture of feedback	ORS, SRS
	Evaluation in session 3	ORS, SRS, FGRL
Phase 3: Context and focus	Discussing preferred directions in therapy	ORS, SRS
	Evaluation in session 5	ORS, SRS, FGRL
Phase 4: Attunement and reflexivity	Invitations to reflexivity	ORS, SRS
	Evaluation in session 8	ORS, SRS, FGRL, ROM Qualitative research I: Select critical moments II: Adding inner dialogues to the transcript. III: Focus on patterns between therapist and family members. IV: Contextualise patterns (contextual and implicative forces). V: Learning how to learn.
Phase 5: Actions, connections, improvisations	Finding ways to go on based on improvisations and collaborative learning	ORS, SRS
	Evaluation in session 13	ORS, SRS, FGRL
Phase 6: Learning how to learn	Evaluation in session 15	ORS, SRS, FGRL, ROM Qualitative research I: Select critical moments II: Add inner dialogues to the transcript. III: Focus on patterns between therapist and family members. IV: Contextualise patterns (contextual and implicative forces). V: Learning how to learn.

Fig. 8. A fluid manual of FITS practice and research

### **Analysing transcripts**

In conducting qualitative research, I analyse ‘critical moments’ (Pearce, 2007) in the transcripts of evaluative conversations in FITS. Critical moments are points at which: ‘if we act wisely, we can change the trajectory of the conversation and thus create a

different “afterlife” (Pearce, 2007:3). They are moments of increasing tension and more inner dialogues, at which change becomes possible.

The transcripts are analysed with the aid of four qualitative research methods:

- Reflexive inquiry, using the inner dialogue as a navigation tool;
- Analysis drawing on Coordinated Management of Meaning, (CMM) methods with a view to identifying patterns in contextual layers;
- Examination of systemic and collaborative learning;
- Thematic analysis.

### **Reflexive inquiry: the inner dialogue as a navigation tool**

Reflexive inquiry is conducted by recording the therapist’s own experiences and the questions (s)he asks in the course of a therapy session. Rober (2011) discusses the therapist’s personal responses during therapy sessions. Therapists experience and deal with strong emotions in the course of a session. Emotions serve as impulses that encourage or invite the person to act in a certain way. The therapist feels called upon to take part in a particular relational scenario (Gergen, 1999), often in such a way as to sustain repetitive, unproductive patterns within the system. Rober describes the therapist’s use of self as a navigation tool. In this context, the self is conceived as a discourse among multiple inner voices (Bakhtin, 1986). The therapist, using the self as a navigation tool, ‘listens’ with eyes and body as well as the ears, reflects, and decides how to respond (Rober, 2014).

‘This paints a picture of a therapist being present in the session as a complete human being in relation to the client and not just as an information-processing/hypothesis-testing expert’ (Rober, 2011:237).

According to Bakhtin (1986), understanding is an active, responsive process created between participants in a conversation. Bakhtin introduced the concept of ‘creative understanding’ as a four-stage process: the first stage is physical perception, then comes recognition, followed by grasping significance within the given context, while the final stage is an active ‘dialogical understanding of understandings’ within conversations with others (Morson & Emerson, 1990). The therapist uses the self as a ‘navigation tool’ in this process of active dialogical creative understanding. The therapist listens (with ears,



eyes and body) to the story told, the inner life of those telling the story, their own inner lives, and asks in internal dialogue what to do next (Rober, 2011, 2014). Rober (2011) distinguishes acts of active listening and reflection in order to open up dialogue and creative understanding.

### Active listening

- Processing the clients' story
- Attending to the client's process. Listening to the story that the client presents, including any spontaneous bodily activity that may accompany it;
- Focusing on the therapist's own experience and responses.

### Reflection

- The therapist's experience. What does the therapist feel?
- Feeling called upon or invited to take part, to act, in a relational scenario (Gergen, 1999)
- Is there any opportunity to open up dialogue about the 'not yet said' (Anderson & Goolishian, 1988)?

'What is evoked in the therapist's experiencing are the parts of the client's story that cannot be expressed otherwise' (Rober, 2011: 238).

A therapist often feels called upon or 'invited' to act in a relational scenario. If he or she accepts this invitation, (s)he will be sustaining repetitive (sometimes unwanted) patterns within the system. The therapist's experience (this invitation to act) will then end up helping to maintain the existing equilibrium (Elkaim, 1997). The therapist's experience may also be indicative of the 'not yet said' (Anderson & Goolishian, 1988) in the family. The therapist, invited to take part in relational scenarios, actively listens, reflects, and makes a difference, connecting and opening up dialogical space for the not-yet-said and the generation of new meanings.

To conduct a successful reflexive inquiry involving the exploration of inner dialogues, invitations, and points at which it is possible to 'make a difference', it is essential to record accurately the feelings, words, and images that are evoked in the therapist's experience. Rober (2011) suggests making audio recordings of the sessions followed by

written transcripts of both the outer and inner dialogues soon afterwards, using the parameters of this table (fig.9.). Reflections on these conversations are added later in the third column of the table.

OC (outer conversation)	TIC (Therapist's Inner Conversation)	Reflections
OC1 The mother says.... OC2 The father interrupts and says: OC3 The therapist asks the son.... OC4 The son responds:	TIC1 I feel worried... TIC2 Then I feel hesitation Maybe I should....	I choose to use inner conversation to steer attention towards the son's position.

Fig.9. Reflexive inquiry

### Coordinated Management of meaning

The approach I use in my research design is based on a theory known as Coordinated Management of Meaning (CMM), which was developed by Barnett Pearce and Vernon Cronen (1980). The theory posits that our social worlds are constructed through communication. CMM describes communication as a two-sided process of coordinating action (stories lived) and managing, making meaning (stories told) (Pearce, 2007). The focus in CMM is on how communication is generated, on the consequences of this process (Oliver, 2017), on the question of who/what communicators become in the course of communication, and how they can contribute to making better social worlds (Barge & Pearce, 2004). Pearce describes communication as 'The process by which reality itself and with it particular ways of being human are co-constructed in all those events where we interact with each other' (Pearce, 1989).

CMM is a specific research methodology (Barge & Pearce, 2004; Pearce, 2006). The CMM researcher explores how people initiate, sustain, and transform patterns of communication within contexts of meaning (Oliver, 2017). Pearce introduced the concept of 'logical forces', or 'perceived oughtness' (Pearce, 1989) to explore the ways in which patterns evolve within different layers of meaning. Logical forces shape our interactions.

Pearce distinguishes prefigurative, contextual, implicative, and practical forces.

- a. Prefigurative forces: The connection between one 'turning' antecedent action and a subsequent action.

- b. Contextual forces: The connection between the contextual frame of reference (episode, relationship, self, culture) and a subsequent action.
- c. Implicative forces: The connection between action and a possible contextual reframing.
- d. Practical forces: The connection between an action and a subsequent 'turning' action.

Prefigurative and contextual forces describe interactions in which persons act *because of* pre-existing stories, meanings, or actions.

Implicative and practical forces describe interactions in which persons act *in order to bring about* something in the future (Pearce, Sostrin, Pearce, 2011).

In the course of my research I focus especially on the interrelatedness between actions, meaning, and contextual frames of reference in communication patterns. The CMM methodology presents a concrete way of examining communication patterns within layers of meaning. Central to CMM research is the concept of the 'speech act' as expounded by John Searle (1983). According to Searle, all language is performative. Language does not merely describe or report but 'is and does'. A speech act is an utterance that serves particular functions in communication. Its relational meaning is co-constructed, through ways of using language and within a given culture.

The CMM researcher examines speech acts in episodes within layers of meaning: relational, as concepts of self, and within culture.

- (1) Working on the basis of this view of the 'speech act', expression is a type of action, and invites others to act in ongoing communication processes.
- (2) From Oliver's definition of the 'interpretive act' (Oliver, 2005), it follows that these expressions are interpreted in relational and cultural ways.
- (3) 'Episodes': Speech acts take place, and are interpreted, in situations that are ritually determined in local and cultural ways.
- (4) Speech acts in episodes affect who we are, our roles and positions. We shape our concepts of self and the other in the course of our conversations.
- (5) The co-construction of reality and particular ways of being human is socially and culturally embedded.

‘Communication patterns might be thought of as repeated intersubjective communication acts, comprised of conscious and unconscious responses of affect, meaning and action, taking place within communication episodes, that repeat over time and become embedded in the system as conscious and unconscious part narratives (logics) of culture, relationship and identity shaping future configurations of affect, meaning and action within communication exchanges’ (Oliver, 2014:278).

Christine Oliver (2014) uses CMM to analyse and understand the intersubjective coordination of meaning and action between family members. The following table, based on Oliver (2014) helps to make action manageable and meaningful in the face of systemic complexity. Patterns may be reactive (more of the same), paradoxical (contradictory messages, strange loops), or reflexive (opening up space for difference).

	<b>Family member 1.</b>	<b>Family member 2.</b>	<b>Family member 3.</b>
Social, cultural Discourses	Discourses, values and norms	Discourses, values and norms.	Discourses, values and norms.
Family culture/ script	Values, norms and stories	Values, norms and stories	Values, norms and stories
Concept of self	Identity, self-concept	Identity, self-concept	Identity, self-concept
Relationship	Beliefs about the relationships	Beliefs about the relationships	Beliefs about the relationships
Episode	Pattern: reactive, reflexive, paradoxical	Pattern: reactive, reflexive, paradoxical	Pattern: reactive, reflexive, paradoxical
Speech act / interpretive act	Feeling, interpretation, action	Feeling, interpretation, action	Feeling, interpretation, action

Fig. 10. Table CMM based on Oliver (2014)

I use a slightly modified version of Oliver’s table. First, I include the role of the researcher/therapist as part of the episode, patterns within contexts (the system). I examine the patterns in which I am participating, in my position as researcher/therapist and add my inner dialogue to the framework. In addition, I distinguish speech act (performative utterance) from interpretive act (relational interpretation). I prefer to use Foucault’s (1980) concept of ‘subjectification’ rather than ‘identity’, which has a fixed, flat sound to it. Subjectification is about the formation of self in the process of becoming. I also use the concept of episode differently. I give each event a name, for instance the title of an episode of a TV series. What ‘catchy’ phrase would describe the event that is taking place in this particular interaction? I constructed the following table to make it easier to explore the patterns that are produced by therapist and clients together within the particular contexts of meaning.

	Therapist	Father	Daughter	Mother
Contextual force: Societal, cultural, professional				
Contextual force: Family culture/ script				
Subjectification				
<b>Episode</b>				
<b>Pattern:</b> Reactive, paradoxical or reflexive				
Interpretative act, relational interpretation/ process				
Speech act/ utterance/ content				
Inner dialogue				

Fig 11. table CMM van Hennik

- Inner dialogue: What is evoked in the therapist's experience? From within my position as the therapist, I ask myself: 'What am I being invited to say or do? What pattern would this help to sustain? How to make a difference?'
- Speech act/content: What is being said or done?
- Interpretative act/relational interpretation: What is the invitation or relational interpretation contained in or implied by the speech act?
- Pattern: What kind of pattern is being initiated, sustained, or transformed through the interactions? (reactive, paradoxical, reflexive)
- Episode: What name could I give to the event? What 'catchy' phrase would describe the event that is taking place through the interaction?
- Subjectification: I use Foucault's (1980) concept of 'subjectification' to describe who we become, in many different ways, as a result of our speech acts, in patterns, under the influence of contextual forces.

- Contextual force/Family culture: What discourses, values, codes from our family of origin influence our speech acts?
- Contextual force/Societal, cultural, professional: What discourses, values, codes from our society, culture, and profession influence our speech acts?

### **Systemic and collaborative learning inquiry**

In FITS as PBEBP, the outcomes of research are the inputs for collaborative learning in the system that the therapist and family members co-create together. Therapist and family members examine the effects of their cooperation in collaborative research. Systemic knowhow or intelligence is contingent on the richness of the range of response-abilities and productive opportunities within a response space. Systemic learning is a result of adaptation to unpredictable events or conditions in the spontaneous interaction between and within systems in the medium. Systemic practice research implies 'a collaborative and reflexive process of inquiry with relational ethics to guide our movements in inner and outer conversations' (Simon, 2014:23).

In FITS as PBEBP, the therapist and family members learn how to collaborate and learn. Learning how to learn, in cybernetic terms, is 'third-order learning' (Visser, 2003, 2007). Visser distinguishes between third-order learning, deuterio-learning, and meta-learning. I link Bateson's (1972) concept of deuterio-learning (a creative, implicit, and often unconscious adaptation to patterns of conditioning) to expanding response-abilities in coordinated improvisation (p68, 79). I link meta-learning (structured inquiries to processes in single and double loop learning and the social construction of frames of reference) to the act of conducting research (p68, 79)(as in my own PBEBP research project) and to expanding a response-space that will make it possible to find different, new ways of living together.

My research project includes an analysis of 'critical moments' in the transcripts of evaluations in FITS. I add my inner dialogue to the transcript, examine patterns within frames of reference, and try to ascertain how we can collaboratively learn how to learn. We systemically learn when we find new ways of responding or managing meaning, anticipating unpredictable events or circumstances. We systemically learn when we

improvise, reflect, and accept relational responsibility for the effects of our actions. I distinguish between high or low reflexivity in the pattern that is produced by therapist and family members.

- ‘High level of reflexivity’ exists when the contextual and prefigurative forces are relatively weak, while practical and implicative forces are strong. A high level of reflexivity provides opportunities for change, for making a difference.
- ‘Low level of reflexivity’ exists when contextual and prefigurative forces are relatively strong and practical and implicative forces are weak. A low level of reflexivity limits the opportunities for change, for making a difference.

I set out to identify the kind of learning that is being produced by therapist and family members. I distinguish four kinds of learning:

- Single-loop learning: increasing organisational performance by adjustment;
- Double-loop learning: restructuring organisational action by means of evaluating the existing norms;
- Co-creating a collective frame of reference;
- Deutero-learning: learning to learn, complex adaptation to complexity.

<b>Epistemological approach</b>	<b>Systems</b>	<b>Learning</b>	<b>Learning by</b>
Positivism	Closed systems	First order: Single-loop learning	Adaptation to external norms or expert knowledge.
Constructivism	Open systems	Second order: Double-loop learning	Reflexivity. Triggering structural changes within the system that open up new possibilities to connect.
Constructionism	Belief systems	Collective production of meaning	Co-construct a collective frame of reference that fits.
Complexity Theory	Complex systems	Third order: Deutero-learning	Learning how to learn. (1) Deutero-learning (2) Meta-learning

Fig. 3. Perspectives on learning (repeated p.68)

Finally, I seek to define what it is that we (therapist and family members) are learning, and use qualitative theme analysis to discern and write stories about learning.

### **Qualitative inquiry: thematic analyses.**

The ultimate goal of my research is to analyse, encode, identify, and create a theory out of my findings (Harding, 2013). Jamie Harding (2013) breaks down the process of collecting and analysing qualitative data, and designing research, into simple, retraceable stages:

- Data collection: managing interviews and focus group data;
- Analysing the data, making summaries and comparisons;
- Using codes to analyse an illustrative issue;
- Identifying conceptual themes and building a theory.

Some time after writing down the transcripts of the 'critical moments' and adding my own inner dialogue, I always re-read the texts. I read them out loud, as advised by John Shotter. As I do so, I add the reflections and questions that occur to me at the time, writing them in the third column of the table (fig.9). At a later stage, I re-read the transcripts and encode the themes that I identify, in the context of my research question: 'how does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods in Feedback-informed Systemic Therapy'. I ask myself the same questions as in the inner dialogue during therapy sessions: 'What am I being called upon or invited to say or do?' 'How could I respond?' and 'How can we make a difference that makes a difference?'

After this reflexive re-reading, I list the themes I have extracted from the text (appendix 4). I identify similarities and differences, and map the themes into identified categories (appendix 5). After this mapping I re-read the transcripts again, looking for details that affirm and details that are unfamiliar. Finally, I write stories about resonances, learning, and surprises.

Under each categorised theme I write two stories. One is a story of affirmation. I write about developments that were in line with my expectations. These are the stories that illustrate ways of collaborative learning in FITS. The second story, in each case, is a story about a surprise, about something unfamiliar and unexpected. Learning happens when



we anticipate unpredictable events or circumstances. These are the stories that enabled me to learn from collaborative learning in FITS.

## **C.6 FITS as PBEBP. Research design in 14 steps**

In this chapter I'll summarize the FITS as PBEBP, research design in 14 steps (fig.12). I have analysed 8 FITS cases according to these steps: two cases are included in section D. and six cases are included as appendices. Through these steps I perform Practice Based Evidence Practice. The first step is to manualise a personal and professional approach. Hillewaere and I manualised FITS.

### **Manualisation**

(1) Manualise a personal and professional therapeutic approach. Hillewaere and I manualised FITS and use this as empirically informed guidelines into our practice. The 'fluid manual' changes as a result of learning through feedback and research.

### **Research question**

*How does a family therapist navigate on the basis of coordinated improvisations, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?*

### **Mixed-methods research**

In FITS as PBEBP I use a mixed methods design. I combine quantitative and qualitative methods in a complementary and preliminary sequence (Bishop, 2015). Quantitative data and material are used as information in principal qualitative research.

### **Quantitative Systemic Inquiry**

With quantitative measurements the therapist and family members gather information about the experience of collaboration and developments in FITS.

(2) R.O.M measurement is used before, halfway and at the end of FITS Family Therapy

(3) CDOI ORS/SRS measurements are used in the beginning and at the end of every therapy session

(4) Family Goals Rating List. The FGRL is used in every evaluation in FITS (sessions 3, 5, 8, 12 and 15)

The FITS therapist evaluates developments and collaboration in sessions 3, 5, 8, 12 and 15 and uses quantitative outcomes as conversational tools (Sundet, 2012) in the dialogue.

### **Qualitative Systemic inquiry:**

With qualitative research the therapist tries to understand how (s)he navigates on the basis of coordinated improvisation and collaborative learning in feedback informed systemic therapy.

(5) I make an audio recording in two evaluative sessions.

(6) Critical moments. Shortly after recording the two evaluation sessions, I listen to the recordings and select 2 or 3 'critical moments' out of every conversation. Critical moments are when tension and inner dialogue increases and 'if we act wisely, we can change the trajectory of the conversation and thus create a different "afterlife"' (Pearce, 2007:3). I type out those parts of the conversation in original spoken Dutch language and put them in a table.

(7) Inner dialogue. Immediately after typing transcripts of critical moments I add my inner dialogue (what I remember/ imagine as my inner dialogue) in the second row of the diagram.

Questions I ask myself to evoke the memories of my inner dialogues are:

- What am I being invited to say or do?
- What pattern would this help to sustain?
- How can we or how can I make a difference?

(8) Reflections afterwards. After several weeks I re-read the original transcripts out loud. I reflect on experiences whilst reading. I ask myself questions about invitations and responses. Reflective questions are:

As a therapist

- How do I navigate?
- How do I respond towards invitations?
  - a. Spontaneous responsive
  - b. Reactive
  - c. Directive/ instructive
  - d. Reflexive
- Is there a fit with others?
- Does it open up space for something new?

<b>Navigation</b>	Not reflected	Reflected	Fit	Opening space
Controlling	<b>Reactive</b>	<b>Directive</b>	Yes/no	Yes/no
In a flux	<b>Spontaneous</b>	<b>Reflexive</b>	Yes/no	Yes/no

Fig. 2 Navigating complexity, (repeated p.57)

Within systems

- What are we invited to say or do?
- Do others perceive, acknowledge, ignore or miss the invitation?
- Is there or isn't there a fit between invitation and response
- What kind of identity or relationship is constructed in in interaction?
- What systemic, triadic effects occur, what is the impact of events on different actors in the system?
- Does the interaction open up or close down connections or space for something new?

I write down those reflections in the third row of the diagram. Afterwards I translate the Dutch texts into English.

(9) I describe the episode as a pattern.

- Reactive interaction: there is no fit, no opening space.

- Paradoxical interaction: there is a fit and no fit, no opening space
- Reflexive interaction: there is a fit and space for something new

(10) I describe this as a pattern within a meaningful context.

I examine patterned speech acts (a) within 4 levels of meaning (b-e):

- (a) Speech act (utterance/ content)
- (b) Interpretative act (the relational invitation)
- (c) Subjectification (who do we become?)
- (d) Family cultural assumptions (under influence of family stories)
- (e) Societal, cultural and professional assumptions (under influence of discourses)

In a CMM inspired approach I inquire the interrelatedness between inter-acting, generating meaning and context frames in the patterns we produce. I inquire how 'logical forces' (Pearce, 2007) shape interaction. Those logical forces are:

- A prefigurative force: The connection between one 'turning' antecedent action and a following action.
- A contextual force: The connection between context (episode, relationship, self, culture) and a following action.
- An implicative force: The connection from action to the context.
- Practical force: The connection between an action and a subsequent 'turning' act.

Prefigurative and contextual forces describe interactions in which persons act "because of" pre-existing stories, meanings, and actions.

Implicative and practical forces describe interactions in which persons act "in order to" bring about something in the future (Pearce, Sostrin, Pearce, 2011).

(11) I distinguish, based on 'logical forces', a low or high level of reflexivity in the pattern. The level of reflexivity refers to the systemic awareness of circular relationships between cause and effect in the pattern.

There is a high reflexivity when both contextual and prefigurative forces are low and when practical and implicative forces are high. A high level of reflexivity opens up access to change, to make a difference.

There is a low level of reflexivity when both contextual and prefigurative forces are high and when practical and implicative forces are low. A low level of reflexivity constrains access to change, to make a difference.

(12) Collaborative learning:

How do we collaboratively learn “how to learn” in Feedback Informed Systemic Therapy? I try to find out what kind of learning the therapist and the family members are producing. I distinguish between:

- Single loop learning: increase organizational performance by adjustment
- Double loop learning: restructure organizational action by evaluation of current norms
- Co-create a collective frame of reference
- Deutero learning: learning to learn, complex adaptation to complexity

### **Practice Based Evidence Based Practice**

‘Practice based evidence based practice implies that no therapy is delivered without measuring its effects and no research is done outside of the practice itself. Therapist and family members examine the effects of their collaboration. The output of research is input for therapy and for reconstruction of the fluid manual’ (p69).

(13) Output of research is used as input for 3-order collaborative learning in therapy. I try to find out how FITS as PBEBP can function as a shared enquiry. I also aim to discover how family members can become co-researchers and finally how outcomes (new connections, understandings, practices or questions) can be used together as input for a richer, reflected therapeutic process.

(14) Thematic Analysis. I analyse, code, identify and create new narratives out of my findings (Braun & Clark, 2006, Harding, 2013).

The output of research is input for the therapist's 3-order learning about navigating in therapy and reconstructing the fluid manual. In a qualitative thematic analysis I read the transcripts, distinguish and categorise themes in the next steps:

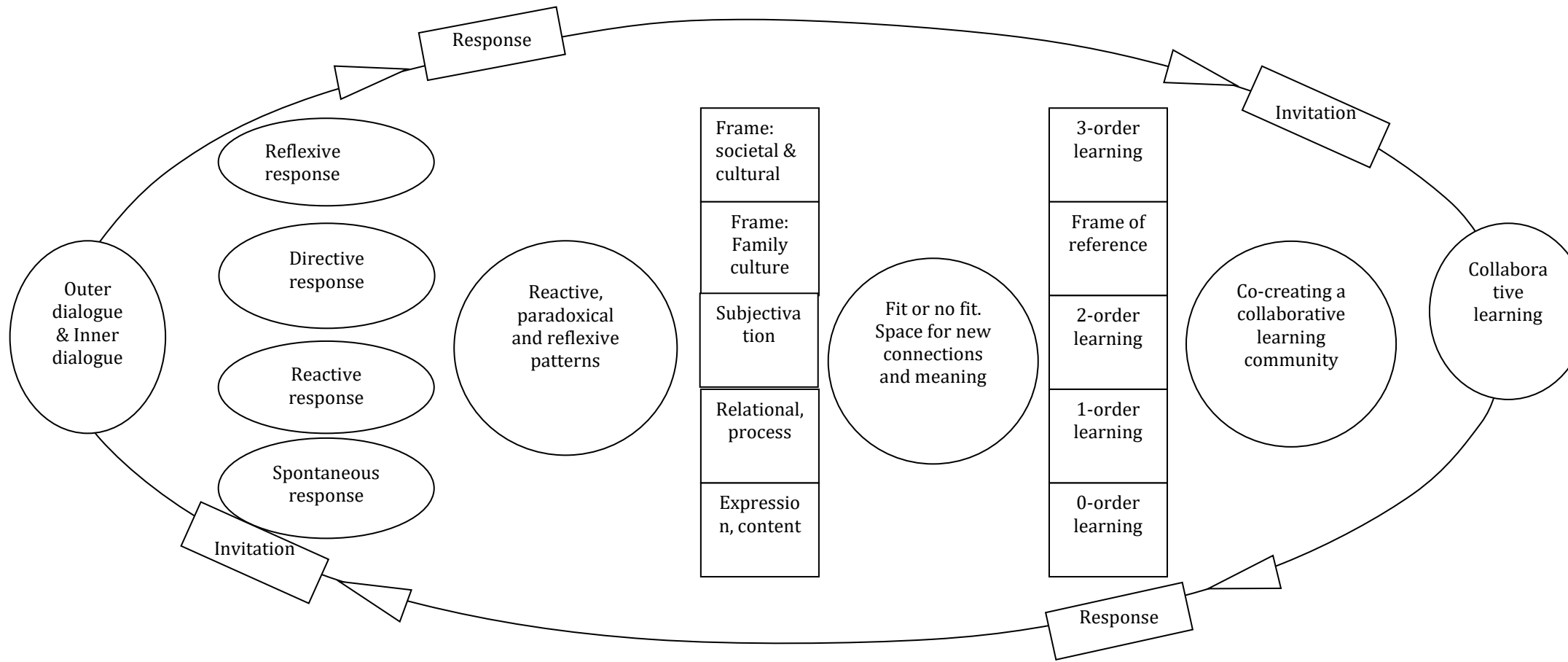
- Reflexive reading of the transcripts.
- Name (code) themes navigating as therapist (appendix 4).
- Map the identified themes (appendix 5).
- Look for similarities, know-how about navigating practices.
- Look for unfamiliarity's, breakpoints that challenge taken for granted assumptions about therapeutic work.
- Write short narratives about affirmation and surprises
- Look for new questions and generative inspiration.

At last I will write about how FITS as a Practice Based Evidence Based Practice works, promotes collaborative learning and offers 'validity from within'. I'll discuss if PBEBP could function as an alternative for standardization in the field of Systemic Family Therapy.

## **C.7 Conclusion**

In section C I described my design of my study about FITS as Practice Based Evidence Based Practice. I explain the 'fluid manual' FITS and how I designed and practiced collaborative and generative research. In section D I show the process and results of FITS as PBEBP in 2 analysed cases.

- (1) Manualise and co-create a personal, professional manual
- (2) R.O.M. before, halfway and at the end of FITS therapy
- (3) C.D.O.I. ORS & SRS at the start and end of every session
- (4) The Family Goals Rating List (FGRL) in sessions 3, 5, 8, 12, 15
- (5) audio-record 2 sessions of evaluation in every case
- (6) Select 2 of 3 critical moments in the transcripts



- (7) Add inner dialogue to the transcript
- (8) Reflections on invitations and responses
- (9) Looking for patterns
- (10) Patterns in frames, layers of context
- (11) Do we generate a low or high level of reflexivity?
- (12) Generating collaborative learning
- (13) Becoming a collaborative learning community
- (14) Theme analyses & learning how to navigate

## Section D: Plane of Immanence. Research findings

### D.1 Introduction

'The power of creation does not lie outside the world like some separate and judging God; life itself is a process of creative power. Thought is not set over against the world such that it represents the world; thought is a part of the flux of the world. To think is not to represent life but to transform and act upon life' (Colebrook, 2002:xxiv).

Deleuze refers in his work often to a Plane of Immanence. All production occurs within a plane of immanence. There is nothing outside this forever-changing plane. Changes from within are (re-) configurations, reorganisations of different but connecting parts. In space-time for actualization singularities and heterogeneous elements are allowed to connect and form new emergent and "agentic assemblages" (Bennett, 2010). The FITS therapist/researcher is both actor and witness, inquires from within planes of immanence. The therapist/ researcher opens up space and witnesses actualizations (Deleuze, 1995) in living moments (Shotter, 2003).

In 2015 and 2016 I gave FITS therapy as PBEBP to 15 families. Eight families gave permission to use the therapeutic information and transcripts for research. My research question is: How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-Informed Systemic Therapy? I extract quantitative measurements and qualitative information from evaluating transcripts. These transcripts were documented from sessions in which I had used FITS therapy. I then analyse these measurements and information according to a 14-step plan.

In chapter D.3 I present two analysed cases: Jenny and her parents, and Geraldine. I chose these two cases because they express two important themes in FITS as PBEBP. In Jenny and her parent's case, improvisation made the difference. In



Geraldine's case, change happened partly because of the therapeutic alliance. The six other analysed cases are included as appendices.

D.2 Jenny and her parent's case (1501)

D.3 Geraldine's case (1605)

D.4 Conclusion

## **D2. Jenny and her parent's case (1501)**

The names in the document have been changed to protect their identity.

### **Code: 1501**

1501 Jenny

1502 Mother, Ina

1501 Father, Fred

### **Introduction**

Jenny, 12 years old, is referred for therapy because of truancy, self-mutilation and thoughts about suicide. Her parents panic and respond with fear and anger. This has an escalating effect. Jenny feels guilty about the effect her behaviour has on her parents. She says she doesn't deserve to live because of this. In therapy we try to understand this pattern in context. Mother is the primary caregiver and has a close protective relationship with Jenny. Father takes a more distant position. Mother talks about violence in her family of origin. Five years ago her mother had a burn out and her father experienced depression. Jenny supported her mother, emotionally and by doing the housework, during those months. After her parents had recovered, Jenny began to refuse to go to school.

### **Quantitative Research**

## Routine Outcome Measurement

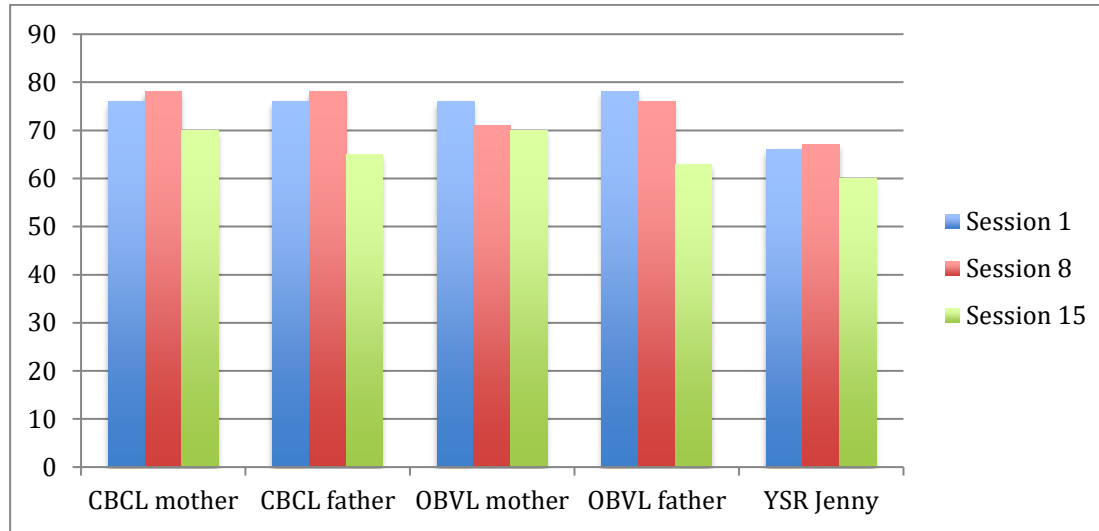


Fig. 13. ROM Jenny's case

Table I. ROM Jenny's case

Test	Session 0	Session 8	Session 15
CBCL mother	Total: 76	Total: 78	Total: 70 (RCI 2,12 +)
CBCL father	Total: 76	Total: 78	Total: 65 (RCI 5,3 +)
OBVL mother	Total: 76	Total: 71	Total: 70 (RCI 1,73 +)
OBVL father	Total: 78	Total: 76	Total: 63 (RCI 2,6 +)
YSR Jenny	Total: 66	Total: 67	Total: 60 (RCI 1,18 0)

RCI (Jacobsen & Tuax, 1991) is the reliable change index. It is used to count the differences between different measurements. When the RCI is bigger than 1,64 then change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

### Client Directed Outcome Interview

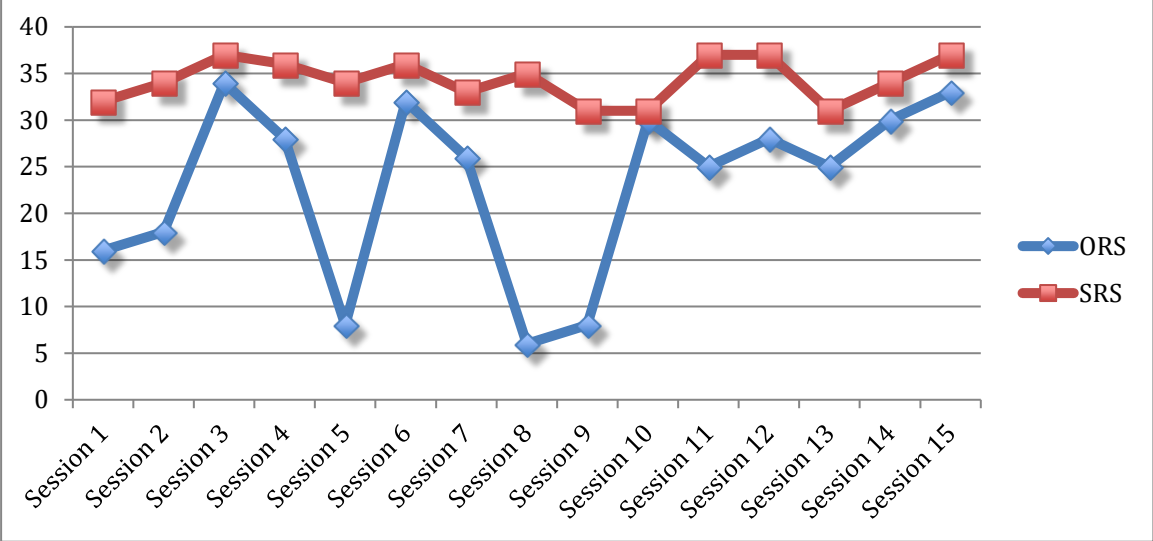


Fig. 14. CDOI Jenny

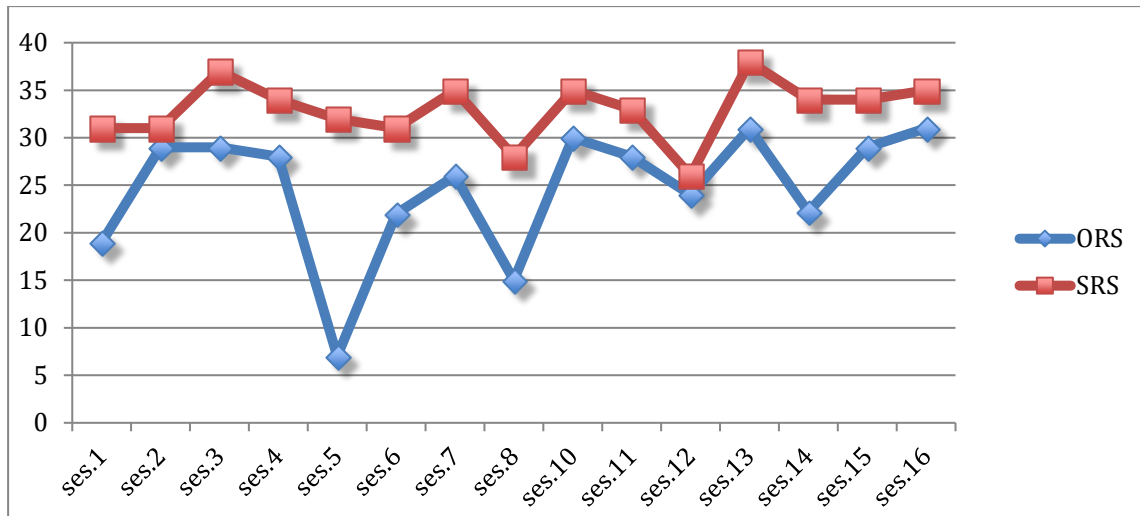


Fig. 15. CD01 Jenny's mother

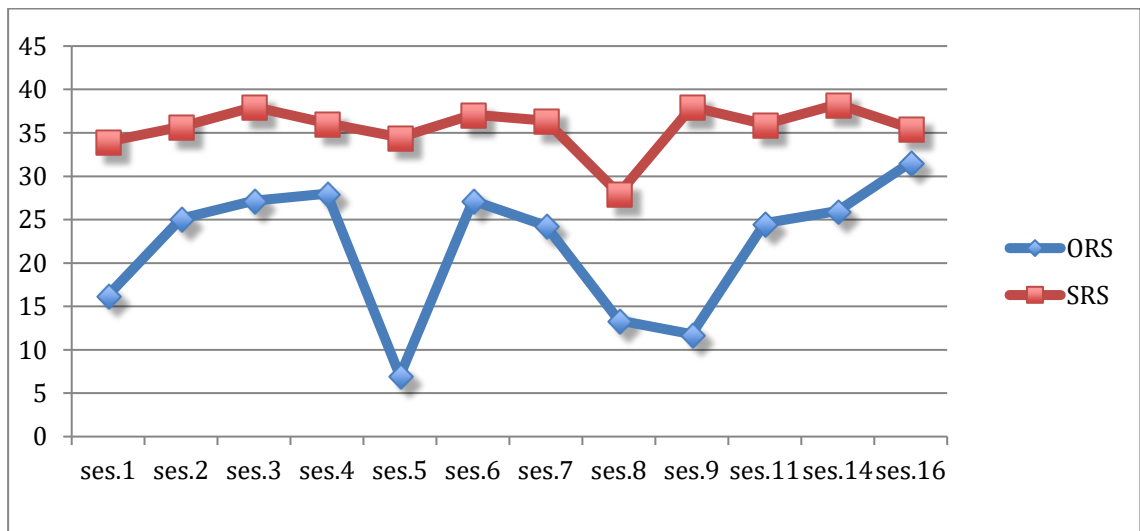


Fig. 16. CD01 Jenny's father

### Family Goals Rating List

Parents: We want to support Jenny better than before. As parents, we have to learn to collaborate better as a team. We want to stay calm and not react out of panic.

Jenny: I want to learn to feel confident, to go back to school and respond differently to negative thoughts (voices of the hooney's (externalization of fears)).

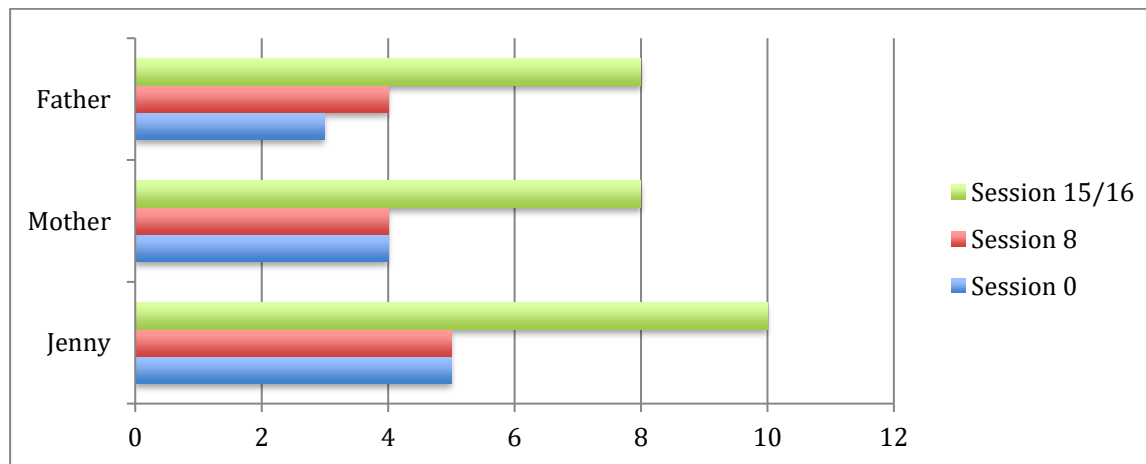


Fig. 17 FGRL Jenny's case

Table II. FGRL Jenny's case

	Session 0	Session 8	Session 15/16	Preferred in future
<b>Mother</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>8</b>
<b>Father</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>7</b>
<b>Jenny</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>10</b>

# Collaboration

We evaluated collaboration in the family in sessions 8 and 15.

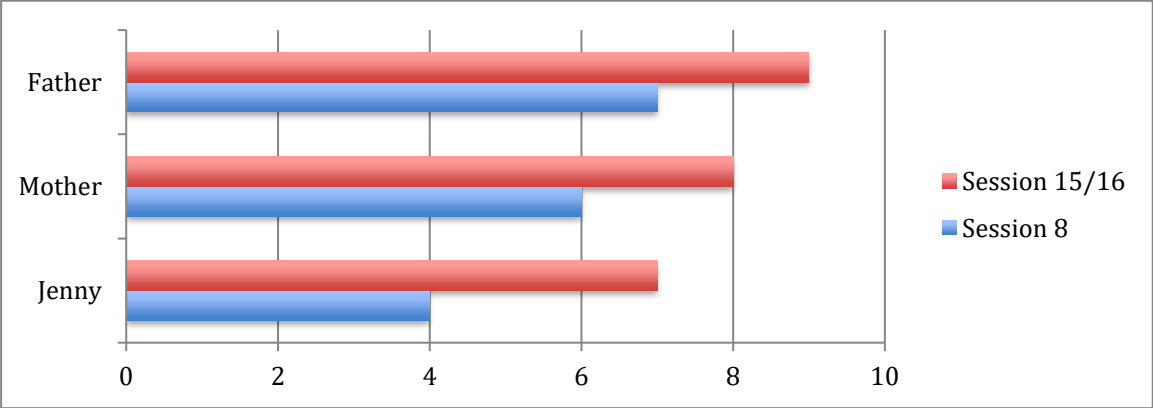


Fig. 18 FGRL collaboration Jenny’s case

Table III. FGRL collaboration Jenny’s case

	Collaboration session 8	Collaboration session 15/16
<b>Mother</b>	4	7
<b>Father</b>	6	8
<b>Jenny</b>	7	9

# Conclusion

We evaluated collaboration and developments during sessions 8 and 15. Father was not present at session 15. He scored the FGRL in session 16, our last session FITS.

During session 8 we saw that the ROM, CDOI and FGRL scores went down. We decided to continue FITS therapy because the scores fluctuated and as something different happened (see episode 3) during the evaluation. The parents gave me feedback that they wanted me to intensify therapy and to take more often an expert position. After session 8 the CDOI-line went up again. There were still ups and downs, but the dips in the line were less deep. In session 15 all scores are positive and indicate significant changes. We used quantitative material to discuss further collaboration, developments and learning.

## **Qualitative research**

### **Session 8**

#### Situation:

Jenny had returned to school with the help of an interagency collaboration agreement between her family, therapists and school, but later she relapsed. Jenny's mother phoned me many times that week. She told me that Jenny harmed herself badly and cycled along the railway during school time. I felt a strong appeal to interfere, to take over responsibilities from her parents. The psychiatrist in our department saw Jenny and didn't conclude that Jenny was suicidal. During session 8 we evaluated developments and collaboration in therapy. The ROM and ORS scores went down. I showed the results in graphics to the family. I audio-recorded the evaluation session, selected critical moments and wrote transcripts.

#### **Critical moment 1: Who is the expert?**



## Transcripts, inner dialogue and reflections afterwards

Table IV. critical moment 1 transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1501:0.1	How are you doing Jenny?		Theme: Triadic/ systemic awareness. When I connect with one family member I do/ might not connect with the others.
Jenny 1501:0.2	(Giggles) I am fine.		
Therapist 1501:0.3		I am surprised Jenny is acting so happy, after all the panic her parents expressed last week.	Theme: Focus on unexpected, surprising emotional responses.
Therapist 1501:0.4	This is the diagram of the lists you fill in every session.		Theme: Using the diagram as an development indicator.
Jenny 1501:0.5	What is a good result?		As if the diagram tells something she doesn't know herself.
Therapist 1501:0.6	The higher, the better (with a smile). See, it starts with score 16, and after that up to 34, and than.... Down, "boom" to 8.		
Jenny 1501:0.7	(Laughing)		Theme: Connection by the use of humour.
Therapist 1501:0.8	Then back up high (points at the diagram) and now back down to 6		
Jenny 1501:0.9	Boom.		
Jenny 1501:1.0	I didn't go to school from here (points at session 5 at the diagram).		Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.
Mother 1501:1.1	We don't know what to do, we are all going down now, we need more help I think. We can't take it any longer.		

Therapist 1501:1.2		Jenny is giggling, ignores her parents panic. I feel a strong appeal to do something different and take over responsibilities. I feel an invitation to calm parents down. Maybe Jenny is trying to calm parents down by acting funny and happy? Can I help parents to reconnect to their resilience? There are ups and downs on the ORS line. How can we evaluate our collaboration and learn from those ups and downs?	Theme: Invitation to take over responsibilities, family tasks.
Therapist 1501:1.3	I think it is important to evaluate our collaboration together right now. When we look at the line (CDOI) we can see ups and downs. There were moments when our collaboration worked well and there were moments when we were losing it. I wonder if we can learn from our efforts so far?		Theme: Using the diagram as a development indicator. Meaning of the diagram in relation to the experience of family members in the living moment.
Mother 1501:1.4	That's the way it always goes. It goes up and down. I don't think that has to do with our efforts yet. We are desperate right now and need you to give direction.		Theme: Invited to take an expert role, control.
Therapist 1501:1.5		There is a lot of pressure on me. I can't give directions that solve the problem. How can I respond, keep the conversation going, without taking control or losing them? I should validate their emotional response and talk about my role in our collaboration.	Theme: Invitation. How can I respond differently without taking control or losing the connection?
Therapist (to parents) 1501:1.6	I guess you are very worried about what happened last week. I can feel your panic and I understand your wish to get direction and to stop feeling scared. We collaborate in therapy and try to find ways to go on. You need me in that process and I need you and Jenny too. There is no single solution. I wish there was, but there isn't. But I do		Theme: Focus on collaboration, shared responsibilities and contributions to change.

	believe we can find ways to go on together. Do you believe we can do that? How can we collaborate in a better way?		
Father 1501:1.7	We put trust in this therapy and in you, Robert. But there is more to be done. I can't tell you. You are the expert in this. Maybe we need more or a different therapy.		Theme: Invited to take an expert role, control.
Therapist 1501:1.8		I am not the expert. I feel an invitation to defend the way we worked so far, but I should not do that. How to go on?	
Jenny 1501:1.9	Look! There is my drawing on the wall. (Points at a drawing of the honeys at my whiteboard).		Theme: to make a playful difference.

## Looking for patterns in a context of meaning

### Episode 1: Who is the expert?

Table V. Critical moment 1. Analysed transcript

	Therapist	Jenny	Therapist	Jenny	Mother	Therapist	Father	Jenny
<b>Society/culture/professional</b>	Diagrams show results we can interpret.	Diagrams show reliable results.	Diagrams show results we can interpret.	Diagrams show reliable results.	Experts know and take over control in crisis.	A collaborative 'not knowing' therapist invites clients to be the expert in their own life.	Experts know and take over control in crisis	-
<b>Family culture</b>	-	Asking questions is positive	-	Jokes in the family.	Felt ignored by her family of origin.	-	Problem solving culture in family or origin.	Tension escalates.

<b>Subjectification</b>	Interested therapist.	Interested client, daughter.	Knowing (bit funny) therapist.	Funny, playing client, daughter.	Worried mother that needs help.	A collaborative therapist wanting to learn from feedback and evaluation.	Worried father that wants an expert to make a change.	A child looking for attention.
<b>Episode</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>	<b>Who is the expert?</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive</b> Invites to give meaning.	<b>Reactive</b> Asks explanation.	<b>Reactive</b> Explains in a funny way.	<b>Reactive</b> Responds in a funny way.	<b>Reactive</b> No fit, compels to take over, make a change.	<b>Reactive</b> Invite to collaborate and learn.	<b>Reactive</b> No fit and no connection.	<b>Reactive</b> Distracts attention.
<b>Interpretive act/ relational / process</b>	Invites to give meaning to the lines on the diagram.	Asks an explanation.	Playfulness.	Understands it, responds in a playful way and points at difficulties.	Compels in panic to interfere, take over, and give directions. No time for fun. This is serious.	Invites to evaluate collaboration and developments, in order to learn to collaborate in a better way.	Compels in panic to interfere, take over, give directions.	Distracts attention to a drawing.
<b>(Speech) Action</b>	1501:0.4 This is the diagram of the lists you fill in every session.	1501:0.5 What is a good result?	1501:0.6 The higher, the better (with a smile). See, it starts with score 16 and after that up to 34 and than... down, "boom" to 8.  1501:0.8 Then back up	1501:0.7 (Laughing)  1501:0.9 Boom.  1501:1.0 I didn't go to school from here (points at session 5 at the diagram).	1501:1.1 We don't know what to do, we are all going down now, we need more help I think. We can't take it any longer.  1501:1.4 That's the way it always goes. It goes up and down. I	1501:1.3 I think it is important to evaluate our collaboration together right now. When we look to the line (CDOI) we can see ups and downs. There were moments when our collaboration worked well and there were moments when we were losing it. I wonder if we can learn from our efforts so far?	1501:1.7 We put trust in this therapy and in you, Robert. But there is more to be done. I can't tell you. You are the expert in this. Maybe we need more or a different therapy.	1501:1.9 Look! There is my drawing on the wall! (Points at a drawing of the honeys at my whiteboard).

			high (points at the diagram) and now back downhill to 6.		don't think that has to do with our efforts yet. We are desperate right now and need you to give direction.	1501:1.6 I guess you are very worried about what happened last week. I can feel your panic and I understand your wish to get direction and to stop feeling scared. We collaborate in therapy and try to find ways to go on. You need me in that process and I need you and Jenny too. There is no single solution. I wish there was, but the isn't. But I do believe we can find ways to go on together. Do you believe we can do that? How can we collaborate in a better way?		
<b>Inner dialogue</b>			1501:0.3 I am surprised Jenny is acting so happy, after all the panic of parents last week.			1501:1.2 Jenny is giggling, ignores her parents panic. I feel a strong appeal to do something different and take over responsibilities. I feel an invitation to calm parents down. Maybe Jenny is trying to calm parents down by acting funny and happy? Can I help parents		

						<p>to reconnect to their resilience? There are ups and downs on the ORS line. How can we evaluate our collaboration and learn from those ups and downs?</p> <p>1501:1.5  There is a lot of pressure on me. I can't give directions that solve the problem. How can I respond, keep the conversation going, without taking control or losing them? I should validate their emotional response and talk about my role in our collaboration.</p>	
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**How do we collaboratively learn?**

How does the therapist and family members collaboratively learn “how to learn” in a Feedback Informed Systemic Therapy?

Therapeutic response

I (as therapist) show the CDOI diagram to Jenny. Last week the mother of Jenny phoned me many times because of her worries about Jenny. I feel her parents’ compelling me to interfere and to create some kind of security. I am worried about Jenny too. I am a bit surprised by the playfulness and happiness Jenny shows. When Jenny and I talk in a funny way about ups and downs her mother interferes. She asks me to take over control and to give advice. This appeal contradicts with my professional stance and values. As a

collaborative therapist I believe people are resilient and response-able to find preferred ways to go on. I want to create a context in which family members can reflect, improvise and learn. I wonder how best to respond according to these values, but without losing connection with parents. We evaluate our collaboration and I emphasize the developments made. But there is no fit in making a narrative. Parents convince me they stand powerless. They ask me to intensify therapy and give directions. Jenny distracts the attention away and points at a drawing she made, hanging on the whiteboard.

### Patterns

Reactive pattern: I (as therapist) invite parents to evaluate developments and collaboration in order to learn and find a way to go on together. I invite them to see a bigger picture with ups and downs and intend to open up space for us to reflect and learn. This invitation has a counterproductive effect. Parents compel me to take an expert position and to give them direction.

Jenny ignores her parents panic and giggles. Family members reinforce each other's responses in unwanted, repetitive patterns. Parents express despair and I feel a strong invitation to calm them down or to take over responsibilities. Do I feel what Jenny feels? If I take the invitation I'll engage in repetitive patterns. We, then, allow too much dependency in the therapeutic alliance, which confirms their inability to act. How can I make a difference? Parents get stuck in a problem-riddled story. An emphasis on failure overshadows positive contributions and resilience. I feel an invitation to ask the parents about their strengths, but if I do, they convince me how serious their problems are.

### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when parents, after an invitation to reflect on the process, convince me to give direction.

Contextual forces work when parents expect me to take an expert role in times of crisis and I (as therapist) don't want to take that role, because of professional assumptions and values about 'not knowing', 'local knowledge' and 'resilience'.

Collaborative learning:

0-order learning



A 'Hooney' by Jenny



## Critical moment 2: Covering up feelings

### Transcripts, inner dialogue and reflections afterwards

Situation: I feel a strong invitation to calm parents down or to take over responsibilities. If I do so, I'll engage in unwanted repetitive patterns. We will allow too much dependency in the therapeutic alliance, which confirms their inability to act. I ask myself how I can make a difference? I'd like to invite the parents to see the pattern we are making right now.

Table VI. Critical moment 2. Transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1501:2.0		How I can make a difference? I'd like to invite parents to notice the pattern we get stuck in.	Theme: Notice an unproductive pattern
Therapist 1501:2.1	I'll tell you what I feel inside when I listen to you. Before our meeting today, I was very worried about Jenny because of what you (mother) told me in your phone calls. I returned your call in the evening after work, something I usually don't do. And now we are here. I see both parents are desperate. I feel you want me to find a solution, but I can't do that without you. I wonder what you think about that? At the same time, I am surprised about Jenny. She seems happy and is acting funny. When I see her I feel comfortable about her well-being.		Noticing the unproductive pattern we are making together.
Mother	She covers up her feelings.		

1501:2.2			
Mother (to Jenny) 1501:2.3	Tell us what you really feel Jenny, not what you think we would like you to say.		
Therapist 1501:2.4		This is an interpretation.	
Therapist 1501:2.5	What do you think is happening to her?		Theme: inviting to see circular patterns by asking systemic/ circular questions
Mother (to therapist) 1501:2.6	She acts in a socially desirable way. She bakes cakes for us if she thinks we are angry with her.		
Father 1501:2.7	We aren't angry with you.		
Mother 1501:2.8	No we are not.		
Jenny 1501:2.9	(Looks away)		
Therapist 1501:3.0		I feel some irritation. Is anger concealed? Do I feel what Jenny feels? Maybe Jenny is angry. She took care of her parents when they had problems. Maybe Jenny is angry and it is not safe to express it. Self-harm is often seen as aggression towards self.	Theme: Listening to my inner dialogue. Do I feel what is experienced in the family, but find it hard to express?
Therapist 1501:3.1	Self-harm is often seen as aggression towards self. Maybe Jenny does feel anger and maybe it's difficult to express that in another way.		Too difficult question
Jenny 1501:3.2	(Looks serious) No I am not angry with my parents. I feel guilty because I cause my parents pain. I am also not happy. I don't deserve to be happy because of what I do.		
Therapist 1501:3.3		If I ask family members about their feelings of anger, they emphasize their caring involvements. Jenny feels guilty about her	Theme: Externalization, repositioning

		parent's pain. This is a vicious circle. Guilt makes her sick and this sickness causes her parents pain. We have externalized 'negative punishing thoughts' as 'hooney's'.	
Therapist 1501:3.4	(Points at the drawing of the hooney) Is this an example of a hooney talking to you, like you told me before?		
Jenny 1501:3.5	I don't know, maybe they are right about me.		
Mother 1501:3.6	No they are not. Feeling guilty doesn't help you.		
Family members 1501:3.7	(Look at me).		
Therapist 1501:3.8		Nothing works. Suddenly I feel worried, alone and, strangely, a bit cold.	Theme: feelings of the therapist, powerless
Therapist 1501:3.9	Silence.		

## Looking for patterns in a context of meaning

### Episode 2: Covering up feelings

Table VII. Critical moment 2 analysed transcript

	Therapist	Mother/ Father	Jenny	Therapist	Mother	Therapist	Jenny	Therapist
<b>Society/culture/professional</b>	Recognize the pattern you are in!	Speak out your feelings!	Stay calm!	Concealing anger could lead to depression and	Don't hurt your parents!	Externalizing conversation help people to reposition	Don't hurt your parents!	Good therapists help in finding ways to go on.

				self-harm.		themselves in relation to problems.		
<b>Family culture</b>	-	No culture of talking about feelings in families of origin.	Emotions can escalate easily	There was anger and aggression in the therapist's family of origin.	Emotions can escalate easily	-	Take responsibility!	-
<b>Subjectification</b>	A therapist, part of the system, he is working with	Worried and comforting parents	Ignoring	Challenging therapist	Guilty and responsible	Encouraging therapist	Guilty and responsible	Unhelpful therapist
<b>Episode</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>	<b>Covering up feelings</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive</b> Invite to see the pattern	<b>Reactive</b> No fit. Parents make an interpretation and comfort Jenny.	<b>Reactive</b> No connection, no fit.	<b>Reactive</b> Feels irritation. Listen to inner dialogue and asks about anger.	<b>Reactive</b> No fit, Jenny problematizes her role.	<b>Reactive</b> Invites to take another position.	<b>Reactive</b> No fit, Jenny problematizes her role even more.	<b>Reactive</b> We are in a shared mood of feeling powerless.
<b>Interpretive act/ relational, process</b>	Invite parents to see the pattern we are stuck in.	Parents interpret, problematize Jenny's behaviour and comfort her.	Moves away.	Invites to think differently about self-harm. Is Jenny angry?	Jenny problematizes her role, feels responsible for parents' their pain.	Invites to externalize and take a position against these negative thoughts.	Jenny problematizes her role even more.	Silence, feeling powerless, unhelpful, trying.

<p><b>(Speech)</b> <b>Action</b></p>	<p>1501:2.1 I'll tell you what I feel inside when I listen to you. Before our meeting today I was very worried about Jenny because of what you (mother) told me in your phone calls. I returned your call in the evening after work, something I usually don't do. And now we are here. I see both your parents are desperate. I feel you want me to find a solution, but I can't do that without you. I wonder what you think about that? At the same time I am</p>	<p>1501:2.2 She covers up her feelings.</p> <p>1501:2.3 Tell us what you really feel Jenny, not what you think we would like you to say?</p> <p>1501:2.6 She acts in a socially desirable way. She bakes cakes for us if she thinks we are angry with her.</p> <p>1501:2.7 We aren't angry with you.</p> <p>1501:2.8 No we are not.</p>	<p>1501:2.9 (Looks away).</p>	<p>1501:3.1 Self-harm is often seen as aggression towards self. Maybe Jenny does feel anger and maybe it's difficult to express that in another way.</p>	<p>1501:3.2 (Looks serious). No I am not angry with my parents. I feel guilty because I cause my parents pain. I am also not happy either. I don't deserve to be happy because of what I do.</p>	<p>1501:3.4 (Points at the drawing of the hooney). Is this an example of a hooney talking to you, like you told me before?</p>	<p>1501:3.5 I don't know, maybe they are right about me.</p>	<p>1501:3.9 Silence.</p>
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	surprised about Jenny. She seems happy, and is acting funny. When I see her I feel comfortable about her well-being.							
<b>Inner dialogue</b>	1501:2.0 How I can make a difference? I'd like to invite her parents to notice the pattern we are stuck in.			1501:3.0 I feel some irritation. Is anger concealed? Do I feel what Jenny feels? Maybe Jenny is angry. She took care of her parents when they had problems. Maybe Jenny is angry and it is not safe to express it? Self-harm is often seen as aggression towards self.		1501:3.3 If I ask family members about their feelings of anger, they emphasize their caring involvements. Jenny feels guilty about her parent's pain. This is a vicious circle. Guilt makes her sick and this sickness causes her parents pain. We have externalized 'negative punishing thoughts' as 'hooney's'.		1503:3.8 Nothing works. Suddenly I feel worried, alone and, strangely, a bit cold.

## **How do we learn collaboratively?**

How does a therapist and family members collaboratively learn “how to learn” in a Feedback Informed Systemic Therapy?

### Therapeutic response

I feel stuck in a pattern and ask myself how I can make a difference? I'd like to invite parents to see the pattern we are making in the moment. I describe the difference I notice between parents their despair and Jenny her expressions of happiness. Mother makes an interpretation. She thinks Jenny hides her feelings because she is afraid her parents are angry with her. Parents ask her, comfort her, and ensure her that they aren't angry with her. Jenny responds by looking away. I feel some irritation inside. Why, I ask myself? Do I feel what Jenny feels? Is anger concealed? Whose anger is concealed? Jenny has reasons to be angry. She, at a young age, took care of her parents when they had serious problems. Is it safe to express anger? Concealed anger could lead to depression and self-harm. I share inner thoughts and ask about Jenny's anger. Jenny denies. She feels guilty and responsible for her parents' pain. Jenny told me about negative and punishing thoughts before. We externalized them, called them 'hooney's. I point at the drawing of the hooney at my whiteboard. I invite Jenny to take a position in relation to those negative thoughts. Jenny suggests the 'hooneys' might be right about her. I (as therapist) feel invited to work hard and everything I try to say or suggest is rejected. I feel unhelpful and powerless.

### Patterns

Reactive pattern: I (as therapist) feel an invitation to work hard, find solutions, or suggest a way to go on. All my suggestions or inquiries are rejected. I feel unhelpful and powerless.

Reactive pattern: Jenny feels guilty and responsible for her parent's pain. There is a vicious circle. The more Jenny feels guilty, the more she feels sick, the more she doesn't sleep well at night. Her tiredness, bad dreams and fear stop her from going to school. Her parents try

to get her back to school. The more her parents panic, the more Jenny feels fear and guilt. Late at night she punishes herself by self-harming. Her parents panic more, Jenny feels guilty and so on.

#### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when ,I as a therapist, invite in many ways to make a change, to see the pattern, to reframe what is happening, or to talk about difficult feelings without necessarily making a fit or connection. I feel invited to take over when I don't want to, and I feel inclined to make suggestions and I feel rejected in my efforts.

Contextual forces work when parents interpret that Jenny is covering up her feelings. Contextual forces work when I understand self-harm as concealed anger and also when I feel unhelpful and powerless, believing good therapists always find ways to go on.

#### Collaborative learning:

0-order learning



### Critical moment 3: Something is happening and I don't know what it is.

#### Transcripts, inner dialogue and reflections afterwards

I (as a therapist) feel an invitation to work hard, find solutions or ways to go on. All I try to enquire or suggest is rejected. When I discuss anger Jenny and her parents emphasize their caring involvements. We don't co-create a collective frame of reference and we sustain the same patterns over and over again. Suddenly, I feel alone and, strangely, a bit cold. After a brief hesitation I decide to share this feeling at that moment.

Table VIII. Critical moment 3: transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflection afterwards
1501:4.0		I feel worried, alone and, strangely, a bit cold. How to make a difference? How do others feel? I decide to share my inner dialogue and experience.	Theme: Sharing inner dialogue
Therapist (to parents) 1501:4.1	It feels like we are getting not any further in this conversation. I am worried and just now I felt a bit cold and alone. I'm trying to find a way out. I am curious about your feelings and thoughts at this moment.		Theme: feelings of the therapist, cold and alone
Father 1501:4.2	I feel dazed. I really don't know how to support my wife who suffers most, right now, I think.		Theme: Sharing inner dialogue and express something unsaid
Mother 1501:4.3	(After a silence) I often feel alone and cold.		
All of us 1501:4.4	Silence		
Mother 1501:4.5	To father. I really do need more support. You are too dependent from me.		Theme: Family members express (emotional) needs towards each other
Father 1501:4.6	(Nods)		

Mother 1501:4.7	(After silence) Jenny has to learn to value herself. I can't do this alone. I can push and talk, but 'it takes two to tango'. I can't carry her fear.		Theme: Family members take a responsibility for their own contribution to patterns.
Jenny 1501:4.8	(Sings a Dutch song) 'Give me your fear'.		Theme: to make a playful difference, say what is difficult to say in a playful way.
Therapist 1501:4.9		A relief, 'something is happening and I don't know what it is'.	Theme: something is happening and I don't know what it is.
Therapist 1501:5.0	(Smiles)		

## Looking for patterns in a context of meaning

### Episode 3: Something is happening and I don't know what it is.

Table IX . Critical moment 3: Analysed transcript.

	Therapist	Father	Mother	Mother	Father	Therapist	Jenny	Therapist
<b>Society/culture/professional</b>	Share inner dialogue in impasse.	Mothers are primary caregivers, fathers support.	Parents should take care of their children.	Parents should collaborate in the parental alliance.	Parents should collaborate in the parental alliance.	Parents should take care of their children.	Parents and children care for each other and can take care for themselves.	Therapy works when family members take agency by themselves.
<b>Family culture</b>	-	Father in a distant position in his own family of origin.	Mother took care of her parents when she was a child. Mother is the primary	Her father was absent in her youth because of alcoholism.	We, as parents, could collaborate in the parental alliance.	Mother took responsibility to take care of her father when she was a child.	In a culture of caring for each other I can take care	-

			caretaker in this family.			Take care of yourself.	of myself.	
<b>Subjectification</b>	A therapist, part of the system, open about feelings.	A father wanting to take responsibility for his wife.	A mother in need of support.	A wife needing support from her husband.	A father wanting to take responsibility for his wife.	A mother encouraging her daughter to take more initiative herself.	Understanding and playful daughter.	Encouraging therapist.
<b>Episode</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>	<b>Something is happening and I don't know what it is.</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> Invite to share inner experiences.	<b>Reflexive</b> Takes responsibility.	<b>Reflexive</b> A fit and a connection.	<b>Reflexive</b> Expression of something new.	<b>Reflexive</b> A fit and a connection.	<b>Reflexive</b> Expression of something new.	<b>Reflexive</b> A fit and connection.	<b>Reflexive</b> Space to go on.
<b>Interpretive act/ Relational / process</b>	Noticing an impasse. Share inner dialogue and experience.	Points at the burden his wife carries and his wish to know how to support her better.	Recognises my experience (alone and cold).	Speaks out about her needs in relation to father.	Acknowledging	Speaks out about her needs in relation to Jenny.	Acknowledging in a playful way.	Relieved about our connection and open space.
<b>(Speech) Action</b>	1501:4.1 It feels like we are getting not	1501:4.2 I feel dazed. I really don't	1501:4.3 (After a silence) I often feel alone	1501:4.5 To father. I really do need	1501:4.6 (Nods)	1501:4.7 (After silence) Jenny has to	1501:4.8 (Sings a Dutch song) 'Give me	1501:5.0 (Smiles)

	any further in this conversation. I am worried and just now I felt a bit cold and alone. I'm trying to find a way out. I am curious about your feelings and thoughts at this moment.	know how to support my wife who suffers most, right now, I think.	and cold.	more support. You are too depended from me.		learn to value herself. I can't do this alone. I can push and talk, but 'it takes two to tango'. I can't carry her fear.	your fear'.	
<b>Inner dialogue</b>	1501:4.0 I feel worried, alone and, strangely, a bit cold. How can I make a difference? How do others feel? I decide to share my inner dialogue and experience.							1501:4.9 A relief, 'something is happening and I don't know what it is'.

Text is blue refers to a changing frame of reference.

### How do we learn collaboratively?

How do therapist and family members collaboratively learn "how to learn" in Feedback Informed Systemic Therapy?

### Therapeutic response

I (as therapist) feel unhelpful and stuck in unproductive patterns. I feel alone and, strangely, a bit cold at that moment. I decide to share my inner dialogue and experience. Mother recognizes this feeling (cold and alone). She speaks out about her needs in relationship to her husband and daughter. This is an important move. It resonates with her family of origin experiences and assumptions. Mother took care of her parents because her parents suffered with alcoholism. She feels very guilty because Jenny did the same, Jenny cared for her when she had a burnout. Mother usually doesn't speak out about her personal needs. She asks the father for support. He acknowledges this request. Mother asks Jenny to take more initiative in taking care of herself. Jenny acknowledges this request in a funny way. I (as a therapist) feel relieved and smile.

### Patterns

Reflexive pattern: I (as therapist) share my inner dialogue. Mother recognizes expressed feelings 'alone and cold'. She is able to speak out about her personal needs to both the father and her daughter. We escape from a pattern in which family members invited me to take over, in which all of us felt powerless. This opens up space for new connections, actions, and understandings.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces work when the mother recognizes my shared inner dialogue and speaks out about her needs. The father acknowledges this and asks how to be more supportive. Jenny acknowledges this in a playful way.

Implicative forces work when the mother speaks out about her needs. The father asks for help to be more supportive and Jenny acknowledges taking a more active stance in cooperating together. We re-construct a frame of reference that allows parents to collaborate and family members to take care for themselves more often.

Collaborative learning:

2-order learning. We are able to escape a vicious circle and impasse. Mother recognizes my expressed feelings. There is an opening to something new. There is silence in between the expressions. I, in my inner dialogue, think: 'something is happening and I don't know what it is' (1501:4.9).

## **Session 15**

Situation:

One week after our evaluation (session 8) father phoned me. He told me that his wife had gone on holiday, deciding that she needed time for herself. Father and Jenny had to take care of themselves during this period. While mother was gone, Jenny went back to school. But after two days she relapsed by quitting school and cutting herself. Father decided not to ask for support from his wife, as he usually would. He phoned me for an extra appointment. Something unexpected happened during session 9. Instead of talking about the relapse, father wanted to make a bet.

Father turns his face to Jenny and says very seriously: *Listen I am going to make you a proposal. If you go back to school and stay there for the next four weeks, I'll buy you an Ajax (football team) kit. You know this is difficult for me.* (Father and daughter supported rival football teams).

Jenny was surprised. I was even more surprised, because it worked. Jenny returned to school and has kept going since then. I kept wondering... Could sharing an inner sensation (feeling cold) and making a bet (father's bet) make such a difference?

In session 15 we evaluate the developments and collaboration in FITS with Jenny and her mother. Father is not present this time. I show graphics, read back sections of transcripts. I enhance collaborative learning (V) asking: 'how do we learn "how we learn"?'

## Critical moment 4: We can get out of the dips

### Transcripts, inner dialogue and reflections afterwards

Table X. Critical moment 4: transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist (to Jenny) 1501:5.1	The line (on the diagram) looks like an accordion, it goes up and down.		Theme: Using the diagram as a development indicator
Jenny 1501:5.2	(Laughs)		
Mother 1501:5.3	The dips become less deep.		
Jenny	I didn't miss a day at school last week.		Theme: Using the diagram as a

1501:5.4			development indicator, as an externalisation, that helps to differentiate and relate to developments.
Mother 1501:5.5	I see a different kind of child.		
Therapist 1501:5.6		How can I help family members to identify with their contributions to change	Theme: How to help to identify with contributions to change
Therapist 1501:5.7	The line goes up. Do you think it will stay that way?		Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.
Mother 1501:5.8	I think it probably will go down one more time, but I do strongly believe we can get out of the dips.		
Therapist 1501:5.9	What gives you confidence you can do this together? What did you learn?		Theme: Learning “how to learn”.
Mother 1503:6.0	(Points at the diagram) We experienced many dips last year, but we were able to get out quickly, time after time. I used to panic when we were in a dip. Lately I don’t panic that much because I trust we’ll get out. This feeling of confidence is helpful. New dips will come but won’t less deep.		Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.
Jenny 1503:6.1	No. It won’t go down because I won and I deserved my football-kit.		

## Looking for patterns in a context of meaning

### Episode 4: We can get out of the dips



Table XI. Critical moment 4: analysed transcript

	Therapist	Mother	Jenny	Therapist	Mother	Therapist	Mother	Jenny
<b>Society/culture/professional</b>	Diagrams show results we can interpret.	Yes we can (change)!	Children should go to school!	Help people to identify with their contributions to change.	Be realistic!	Learning how to learn	If you fell down yesterday, you can stand up today.	Promise is a promise
<b>Family culture</b>	-	We are resilient in moments of crisis.	I can make a change myself.	-	We are resilient in moments of crisis.	-	We are resilient in moments of crisis.	I can make a change myself.
<b>Subjectification</b>	Encouraging therapist	Optimistic mother	Optimistic daughter	Exploring therapist	Resilient mother	Exploring therapist	Confident mother	Resilient daughter
<b>Episode</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>	<b>We can get out of the dips.</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> Invitation to see progress.	<b>Reflexive</b> Accepted, emphasizing progress.	<b>Reflexive</b> Accepted, emphasizing progress.	<b>Reflexive</b> Invites to identify.	<b>Reflexive</b> Accepted, makes a broader story.	<b>Reflexive</b> Invites to learn how we learn.	<b>Reflexive</b> Emphasize learning.	<b>Reflexive</b> Emphasize learning.
<b>Interpretive act/ Relational / process</b>	Invitation to see progress in the diagram.	Mother emphasizing progress.	Jenny emphasizing progress.	Invites to identify with change.	Identifies with contributions to change.	Invites to learn how we learned.	Expresses confidence.	Expresses confidence.

<b>(Speech) Action</b>	1501:5.1 The line (on the diagram) looks like an accordion, it goes up and down.	1501:5.3 The dips become less deep.  1501:5.4 I see a different kind of child.	1501:5.5 I didn't miss a day at school last week	1501:5.7 The line goes up. Do you think it will stay that way?	1501:5.8 I think it probably will go down one more time, but I do strongly believe we can get out of the dips.	1501:5.9 What gives you confidence you can do this together? What did you learn?	1501:6.0 (Points at the diagram) We experienced many dips last year, but we were able to get out quickly. time after time. I used to panic when we were in a dip. Lately I don't panic that much because I trust we'll get out. This feeling of confidence is helpful. New dips will come but won't less deep.	1501:6.1 No. It won't go down because I won and I deserved my football-kit.
<b>Inner dialogue</b>				1501:5.6 How can I help family members to identify with their contributions to change?				

Text in blue refers to a changing frame of reference.

## **How do we collaborative learn?**

How does a therapist and family members collaboratively learn “how to learn” in Feedback Informed Systemic Therapy?

### Therapeutic response

I (as therapist) invite to look at the diagram and talk about the progress made. Both mother and Jenny recognize progress. I ask questions to help them to identify with their contributions to change. (1501:5.7, 1501:5.9). Mother talks about resilience and confidence. Jenny talks about her own contribution to change. We co-create a different and new story about resilience and independency.

### Patterns

Reflexive pattern: The invitation to talk about progress and contributions to change is accepted. This conversation opens up space for new understandings. We co-create a different and new story about resilience and independency.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces work when invitations to talk about progress and contributions to change open up space for a broader identity story.

Prefigurative forces work when we co-construct a different and new story of resilience and independency. This new story contradicts with the problem-saturated story about dependency, too much care, loneliness and powerlessness.

### Collaborative learning:

2nd order learning. We are able to co-construct a different frame of reference about resilience and independency. This learning is not the result of training and instruction but a result of new ‘reflected’ events in our process of becoming.

3rd order learning. Mother talks about learning how we learn when she emphasizes resilience. The family can still experience dips but is response-able to get out together. This confidence helps not to panic in crisis. Family members are much more creative responding without this panic. Family members co-created a positive loop collaborating.

## **Critical moment 5: Together we are creative**

### **Transcripts, inner dialogue and reflections afterwards**

Situation: ‘How do we learn?’ I asked myself in inner dialogue. Could an upward line simply be the result of making a bet? Should we make a broader story about what is working so well right now? The conviction ‘we can get out of our dips’ calms and might strengthen Jenny. Do parents, showing to take care of themselves, free Jenny from her care-taking role? How do parents collaborate differently? Could something unexpected, like making a bet, trigger something else that opened up new possibilities for them to connect? I asked these questions. Mother told me about her history of family violence and how crisis can be a trigger to change.

Table XII. Critical moment 5: Transcript

<b>Voices</b>	<b>Outer dialogue</b>	<b>Inner dialogue</b>	<b>Themes and reflections afterwards</b>
Mother 1501:6.2	If you are unhappy as a parent you can't help your child to become happy herself. I was 42 years old before I learned to take care of myself.		

Jenny 1501:6.3	We talk about you all the time, but what about daddy?		Theme: Family members discuss their issues with each other.
Mother 1501:6.4	Your father always followed my lead.		
Jenny (to the therapist) 1501:6.5	I was glad daddy made an appointment with you (during mother's holiday).		
Mother 1501:6.6	This was important for me too.		
Therapist 1501:6.7		How can I broaden this story?	Theme: Broadening the story.
Therapist 1501:6.8	This initiative seemed a bit new.		
Mother 1501:6.9	This was new and helpful. I learned to let it go. That is not easy for me. I am a bit of a control freak.		Theme: Family members take a responsibility for their own contribution to patterns.
Jenny 1501:7.0	My father gets involved more often. He asks if I have enough call-credits on my phone.		
Mother 1501:7.1	Yes, your father speaks up, I'm letting go and you are growing up, dear Jenny.		
Therapist 1501:7.2		How do they evaluate my contribution in this process of change?	Theme: Invite to evaluate the therapists contribution to the process.
Therapist 1501:7.3	At a certain point I told you about my feelings, 'a bit alone and cold'.		
Mother 1501:7.4	At first I was disappointed. You should know how to deal with this, I thought. Later on, I connected. It is most important to be honest, not to take over, not to give up but to work together. Together we were able to make creative plans about going back to school, dealing with fear and keeping trust.		Theme: Trust in spite of not knowing'.
Therapist 1501:7.5	And making a bet about football kits.		Theme: Connection by the use of humour
Mother and	(Laugh)		

Jenny 1501:7.6			
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## Looking for patterns in a context of meaning

### Episode 5: Together we are creative

Table XIII. Critical moment 5: analysed transcript

	Jenny	Mother	Therapist	Therapist	Mother	Therapist	Mother	Jenny
<b>Society/ culture/professional</b>	Fathers matter.	Mothers are primary caretakers.	Broaden a narrative of success.	Fathers, mothers and children can make a change together.	Fathers matter.	An effective therapist learns from feedback about the alliance.	We don't need an expert in crisis but creativity.	Making a bet can make a difference when it's playful, honest, different and significant.
<b>Family culture</b>	Father in a more distant position.	Mother took responsibility to take care of her own father when she was a child.	-	We were all contributing to change.	My father took an initiative that mattered.	-	We are resilient in moments of crisis.	-
<b>Subjectification</b>	Caring daughter.	Leading mother.	Curious therapist.	Acknowledging and learning mother.	Caring daughter.	Therapist open for feedback about his role in collaboration.	Learning mother.	Acknowledging therapist.
<b>Episode</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>	<b>Together we are creative.</b>
<b>Pattern: Reactive,</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>

<b>paradoxical or reflexive</b>	Asks attention for her father.	Emphasizes her own role.	Invites to broaden to narrative.	Acknowledges everybody's contribution.	Asks attention for her father.	Asking feedback about collaboration.	Shares learning.	Opening space for lightness and father's contribution to change.
<b>Interpretive act/ relational, process</b>	Asks attention for her father.	Emphasises a complementary relation.	Invites to broaden the narrative.	Points at a different loop and everybody's contribution.	Emphasizes father's contribution to change.	Asking feedback about the therapist's role.	Shares a feeling of disappointment and collaborative learning.	Making a joke, including father.
<b>(Speech) Action</b>	(1501:6.3) We talk about you all the time, but what about daddy,  (1501:6.5) I was glad daddy made an appointment with you (during mother's holiday)?	(1501:6.4) Your father always followed my lead.	(1501:6.8) This initiative seemed a bit new.	(1501:6.9) This was new and helpful. I learned to let it go. That is not easy for me. I am a bit of a control freak.  (1501:7.1) Yes, your father speaks up. I'm letting go and you are growing up, dear Jenny.	(1501:7.0) My father gets involved more often. He asks if I have enough call-credits on my phone.	(1501:7.4) At a certain point I told you about my feelings, 'a bit alone and cold'.	(1501:7.4) At first I was disappointed. You should know how to deal with this, I thought. Later on, I connected. It is most important to be honest, not to take over, not to give up and to work together. Together we were able to make creative plans about	(1501:7.5) And making a bet about football kit.

							going back to school, dealing with fear and keeping trust.	
<b>Inner dialogue</b>			(1501:6.7) How can I broaden this story?			(1501:7.2) How do they evaluate my contribution in this process of change?		

Text in blue refers to a changing frame of reference.

## How do we collaboratively learn?

How does a therapist and family members collaboratively learn “how to learn” in Feedback Informed Systemic Therapy?

### Therapeutic response

Suddenly, in the conversation, Jenny wants attention for her father’s contribution to change. Father is not present in this session. Mother responds and emphasises a complementary relationship in which she took a lead. I support Jenny to help her to explore her father’s initiative. This opens up space for new understandings, new connections. Mother acknowledges everyone’s contribution to change and admits it is difficult for her to let go of her control. I invite her to evaluate my role in our collaboration. Mother tells me she was disappointed when I didn’t take over from an expert position. When I expressed my feelings (cold and alone) she realised we were in the same unhelpful position. We re-construct a frame of reference about response-abilities to overcome crisis in a creative collaboration.



## Patterns

Reflexive pattern. The conversation opens up space for new connections (father's role and initiative to break the usual pattern) and new assumptions, frames of reference about self-care, collaboration and fatherhood.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces work when Jenny asks for attention about father's contribution to change and when this invitation helps to evaluate everyone's contribution and challenge.

Implicative forces work. Both mother and father missed support from their own fathers in their families of origin. Mother had to take care of her father who suffered from addiction. Assumptions about fatherhood permitted an unequal division of parental tasks at home. Unexpected initiatives (mother taking a holiday and father making a bet) enabled revision of assumptions about self-care, collaboration and fatherhood.

Implicative forces work when mother concludes the family in crisis doesn't need external expertise and control. They are response-able to get out of dips themselves with confidence and creativity.

### Collaborative learning:

2 order learning occurs after the therapist reveals his feelings and mother resonates with the expression and decides to 'let go' more often. During mother's holiday, father took unexpected initiative, helping Jenny in crisis. Father made an unusual gesture that was accepted and that worked well.

3rd order learning occurs when we learn how we learn. Mother talks about the importance of self-care, collaboration and confidence in their creative responses to crisis. I (as therapist) learn to trust bodily responses (feeling cold) and how small and unexpected differences (like making a bet) can lead to big changes. At last we were able to discuss social, cultural and familiar scripts about the roles and responsibilities of being a parent and thus co-create a new frame of reference, out of a rich and lived experience.

### **Follow up**

We finished FITS therapy after 16 sessions. Jenny went back to school. She kept her promise. The hooneys were small. Jenny was not afraid of them anymore. One year later the parents asked for a couple of therapy sessions. They wanted to collaborate in a better way as parents. The old pattern where mother takes control, father steps back and mother feels alone is tough. Both parents recognise the unwanted pattern and want to change it. Jenny is still doing fine and growing up. She is now at high school and has her first boyfriend.

## **Summarising reflections on the case of Jenny and her parents**

### **How do I navigate based on coordinated improvisations in Feedback Informed Systemic Therapy?**

We evaluated FITS Family Therapy during sessions 8 and 15.

#### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning. Problematic behaviour is sustained in repetitive self-reinforcing loops. Therapy works if we are able to recognize these loops and find different ways to go on.

In episode 1, I (as therapist) show the CDOI diagram to Jenny. Last week Jenny's mother phoned me many times because she had concerns about Jenny. I feel that the parents are compelled to interfere and create some kind of security. I am worried about Jenny too. I am a bit surprised by the playfulness and happiness Jenny shows. When Jenny and I talk in a funny way about ups and downs her mother interferes and asks me to make a move, take over, and make a change. This appeal contradicts with my professional stance and values. I want to be a collaborative therapist and believe in people bringing their own knowledge and resilience. I want to create a context in which family members can reflect, improvise and learn. I wonder how to respond according to these values, without losing contact with the parents. I invite the parents to evaluate the collaboration and process so far, to include ways forward, making a story. There is no fit. The parents convince me that they feel powerless and want me to increase frequency, give more direction or do something else. Jenny distracts the attention and points at a drawing she has made, hanging on the whiteboard.

In episode 2, I (as therapist) feel stuck in a pattern and ask myself how can I make a difference? I'd like to invite the parents to see the pattern we are making in the moment. I describe the difference I notice between the despair of the parents and Jenny's

expressions of happiness. Mother explains this. Jenny hides her real emotions. She makes an interpretation, she thinks Jenny hides her feelings because she is afraid her parents are angry with her. Her parents ask her, comfort her, and assure her that they aren't angry with her. Jenny responds by looking away. I feel some irritation inside. Why, I ask myself? Do I feel what Jenny feels? Is anger concealed? Whose anger is concealed? Jenny has reasons to be angry. She took care of her parents from a young age, when they had serious problems. Is it safe to express anger? Concealed anger could lead to depression and self-harm. I share inner thoughts and ask about Jenny's anger. Jenny denies it. She feels guilty and responsible for her parent's pain. Jenny told me about negative and punishing thoughts before. We externalized them and called them 'hooneys'. I point to the drawing of the hooney on my whiteboard. I invite Jenny to externalize negative thoughts and take a position in relation to those thoughts. Jenny suggests the 'hooneys' might be right about her. I (as therapist) feel invited to work hard and everything I try to inquire or suggest is rejected. I feel unhelpful and powerless like all of the family.

In episode 3, I (as therapist) feel unhelpful, stuck in an unproductive pattern. I feel alone and, strangely, a bit cold at that moment. I decide to share my inner dialogue and experience. Mother recognizes this feeling (cold and alone). She speaks about her needs in the relationship with her husband and daughter. This is an important move. It resonates with her family of origin experiences and assumptions. Mother had to take care of her parents due to alcoholism. She feels very guilty because Jenny did the same, cared for her when she had a burnout. Mother usually doesn't speak about her personal needs. She asks her husband for support. He acknowledges this request. Mother asks Jenny to take more initiative in taking care of herself. Jenny acknowledges this request in a funny way. I (as a therapist) feel relieved and smile.

In episode 4, I (as therapist) invite the family to look at the diagram and talk about the progress made. Both mother and Jenny recognise progress. I ask questions to help them to identify with their contributions to change. (1501:5.7, 1501:5.9). Mother talks about resilience

and confidence. Jenny talks about her own individual contribution to change. We co-create a different and new story of resilience and independency.

In episode 5, Jenny, suddenly, asks for attention about her father's contribution to change. Father is not present in this session. Mother responds and emphasises a complementary relationship in which she took a lead. I support Jenny to explore her father's initiative. This opens up space for new understandings, new connections. Mother acknowledges everyone's contribution to change and admits it is difficult for her to let go of control. I invite them to evaluate the therapist's role in the collaboration. Mother tells me she was disappointed when I didn't take over from an expert position. When I expressed my feelings (cold and alone) she realised we were in the same unhelpful position. We reconstruct a frame of reference where crisis can be overcome in a creative collaboration together.

### **Coordinated improvisations**

There is a lot of playfulness and humour in the episodes I describe. Sometimes playfulness closes down the conversation. Sometimes it opens up space for unseen connections, different understandings and allows something new to happen. In episode 1, Jenny is acting happy. Together we (therapist and Jenny) talk in a playful way about the CDOI diagram (1501:0.6). The expression of giggling is in contrast with parent's expressions of despair. A playful approach closes down the conversation. Parents ask me to take control from an expert's position. Earlier we externalised 'negative and scary thoughts' as 'hooneys'. When I invite Jenny to take a position in relation to these 'hooneys' she expresses doubts. 'Maybe the 'hooneys' are right about me'? (1501:3.5), Playfulness doesn't open up space here. When her mother (in episode 3) tells Jenny to take some responsibility, Jenny sings a well-known Dutch song 'give me your fear' (1503:4.8). Playfulness opens up space to accept mother's message, to make it light and bearable.

I improvise when I share my inner feelings, 'alone and cold'. I express what mother feels and doesn't express. In episode 3 there is a different kind of silence. At that moment I think: 'something is happening but I don't know what it is'. This is a line from the lyrics of a Bob Dylan (1965) song 'Ballad of a Thin Man'. Something is really happening. Mother decides to take a holiday, Jenny is in crisis and father doesn't ask his wife for help. He takes the initiative to call me and make an appointment. During our meeting father makes a bet about a football kit. Jenny and her father support rival football teams. I (as therapist) am amazed about the effect. It is hard to believe a bet like that really can make a structural change, but it happened. It wasn't the bet. But the bet was the small thing that made a difference that mattered (Bateson). Family members were response-able to escape from the repetitive pattern and do something unexpected differently. It opened up space for something new, a different loop together.

### **Feedback**

We evaluated collaboration and developments during sessions 8 and 15. Father was not present at session 15. He scored the FGRL in session 16, our last FITS session. During session 8, we discovered the ROM CDOI and FGRL scores had gone down. We decided to continue FITS therapy because the line fluctuated and something important seemed to happen (see episode 3). Parents gave me feedback, wanted me to intensify therapy and take an expert position more often. We intensified therapy. But I didn't take over and took no expert role. I was afraid that control and expertise would increase their inability to act. I pointed to the patterns we were making and invited them to reflect on the pattern, feelings, intentions and counter-productive effects. I felt a bodily sensation, resistance and something unexpressed as implicit feedback within the system. I talked about my own feelings. It resonated with the mother's feelings. (1501:4.0). In session 15 I asked for feedback regarding my role and about sharing my feelings (cold and alone). Mother answered: First I was disappointed. You should know how to deal with this, I thought. Later on, I connected. It is most important to be honest, not to take over, not to give up and to work together. Together we were able to make creative plans about going back to school, dealing with fear and keeping trust. (1501:7.4)

After session 8 the CDOI line goes up. There are still ups and down but the dips are less deep. We use the diagram to see patterns and resilience. In session 15 the scores are positive. The ROM scores indicate a significant change. We end the FITS therapy and conclude a positive change for Jenny and her parents and the family as a whole.

### **Collaborative learning**

0-order learning happens in episode 1. A playful conversation between Jenny and I about developments and collaboration has a counterproductive effect. Parents compel me to take an expert position and give directions about what to do. Family members reinforce each other's responses in unwanted repetitive patterns. If I accept the invitation to take over responsibility I will allow too much dependency in the therapeutic alliance, which confirms their inability to act. I feel an invitation to ask the parents about their strengths, but if I do they convince me how serious their problems are. 0 order learning happens in episode 2. We reinforce unwanted repetitive patterns in which we all feel powerless and unhelpful.

1-order learning. The 'interagency collaboration agreement' between family, therapists and school had only a short-term effect. It promoted first-order-learning, change by adaptation to external norms.

2-order learning happens in episode 3. We are able to escape a vicious circle and impasse. Mother recognises my expressed feelings (alone and cold). There is an opening to something new. There is silence in between the expressions. Within my inner dialogue, I think: 'something is happening and I don't know what it is' (1501:4.9). 2- order learning occurred after session 8. After the therapist revealed his feelings (episode 3) mother resonated with the expression and decided to 'let go' more often. She took a holiday and during mother's holiday, father took the unexpected initiative of helping Jenny in crisis. Father made an unusual gesture that was accepted and that

worked well. In episode 4 we looked back over the recent events that made a difference. We are able to co-construct a different frame of reference about resilience and independency. This learning is not the result of training and instruction but a result of events in our process of becoming.

3-order learning happened in episode 4. Mother talks about learning how we learn when she emphasizes resilience. The family can still get into dips but they are better able to get out of them together. This confidence helps them not to panic in a crisis. Family members are much more creatively response-able without this panic. Family members co-created a positive loop in collaborating together. 3- order change occurs in episode 5 when we learn how we learn. Mother talks about the importance of self-care, collaboration and confidence in their capacity to be creative in crisis. The therapist learns to trust bodily responses (feeling cold) and how small-unexpected differences (like making a bet) can lead to big changes. At last we were able to discuss social, cultural and familiar scripts about the roles and responsibilities of being a parent and thus co-create a new frame of reference, out of a rich and lived experience.



## **D3. Geraldine's case**

### **Code 1605**

1605 Geraldine

Parents joined two therapy sessions.

They were not present in session 7 (the last FITS therapy session) that I audio recorded.

## **Introduction**

Geraldine (19) grew up in a multi-stressed family and much of her parents attention was paid to her older sister who suffered from severe psychiatric problems. Geraldine collapsed during the transitional phase of leaving home. Geraldine is seen as the sensible and responsible sister and had taken a parental position in the family. I knew Geraldine from family therapy sessions with her parents and sister when her sister was hospitalised for therapeutic treatment. I encouraged the parents to take a more parental position towards both the children, and Geraldine to stand up for her own emotional needs. Geraldine had told me that she felt very alone. She had no friends at school. She didn't talk about her needs with her parents who were stressed and tired due to their troubled interactions with the older sister.

Geraldine contacted me after she moved out of the family home because of her studies. She had just started to live a life of her own. During this transitional phase of leaving home, separation and individuation, Geraldine suddenly collapsed. Geraldine suffered from panic attacks and feelings of depression. She isolated herself, locked herself in her room and started to drink lots of alcohol. Geraldine self-mutilated and felt suicidal. Geraldine didn't want to tell her parents about what was happening. She was afraid that they would not believe her and that they would trivialise her story.

I offered FITS therapy to Geraldine and her parents. I wanted to involve her parents in the process because I thought her appeal for recognition was addressed to them and not to me. I evaluated the effects and collaboration in session 5 and session 7 (the last session). During the fifth session I was very worried about Geraldine. There was no progress made in therapy. I insisted on arranging mental healthcare closer to her home (she had moved to another part of the Netherlands) to ensure frequent psychiatric monitoring, because of suicidal thoughts, self-mutilation and binge drinking. Two sessions later Geraldine told me she had stopped drinking and harming herself. I was curious about what caused this change and audio-recorded this seventh and last session of FITS therapy as part of my research.

## Quantitative research

### Routine outcome measurement

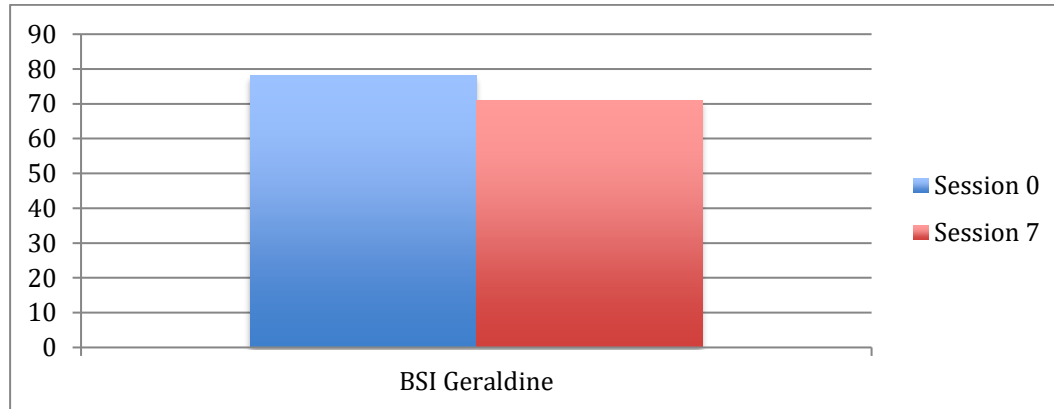


Fig. 19 ROM (Brief Symptoms Index) Geraldine

Table XIV ROM Geraldine

Test	Session 0	Session 7
BSI	Total: 78	Total 71 (0,36 +)

RCI (Jacobsen & Truax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI (for the BSI) is bigger 0,35 (> 5 points) than change is seen as reliable and positive. When the RCI is smaller than -0,35 (< 5 points) change is seen as reliable and negative.

## Client directed outcome interview

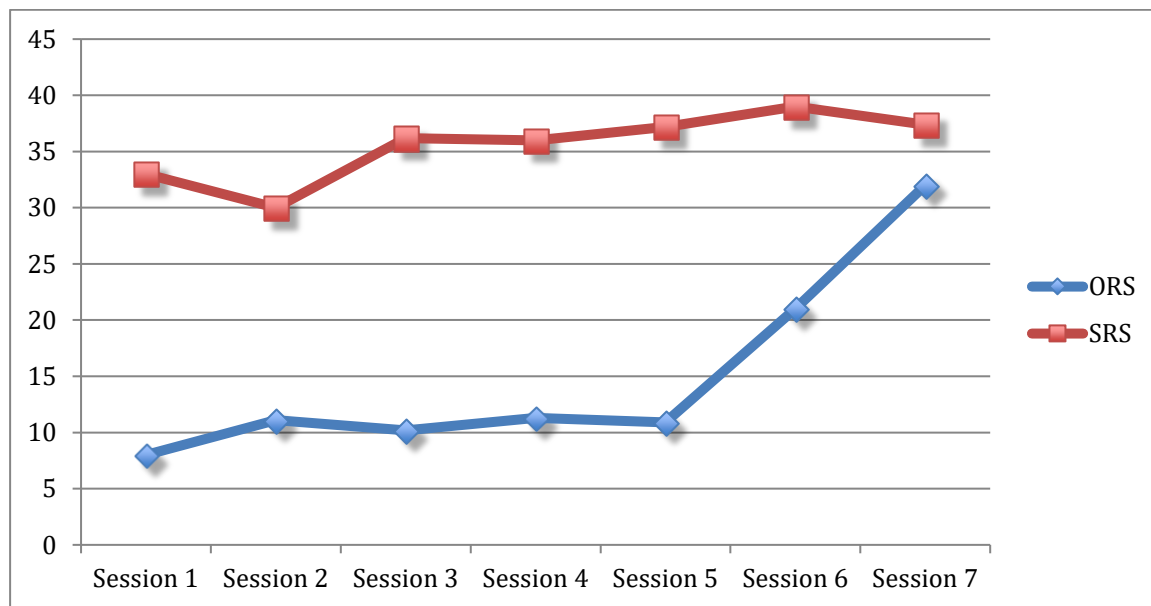


Fig. 20 CDOI Geraldine

## Family Goals Rating List

Geraldine had set three goals for FITS therapy

- (1) I want to feel sadness or grief for what I missed in my youth.
- (2) I want to feel more relaxed in social activities
- (3) I want my parents to understand my need for support, acceptance, no 'problem solving'.

We evaluated these goals in session 5 and 7 (the last session of FITS therapy)

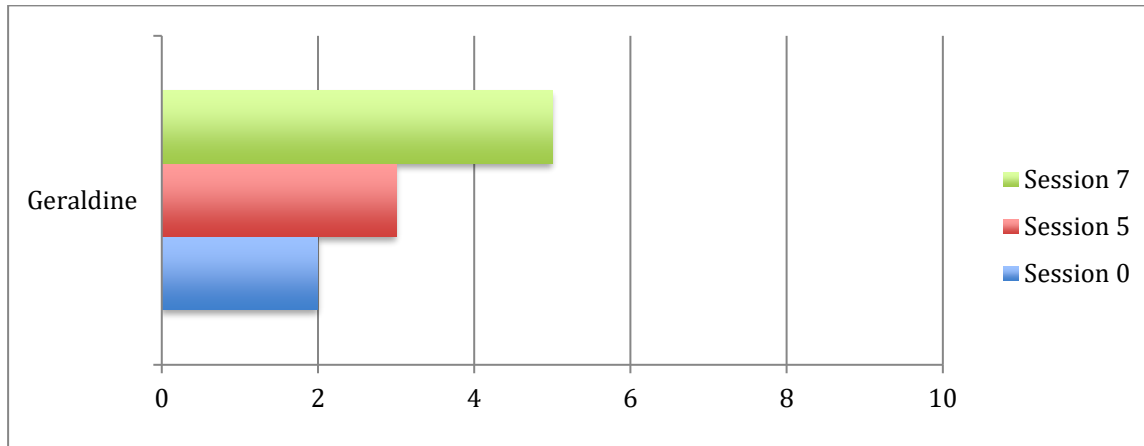


Fig. 21. FGRL Geraldine

Table XV. FGRL

	<b>Future target</b>	<b>Session 0/ baseline</b>	<b>Session 5</b>	<b>Session 7</b>
<b>Geraldine</b>	8	2	3	5

We evaluated the collaboration between Geraldine, parents and me (as therapist) in sessions 5 and 7

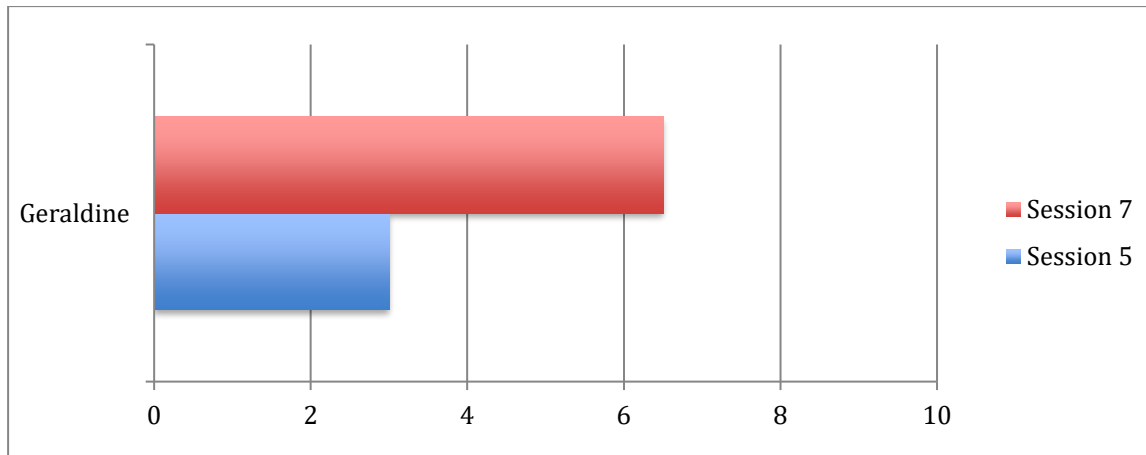


Fig. 22 FGRL collaboration Geraldine

Table XVI FGRL collaboration Geraldine

	Collaboration session 5	Collaboration session 7
<b>Geraldine</b>	<b>3</b>	<b>6,5</b>

### Conclusion

There was too little change during the first five sessions of FITS therapy. Because of severe psychiatric problems we decided to refer her to a specialised mental healthcare centre closer to her house. After session 5 the ORS line went up (more than 20 points). It was important to understand this sudden change. We evaluated collaboration, developments and the meaning of this sudden change in session 7. After the last (7<sup>th</sup> session) Geraldine scored the ROM/ BSI list. The progress (0,36) is a significant and reliable.

# Qualitative Research

## Critical moments

### Session 5

In session 5 we evaluated collaboration and developments during FITS therapy. The ORS scores were very low and the diagram showed no progression. I asked Geraldine about our collaboration. Geraldine told me she felt safe with me and often relieved after a conversation, but it didn't change her situation, feeling stuck and unhappy. Geraldine noticed that friends kept their distance from her. One girl had said Geraldine was too demanding in the friendly relationship between them. Geraldine was very shocked by this. Geraldine told me about binge drinking, suicidal thoughts and self-mutilation. I was shocked. What happened to the Geraldine I knew from the family therapy sessions, the girl who was sensible, responsible and correcting her sister's behaviour? I referred Geraldine to a local mental healthcare institution close to her home. A few days after our evaluation Geraldine sent me an email.

Hi Robert,

Yesterday I had a conversation with one of my teachers. He asked me to inform you because my situation is getting worse. I didn't tell you in our last meeting but I took many painkillers and mixed them with alcohol a couple of days ago. When I woke up the next day I was disappointed that I was still alive. I cut my arms with a knife during the last three days. I phoned my uncle and talked to my teacher about this. I don't know what to do anymore. I don't want to feel so terrible anymore and I don't want to be anybody's burden. I neglect my schoolwork. I can't find the energy to start doing my homework. I can't see a future for me.

Friendly regards,  
Geraldine

I could not phone Geraldine immediately because of two important meetings. I wrote her a quick answer on email. Afterwards I was worried that I had responded in a way that was too personal and perhaps a little bit upset.

Hi Geraldine,

Your email has a big impact on me. Last time we talked about 'good reasons to take care of yourself'. Do you remember? Did you choose to take care, Geraldine? I really hope you do, choosing to take better care of yourself now. You write that you don't want to feel so terrible anymore. I think this is possible. Right now you are stuck in a circle. Destructive solutions create bigger problems and stronger needs leads to even more destructive solutions: drinking, self-harm, self-neglect. You are making yourself sick right now. This is not you Geraldine, is it? I think this is not you. I do trust you a lot and I think you can escape the destructive circle if you say 'stop' and decide to take better care of yourself now. What do you think? Of course, you are not alone in this. We shall involve people around you who care: your parents, uncle and your teacher, for example.

I want you to do the following things.

- Inform your parents.
- Take your parents with you the next meeting we have planned, later this week.
- Inform your GP.
- I'll get in contact with him later today.
- Try to find out if the local mental health organisation can see you sooner than planned.

I will call you in about two hours. But I insist that you take these steps first. You need more help and closer to your house.

I'll speak to you later. We'll keep in contact.

Warm regards

Robert

## Session 7

We met twice after the fifth session. Her parents were present during the sixth session. Geraldine asked me to help her to tell parents about the seriousness of her problems in this session. She was very afraid her parents would trivialise these problems. Geraldine thought that her parents could only picture her as a sensible girl. It was important for her that her parents could also see her as vulnerable, a daughter who needed their support. We reframed her collapse as transitional difficulties. Geraldine took the role of a sensible helper in the family. 'Growing up' means 'internalising the caretaking roles of your parents' into yourself. Geraldine didn't feel that her parents could carry her weight. So how could she carry her own weight? With this re-framing narrative it is understandable that she collapsed during the transition to a more independent life. She needed the experience that she could be taken cared for, before taking care of



herself.

Geraldine's parents were shocked by the story. I (as therapist) talked with her parents about my own feelings of disbelief and the urge to tell her not to exaggerate. The more I pointed to her resilience, the more she tried to convince me of the opposite. It was important for me to change my picture and really listen to Geraldine in order to understand her. Her father found it especially hard to really listen and not to convince Geraldine to be the 'good sensible girl' she was before. Geraldine cried and her father gave her a hug.

Session 7 was the last FITS session of because Geraldine started therapy at another institution, much closer to her house. She gave very high ORS scores. I recorded the audio of session. We talked about her feeling of recovery. How could that happen so fast?

Geraldine found it hard to stop the therapy with me. She asked if it is possible to go on. Geraldine knows I work in a private practice, a bit closer to her home (but still far). She asked me if I could see her there. I told her I can't because she needs psychiatric consultation and I can't offer that as a family therapist in my private practice.

## Critical moment 1

### Transcripts, inner dialogue and reflections afterwards

Table XVII Critical moment 1: transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1605:0.1	You score a much higher score. What does it mean?		Theme: Using the diagram as a development indicator, as an externalisation, that helps to

			differentiate and relate to developments.
Geraldine 1605:0.2	Everything is changing (with a smile)		
Therapist 1605:0.3	How are you doing?		
Geraldine 1605:0.4	I am doing quite well. I didn't harm myself for about three weeks now. I didn't drink and I talked to classmates, and to my mentor at school. We made a plan to catch up with schoolwork that I missed at school. I can go to the second grade. I am feeling better.		Reflection: What does the sudden repair mean in the context of ending therapy? Could Geraldine also give a message about the therapeutic relationship? Is she is doing well enough, so we do not have to end our collaboration.
Therapist 1605:0.5	I see you smiling while you are telling me this. How do you understand this sudden change?		Theme: Focus on unexpected, surprising (non-verbal) emotional responses
Geraldine 1605:0.6	A lot of things I guess		
Therapist 1605:0.7	Tell me I am curious.		
Geraldine 1605:0.8	I was happy with the family session with my parents. You helped my father to listen to me and understand me better.		Theme: Therapist's contribution to help members to discuss their issues with each other
Therapist 1605:0.9		It must not be about the therapist who made a change. What did they do together to change the pattern?	Reflection: I see change as a 'joint action' and not a result of the therapist's intervention. I emphasize 'agency of family members'. Afterwards I think about this episode. Did I give Geraldine the chance to be grateful to me? Does my stance here take away space for Geraldine to be grateful for what happened, which is

			common and helpful in a collaborative relationship?
Therapist 1605:1.0	What was it that you wanted him to understand?		
Geraldine 1605:1.1	I wanted him to know that I was not overplaying, that my pain was real and that I don't need his solution. I want him to listen, to take me seriously.		
Therapist 1605:1.2	How did you try to let him know before?		
Geraldine 1605:1.3	I didn't return his phone calls. Sometimes I think I looked terrible when I came home in the weekend and I was hoping that he could see it, but he didn't. When I told him a few things I didn't see any emotion in his response. All that he does is give me advise and solutions that I can think of myself.		
Therapist 1605:1.4		Can Geraldine see her behaviour as a way of communicating her emotional needs?	Theme: Learn to see behaviour as communication and to understand what is expressed and received.
Therapist 1605:1.5	Maybe.. I .. Could your destructive behaviour be an invitation for your parents to see you and help you as their child? We talked about that in the family session, do you remember? Maybe it was important for you to feel protected as a child for a little while, before you start an adult life? You missed that, didn't you, feeling protected as a child, in your childhood?		
Geraldine 1605:1.6	Not on purpose, but maybe. But I notice they now care more for me when I am at home in the weekend.		
Therapist	Do you like that?		

1605:1.7			
Geraldine 1605:1.8	Yes, but still I don't talk easily about what is happening inside.		

## Looking for patterns in a context of meaning

### Episode 1: 'All behaviour is communication' (Watzlawick, 1967)

Table XVIII Critical moment 1: analysed transcript

	Geraldine	Therapist	Geraldine	Therapist	Geraldine
<b>Society/culture/ professional</b>	Parents should understand their children's needs.	The therapist should not be too important. Change is a co-creation.	Parents should understand their children's needs.	'All behaviour is communication'.	Sometimes it's difficult for parents to understand children their needs. Sometimes children ask attention for their needs by destructive behaviour.
<b>Family culture</b>	Parents take care of the older sister. Geraldine can take care of herself.	-	Parents take care of the older sister. Geraldine can take care of herself.	-	My parents care for me.
<b>Subjectivation</b>	A sensible girl that also needed some care from her parents	A non-expert therapist.	A sensible girl that also needed some care from her parents.	Understanding and challenging therapist.	A daughter, parents take care of.
<b>Episode</b>	<b>All behaviour is communication.</b>	<b>All behaviour is communication.</b>	<b>All behaviour is communication.</b>	<b>All behaviour is communication.</b>	<b>All behaviour is communication.</b>

<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive pattern</b>  Geraldine gives credit to the therapist.	<b>Reflexive pattern</b>  The therapist invites Geraldine to think about agency in the family.	<b>Reflexive pattern</b>  Geraldine reflects on contributions to change, focuses on her responses to parents'.	<b>Reflexive pattern</b>  We reflect on 'behaviour as communication'.	<b>Reflexive pattern</b>  This opens up space to reconsider ideas about parents their concern for her.
<b>Interpretive act/ relational/ process</b>	Geraldine gives credits to the therapist talking about change.	Therapist asks about Geraldine's contribution to change.	Geraldine accepts the invitation and talks about missing an understanding response.	Therapist invites Geraldine to connect behaviour to communication. What did you communicate to whom?	Geraldine considers to see her behaviour as an expression of emotional needs.
<b>(Speech) Action</b>	1605:0.8 I was happy with the family session with my parents. You helped my father to listen to me and understand me better.	1605:1.0 What was it that you wanted him to understand?  1605:1.2 How did you try to let him know before?	1605:1.3 I didn't return his phone calls. Sometimes I think I looked terrible when I came home in the weekend and I was hoping that he could see it, but he didn't, when I told him a few things I didn't see any emotion in his response. All that he does is giving me advises and solutions that I can think of myself.	1606:1.5 Maybe. I.. Could your destructive behaviour be an invitation for your parents to see you and help you as their child? We talked about that in the family session, do you remember? Maybe it was important for you to feel protected as a child for a little while. before you start an adult life? You missed that, didn't you, feeling protected as a child, in your childhood?	1605:1.6 Not on purpose, but maybe. But I notice they now care more for me when I am home in the weekend.  1605:1.8 Yes, but still I don't talk easy about what is happening inside.

<b>Inner dialogue</b>		1605:0.9 It must not be about the therapist who made a change. What did they do together to change the pattern?		1605:1.4 Can Geraldine see her behaviour as a way of communicating her emotional needs?	
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Text is blue refers to a changing frame of reference.

## How do we collaboratively learn?

How does a therapist and family members collaboratively learn “how to learn” in Feedback Informed Systemic Therapy?

### Therapeutic response

I (as therapist) get credit but believe it is important to explore the agency of family members. Change is a co-creative. I’d like family members to be able to identify their own contributions to change themselves. I hesitate (1605:2.5) before I question the link between destructive behaviour and expressing emotional needs to parents. I don’t want to be too certain and want to allow space for consideration. In (1605:2.6 & 2.8) Geraldine sees a connection between her behaviour and expressing her needs. Because of parents attempts to listen and understand, Geraldine reframes her ideas about her parents’ concern for her.

### Patterns

Reflexive pattern. There is a high level of reflexivity, a fit and an opening space for something new.

When Geraldine gives credit to the therapist, I emphasize change as a 'joint action' and ask about the contribution and agency of family members. It opens up space to think about destructive behaviour as communication about emotional needs. Because parents responded with care to Geraldine's expression and invitation, Geraldine reframes her ideas about her parents' concerns for her.

#### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

In this episode we are able to see change as a 'joint action' and not as the result of the therapist's intervention. Geraldine reflects on the message she gave her parents by behaving in a destructive way. She reframes her ideas about her parents and their concern for her.

#### Collaborative learning:

A 2<sup>nd</sup> order change. We are able to reflect on change as a co-creation and on behaviour as communication. Geraldine reframes ideas about her parents and their concern.

Afterwards I reflect on this episode (reflection/ 1605:1.4). What does the sudden repair mean in the context of ending therapy? Could Geraldine also be giving a message about the therapeutic relationship? If she is doing well enough we do not have to end our collaboration. I explore this later in the conversation (1605:4.7).

Afterwards I reflect on this episode (reflection/ 1605:1.9) and I ask if I was open for Geraldine's gratefulness. The professional discourse 'change is a co-creation' could block expressions of gratefulness that are important/ meaningful in equal collaborative relationships.

## Critical moment 2

We explore how this sudden change could happen and what we can learn from this development.

### Transcripts, inner dialogue and reflections afterwards

Table XIX. Critical moment 2: transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Geraldine 1605:1.9	What really struck me was the email you had sent me.		Theme: Therapists contribution in a collaborative approach.
Therapist 1605:2.0	What do you mean?		
Geraldine 1605:2.1	It was your answer after I had sent you my email about taking too much medicine, do you remember?		
Therapist 1605:2.2		I am so glad she mentions this. I was insecure about the message in this email. Did I not repeat parents their request 'act normal, like you used to do' when I wrote her this? How can I understand how this message was different and helpful for her?	Theme: using the inner dialogue, the personal voice of the therapist. (reactive in this case).
Therapist 1605:2.3	I am glad you mention this. Afterwards I had many doubts about the message I gave you. I a... What was it that moved you in this email message?		
Geraldine 1605:2.4	It was one sentence. You wrote me: You make yourself sick and this is not you. That sentence had a big impact on me.		



Therapist 1605:2.5	I remember that. We talked about this before. I was a bit worried about that same sentence in the email. I was afraid that I repeated what everybody else did, especially when I wrote 'this is not you'. While you told me often that it was so important for you to be taken seriously. You wanted people to see your suffering was real.		Theme: presence of the therapist
Geraldine 1605:2.6	I know, but I also knew you were right. I was making myself sick and this is not me. It felt like something woke up in me. Something persistent inside me that told me; I don't want to be sick.		
Therapist 1605:2.7	Is it possible to keep this with you?		
Geraldine 1605:2.8	I am very sure I can.		
Therapist 1605:2.9		Surprised. Is it about being 'present', connected and honest?	Reflection: I could have asked her this question to explore this further. What was it in my response that was different from parents their response (act normal like the sensible girl you used to be'). The difference was maybe that Geraldine and I could carry the ambiguity. There is both a strong, sensible part and a vulnerable part active in Geraldine. I was able to see both sides and maybe that made it possible to reconnect to her sensible/persistent part too. I should talk about this with Geraldine.
Therapist 1605:3.0	Nods		

## Looking for patterns in a context of meaning

### Episode 2: 'Presence'

Table XX. Critical moment 2: analysed transcript

	Geraldine	Therapist	Geraldine	Therapist	Geraldine	Therapist
<b>Society/culture/professional</b>	Assertiveness is promoted.	A professional therapist should be able to separate reactive (personal) responses from reflected responses.	Assertiveness is promoted.	A professional therapist should be able to separate reactive (personal) responses from reflected responses..	Assertiveness and vulnerability can continue.	A professional stance and a personal/ emotional connection continue.
<b>Family culture</b>	Confrontation is allowed.	Reactive responses create conflict and misunderstanding.	Confrontation is allowed.	Reactive responses create conflict and misunderstanding.	The picture of me being strong is not a mistake (even when I need more care of my parents).	Reactive responses could open up something new.
<b>Subjectivation</b>	Geraldine that is open and giving. credits to the therapist.	A therapist who wants to learn what worked for Geraldine.	Geraldine who is open and gives credits to the therapist.	A hesitating therapist who wants to learn what worked for Geraldine.	There is something persistent in Geraldine/ me that doesn't want to be sick.	A personally involved therapist within a professional relationship.
<b>Episode</b>	<b>Presence</b>	<b>Presence</b>	<b>Presence</b>	<b>Presence</b>	<b>Presence</b>	<b>Presence</b>

<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive pattern.</b>	<b>Reflexive pattern</b>	<b>Reflexive pattern</b>	<b>Reflexive pattern</b>	<b>Reflexive pattern</b>	<b>Reflexive pattern</b>
	Points at an important trigger.	Surprised, it's different then expected.	Points at an important trigger.	Surprised, it's different then expected.	A fit and an opening space for something new.	A fit and an opening space for something new.
<b>Interpretive act/ relational/ process</b>	Geraldine points at an important trigger for change.	Therapist is confused, this message could have been too reactive, personal or a repetition of parents their response.	Geraldine points at an important trigger for change.	Therapist is confused, this message could have been too reactive, personal or a repetition of parents their response.	Geraldine recognizes something important within herself in the therapist's quote.	Therapist realises how important it is to be 'present', to be honest about feelings / thoughts from a personal commitment within a professional relationship.
<b>(Speech) Action</b>	1605:1.9 What really struck me was the email you had send me.	1605:2.3 I am glad you mention this. Afterwards I had many doubts about the message I gave you. I a... What was it that moved you in this email message?	1605:2.4 It was one sentence. You wrote me: You make yourself sick and this is not you. That sentence had a big impact on me.	1605:2.5 I remember that. We talked about this before. I was a bit worried about that same sentence in the email. I was afraid that I repeated what everybody else did, especially when I wrote 'this is not you'. While you told me often that is was so important for you to be taken seriously. You	1605:2.6 I know, but I also knew you were right. I was making myself sick and this is not me. It felt like something woke up in me. Something persistent inside me that told me; I don't want to be sick.	1609.3.0 (nods)

				wanted people to see your suffering was real.		
<b>Inner dialogue</b>		1605:2.2 I am so glad she mentions this. I was insecure about the message in this email. Did I not copy parents their claim 'act normal, like you used to do' when I wrote her this? How can I understand how this message was different for her and was helpful.				1605:2.9 Surprised. Is it about being 'present', connected and honest?

Text is blue refers to a changing frame of reference.

### Therapeutic response

When Geraldine points at the email I had sent her as an important trigger for change I was confused and surprised. I (as therapist) was curious and took a learning stance. I asked Geraldine to help me understand what worked for her at that moment. I was confused because I responded in a reactive way without much reflection. I was afraid that I had simply repeated the responses of her parents: 'act normal, be the sensible girl that you used to be'. Geraldine tells me, when she read my email, she immediately knew the message 'this is not you, you make yourself sick' was right (1605:2.4). It was a trigger for change. What then in my response was different from her parents' response? The difference maybe was that we (Geraldine and therapist) could relate to the ambiguity. There is both a strong,

sensible part and a vulnerable part active in Geraldine. I (as therapist) was able to see both sides. To retain ambiguity opened up space to be vulnerable, sensible and persistent too. I didn't explore this much further with Geraldine.

### Patterns

Reflexive pattern. There is a high level of reflexivity and a fit and an opening space to something new.

I (as therapist) was able to take a learning stance. I wanted to learn from Geraldine's answers. The conversation opened up space for something new. I invited Geraldine to take an expert position. We were able to co-construct frames of reference.

### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Implicative forces worked when we were able to co-construct frames of reference. Geraldine could recognize something persistent in herself that does not want to be sick. She could escape from a binary view (thinking in opposites) and see herself as sensible, persistent and vulnerable at the same time. Assertively and vulnerability can go along together. I (as therapist) learned how (unreflected) reactive responses could also open up space for something new. It helped me to realise (again) that a professional stance and a personal/emotional connection can fit together. I learned about the importance of 'presence'.

### Collaborative learning:

2nd order learning. We are able to co-construct frames of reference. Geraldine positions herself as expert and I (as therapist) learn from her. I learned how the response-ability to hold ambiguity opened up space to deal with contrary forces: feeling persistent, strong and vulnerable at the same time. I could have explored this further with Geraldine. I realise how important a 'therapist's presence' is, to be there - present and involved.

### **Critical moment 3**

I am leaving the organisation soon for another job. Geraldine knows that I have a private practice and asked if we can continue therapy there. I told her we couldn't do that, because it is far from where she lives, and I can't offer psychiatric consultation, which is necessary, I think, because of her destructive behaviour, self-harm and suicidal thoughts. Geraldine finds it difficult to change therapy and we talk about the issue of trust.

### **Transcripts, inner dialogue and reflections afterwards**

Table XXI. critical moment 3: transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
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Geraldine 1605:3.1	I'd rather stay with you in therapy. You told me that you couldn't provide psychiatric consultation in your private practice, But I think this is not necessary anymore.		Sometimes I don't realize what the impact is of leaving (for another job) and ending a therapeutic relationship. It is easy to say that our clients do not have to get too dependent on us (therapists), but we too are responsible for creating this dependency in the relationship. What does 'ending of a therapeutic relation' really mean? Is the need to stay connected problematic or a positive relational tendency?
Therapist 1605:3.2		I find this difficult. Geraldine trusts me and our collaboration works well. I feel an invitation to help her, especially because she felt unseen by so many others. But if I do so I make our relationship exclusive. I am not the only therapist to be trusted. Should we talk about trust?	Theme: presence and dependency of the therapist
Geraldine 1605:3.3	Are you afraid to get in trouble with people on your roof (she means healthcare inspection) That I commit suicide and you didn't provide psychiatric care.?		
Therapist 1605:3.4	(Laughs). It is not about being afraid of the people on my roof (inspection). But of course I have and I feel a responsibility for you. It is that .... I think we have to arrange the professional help you need right now, with help that is closer to your home. And yes I feel that. I can't give you that professional help when you are suicidal or engage in self-destructive behaviour.		Theme: Sharing inner dialogue and being present
Geraldine	But if... if this suicidal and self-destructive		

1605:3.5	behaviour is over. Would that make a change?		
Therapist 1605:3.6	It is still far away from where you live.		
Therapist 1605:3.7		Is her response a way of staying connected with me? Can I talk about that? I feel an invitation to be careful. I should talk about the issue of trust. How to trust others and depend on others.	
Geraldine 1605:3.8	I understand		
Therapist 1605:3.9	Is it difficult to start over again with a new therapist? Is it about trust?		Theme: Sharing inner dialogue and express something unsaid.
Geraldine 1605:4.0	Yes. I am worried about that. I know who you are and I trust you. But it takes time to trust someone. I am afraid it will take a long time when I start over and that the sessions are over at the time I feel trust.		
Therapist 1605:4.1		I feel an invitation to take care of Geraldine. She needs someone to take care of her. But that's not my responsibility. This need for care is addressed to her parents and friends. Geraldine trusts me and I let her go. I feel an invitation to stay connected. But if I do I maintain a pattern of trust controlled by the fear that she can't find trust in new relationships. The challenge is to develop trust in long-standing relationships with family members and friends.	Theme: invitation to take over responsibilities, family, social system tasks.
Geraldine 1605:4.2	I think I won't say anything to a therapist that I don't trust.		
Therapist 1605:4.3		This feels like a claim. Geraldine sometimes claims contact out of insecurity. This is counterproductive. Can I reflect on what is happening in our relationship? Do I have to be careful?	Theme: discussing what happens in the therapeutic relationship in compare to other relationships



Therapist 1605:4.4	Maybe it could be a challenge to learn how to trust somebody new instead of holding tight to someone you already trust. Can I say this to you?		This is a difficult confrontation. I am not sure about this response here. It feels a bit like blaming.
Geraldine 1605:4.5	Silence		
Therapist 1605:4.6		I should bring the focus back to the issue of trust and the collaboration in our relationship.	
Therapist 1605:4.7	How does one develop trust?		
Geraldine 1605:4.8	It is a feeling and it takes time.		
Therapist 1605:4.9		Can we see 'trust' as a practice?	
Therapist 1605:5.0	How did we trust together?		Theme: discussing what happens in the therapeutic relationship in comparison to other relationships.
Geraldine 1605:5.1	You ask the right questions and I dare to tell you what I want to tell you.		
Therapist 1605:5.2	Do you always know what it is that you want to tell me?		
Geraldine 1605:5.3	Yes I do, but telling what I do know gives a feeling of relief and hope.		
Therapist 1605:5.4		I should ask about trust and the end of therapy here.	
Therapist 1605:5.5	What is the influence of ending therapy on trust, in relation to me?		Theme: Sharing inner dialogue and express something unsaid.
Geraldine 1605:5.6	I don't know.		
Therapist 1605:5.7		Is she disappointed or angry?	Focus on (unexpected, surprising) (non-verbal) emotional responses.

Therapist 1605:5.8	Are you disappointed? I can imagine this. You trust me and now we end our collaboration.		
Geraldine 1605:5.9	Yes. I can feel that, but I know we don't stop because of whom I am. I'd wish I could tell you how I am doing later on in the process.		
Therapist 1605:6.0	I am sure we can arrange that.		I later met Geraldine a couple of times in my own practice. She started therapy closer to her house and we were able to keep a connection for a while. Was this a 'good' response? One could say 'no' because by keeping a connection it would be more difficult to learn to trust the new therapist. One could say 'yes' because we could do both, changing therapy and keeping a connection, to separate and stay connected for a while.

## Looking for patterns in a context of meaning

### Episode 3: 'Talking about trust'

Table XXII. critical moment 3: analysed transcript

	Geraldine	Therapist	Geraldine	Therapist	Geraldine
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<b>Society/culture/professional</b>	Assertiveness. Stand up for yourself, don't get too dependent!	A therapist should not become too important. Too much dependency limits developmental space.	Trust is granted, not earned.	Too much dependency in a therapeutic alliance limits developmental space. On the other hand, a therapeutic relationship is also an intimate and caring relationship.	Dependency and assertiveness can go along.
<b>Family culture</b>	A sensible girl that takes care of herself. Her need for care/ dependency was not expressed and/ or unseen.	A close parent-child relationship limits individual developmental space.	Not sure if investments will be answered and acknowledged.	A close parent-child relationship limits individual developmental space.	Dependency and assertiveness can work together.
<b>Subjectification</b>	Depended and assertive.	Reflective therapist.	A trusting client that not easily trust others.	Involved therapist.	Connected and assertive.
<b>Relational</b>	Geraldine asks to continue therapy, expresses that this contact is of value for her.	Therapists do not give an answer, invites to meta-communicate about the issue of trust.	Geraldine brings the focus back to our collaboration and relation.	I take this invitation and ask personal questions about our collaboration and relation.	Geraldine is able to see how 'ending therapy' is not a personal rejection and still stand up for a form of continuation.
<b>Episode</b>	Talking about trust.	Talking about trust.	Talking about trust.	Talking about trust.	Talking about trust.
<b>Pattern: Reactive, paradoxical or reflexive</b>	Reflexive pattern. An invitation to continue therapy.	Reflexive pattern An invitation to reflect on the issue of trust.	Reflexive pattern Opens up space to reflect on the issue of trust in a therapeutic relationship.	Reflexive pattern An invitation to reflect on the issue of trust in our therapeutic relationship.	Reflexive pattern Opens up space to think about dependency, assertiveness and a way to work together.

<p><b>(Speech) Action</b></p>	<p>1605:3.1 I'd rather stay with you in therapy. You told me that you couldn't provide psychiatric consultation in your private practice. But I think this is not necessary anymore.</p>	<p>1605:3.9 Is it difficult to start over again with a new therapist? Is it about trust?</p>	<p>1606:4.0 Yes. I am worried about that. I know who you are and I trust you. But it takes time to trust someone. I am afraid it will take a long time when I start over and that the sessions are over at the time I feel trust.</p>	<p>1605:5.8 Are you disappointed? I can imagine this. You trust me and now we end our collaboration.</p> <p>1605:5.5 What is the influence of ending therapy on trust in relation to me?</p> <p>1605:4.7 How does one develop trust?</p> <p>1605:4.4 Maybe it could be a challenge to learn how to trust somebody new instead of holding tight to some one you already trust. Can I say this to you?</p>	<p>1605:5.9 Yes. I can feel that, but I know we don't stop because of who I am. I'd wish I could tell you how I am doing later on in the process.</p>
<p><b>Inner dialogue</b></p>		<p>1605:3.2 I find this difficult. Geraldine trusts me and our collaboration works well. I feel an invitation to help her, especially because she felt</p>		<p>1605:4.1 I feel an invitation to take care of Geraldine. She needs someone to take care of her. But that's not my responsibility. This need for care is addressed to her parents and friends. Geraldine trusts me and I</p>	

		<p>unseen by so many others. But if I do so I make our relationship exclusive. I am not the only therapist to be trusted. Should we talk about trust?</p> <p>1605:3.7 Is her response a way of staying connected with me? Can I talk about that? I feel an invitation to be careful. I should talk about the issue of trust. How to trust others and depend on others.</p>		<p>let her go. I feel an invitation to stay connected. But if I do I maintain a pattern of trust controlled by the fear that she can't find trust in new relationships. The challenge is to develop trust in longstanding relationships with family members and friends.</p>	
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### Therapeutic response

I (as therapist) feel contrary invitations. I feel an invitation to keep some distance. By keeping a distance we could repeat a pattern in which Geraldine feels rejected after investing in connecting. I also feel an invitation to take care of Geraldine and to arrange continuation by providing therapy. If I react like that I sustain a pattern controlled by fear and insecurity. Too much dependency will limit her individual developmental space. I am able to reflect on these invitations and to invite Geraldine to talk about trust and to evaluate the therapeutic relationship (1605:6.8).

## Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit and an opening space for something new.

By reflecting on contrary invitations, we are able to open up space to talk about trust in social relations, a therapeutic relationship and finally our therapeutic relationship. In this conversation we are able to overcome a dichotomy between dependency and assertively. Geraldine is response-able to experience 'ending therapy' not as a personal rejection and also response-able to stand up for her wish to continue therapy with me.

## Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

There is a high level of reflexivity. I do not react (in keeping distance instead of taking care) but reflect in a conversation about the issue of trust in social, therapeutic services and our therapeutic relationship. Implicative forces work when Geraldine makes a proposal to me in which dependency and assertiveness can go along together.

## Collaborative learning:

2<sup>nd</sup> order learning. We are able to break repetitive patterns and co-construct dichotomous frames of reference to more non-dualistic frames of reference.

Afterwards I reflected on the issue of ending therapy. Sometimes I don't realise what the impact is of leaving (for another job) and ending a therapeutic relationship. It is easy to say that our clients should not get too dependent on us (therapists), but we too are responsible for creating this dependency in the relationship. What does 'ending of a therapeutic relation' really mean? Is the need to stay connected problematic or a positive relational tendency? I met Geraldine later a couple of times in my own practice. She started therapy closer to her house and we were able to keep a connection for a while. Was this a 'good' response? One could say 'no'. By keeping a connection it would be more difficult to learn to trust the new therapist. One could say 'yes'. We were response-able to change therapy (start over again) and to keep a connection. I (as therapist) learn how to balance distance and involvements and I am aware of the professional discourses that influence this balancing act.

## **Follow up**

Shortly after the 7<sup>th</sup> session Geraldine scored the ROM/BSI list and it showed a small but reliable progression. I was worried that the progression Geraldine made had to do with her wish to continue therapy with me. Geraldine started therapy at a mental healthcare institution closer to her house. She still had difficult times and emotional problems but she didn't relapse into self-destructive behaviour anymore. Geraldine visited me several times in my practice, telling me how she was doing. These meetings were not necessary after a couple of times. Geraldine was curious about my research and I promised her to inform her when I finish it.

## **Summarising reflections on Geraldine's case**

## **How do I navigate based on coordinated improvisations in Feedback Informed Systemic Therapy?**

I offered FITS therapy to Geraldine and her parents. I wanted to involve her parents in the process, because I thought the appeal for recognition was addressed to them and not to me. I helped Geraldine to express her needs to her parents and helped her parents to understand this in the context of their family history. We labelled the complaints, as 'unmet attachment needs'. We asked her parents to recognise and respond to those needs and to guide Geraldine to take steps to a more independent life. I evaluated the effects and collaboration in session 5 and session 7 (the last session). During the fifth session I was very worried about Geraldine. There was no progress made in therapy. I insisted on arranging mental healthcare closer to her home (she moved to another part of the Netherlands) to ensure frequent psychiatric monitoring, because of suicidal thoughts, self-mutilation and binge drinking. I wrote her an email with a personal message in it. After session 5 and before mental healthcare started in her hometown something different occurred. Geraldine stopped drinking and harming herself. I was curious about what caused this change and audio-recorded the seventh and last session of FITS (family) therapy. Geraldine told me that the email I sent during her crisis had made a difference for her.

### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning. Problematic behaviour is sustained in repetitive self-re-enforcing loops. Therapy works if we are able to recognise these loops and find different ways to move forward.

In the first episode Geraldine gave me, as therapist, credit for change. I emphasise change as a 'joint action' and ask about the contribution and agency of family members. It opens up space to think about destructive behaviour as communication about emotional needs. I hesitate (1605:2.5) before I question the link between destructive behaviour and expressing emotional needs to parents. I don't want to be too certain and I want to allow space for consideration. In (1605:2.6 & 2.8) Geraldine sees a connection between her



behaviour and expressing her needs. Because of parents' attempts to listen and understand Geraldine reframes her ideas about her parents and their concern for her.

In the second episode Geraldine refers to the email I had sent her. She called the email an important trigger for change (1605:2.1, 1605:2.5). I had been worried about this email because I responded reactively, without much reflection. I was afraid that I simply repeated the responses of her parents here: 'act normal. Be the sensible girl that you used to be'. Geraldine tells me, when she read my email, she immediately knew the message 'this is not you, you make yourself sick' was right (1605:2.4). It was a trigger for change. What then in my response was different from her parents' response? The difference was maybe that we (Geraldine and therapist) could relate to the ambiguity. There is both a strong, sensible part and a vulnerable part active in Geraldine. I (as therapist) was able to see both sides. To retain ambiguity opened up space to be vulnerable, sensible and persistent too. I didn't explore this much further with Geraldine.

In the third episode I (as therapist) felt contrary invitations. I felt an invitation to keep some distance. By keeping distance we could repeat a pattern in which Geraldine feels rejected after investing in connecting. I also felt an invitation to take care of Geraldine and try to arrange continuation through my therapy. If I react like that I sustain a pattern controlled by fear and insecurity. Too much dependency will limit her individual developmental space. I was able to reflect on these invitations and to invite Geraldine to talk about trust and to evaluate the therapeutic relationship (1605:5.8). There is a high level of reflexivity. I do not react (in keeping distance with respect to taking care) but reflect in a conversation about the issue of trust in social, therapeutic and our therapeutic relationship. Geraldine makes a proposal to me in which dependency and assertively can go along together.

## **Coordinated improvisations**

I sent an email in a moment of crisis. In this email I expressed a rather reactive, personal response to the situation. I wrote the sentence: 'you are making yourself sick right now. This is not you Geraldine, is it? I think this is not you'. A little bit later I was afraid that this response was too reactive and personal, that I sustained dominant family patterns with it. Too my surprise this expression was a trigger for change for Geraldine. She felt care, a connection and trust. I took a risk with this email. In a relationship of care, connection and trust I was response-able to take that risk that made a fit with a marginalized part within Geraldine herself.

During parts of the conversation I hesitated. For example, in (1605:1.5) when I questioned the link between destructive behaviour and expressing emotional needs to parents. I don't want to be too certain and wanted to allow space for consideration. Sometimes I hesitated about what I should bring from the inner dialogue into the outer dialogue. In (1605:3.7) I ask myself in my inner dialogue 'Is her repair a way of staying connected with me?' But I did not ask her this. I invited Geraldine to think and talk about the experience of trust in a therapeutic relationship, ending therapy and starting all over again with somebody new.

## **Feedback**

In session 5 we looked at the CDOI, ORS, SRS and concluded that there was too little progress made. I referred Geraldine to a mental healthcare organisation closer to her house, because of destructive behaviour and suicidal thoughts. After session 5 Geraldine improved and CDOI and ROM scores confirmed the progress made. We evaluated collaboration and developments in session 7. We learned to see change as a joint action and destructive behaviour as a way of communicating needs to parents. We learned how to hold ambiguity and deal with dependency and assertively in a non-dualistic way. I took a risk by sending a 'reactive' 'personal' email. Through feedback I learned how risk-taking is helpful when there is a fit between the expression and the way the conversation unfolds. It was important to talk about trust, in the relationship with peers, parents and therapists. We were able to explore the issue of trust in our collaboration together.

## **Collaborative learning**

There is a 1-order learning when I insisted that Geraldine take action. I wrote in the mail: 'Inform your parents, take your parents with you the next meeting we have planned, later this week, inform your GP, I'll get in contact with him later this day, try to find out if the local mental health organisation can see you sooner than planned'. Geraldine did all these things. Sometimes, in moments of crisis, it is important to take a lead and to give directions.

There is a 2-order learning in all three episodes. In episode 1 we were able to question assumptions. We learned to see change as 'joint-action' and behaviour as communication. Geraldine reframed ideas about parents' concern. In episode 2 we were able to co-construct new frames of reference. Geraldine positioned herself as expert and I (as therapist) asked Geraldine how I could learn from her. I realise how important the 'therapist's presence is'. We were able to retain ambiguity (feeling persistent, strong and vulnerable at the same time). I could have explored this further with Geraldine. In episode 3 we were able to break with repetitive patterns and co-construct dichotomous frames of reference to more non-dualistic frames of reference. We were response-able to change therapy (start over again) and to keep a connection. I (as therapist) learnt how to balance distance and involvements and I am aware of the professional discourses that influence this balancing act.

3-order learning occurs when Geraldine and I try to find out what it was that caused the sudden change. We learn how we learn when we acknowledge change as a joint action, destructive behaviour as way of communicating needs to parents, and the therapeutic alliance as being able to carry ambiguity and when we find a way to end therapy and stay connected at the same time. I (as a therapist) learned how (unreflected) reactive responses (my email) could also open up space for something new. It helped me to realise (again) that a professional stance and a personal/ emotional connection go together: the importance of 'presence'.

## **Section E: Becoming multiple; reflections and learning**

### **E.1 Introduction**

A multiplicity is a large number or a variety. Deleuze identifies in his work both extensive and intensive multiplicities. An extensive multiplicity can be seen as a collection of different, but related, parts (things, bodies, numbers, qualities or species, Colebrook, 2002: xxvi). These parts form a connection because of their spatial, structural and organized similarities and differences (Colebrook, 2002). Whereas, an intensive multiplicity is a collection of different parts that cannot be mapped in identifiable categories. Becoming multiple is the result of unforeseen connections within a plane of immanence.

In this last section I reflect on my research findings. I compare outcomes and texts from the eight FITS Therapy cases. I look for similarities and differences and postulate theories to resolve questions in feedback using informed systemic therapy.

I use reflexive critique (Alvesson & Karreman, 2011) to look for unforeseen connections in the empirical material. These unforeseen connections open up space for new stories and questions.

First, I summarize the outcomes of quantitative inquiries and the meanings of those outcomes, which were then discussed with the family members. Then I write 'stories of affirmation and surprise' based on 10 themes I found whilst coding the transcripts. Finally, I summarize my reflections and analyse the transcripts in order to answer my research question: How does a family therapist navigate on the basis of on coordinated improvisation, collaborative learning and mixed-methods research, in Feedback-informed Systemic Therapy?

E.2 Outcomes and interpretations of my quantitative research

E.3 Analysing the themes of the transcripts. Stories of affirmation and surprise

E.4 How does a therapist navigate, based on coordinated improvisation, collaborative learning and mixed-methods research, in feedback informed systemic therapy?

E.5 Conclusion

## **E.2 Quantitative outcomes and interpretations**

### **Introduction**

In this chapter I summarise the outcome of the quantitative inquiry, then I decipher the meaning of those results, which have been discussed with the family members. Numbers and stories never match. In my research project I have used quantitative measurement as an introduction for dialogue about developments, collaboration and learning.

All the outcomes refer to analysed FITS cases. Case 1501 and 1605 are to be found in section D. Cases 1502, 1503, 1504, 1606, 1607 and 1608 are to be found in the appendices.

### **Outcomes**

In the diagram below, I show an overview of the quantitative outcomes. The **green** blocks represent significant progress. The **orange** blocks indicate no significant change. The **red** blocks show that a significant decline was measured. When the block in the diagram is white, that person did not take the test.

Table XXIII. Overview quantitative outcomes

	CBCL	OBVL	YSR	BSI	CDOI	FGRL goals	FGRL colab.
Jenny 1501			Yellow		Green	Green	Green
Mother 1501	Green	Green			Green	Green	Green
Father 1501	Green	Green			Green	Green	Green
Lisa 1502			Yellow		Green	Green	Green
Mother 1502	Yellow	Yellow			Green	Green	Green
Father 1502	Yellow	Green			Green		
Susan 1503			Yellow		Yellow	Green	Green
Mother 1503	Yellow	Yellow			Yellow	Green	Green
Father 1503	Yellow	Yellow			Green	Green	
Johnny1504			Yellow		Green	Yellow	Green
Mother 1504	Yellow	Yellow			Green	Green	Green
Father 1504	Yellow	Yellow				Yellow	Yellow
Geraldine1605				Green	Green	Green	Green
Eline1606			Green		Green	Green	Green
Mother 1606	Green	Green			Green	Green	Green
Stepfather 1606					Green		
Ynass 1607			Green		Green	Green	Green
Mother 1607	Green	Green			Green	Green	Green
Stepfather 1607	Green	Green			Green	Green	Green
Ian 1608			Yellow		Yellow	Green	Green
Mother 1608	Red	Red			Yellow	Green	Green
Father 1608	Red	Red			Yellow	Green	Green

### Interpretations

Numbers tell no stories, in isolation. They are markers in time. We can interpret their status. In four of the eight therapy cases, there is a positive and significant change measured by (almost) all of the lists used in the quantitative research. In two cases there are no significant changes measured in the R.O.M. lists, but there are positive changes in the CDOI and the FGRL. In one case there is only a positive, significant change at the OBVL (parental burden list) scored by the father and no significant change on the other R.O.M. lists. In one case there is a significant increase of problems in the R.O.M. and CDOI, but still there is positive change measured in the Family Goals Rating list.

Quantitative measurements are the entrance to evaluative conversations. Lisa's parents told me that they gave low ROM scores because of the conflicts they had had that week, due to the stress of her school exams. What does this mean?

In Susan's case, family members accepted Susan's claim that stability was a positive outcome, after having been hospitalized for many years. In Johnny's case we learned that FITS was not enough, and we referred him to a more intensive therapy-training programme. In Ian's case we were able to meet the family goals. Here, improved family dynamics didn't help Ian to deal with his psychiatric problems. He was referred to an inpatient therapeutic treatment.

### **E.3 Themes analysis: stories of affirmation and surprise**

#### **Introduction**

In this qualitative inquiry I look for critical moments in the transcripts of my eight FITS cases: themes, affirmations, unfamiliarity's and breakpoints. I analysed all the transcripts and listed the themes I discovered. I identified the similarities and differences, and then mapped the themes into 10 categories. After this mapping, I re-read the transcripts searching for affirmations, unfamiliarities and breakpoints.

I wrote two sets of stories within each categorized theme. The first stories are of affirmation: I write about movements/or patterns that fit with my expectations. These are the stories that illustrate ways of collaborative learning in FITS. Every second story is about a surprise: something unfamiliar and unexpected. Learning happens when we anticipate unpredictable circumstances. These stories of surprise enabled me to learn from the collaborative learning in FITS.

All outcomes refer to analysed FITS cases. Cases 1501 and 1605 are to be found in section D. Cases 1502, 1503, 1504, 1606, 1607 and 1608 are to be found in the appendices.

## **Theme 1: Diagram as indicator for change**

### **A story of affirmation**

Quantitative outcome dominates the field of therapy research. I want FITS as PBEBP to fit in and show 'validity from within' through mixed-methods research. I use both quantitative measurements and the outcomes of those measurements, as an opening for dialogue about developments, collaboration and learning. From a systemic perspective one could ask why should one use a reductionist and simplistic containment approach to describe or refer to complex worlds of interdependent relationships. Stories about life can't be reduced to numbers in a diagram, which I present as family members.

Quantitative outcomes refer to differences in time, marked by numbers. Steve de Shazer tells in conversation with Matthias von Kibed (2003) a story about scaling questions to measure progress made. His client scored change from a '1' to a '2' on a scale of '1' to '10'. At first De Shazer was a bit disappointed. Then he asked what this difference meant. The client stated that it was twice as good as before and he was very satisfied with that. De Shazer argues that the number itself has no meaning at all. We find meaning in our conversations about the differences we distinguish. In FITS as PBEBP we present outcomes of ROM, CDOI and FGRL as markers in time, as indicators for change and as conversational tools.

Together with Jenny and her mother (1501) we look to the CDOI diagram. 'What is a good result?' Jenny asks (1501:0.5). 'The higher, the better' I respond with a smile. 'It starts with score of 16 and after that it goes up to 34 and then.... down, "bam" to 8'. Jenny laughs. 'Then back up high (I point at the diagram) and now back down to 6'. 'Bam', Jenny replies. 'I didn't go to school from here'. Jenny points at a lower score at session 5 in the diagram. Here she notices a difference that is meaningful for her. 'I didn't miss a day at school last week' (1501:5.4) Jenny tells me during the last session, in which we evaluate developments and collaboration. 'The line (on the diagram) looks like an accordion, it goes up and down' I say. Her mother notices: 'The dips become less deep'. I ask if they have confidence that they can hold on to this line, which is going up. Mother replies: 'We experienced many dips last year, but we were able to get out of them quickly, time after time. I used to panic when we were in a dip. Lately I don't panic



as much, because I trust we'll get out of it' (1501:6.0). Mother noticed resilience in the family, when reviewing the line patterns, going up and down.

In the case of Ynass and her parents (1607) talking about the ROM outcomes helped to move attention from a strict focus on Ynass and her problems towards the parent's own difficult issues. I tell her mother: 'On the CBCL you scored a very small decrease of problems. The problems are a little bit more serious than on average, compared with a control group. When I look to your OBVL score, compared with a control group, it is really high. This indicates that you experience serious problems, and your parental burden is higher than expected. When I see those scores, I am worried about your well-being too. I imagine there is more stress going on in your life' (1607:5.0). Ynass responds: 'Yeah, I keep telling her this' (1607:5.1). Ynass's interference limits her parent's ability to be vulnerable themselves. I say: 'I can imagine it is important to talk about this without Ynass. Is that an option for you?' and her parents agree. Opening up a conversation about parents their vulnerability and issues made a big difference; it freed Ynass from being a 'problematic distracter'.

### **A story of surprise**

In a conversation I had with Peter Rober (2011,2014) he pointed at the risks of using diagrams as indicators for change. When Jenny asks: 'What is a good result?'(1501:0.5) she attributes 'her own experience of self' to an oversimplified representation. When we consider calculations to be objectified representations of life, we disqualify singular and personal 'moment-to-moment experiences' (Shotter, 2016). This can be seen as a dehumanizing practice. However, I have used the diagram emphatically as a conversational tool and as an entrance to dialogue. I thereby personally bear the risk and worry of producing a dehumanizing experience.

In Lisa's case with her parents (1502) I pointed at the ROM and CDOI diagram and concluded: 'The scores show no progress' (1502:0.1) instead of inviting family members to talk about their own experience of well-being at that moment. To be honest, I was a bit disappointed when I read the ROM scores before the last session of FITS. I was disappointed, because I thought we cooperated well and learned from the 'Becoming Avril project' (1502) and also because this case was part of my research. I asked for

meaning to understand those outcomes. Mother replied: 'The (ROM) scores represent just one moment in time. Last week was terrible because of her exams. If things go wrong at that particular time I score negative. It goes up and down, I think' (1502:9.6). I asked Lisa about her low SRS scores (about the therapeutic alliance) at the start of FITS. She replied: 'I don't know I thought I always gave the highest score for you. I think it has to do with being flattering' (1502:10.4) and 'I think I didn't know how to fill in that form' (1502:10.7).

The answers of Lisa and her mother help me realize that even numbers are 'multi-storied', so many different interpretations are possible. Did they feel my disappointment and respond to that? Does a score just represent one moment in time? Could it be a result of flattering or not knowing how to fill in a form correctly? In another FITS case (not in the research project) a girl with a diagnosis on the autistic spectrum, scored ORS and SRS by drawing one line, very fast, through all the items without even watching. She fell off the sofa laughing when she saw me measuring the scores with a ruler. But, still, we could talk about ways of collaborating afterwards.

Sometimes high scores are not experienced as progress. In the case of Johnny and his parents (1504) Johnny's mother was unhappy with the high scores Johnny gave. Mother: 'He doesn't suffer from it the way we do. That is a pity. He doesn't feel a reason to change his behaviour, if he sees it as positive' (1504:0.4). The mother points at suffering, as a motive to change. In FITS we propose to stop and or change therapy when there is no progression or no trust developing. We can do something different to make developments happen. Johnny's parents concluded a lack of progression in session 8. His parents and I decided to look for a different and more intensive home-based treatment. Johnny didn't agree. Since this decision excluded his opinion both his ORS and SRS scores went down. I felt bad about that. It made me realise that an alliance and agreement with one family member, can result in the loss of confidence with another. This balancing act of keeping a 'good enough' alliance with all members is specific for systemic therapy. I'll write about this in the next chapter about the theme: systemic, triadic awareness.

## **Theme 2: Systemic, triadic awareness**

### **A story of affirmation**

Systemic awareness means sensing the connection to a larger whole. Remember Maturana's 3-fold look: (1) Whatever we notice is what we distinguish (separate, divide) out of that larger whole (2) is an interrelated part of patterns that connect (3) within a (bio-cultural) matrix that embeds (p44, 49). Systemic awareness implies a (relational) (ecological) responsibility to all agents in the multi-actor networks we participate in. Systemic awareness makes me realize that electricity doesn't come out of the wall when I plug my telephone in, that our actions have unwanted side effects and that we leave a footprint in the ways we choose to live.

In family therapy a 'systemic awareness' implies realization that small differences can have dramatic effects in complex dynamic systems. A system, disturbed by unpredictable circumstances can maintain its balance (equilibrium) through negative feedback loops. Disturbance evokes counter forces that restore familiar patterns in the system. A system, disturbed by unpredictable circumstances can transform (disequilibrium) through positive feedback loops. A small difference can be the tipping point and change the system dramatically. I will illustrate these tipping points in the chapter about playfulness.

Here I describe systemic and more specific, triadic awareness in systemic family therapy. When I (as therapist) act in one relation it has (unintended) side effects in other relations in the triangle we form. For instance, when I support one family member, another member could feel threatened by it. When I understand one family member very well, another family member can feel disqualified. Keeping a 'good enough' systemic therapeutic alliance is a balancing act.

In Johnny's case (1504) I notice that father doesn't speak much. I deliberately ask father more questions and invite him to reconnect with his son. I asked: 'Do you recognize little improvements in living together'? His father answers: 'Mwah' (1504:1.4). Mother steps in, takes over and gives answers when I ask the father questions. When I invited his father to reflect on what he thinks Johnny experiences are at that moment, Johnny answers and says: 'I hope you die' (1504:4.1). When I asked the father to guess what

Johnny wants his father to understand, the father says: 'I don't care about his feelings' (1504:7.8). I learn to understand why the mother interferes and keeps the father and son away from each other. My attempt to reconnect father and son evokes familiar patterns of avoidance, conflict and peacekeeping.

In Ian's case (1608) I also invite his father to speak out and reconnect to his son. The response is very different. The relationship between father and son improves (1608:0.7) but I sense that mother feels excluded. A change of positions and relations in the triangle might threaten the special relationship she has with her son. I ask about this using a circular question: 'If Ian connects more often with his father, what then happens in the relationship that you and Ian have'. Mother then expresses her need for her son to need her.

It is almost impossible not to become who others think you are (Marquez, 2004). People need a responding audience, acknowledging new stories of self, in order to identify with these changes. In Lisa's case (1502) I interviewed Lisa about the 'Becoming Avril project'. Lisa wanted to pretend to become somebody different, because she didn't like herself. She wrote a blog on the Internet about the project. I asked parents to listen to the interview from an outsider's point of view or as a witness (White, 2007). I asked Lisa if it is possible to become somebody else. Lisa replied: 'Yes that's possible. First you pretend and act, then after a while it becomes more normal' (1502:6.3). 'I initiate a conversation more often. I walk more upright. I am less sweet and more assertive, when others treat me badly. I can be mean too'. Lisa adds: 'I am not Avril' and together we agree she is Lisa 2.0 from now on. Afterwards I asked parents what struck them about the conversation. Mother responded: 'I'd wish she would tell me more stories like this at home (1502:7.1). Father responded: She is a creative thinker (1502:7.2).

### **A story of surprise**

Systemic awareness makes me (as therapist) want to include other and different voices in the network. The focus on individualized and problematized behaviour often changes when we zoom out and include other and different voices. Sometimes clients don't like to lose that focus. In the case of Eline (1602) I invited Eline's sister Carla to join therapy.

I spoke with Carla about being bullied at school. Eline interrupted many times in that conversation. I wondered: What does it mean? Maybe it is hard for her to see that I can connect with her sister now. Previously this was her special place and time together. I miss their mother's role in stepping in and setting limits. Suddenly, I respond in a reactive way. 'Please let Carla speak too', I tell Eline (1606:9.0). In order to give Carla space, I take a parental position in the conversation, when I structure and set limits. I don't want to do that. From a systemic perspective I think it is important to help parents to step into this position themselves. I realise I need to talk with her mother about my invitation and her role. A bit later Eline interrupts again by making silly faces when Carla speaks. This time her mother responds (to Eline). 'Let Carla talk'. Now mother takes the parental position. Did I model it or is she very capable to do this herself? We didn't discuss the meaning of Eline's interruptions. Afterwards I think this is a pity. It was difficult for Eline to say goodbye when we ended therapy. I do not always realise how important the therapeutic relationship is and the special place we co-create for children growing up in multi-stressed circumstances.

A systemic, triadic awareness makes it difficult to decide whom to support when family members are divided. In Johnny's case (1504) his mother wants to understand Johnny better, his father wants him out of the house. I feel an invitation to mediate. I ask myself: How can I help them to have their own conversation? (1504:7.5) Instead of taking a mediating role I invite parents to discuss the issue together (1504:7.6). The next chapter is about enhancing conversation between family members.

### **Theme 3: Enhancing conversation between family members**

#### **A story of affirmation**

Once a couple (not in my research project) told me: Even when you do nothing at all, we talk differently in therapy than we do back home. One of the partners suggested putting a photo of me at their table at home, when they have arguments. One of the common factors for success in therapy (Wampold, 2010) is the therapist's presence. The therapist functions as a witness. Family members look through the eyes of the therapist, back to

themselves and to the family as a unity. All participants in therapy co-create opportunities, a space for conversations to happen, voices to be heard and life to come.

A nice example of this happens in a conversation between Susan and her father (1504). Susan suffered from Anorexia for many years. After being hospitalized she went back to her parent's house and tried to manage her own life. Susan, 18 years old, wanted individual sessions. Susan externalized 'the little thin girl with a tube in her nose' as a part of who she was. Susan was afraid everybody still saw her as that 'little girl with a tube in her nose', a patient. She wanted to learn to take care of the little girl inside and to manage life on her own conditions and values. We invited her parents a couple times for evaluation. I suggested having more family therapy sessions because of the repeating and escalating patterns we noticed. I asked Susan: 'Does that little thin girl with a tube in her nose have an effect on your mother too' (1503:4.1)? Susan: 'I think my mother has to let her go too. She is so protective and worried about me'. I suggested talking with parents about this Susan replied: 'I don't know if I want to include my father in the sessions. He doesn't really understand how I felt in that anorexic period of my life. When my mother, or grandmother and I talk about it, it feels like he doesn't care very much. He is able to let go. His father died when he was 20, He moved from Israel to the Netherlands. He is able to let go. My mother and me are not' (1503:5.0). Later: 'He doesn't like to talk about the past. He doesn't like this kind of deep conversations. I think it makes him uncomfortable. If he feels uncomfortable, I feel uncomfortable too'. Father was present during the next session of evaluation. I then provoke family members a bit by predicting that Susan might never leave her parental house. Suddenly her father speaks up for Susan: 'I think many children have difficulties leaving their parental home. I was 24 years old when I did that myself. Your mother said to me 'come live with me or will you stay with your mother forever'? That was the only reason for me to leave the comfort of my mother's home' (1503:12.7). 'I didn't like to go outside either. I was not afraid, but I didn't feel comfortable talking with other people. I know more of what you feel than you think I do'. Susan was amazed and replied with 'really?'

### **A story of surprise**

Sometimes, when a conversation between parents and children escalates, I can't find an entrance to make a difference. Sometimes family members co-create space to fight in therapy and look, through the eyes of the therapist, for justification. Ynass (1607),

accused of lying, is very angry with her mother. Her stepfather interferes: 'Your mother has nothing to do with it. I told you that I have my doubts' (1607:4.9). Ynass cries: 'But she doesn't defend me either'. Stepfather: 'This is between you and me, Ynass, not between you and your mother' (1607:5.1). Ynass responds: 'Well listen, there is nothing between you and me. Nothing' (1607:5.2)! I think: 'Aw, this is painful. What should I do next...' (1607:5.3)? Ynass turns to her mother: 'Do you remember what you told me, when you were angry with me? Do you remember' (1607:5.9)? Mother asks Ynass to repeat what she had heard. Ynass: 'No, I can't. Those words are too difficult for me' (1607:6.3). Ynass turns to me: 'She (mother) literally said to me: the only thing you are good at is cheating, lying and manipulating. You are nothing more than that. That's what you told me. Don't fucking deny that mum!'

I was worried that this conversation could do harm, and make things worse. I was very surprised by stepfather's comment when we evaluated our collaboration, including the role and contribution by the therapist. Stepfather: 'Your contribution is enough. Sometimes we fight in therapy and I feel miserable. But often after therapy everything goes a bit better for a while, without knowing what really happened. I think I learn something every time we are in therapy, but I realise it a little bit later' (1607:13.2).

In Eline's case (1606) I talked with Eline and her mother. Eline's mother complained about the fights between Eline and her stepfather. At first she blamed Eline for those conflicts. Mother asks Eline to be silent. There is a history of violence in the family. Conflict is dangerous. Later in therapy mother takes another position. 'Children are children and have a right to make noise and disagree', she argues. I encourage her mother to confront the stepfather with this issue. I ask: 'During the last session you asked Eline to accept Matthew's authority. You also wanted to confront Matthew because of his high expectations of the children and his impatient and angry responses. 'They are children', you said; 'we cannot expect them to sit still all day' (1606:9.7). Mother responds and focuses on Eline's contribution to change. 'Eline knows that her big mouth could ruin the good atmosphere immediately' (1606:9.8). By focussing on Eline and her behaviour we move away from talking about stepfather's role and responsibility in the pattern they make. I wonder: How can I respond without taking a critical position towards him myself? I'll repeat words mother told me herself and ask her to take position? 'I remember you saying, "children are children; we should not have

expectations they can't meet". Did you talk with Matthew about this? What was his reaction'? Mother finds it difficult to talk with her partner about this and asks me to have this conversation. 'I told him, but only briefly. He doesn't listen to me very well. I think it would be better if you talk with Matthew. Maybe you should phone him and make an appointment. He is at home right now' (1606:10.1).

When I take over and discuss the issue with stepfather I engage in patterns where the mother's voice isn't heard. I then confirm their inability to talk about those issues themselves. I try to encourage the mother to talk with the stepfather when I am present during a home-visit. I am surprised and feel confident with the proposal mother makes. We were able to make a compromise, comprehensible and different at the same time.

Mother: 'I think he will tell you more when you talk with him alone'. Therapist: 'Can I help you to talk and help Matthew to listen'? (1606:10.5). Mother: 'I really think you should talk with him first'. Therapist: 'I doubt because I...'. Mother: 'If you start talking at our house, I can join the both of you later in the conversation'. Therapist: 'Ok that is fine by me. I'll phone him at the end of our session' (1606:11.0).

#### **Theme 4: Noticing circular patterns. Identifying with contributions to change**

##### **A story of affirmation**

In systemic therapy the therapist interprets behaviour as communication, contained in circular patterns, within a context that permits its continuation. The therapist invites family members to see unintended effects, in repetitive self-reinforcing circular patterns, under influence of contextual forces. The therapist asks circular questions, inquires into the effects of participation and invites agents to make a responsible difference.

I ask Lisa: 'Is anger contagious'? (1502:12.8) Her father and sister witness what happens between Lisa and her mother when anger is observed. In Johnny's case (1504) Johnny calls his father names and his father responds with abstinence. I invite them to talk about what happens in the pattern between them. Father says he protects himself by ignoring him. Johnny feels that he is not taken seriously and calls his father even worse



names. As a therapist, I feel the same invitation as the mother does: to step in and take over. I inform her and ask: 'I see you stepping in and taking over, but it doesn't help, does it?' I ask family members: 'Do you recognize the pattern, in which every one of you feels unheard?' (1504:5.6)

In Ian's case (1608) his father describes a pattern between the three of them: 'Ian told us about how he is feeling. We didn't know he had such a difficult time'. Ian wants to talk more often about what is going on. Now he is more open, but this raises more conflict with his mother. Joan (mother) is worried and interferes. Ian doesn't want that. I jump in and both Joan and Ian complain about me interfering. Joan asks me to support her. Ian complains I always support his mother' (1608:0.1).

Geraldine (1605) felt unseen by her parents. I explore with Geraldine how she expressed herself, how on the one hand her emotional needs create destructive behaviour and on the other, keep her distant. Geraldine tells: 'I didn't return his (fathers) phone calls. Sometimes I think I must look terrible when I came home in the weekend. I was hoping that he could see it, but he didn't. When I told him a few things, I didn't see any emotion in his response. All he does is give me advice and solutions that I can think of myself' (1605:1.4). I share my hypothesis: 'Could your destructive behaviour be an invitation for your parents to see you and help you as their child? We talked about that in the family session, do you remember? You missed protection in your childhood. Maybe it was important for you to feel protected as a child for a little while, before you can start an adult life?' (1605:1.5) Geraldine responds: 'Not on purpose, but maybe. But I notice they now care more for me, when I am home in the weekend' (1605:1.6).

Another nice example of noticing change in patterns happens when Eline (1606) tells us she sees her stepfather as a real father. Mother is happy with this connection: 'She never told us she accepted him as a father. Now she is older, she is able to talk a little bit with Matthew (step father). Last week they teased each other. Eline gave Matthew a little tick. Matthew responded with a little kick back. No one got angry' (1606:6.4).

### **A story of surprise**

When family members get caught in paradoxical communication we need to communicate about the communication (Bateson, 1972). Ian's mother gives him a paradoxical message (1608:4.7) that can be interpreted as: You show that you can take

care of yourself if you show that you still need me. Ian explains his dilemma in the next story: 'My mother was in Italy and my father was away for two days because of his work. I didn't feel too well and called my mother. I told my mother I just wanted to have a chat, no extra help. I can arrange my own help if I want to. But she called my father and she called you and I felt bad about that' (1608:4.1).

We tried to understand what was happening by investigating the pattern. Mother to Ian: 'You are not always clear. You tell me you don't feel too good. When I ask questions, you withdraw. Then I get worried. I'm not always sure what is going on with you Ian. You don't talk that much' (1608:4.2). I point at repetitive unwanted patterns: 'This is the old pattern, isn't it? Father was not there. Mother feels you are not open, panics, and you withdraw'. Together we explore different and preferred patterns: I; 'Sometimes you also find entrance to the new pattern, with your father present, Ian opening up and your mother giving calm support'. Mother asks Ian: 'Can you see that, that I can support you without panic? Before I immediately reacted with an oooohh or aaaahh. I don't do that anymore. Can you see that?' 'Yes, I can see that', Ian replies (1606:4.6). I ask him: 'Is it easier for you to be open, when you feel there is less pressure and trust you can do it yourself' (1606:4.9).

Later in the conversation Ian talks about shame in relation to his father (who is not present): 'I am ashamed, mostly with my father' (1608:5.7). 'I am not very man-like when I talk about my problems without solving them. I know he doesn't show emotions. What does he think of me when I keep on, doing that all the time'? Mother: 'Yes I know, he says things like: men don't cry. He is a bit a macho' (1608:6.3). Ian: 'I think I disappoint him. He wants a strong son, who make jokes and says 'fuck you' to life. I am not like that'. I ask Ian: 'If you look through the eyes of your father, what kind of son do you see'? 'A weak son, I guess'. 'No, that isn't true', mother replies. 'You should ask him. He is proud of you'. I ask Ian: 'What kind of son would he see if you ask him about this? I think a son who is not afraid to ask this kind of questions'.

Sometimes a counter-paradox is the only way out of a repetitive pattern. In the tough conversations I had with Ynass and her parents I became part of unwanted repetitive patterns. I noticed this and shared my observations. Ynass felt blamed by her parents. I

said: 'And you put the blame back to your parents, don't you?' Ynass responded strongly: 'I do not have parents' (1607:7.3). I then decide to take position and to invite family members to observe the joint repetitive pattern: 'Yes, you have your parents.... They care... but you lose contact communicating with them. I witness this. It is tough... I think'. Ynass: 'Fine, another one against me' (1607:7.6). I'll give it another try: 'No I mean the communication between you, or maybe between all of us. I too feel caught in unhelpful communication circles. I have the feeling that, uh... whatever I tell you, ask you or suggest, it is not helpful at all, as if I can't reach you, as if this therapy is not good enough to make a difference which matters to you' (1607:7.8). Ynass: 'Well, I can tell you one thing. You talk with 3 people and each of them has a strong will of their own. I am stubborn, just like my stepfather. We are alike. And I think there is not much you can do about that' (1607:7.9).

Ynass suddenly changes the subject: 'She (Ynass points at her mother) is only proud of me when I ride horses. I'll stop riding horses, because then she will not be able to be proud at me anymore. And he (she points at her stepfather) seems worried, but he is worried about something else, not about me. He is worried about his mother (who has dementia) but he doesn't talk about that, he doesn't admit that he is not doing well' (1607:8.2). Stepfather: 'No Ynass, this is not true. I worry about you. I think about it day and night. That's what is keeping me from sleeping' (1607:8.3). When her stepfather says: 'You don't love horses' and 'you don't have to ride horses if you don't want to' Ynass immediately responds: 'But then mother will be disappointed in me'. 'Even when I am not crazy about horses, I am a good horse rider, aren't I?' Stepfather: 'You make your own choices'. And then Ynass opens up a completely different conversational space: 'At school they tell me I am fat'. We then talk about her feelings of insecurity.

When I typed the transcripts of the audiotapes I was amazed by what happened, amazed about the sudden turns in the conversation. Symmetrical patterns of fighting are interrupted by these turns. I share my inner dialogue. Ynass first tells me there is not much I can do. Then she points at problems her parents have. Her stepfather steps out of the circle. His permission, not to ride horses and to make decisions by herself, has a paradoxical effect. Ynass wants her parents to confirm she is a good horseman and starts talking about feeling of insecurity at school. Earlier in the conversation Ynass said: 'I do not have parents'. Then she asks her parents to be her parents.

## **Theme 5: Inner dialogue, invitation, personal resonance and making a difference**

### **A story of affirmation**

Therapy is about co-creating conversational space for new connections and meaning. The therapist is systemically aware, invites to notice circular patterns and contextual forces. The therapist is not an external and neutral expert. (S)he is a witness in a process of transformation and a participating actor within the system, the treatment unity. As both a witness and a participating actor the therapist experiences resonance (inner thoughts and feelings) and becomes part of non-productive or productive, reactive, paradoxical or reflexive pattern of communication. The FITS therapist can't direct change, but contributes in a process of transformation making a difference and exploring effects on participants and the system as a whole. The FITS therapist listens to their inner dialogue and asks inner questions like: What invitation do I feel. What pattern do I sustain if I take this invitation? How can I make a difference?

Susan (1503), recovering from anorexia, gives both her parents and I a paradoxical message: 'Leave me alone and protect me'. I listen to my inner dialogue and ask myself: 'How can I respond to contradictive questions?'. I decide to share my inner dialogue. I tell parents: 'One story is about independence. Susan does not want other people to take over. She follows her own path at her own speed. According to that story the best thing I can do is to listen and encourage her to carry on in her own way. However, in the other story Susan is an 'abandoned puppy' (her own words). According to that story people need to hold her in their arms and take care of her' (1503:8.3). How should I respond? Her parents recognize the dilemma. Her mother replied: 'We both respond to one of those stories. I give space and Jacob is pushing her. Whatever we do, we don't have enough effect. Pushing her doesn't help and giving her space doesn't help. Therapy didn't help either. What should we do?' (1503:8.8).

In Jenny's case (1501) I once phoned her parents about Jenny's wellbeing, while I was at the airport, leaving for a meeting at the University of Bedfordshire in Luton. At that time Jenny (12 years old) self-harmed and cycled, during school time, along the railway. In therapy we had externalized anxiety and negative punishing thoughts as influence of

little monsters, 'hooneys'. Her parents told me they felt worried, powerless and needed more help. I was very worried too and felt an invitation to take over and control.

During session 8 we evaluated the process. I pointed at the ups in the top and the line going down in the CDOI diagram. Mother: 'That's the way it always goes. It goes up and down. I don't think that has to do with our efforts yet. We are desperate right now and need you to give us direction' (1501:1.4). Father: 'We put trust in this therapy and in you, Robert. But there is more that needs to be done' (1501:1.7). If I accept their invitation to take over and control I confirm their incapacity to act. I decided to share my inner dialogue and emphasize collaboration together: 'I can feel your panic and I understand your wish to get directions on how to get out of this state of fear. In therapy we collaborate and try to find ways to go on. You need me in that process and I need you and Jenny too. There is no single solution. I wish there was, but there isn't. I do believe we can find ways to go on together. Do you believe we can do that' (1501:1.6)? Mother later responds: 'Nothing works' (1501:3.8).

Suddenly I feel worried, alone and, strangely, a bit cold. I decide to share this inner feeling: 'I am worried and for a moment, I felt a bit cold and alone trying to find a way out. I am curious about your feelings and thoughts at this moment' (1501:4.1). After a silence, mother responds: 'I often feel alone and cold' (1501:4.3). Mother says to her husband: 'I really do need more support. You are too dependent on me' and: 'Jenny has to learn to value herself. I can't do this alone. I can push and talk, but "it takes two to tango". I can't carry her fear'. Jenny sings a Dutch song: 'Give me your fear'. I could feel something was happening here, and yet I didn't know what it was. One week later the mother decided to take a holiday by herself. Father and Jenny had to deal with their issues themselves. When Jenny refused to go to school, her father made a difference by not asking the mother for help. He phoned me, made an appointment with me and made a bet with Jenny about going back to school. This different sequence opened up space for new connections and meaning.

In Susan and Jenny's cases I shared inner dialogue that resonated with 'the not said yet' within the system. Sometimes I share personal resonances in the conversation. Ian's mother (1608) feels rejected when Ian doesn't accept her good advice. I remember a situation when my daughter felt rejected by a girlfriend of hers. I shared this resonance: 'If I judge her friends she defends them. I got angry at her while I had intended to

support her. I have to learn how to help her make her own opinion about peers' (1608:1.5). Mother recognises my example: 'I respond to emotional too' (1608:1.7). After the mother reflected on her part, Ian also reflected on his part within in the circular pattern they make. 'It is the same with me', he said. 'I feel easily judged by most people' (1608:1.8).

### **A story of surprise**

Actors can use their inner dialogue as navigation tool to make a difference, when they are stuck in repetitive and unproductive patterns. Inner thoughts and feelings can also be judgemental and block curiosity. In Ynass's case I think: 'Parents have such high standards. Even my own 14-year-old daughter cannot meet those standards. As a parent I wouldn't care that much about short temper and protests to my comments and interferences. Ynass shows typical teenage behaviour. Parents demand too much from her, I think' (1607:0.1).

In therapy Ynass's parents are often critical of her. Her stepfather, takes a dominant position in the conversation, explains his view and does not question this. He leaves little space for other voices. The more he explains, the more Ynass withdraws. The effect is counterproductive. Ynass has told her individual therapist she felt unheard and does not get enough support in family therapy. I listen to my inner dialogue: 'I should support her to speak out and help parents to listen to her' (1607:9.8). I interrupt father and ask mother a circular question: 'What do you think Ynass hears when her father gives her advice' (1607:10.3). To my surprise Ynass responds angrily. She defends her father: 'You should not interfere with my stepfather all the time. You should let him talk' (1607:10.4). I am confused and curious. Did we get stuck in a paradoxical pattern? Does Ynass warn me to be careful with her stepfather? I feel an invitation to confront family members with the paradox or to give up, but I only will sustain un-productive patterns by it. How can I connect and make a difference?

In this thesis I argue (p.75) to reflect on invitations, not to respond reactive, but reflexive in order to make a difference in unproductive patterns. But in Geraldine's case (1605) a reactive (unreflected) response was the difference, that made the difference. I knew Geraldine as she was the younger sister of a girl who had been treated through

family therapy. The parents were very worried about the troubled life of their oldest daughter and Geraldine missed out on attention and care from them. Geraldine was seen as the sensible daughter that easily could make it through life. But when Geraldine left home to study she suddenly collapsed. She suffered from anxiety, self-harm and binge-drinking. At first FITS didn't result in any effect. One day, Geraldine sent me an email telling me that she attempted to kill herself by taking both medicine and alcohol. I was shocked and I sent her an email with both instructions and a very emotional response. Afterwards I was insecure about this too personal response. We evaluated our collaboration later in the process. I was surprised about what Geraldine considered to be the turning point.

Geraldine: 'What really struck me was the email you sent me' (1605:1.9). It was your answer after I had sent you my email about taking too much medicine, do you remember? (1605:2.1). It was that one sentence: 'You make yourself sick and this is not you'. That sentence had a big impact on me' (1605:2.4). I: 'I remember that. We talked about this before. I was a bit worried about that same sentence in the email. I was afraid that I repeated what everybody else did, especially when I wrote "this is not you". While you told me often that it was so important for you to be taken seriously. You wanted people to see that your suffering was real' (1605:2.5). 'I know, but I also knew you were right. I was making myself sick and this is not who I am. It felt like something woke up inside me. Something persistent in me told myself that I don't want to be sick' (1605:2.6).

I was surprised. It also confirmed the value of a therapeutic alliance based on 'presence', honesty and connectedness. Can a 'good' therapeutic relationship cause too much dependency? Geraldine lived far away from the therapy centre. I wanted to refer her to another therapist closer to her home. Geraldine trusted me and didn't want to end therapy. I listened to my inner dialogue: 'I feel an invitation to take care of Geraldine. But "taking care" is not my responsibility. This "need for care" is addressed to her parents and friends. I feel an invitation to stay connected. But if I do, I confirm an assumption about exclusive trust and of fear she can't find trust in new relationships. The challenge is to develop trust in longstanding relationships with family members and friends' (1605:4.1). I said: 'Maybe it could be a challenge to learn how to trust somebody new

instead of holding tight to someone you already trust. Can I say this to you (1605:4.4)? Are you disappointed? I can imagine this. You trust me and now we end our collaboration' (1605:5.8). Geraldine responded: 'Yes I can feel that, but I know we don't stop because of who I am. I'd wish I could tell you how I am doing later on in the process' (1605:5.9). I later met Geraldine a couple of times in my own practice. She started therapy closer to her house and we were able to keep a connection for a while.

## **Theme 6: Focus on playful differences**

### **A story of affirmation**

Learning, according to Bateson, is to anticipate unexpected circumstances. Maturana argues that systems do not learn, because it is necessary for them to survive. What we learn becomes necessary in the process of making. Learning occurs in a spontaneous interplay between interacting systems, within their medium. Therapy in order to learn systemically means co-creating space for new connections and meaning, a zone for unforeseen connections.

What impressed me the most in doing my research is the effect of seemingly small, playful differences, which make a meaningful difference, which then becomes the tipping point in the process of transformation. Susan (1503) wore the same T-shirt over and over again, with an image of a miner on the front. The miner became a symbol for thinking as digging, getting lost in thoughts about life. Susan always wore clothes that were baggy. Susan didn't want to be seen as 'the little skinny girl with the tube in her nose', but she looks tiny in those baggy clothes. I use what suddenly pops up in my internal dialogue: 'You look so tiny in such big clothes. Will I ever see you in a summer dress' (1503:11.6)? Susan: 'I wear my mother's clothes. I don't buy clothes anymore. When I was younger I dressed completely differently. I loved buying clothes and looking good. But I am not that carefree girl anymore' (1503:11.7)? If Susan is not that carefree girl anymore and she doesn't want to be seen as 'the little skinny girl with the tube in her nose' the question becomes: 'Who is the next Susan? What is her style? Who does she want to meet? Do you want to find out?' (1503:12.2)



Carla, Eline's sister, finds coloured stones in a little wooden box in the therapy room. She asks: 'Whose stones are those on the table'? I respond: 'Once there was a girl who was afraid at school because she was bullied. She made a brave resolution to talk back when she was bullied. Then she chose a stone that fitted with who she is. She carried this stone with her and held it in her hand at difficult times. I told her that she only could keep it when it worked for her. She claimed it had helped her. What do you think about that (with a smile)?' Carla asks: 'Can I have one?' 'What is your challenge', I ask (1606:8.3).

### **A story of surprise**

In Jenny's case (1501) her father made a playful difference that became a tipping point in the process of transformation. One week after our evaluation (session 8) her father phoned me. He told me that his wife had gone on holiday, deciding that she needed time for herself. Jenny and her father had to take care of themselves during this time. While the mother was gone, Jenny went back to school. But after two days she relapsed by quitting school and cutting herself. Father decided not to ask for support from his wife, as he usually would. He phoned me for an extra appointment. Something unexpected happened during session 9. Instead of talking about the relapse, her father wanted to make a bet.

Father turns to face to Jenny and says very seriously: Listen. I am going to make you a deal. If you go back to school and stay there for the next four weeks, I will buy you an Ajax (football team) training-kit. You know this is difficult for me. (Father and daughter supported rival football teams).

Jenny was surprised. I was even more surprised, because it worked. Jenny returned to school and has kept going since then. I kept wondering. Could sharing an inner sensation (feeling cold) and making a bet (father's bet) make such a difference?

Lisa surprised her parents and I, when she stated that she didn't want to think positive and be like 'her real self'. Lisa: 'I don't want to give myself false hope. I'll get disappointed every time again, after it goes well for a while. Then it will happen again' (1502:1.2). When Lisa's mother suggests she has to accept her 'real self' Lisa replied: 'No it is not like that at all. I don't want to be the "real me". Everybody always says be

the real you. But I don't want to be the real me, I don't like the real me. I want to be somebody different' (1502:7.0). 'This "real me" is not good enough. I want to be someone else' (1502:7.3). 'I don't want to be so serious and boring. I want to act differently, as if I am someone else, someone who is spontaneous and bold' (1502:7.7). 'I don't believe that anybody is real. Everybody is acting. People create themselves. I act but I am not convincing enough or I didn't create somebody successful yet' (1502:8.4). I am confused and interested and ask: 'Could we look into it and find out how it works for you and discuss it with your parents later on' (1502:9.0). Together with Lisa we invented the 'Becoming Avril' project. Avril Lavigne was her favourite pop star. Lisa acted and pretended to be somebody else and wrote a blog on the Internet about it.

Johnny plays with his phone and makes noises 'o-o-a-a' (1504:0.5). It is easy to think he is deliberately trying to irritate us all. But I think differently about that noise. Johnny is under so much pressure. He is criticised and resists cooperating. If he would cooperate, it could mean that he accepts the problem-saturated story. Johnny answers, uses an (for me) unfamiliar word 'koekwous' (1504:2.0). 'Koekwous' in local dialect or slang (between youngsters) means 'foolish'. 'Koekwous' is an answer and no answer at the same time. Maybe this is the only answer he can give, connecting and resisting at the same time?

## **Theme 7: Focus on the non-verbal, hesitation and the unsaid**

### **Stories of both affirmation and surprise**

In FITS therapy I focus on non-verbal expressions and hesitations to open up space for what is difficult to say. Johnny's 'koekwous' might be a way to express what is difficult or impossible to express in any other way. 'I hope you die', says Johnny to his father. I ask: 'What is it what you want your father to know? Can I help you to tell him this in a different way?' 'Mwah' is the answer (1504:1.4).

Ynass (1607) suddenly responds very enthusiastically when I ask her mother about 'insecurity and daring': 'Horse-riding, horse-riding', she says loudly (1607:3.4). Mother says: 'Once I fell from a horse. I really was afraid to get back on the horse. But I realised

that getting back on, as soon as possible was the best way of dealing with my fear'. I am curious what Ynass is expressing with her enthusiasm. Is Ynass encouraging her mother to take position, does she point at something in common? I ask Ynass: 'What can we learn from this'? Then Ynass tells us what she feels, what I feel, but what was difficult to express so far: 'I know my mother and stepfather are insecure too, and they don't show it either' (1607:3.8).

In Jenny and her parents' case I am surprised Jenny is behaving so happily, after all her parents panic last week (1501:0.3). When I ask about this her mother replied: She covers up her feelings. She turns to Jenny: 'Tell us what you really feel Jenny, not what you think we would like you to say' (1501:2.2). I wonder how much differentiation is possible in the close and caring relationship between mother and daughter. Later I ask if self-harm is an expression of anger, that can't be expressed and perceived otherwise? Jenny does not recognise this. When her mother set limits and asks Jenny to regulate her fears by herself Jenny sings a Dutch song 'Give me your fear' (1501:4.8).

## **Theme 8: Focus on unique outcomes and positive developments**

### **A story of affirmation**

People who seek help often tell problem-saturated stories about their identity and relational lives. In FITS I focus on unique outcomes, contrary responses and positive developments, untold and unacknowledged story lines. Susan tells me how her depression doesn't allow her to relax. I ask how she responds when depression tries to take over. Susan tells a story about reconnection with her own sense of agency. 'Last Tuesday I was able to reconnect. It was difficult, but I did it. It took a lot of energy. I feel very tired when I do that. But I did it. I went to my work. I was there. I can do that' (1504:1.8).

Eline's mother tells a story about being brave. Eline and her friend found poison in a place where they were not allowed to go. Eline's friend told her to lie about this event. Back home Eline was worried but also afraid to tell her parents what happened. She thought her stepfather would respond angrily. 'But we stayed quiet and were very

happy she could be honest with us.’, her mother said. Eline: ‘my parents were not angry with me at all. They were glad I made this step, that I told them the truth’ (1606:0.6). This is a unique outcome in the face of her dominant conduct problems. I wonder how to open up space for Eline to develop an understanding of being brave and wise. We had externalized conduct problems as the DDE (little devil with hearts on the horns). Could we also externalize preferred responses, wise decisions and trust? I ask mother: ‘What is it you think, that helped Eline to stop listening to the DDE’ (1606:1.4)? Mother: ‘Eline is also a wise girl, who can think and think things through a bit before she acts. There is an inner wisdom if she tries and if she takes it seriously’. Maybe there is another creature involved? Maybe the DDE has a brother or sister? I ask: ‘How would you call this inner wisdom?’ Eline laughs out loud: ‘It’s a Rabbit Nerd. Nerds are wise and wear glasses’. (Eline gets glasses very soon). (Eline draws the rabbit on the white board next to the DDE (1606:1.9).



### **A story of surprise**

Sometimes the focus on positive developments has a counter-productive effect. In Ynass’s case I often feel an invitation to protect Ynass. I realise that if I did so, the parents will try to convince me how difficult the problems are for them. In the last session with Susan (1503) her parents tell a problematic story about Susan. I am a bit disappointed they don’t respond to our findings in therapy and the progress made. Susan endorses the problem-saturated story and talks about feelings of anxiety (1503:7.9). I emphasize her response to anxiety: ‘But even with your fears you were able

to come to therapy last time' (1503:8.0). 'Yes, but afterwards I was sad, because it was so difficult. Sometimes I feel like an abandoned puppy' (1503:8.1).

In Lisa's case, her parents and I know and see how much Lisa suffers from criticism. I feel an invitation to protect her (1502:4.0). I wonder if I could ask for exceptions or invite parents to tell alternative incidents about their lives with Lisa? Yet it is too early. If I focus on positive experiences too soon, I lose the connection with the parents. I ask myself the question: 'What is it that the mother wants me to understand, when she emphasizes the misbehaviour of Lisa'?

Lisa thinks she is ugly and dull. I like collaborating with Lisa. I think she is funny and original. I realise Lisa wouldn't believe me if I (as her therapist) tell her what I really think and feel about her. I decide to share my inner dialogue and dilemma: 'I want to tell you that I don't think that those children will say you are ugly. I want to tell you that I like working with you, that you are creative, spontaneous and an original thinker. Yet I am afraid that if I do, you would not believe me. I can't take your strong opinion away from you, can I? I can only invite you to question other people's negative opinions and these negative thoughts you have. You suffer from those opinions and thoughts. That makes it worthwhile to question it, doesn't it? Do you want to work on that with your parents and I' (1502:2.3)?

## **Theme 9: Context for 'narrative holding'**

### **A story of affirmation**

The concept of 'narrative holding' (van Hennik, 2011) can be best understood by reading Nietzsche's (1888) quote: 'He who has a why to live for, can bear almost every how'.

Rich story development (White, 2007), narrating multiple active version of self contributes in resilience towards stress and trauma (Mitchell, 1993).

'When their storylines become more richly known and experienced, it becomes more possible to take initiatives that are in harmony with what they give value to and develop connections to those who are significant for them' (White, 2004:13).

Family members often fight when trying to put pieces of a story together. When tension in therapy is high, I look for a shared understanding about what is happening. I summarize what I have heard and look for a 'yes-response' to a story that everybody agrees on.

In Eline's case, we work together with her parents to co-create a story which will help us to understand Eline's violent behaviour at school. I ask: 'What is a good reason for Eline to do what she is doing?' Eline witnessed violence between her father and mother and she wants justice.

Aggression is an immediate response that arises when Eline feels threatened or mistreated. We externalized aggression as the DDE (Eline draws a little devil on the white board). The DDE has horns with very little hearts at the end of the horns. I ask when the DDE came in her life. Together, we discover that the DDE helped Eline in difficult moments of conflict. I interpret: 'DDE wanted Eline to stand up when there is a conflict. DDE told you: 'The world isn't safe. Be prepared. Fight for your rights'. The DDE wants to help you, but sometimes the DDE made Eline too angry. Problems got bigger and people blamed Eline for it. DDE repeated: See, the world isn't safe. Be prepared, and you should fight for your rights' (1606:3.6). Mother and Eline nod. When I ask about the little hearts on the horns of the DDE Eline tells me that the hearts grow when there is peace in the house. When the hearts grow, the DDE will shrink.

Sometimes therapists and family members keep on narrating the experience in order to find 'shared understandings' for what is happening. I ask Ynass's parents: 'What do you think are good reasons for Ynass to behave the way she behaves' (1607:0.2)? Stepfather responds: 'Laziness. A lack of respect towards us. I can't see any other good reasons. If you (to Ynass) would decide to cooperate more often, it would reduce stress for us, as your parents. It would help to make a better atmosphere at home' (1607:0.7). Ynass protests. There is no 'yes-response' to a shared understanding of what happens. Later stepfather suggests: 'And of course I know she is insecure' (1607:1.0). This could be an alternative understanding, but it doesn't offer 'assurance'. Parents keep on blaming Ynass for many things she does. We discuss the influence of ADHD on Ynass's life. Still, there is no 'yes response'. I ask mother: 'Do you think we (team) underestimate the

severity of Ynass's problems'? Yes, mother thinks so. We agree to disagree. I propose to discuss diagnostic research in my team. This time we do have 'yes response' to a plan we all can agree on (1607:14.1).

I work a lot with externalisation (White, 2007). Together with clients we externalize problems (the D.D.E., depression, or hooneys) or parts of a socially constructed self (the miner, the little thin girl with the tube in her nose) and also helpers in the process of recovery (the D.K.N.). The person is the person and the problem is the problem. Lisa thinks she is the problem. I ask her: 'Is it because of you or your problems? I mean what if you would not have those problems. Would your grandfather also think it would be better if you leave home' (1502:5.7/5.8)? Lisa: 'No it is because of the problems. Without those problems it would be fine between us'.

Externalisation enables us to talk about things, which are normally difficult to talk about. What do Jenny's hooneys (1501) tell us about feelings of anger or aggression that can't be expressed otherwise? Family members reposition themselves in relation to externalised problems. I ask Susan: 'You stand up to face the influence of depression. Where was depression last weekend? What place did it take'? (1503:1.1) Susan: '(Thinks)... It was not behind me or over me like before. It sat next to me on the sofa (with a smile)'. Susan externalises the anorectic patient: 'It is like, as if there is still a little thin girl behind me, with a little tube in her nose and I think everyone still sees the little thin girl behind me, instead of the person I have become right now. I told my mother this and she recognized it. I think I have to leave this girl behind. I have to learn to go on' (1503:3.5).

### **A story of surprise**

Sometimes 'not changing' is an expression of protest. Susan (1503) had decided to stop the in-patient therapeutic treatment. Susan explained why this was important in the life-storyline we co-created and presented to parents.

It was never helpful when somebody wanted to help me and took over. A good example for this was in the swimming lessons I had when I was a young child. I did learn to swim, but only at my own pace. This was too slow for the swimming instructor. He wanted to force me and pushed me

in the water. This was a shock for me. I didn't want to follow swimming lessons for some time (1503:6.9).

Mother responded: 'This is a symbol for what is happening all the time. Susan develops but at her own pace. People around her want her to go faster, and push her to do something that she doesn't want to do. From a young age everybody, we as parents, schoolteachers and therapists encouraged her to change, to go faster' (1503:7.0).

Something precious got lost, but I have also won something by it. I lost being spontaneous and carefree in the way I was, when I was a child. I have learned to listen to my feelings. I felt resistance against everybody who wanted to change me and I was able to take a stand against it every once in a while. I didn't allow the doctor, I didn't like, to enter my room. And four months ago I decided to leave the (inpatient) therapeutic treatment, because I wanted to live at home and work from there. Deep inside I know what I want to do (1503:7.0).

Susan concluded: 'I want to find my own pace in life and I want people around me to accept that. I want to trust my own inner voice in this' (1503:7.2).

However, I wish I had made more space questioning discourses. I collaboratively inquire contextual and implicative forces. In Ian's case (1608) we discussed discourses about being a man. Ian was afraid that his father didn't find him sufficiently masculine. I invited Ian to take position by himself. I asked: 'Do you agree when your father says: "men don't cry"' (1608:7.3)? Ian: 'No, I think being a man can mean something else too'. I ask: 'Like being a man who is not afraid to ask difficult questions'. Ian smiles and says 'yeah'.

In conversations with Lisa about 'being ugly' I invited her to take a stance towards the subject of 'being judged because of looks'. I loved our conversations about the dominant discourse of authenticity, 'being your real self, being what you really are'. Lisa: 'I don't like the real me'. Also: 'I don't believe that anybody is real. Everybody is acting. People create themselves. I act but I'm not convincing enough or I didn't create somebody successful yet' (1502:8.2). Her response is a convincing deconstruction that helped me reframe and open up this discourse.

Together with Lisa we invented the 'Becoming Avril' project. Avril Lavigne was her favourite pop star. Lisa acted and pretended to be somebody else and wrote a blog on the Internet about it. After FITS family therapy I had send Lisa a letter about the project 'Becoming Lisa 2.0'.



Fragment of the letter:

*Dear Lisa*

*You often surprise me in the conversation we had with you and your parents. Once you surprised me most. You told me about your desire to become 'somebody else'. You wanted to become 'Avril', referring to the pop singer Avril Lavigne. You made judgmental statements about yourself like; 'I'm ugly, boring, dull and unpopular'. Your parents and I tried to convince you otherwise, without success. 'That's what parents and therapists do', you once said, 'to convince youngsters of positivity. But what if I am really not good enough to make it in life, what to do than in therapy?' We thought about this. Your father suggested Tai-boxing lessons. He thought you could learn to build your confidence there. Quite a good idea, I thought. Lisa, you quickly came to the conclusion that it wasn't helpful for you. You responded in a typical Lisa way of responding and said: 'Hitting the opponent is nice, but I do not want to get hit myself. I think getting hit is a little bit scary, I'll go talk quickly to distract the opponent and they find me weird because of that'. Your mom once said that she hoped you learned to accept yourself as yourself in the way you really are. 'No', you said. 'I can accept myself in the way that I really am'. 'It is important to be your true self', your father said. I nodded (I think). 'Nope' you said "my true self" is too serious and boring. I want to walk straight up, be spontaneous and bold'. I don't believe in this "true self", you said. 'People create themselves out of role-plays. I didn't create a good role-play yet. That's my problem.' I remember that I was confused and curious. Therapists say (like your parents) often it is important to 'be yourself, don't listen too much to what others think of you'. 'It is very important what others think of you when you're 15', you said wise. You told us that you want to learn to learn to play a credible character. 'Can you teach me this', you asked me. Your parents looked at me, frowning. We agreed on inquiring the 'Becoming Avril Project'. Avril is spontaneous, cheeky and sometimes indifferent. We made a collage of the 'Avril' in you. You wrote an anonymous Internet blog about the project 'Becoming Avril'. Almost all readers responded with: 'Be yourself'. It confused you.*

*About 6 months later, we evaluate the 'Becoming Avril Project'. 'It does not always work' you tell your parents and me. 'Everybody knows me as Lisa. Maybe I can only succeed if I am on a totally different place with different people and start all over again?' Sometimes 'the Lisa' in who you are is valuable to you too. 'I know that my joy and sorrow are Lisa's and not Avril's', you say. That statement hit 'the Robert' in me. But you can also proudly say that you sometimes feel 'the Avril' in you. Then you walk straight up through the halls at school, then you smile when someone makes a nasty remark, you think something mean what you keep to yourself, you'll even feel stronger, tough and beautiful, for a while. I try to imagine this. A girl of 15, uncertain and fearless at the same time, with Lisa in her heart and Avril in her mind, is on her way to who she will become.*

## **Theme 10: Learning how to learn**

### **A story of affirmation**

Practice Based Evidence Based Practice is the result of collaboratively meta-learning how to learn. Collaborative learning means mutual reflexive learning. Learning happens when we anticipate unpredictable circumstances. Learning how to learn, means learning how to expand response-abilities and response-space, developing trust in improvisation and finding new ways forward.

In FITS as PBEBP, the therapist and family members evaluate their collaboration, making differences that fit. Together with Lisa (1502) we look at the SRS scores in the CDOI diagram. I ask: 'What in what I did was helpful?' Lisa: 'You listened and took me seriously'. I (with a smile): 'Everybody can do that'. Lisa: 'I think you helped my parents to understand me a little bit better too, I think'. Geraldine (1605) told me: 'You helped my father to listen to me and understand me better' (1505:08).

Susan evaluates collaborating together: 'Sometimes I thought you were too optimistic about possibilities to change and that I couldn't live up to that. Many people have high expectations because I talk so well' (1503:9.6). I wonder if optimism blocks curiosity? Susan: 'Only in the beginning. Later your support gave me strength and hope. But by that time we really knew each other. Optimism was based on real experiences' (1503:9.6). I am worried about escalating conflicts in the sessions with Ynass and her parents. I ask: 'I wonder how this conversation works for everyone. Is it important to express painful feelings this way, could it be helpful in any way?' (1607:6.8) To my surprise her stepfather says: 'Sometimes we fight in therapy and I feel miserable. But often after therapy everything goes a bit better for a while, without knowing what really happened. I think I learn something every time we are in therapy, I realise it a little bit later' (1607:13.2).

Jenny's mother looks at the ORS-line in the CDOI diagram and talks about what she is learning: 'I think it will probably go down one more time, but I do strongly believe we can get out of the dips'. I ask: 'What gives you confidence you can do this together? What

did you learn?' (1501:5.9) Jenny and her mother co-create a narrative about their resilience and response-abilities. Mother: 'Your father speaks up, I'm letting go and you are growing up, dear Jenny' (1501:7.1). I ask her mother about my contribution, sharing my inner dialogue, feeling powerless, a bit cold and alone. Mother replied: 'First I was disappointed. You should know how to deal with this, I thought. Later on, I connected. It is most important to be honest, not to take over, not to give up and to work together. Together we were able to make creative plans about going back to school, dealing with fear and keeping trust' (1501:7.4).

### **A story of surprise**

During the process of learning how to learn, I ask about all participant's contributions to change. Susan (1503) finds it hard to recognize her contribution to change. Only after discussing our collaboration together Susan mentions her own influence and power. I wonder if focussing on our 'joint action' (Shotter, 1984) opened up space to think and talk about personal agency. 'Did our collaboration contribute to change?' Susan: 'I like it when you talk about depression because I get the feeling that I can do something, when depression tries to take over' (1503:2.4). 'It feels more like... pushing back. Before depression was all over me. Now it is not. I can feel myself. But it is still there'.

In Geraldine's case, the focus on 'joint action' had a different effect. Geraldine was grateful about my involvement and action. I immediately emphasized our collaboration together. I wrote in my reflections afterwards: 'I consider change as a result of 'joint action' and not so much as the result of the therapist's intervention. I want to emphasize the agency of family members. Maybe, by taking this stance, I didn't give Geraldine the chance to be grateful to me, which is common and respectful in mutual relations' (1505:0.9). Allowing a client's gratitude sometimes conflicts with professional discourses, that I question in this case.

Professional discourses limit a therapist's response-space. I criticize my feelings of slight disappointment in response to feedback. It should not block curiosity about what happens between us. I ask Eline's (1506) mother about the progress we made. Mother responds: 'I don't know' and stays silent (1606:4.7). I listen to my inner dialogue: 'I didn't expect this response now. I just gave her the book (life-story-line) we made

together. Is she dissatisfied? Maybe I am just one of many caretakers? Maybe it is hard for her to attach because of her history? How can I understand what is happening? How can I make a difference? I should focus on the therapeutic relationship'. Mother stays silent. I ask: 'Is it hard to tell me?' (1606:5.0) Mother: 'We talk about positive developments now, but I am not so sure. It could easily be a coincidence. Maybe next month, it is going back the way it was before. We can't stop therapy now' (1606:5.3).

When Lisa and her parents score negatively on the ROM lists at the end of an intensive therapeutic process I feel disappointment, especially because this was the second case in my research project. If the FITS as PBEBP practitioner wants to be accountable and show validity from within (because there are no objective observers and independent variables) (s)he always should offer transparency in a rigorous, responsible and trustworthy way. Collaboratively learning, how to learn is the therapist's/ researcher's aim.

#### **E.4. How does a therapist navigate, based on coordinated improvisation, collaborative learning and mixed-methods research, in Feedback-informed Systemic Therapy?**

##### **Introduction**

Every FITS case was analysed in 14 steps (see: 14-steps-model). I wrote transcripts of the critical moments in evaluative sessions. I added my inner dialogue to the transcript. I looked for reactive, paradoxical and reflexive patterns within layers of meaning, distinguished a low or high level of reflexivity and learnt how therapists and clients collaboratively learn. In this chapter I summarize the reflections arising from analysing the transcripts to answer my research question:

*How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?*

All outcomes refer to analysed FITS cases. Cases 1501 and 1605 are to be found in section D. Cases 1502, 1503, 1504, 1606, 1607 and 1608 can be found in the appendices.

## **Navigating based on coordinated improvisation**

*Improvisation is too good to leave it to chance (Paul Simon, 1990)*

If learning is anticipating unpredictable circumstances, then improvisation is the way to do that. I use the concept of coordinated improvisation. It stands for a reflexive practice of improvisation within a framework. The therapist co-creates a space open for improvisation and enquires into the effects on participants and the system as a whole. 'In improvisation there are no mistakes' Miles Davis once said. I think of the OODA-loop used in improvisational theatre: observe, orient, decide and act, observe, orient, decide and act and so on. Every step, reflected upon, helps to find ways to go on.

Improvisation is productive when the initiative fits within response-abilities within the system, and when it opens up conversation, new connections and meaning. Without that fit, improvisational playfulness could close down the conversation. I talk with Jenny in a playful way about the CDOI diagram (1501:0.6). Jenny makes jokes and giggles. Her giggling is in contrast with her parent's expressions of despair. A playful approach closes down the conversation. Parents ask me to take over control. We externalized negative and scary thoughts as 'hooneys'. When I invite Jenny to take a position in relation to these 'hooneys' she expresses doubts. 'Maybe the 'hooneys' are right about me?' (1501:3.5) Playfulness doesn't open up space here.

Johnny and his parents (1504) respond reactively in repetitive unproductive patterns. There is no space for playfulness, for unforeseen connections. Johnny answers a question with crazy noises 'o-o-a-a' (1504:0.5) and an unfamiliar (dialect or slang) word 'koekwous' (1504:2.0). He is improvising when there is nothing sensible to say anymore for him. I wonder if the sounds 'o-o-a-a' or the word 'koekwous' could have been an entrance to something different. Johnny ignores the invitation to join the conversation in our way, responds in a confusing but playful way. How could I take this invitation and play along, or add something that might have been acceptable? Later I feel powerless

and an invitation to give up too (1504:6.5). I listen to my inner dialogue and decide to share my experience at that moment. I ask if his parents recognize this feeling and ask if they can think with me about different creative ways to answer, to go on. I invite his parents to improvise, to make a joke, and encourage him to change his mood. His parents seem to be too stressed and unable to think creatively at this stage. I do not make a connection or open a space to something new.

When improvisation fits with response-abilities within the system it opens up space for an event (that takes you by surprise) to occur. When Jenny's mother tells Jenny to carry her own burden, Jenny sings a well-known Dutch song 'give me your fear' (1503:4.8). She accepts her mother's message, makes it light and bearable. I improvise when I share my inner feelings, 'alone and cold'. I express what her mother feels and didn't express. 'Something is happening, but I don't know what it is'. Mother decides to take a holiday, Jenny is in crisis and her father doesn't ask for help from his wife. He takes the initiative to call me for an appointment. During our meeting her father makes a deal about a football suit. Jenny and her father support rival football teams. I (as therapist) am amazed about the effect. It is hard to believe a bet like that really can make a structural change, but it happened. The bet was the small difference that made a difference that mattered (Bateson, 1972). Family members were able to escape from the repetitive pattern and do something unexpected and different. It opened up space for something new, a different reinforcing loop together.

Lisa claims she doesn't want to think too positively and create false hope (1502:09). She thinks she is boring and ugly. I (as therapist) feel a strong invitation to convince her otherwise (like her parents do). I really think Lisa is an amazing kid, but telling her would be more of the same. I ask myself how I can make a difference. I listen to my inner dialogue and decide to share the dilemma I experience with Lisa and her parents.

*I want to tell you that I don't think that those children would say that you are ugly. I want to tell you that I like working with you, that you are creative and spontaneous and an original thinker. But I am afraid that if I do you would not believe me. I can't take your strong opinion away from you, can I? I can only invite you to look at these negative opinions of others and these negative thoughts you have. You suffer from those opinions*

*and thoughts. That makes it worthwhile to look into it, doesn't it? Do you want to work on that with your parents and me (1502:2.3)?*

There is fit or an opening to something new. Lisa doubts if therapy can help her. Later in this session Lisa claims she wants to become someone else. She asks me if I can help her to pretend and act a better role. I am confused and curious (1502:8.2). Do I want to help a kid to act an idealized person? Lisa talks about Avril Lavigne, her favourite pop star. I notice the enthusiasm in the way Lisa talks about this subject. I propose to approach it as a project we can examine and discuss with her parents. Her parents agree, and we find a way to go on in FITS therapy. In session 15, I invite her parents to listen while I interview Lisa about the project 'Becoming Avril'. Lisa talks about small successes and disappointments. There is 'a Lisa' involved. I propose a different name for the project: 'Becoming Lisa 2.0'. (Lisa smiles and says, 'that's possible for me' (1502:16.9). Her parents acknowledge her creativity and her mother expresses the wish to talk this over with Lisa herself.

We create a playful response-space when we externalize Susan's depression. Susan talks about depression as situated object. 'Depression was not behind me or over me like before. It was like it sat next to me on the sofa' (with a smile) (1503:1.2). Susan tells me: 'I like it when you talk about depression because I get the feeling that I can do something back when depression tries to take over.' (1503:2.5) And: 'it feels more like... pushing back. Before depression was all over me. Now it is not. I can feel myself. But it is still there, like depression is sitting on my back. I do the things I have to do, but it makes me so tired' (1503:3.0).

Susan tells me how the image/ metaphor of 'the thin girl with a tube in her nose' became a symbol for an identity of the past she wanted to let go of. Susan says about 'the thin girl with a tube in her nose': 'I thought everyone still sees the little thin girl from the past instead of the person I have become right now. I told my mother and she recognized this. I think I have to leave this girl behind. I have to learn to go on' (1503:3.5). In session 5, Susan introduces a 'new, unknown version of self'. It opens up space to co-create new identity stories and think about who to become. When Susan talks about this 'new, unknown version of self' I suddenly think about the way she dresses. I wonder how this

new version of self would dress. This unforeseen association opens up space for new understandings. We talk about an 'in-between phase'. I provoke a bit and suggest that Susan stays at home for a long time. Suddenly her father reveals a personal story about dependency. This opens up space for new connections and new understandings.

'I had sent Geraldine (1605) an email in a moment of crisis. In this email I expressed a rather reactive, personal, response to the situation. I wrote the sentence: "you are making yourself sick right now. This is not you Geraldine, is it? I think this is not you"' (p200). A little bit later I was afraid that this response was too reactive. I could have sustained repetitive unproductive patterns with it. Geraldine told me, to my surprise, this expression was a trigger for change. She had felt care, a connection and trust. Through our alliance I was able to take a risk in that email and it made a connection and an opening to something new.

Eline and her sister Carla (1606) spontaneously respond in critical moments, sometimes to distract, sometimes to open up space for new connections and meaning. I support family members in their rich story development. When Eline suddenly tells the story about finding chemical drugs we externalise her response-ability by acting wisely and telling the truth as DKN (rabbit nerd). Eline draws the DKN on the whiteboard. Later I use the voice of the DKN to help Eline to learn to listen to the voice of the DKN and to take another position in relation to violent behaviour.

Through the inclusion of coincidentally chosen materials in conversations we open up zones for insignificant ruptures and unforeseen connections, entrance to new lines of flight (Deleuze). Carla asked about the coloured stones in my desk. These stones are one of the many objects in my therapy room. Eline says that stones match with people. I improvise and tell children to use matching stones to support their challenge. Carla wants to stand up for herself at school. Both of the girls choose a stone and take it home with them.

Ynass (1607) and her parents often have conversations 'under the dark clouds'. Ynass draws the dark clouds on the whiteboard. I also feel dark clouds present in the therapy room. There is little space for playfulness. However, when we do play a bit of sunlight



appears. Ynass and her parents once used the term 'dark clouds' during a conflict at home. It made them smile and that broke the tension a bit. Ynass encourages her mother enthusiastically to talk about her horse-riding experience. Her stepfather's unexpected approval of Ynass about not being a horse-riding girl had a paradoxical effect. Ynass asked her parents to help her dealing with insecurities at school.

Ian (1608) expresses hesitation. I share my inner dialogue and use the word shame (1608:5.8). There is a fit between that word and a story. Ian starts to talk about something different, his uncertainty in relationship to his father. I ask him to look through the eyes of his father and to take this position himself (1608:6.6). This opens up space to co-create a new frame of reference. Afterwards Ian was very surprised when his father told him about social anxiety he experienced at Ian's age.

When improvisation fits with the response-ability within the system it opens up response-space for an event to become. Improvisational playfulness works well in moments when participants feel stuck in unproductive repetitive patterns. Improvising can help to express what is difficult to express, to make differences acceptable, to be curious about whatever comes next, to develop trust in anticipating unpredictable circumstances, in living our lives.

### **Navigating based on systemic feedback**

FITS is feedback informed family therapy. The therapist organises feedback in order to learn how to improve collaboration in a more effective way. Responding to feedback does not mean you do whatever clients ask you to do. Feedback helps to reorientate and organise a shared agreement or a plan.

Jenny's ROM and CDOI scores were very low in evaluation session 8. Parents gave me feedback, wanted me to intensify therapy and take a more expert position. We intensified therapy. I didn't take over, took no expert role. I was afraid that control and expertise would increase their inability to act. I pointed at the patterns we were making, invited them to reflect on feelings, initiatives and contra-productive effects. Body language expresses feedback. I shared inner

dialogue (feeling cold and alone) and my expression resonated with mother's unexpressed feelings (1503:4.0). Later (session 15) I asked for feedback about sharing my inner dialogue. Her mother answers: 'First I was disappointed. You should know how to deal with this, I thought. Later on, I connected. It is most important to be honest, not to take over, not to give up and to work together' (1501:7.4). After session 8, the CDOI line went up with dips, but less deep. We used the diagram to see patterns and resilience. In session 15, the ROM and CDOI scores indicated significant change.

Lisa and her parents evaluate collaboration and developments in session 8. The ROM and CDOI scores do not show any improvement. Her parents are worried about Lisa and her wellbeing. She is acting up towards parents. She self-harmed a couple of times. Conversations lead to conflict. Lisa does not feel understood. Lisa doesn't use what she has learned in therapy at home. In response to feedback we decide to continue FITS but change the approach. We decide to look at the project 'becoming Lisa/Avril'. It brings back enthusiasm. Lisa experiments with different behaviour and writes a blog on internet. When we evaluate progress in session 15 the CDOI and FGRL are higher, but most ROM scores aren't. Her mother refers to a difficult week due to exams and tension in the house. Lisa tells me that she scored her evaluation in the beginning without knowing how it really worked. It makes me realise how the meaning of numbers only exists in the conversations about those numbers. Lisa gave high SRS scores. If I ask her how I was helpful she tells me that I helped her parents to understand her better.

Susan gives feedback about my role in therapy. Susan explains she translated my optimism into high expectations. The CDOI, ROM and FGRL scores did not show significant changes. We made sense of these scores. Susan claims the achievement of stability was a positive outcome. This is understandable in the context of her suffering from a severe eating disorder and starting a more independent life, after in-patient treatment for more than a year and a half.

Together with Johnny and his parents (1504) we decided to stop FITS after discussing low ROM, CDOI and FGRL scores. His parents didn't believe we could break and restore patterns in the family with FITS in the time left. Instead we decided to arrange an

intensive and home-based treatment. Johnny and his parents scored the lists differently. Johnny gave high ORS scores, which disappointed his mother. She argued that those scores indicated fewer reasons to change for Johnny. At his mother's request I talked to Johnny alone during four sessions. Johnny closed down and didn't want to talk with me. The SRS-line went down dramatically. We weren't able to reflect or learn from what was happening. Later, I wondered if I had forgotten to sufficiently appreciate Johnny's high scores. Johnny contributed to change and behaved better, according to appointments made in a plan. I lost contact with Johnny when we decided to stop FITS, based on his parents' scores, ignoring Johnny's scores.

In session 5, Geraldine and I looked at the CDOI, ORS, SRS scores. We concluded there was too little progress made. I referred Geraldine to a mental health care organisation closer to her house, because of her destructive behaviour and suicidal thoughts. After session 5 with Geraldine her situation improved and CDOI and ROM scores confirmed this progress. We evaluated progress and learning in session 7. We learned to see change as a joint action. We saw destructive behaviour as a way of communicating her needs to her parents and how to understand dependency and assertively in a non-dualistic way. I took a risk by sending a 'reactive' email. I learned, through feedback, how to take a risk and interrupt a pattern, provided that the expression fits within the way the conversation unfolds. We were able to explore the issue of trust in our collaboration and in other significant relationships in her life.

I point Eline and her mother (1502) to the ORS/SRS diagrams that show progress. I ask about collaboration to achieve this progress. My intention is to de-individualize the problem-story and learn about each other's contributions to change. Her mother says: 'I don't know' and stays silent (1606: 4.7). Her mother is scared we will end therapy if it goes too well. She is not sure if this progress is a coincidental uplift or a result of learning. We decide to continue family therapy and keep that question alive.

Ynass (1607) corrects me when I interrupt her stepfather in order to protect her. I learn to be careful in this unstable system. Her mother thought I underestimated the severity of Ynass's problems. The acknowledgement of their worries and questions opened up conversational space to talk to her parents about their own issues. Ian and his parents

scored an increase in ROM and CDOI lists, but positive scores in reaching their goals on the FGRL. Family members learned to step out of unwanted repetitive circles and experience less conflict together. Unless positive changes in the family dynamics occurred, Ian still suffered from anxiety and paranoia. The psychiatrist advised Ian to start therapy in an in-patient hospital. We stopped FITS family therapy and Ian started a new treatment in another mental health care institution.

Discussing feedback helps to reorientate, make new plans describing how to go forward and to learn systemically. The experience of expressing judgements, co-creating meaning out of that and making a difference in doing things together has a profound therapeutic effect. Learning about therapy coincides with doing therapy.

## **Navigating based on collaborative learning**

FITS as PBEBP is about learning how to learn in feedback informed systemic therapy. Together with family members we inquire into collaboration, developments and collaborative learning. I distinguish Zero, First, Second order learning, co-creating frames of reference and Third order learning.

### **Zero order learning**

Zero order learning happens when we try but do not transform or learn. Invitations and responses do not make any difference. We reproduce more of the same and reinforce unwanted, unproductive repetitive patterns. I feel I want to ask Jenny's parents (1501) about their strengths, but if I do so, they convince me how serious their problems are. Lisa and her mother (1502) feel unheard and blame each other within the same frames of reference over and over again. Intentions and effects do not fit and there is no opening space for new frames of reference. I repeat the same question over and over again and Susan (1503) defends her statement. We reproduce more of the same in our conversation together. Family members criticise each other, get stuck in a repetitive pattern and confirm each other's role in this. Susan loses her motivation to go on. Her father pushes, her mother protects, and Susan shows dependency. All family members feel powerless in this unwanted pattern. I (as therapist) try to include Johnny's father (1504) in the conversation. His contribution triggers a dominant repetitive pattern in

the family. I feel an invitation to take over and mediate (just like mother). I encourage family members to talk together, without success. We sustain unwanted and repeating patterns in which participants confirm referential frames and conclusions of each other's identity. Zero-order learning is often the result of reactive responses that sustain self-reinforcing loops. There is no fit, no opening to new connections or meanings.

### **First order learning**

First order learning is about choosing or analysing chosen solutions within a context of given problem definitions. Underlying theoretical insights or deep convictions and values will be retained ([www.transitiepraktijk.nl](http://www.transitiepraktijk.nl)). The first order learner adapts their behaviour to existing norms and expert knowledge. Parents, Jenny (1501) therapists and school made an 'interagency collaboration agreement'. It only had a short-term effect. Johnny's parents (1504) introduced a schedule 'how to behave' with clear expectations and appointments. The schedule worked well for Johnny (1504:0.8). When Geraldine (1605) wrote to me that she was suicidal, I insisted that she take action, inform and involve the general practitioner, the local mental health service and parents. Geraldine did what I asked her to do. Sometimes, in moments of crisis, it is important to take the lead and give directions. First order change happens when changes meet what already was expected, for example when Ian's mother asks acknowledgement for her support without panicking (1608:4.8).

### **Second order learning and co-constructing new frames of reference.**

In second order learning 'change occurs spontaneously from inside and one can never know what it will be or when it will happen' (Andersen, 1991:66). The second order learner improvises within a framework and deconstructs dominant mental and action models within reflexive dialogues with others. Improvisational interplay, assumptions and aspirations become the subject of learning. The learner constructs knowledge, not as a reflection but as an artefact of communal interchange (Gergen, 1985). Learners socially construct new collective frames of reference; a cultural environment or response-space that allows multiple ways to go on.

Jenny, her parents and I (as therapist) escaped a vicious circle and an impasse in FITS. I expressed my inner dialogue (alone and cold) and her mother resonated with

these expressed feelings. During the silence in the conversation I thought: 'something is happening and I don't know what it is' (1501:4.9). Her mother decided to 'let go' more often. She took a holiday and during her holiday, Jenny's father took unexpected initiative, helping Jenny in crisis. Her father made an unusual gesture that was accepted and that worked well. Later, in an evaluation (episode 4) we were able to co-construct a different frame of reference about resilience and independency.

During a conversation with Lisa and her parents (1502) an unpredictable move and proposal fitted and opened up space for new connections and different frames. Lisa questioned a dominant 'discourse of authenticity' and introduced a different but controversial idea about changing her identity. It confused both her parents and me. I suggested making a project out of it, to examine it and discuss it with parents. The inquiry raised Lisa's enthusiasm. Her parents gave Lisa space to do it her way. In episode 6, Lisa explained to her parents how she responded to difficult issues at school. Her parents acknowledged her creativity. Lisa felt understood and together we were able to construct a different frame of reference about identity. Lisa can't be somebody else, but can be successful try and act in the process of becoming Lisa 2.0.

Susan's father (1503) reveals a personal story that opens up space for a different frame of reference about dependency. This frame enables ways of re-connecting between father and daughter. In Geraldine's case (1605) she changes her ideas about her parents and their concerns and it opens up space to reconnect. Together we co-construct a narrative that carries ambiguity. In this narrative Geraldine can be persistent, strong and vulnerable at the same time.

Eline (1606) re-positions herself towards aggressive behaviour through the voice of the externalized DKN. Eline spontaneously tells a story that opens up a new account of self, acknowledged by her mother. We evaluate collaboration in episode 5. Mother asks me to talk to stepfather alone. I want to support mother to allow her to talk to stepfather herself. Mother proposes we do a bit of both. I accept and appreciate her proposal in collaborating. We are able to reframe 'influence': Assertive responses can be risky in

unsafe and violent circumstances. There are indirect ways of creating influence. Later in the conversation we discuss the issue of influence and gender roles.

When Ynass her stepfather (1607, episode 4) unexpectedly gave his approval to Ynass (not to ride horses if she doesn't want to) Ynass gave up resistance and asked her parents for support.

Ian, his parents and I recognised an unwanted repetitive and paradoxical pattern, and were able to meta-communicate and escape from it (1608:2.1). His mother realised that she is afraid to harm the relationship and Ian could see his own contribution to the pattern. When Ian hesitated, I asked him about it. Hesitation often refers to doubt. Ian told me about his uncertainty in relation to his father. He was encouraged to give his father a voice (from an internal-other position), take a stance himself and discuss it later with his father. We co-created a different frame of reference about father-son gender issues. In episode 3 mother encouraged Ian to talk to his father, without feeling excluded herself. This seemed an important second order change in the family dynamics.

### **Third order and collaborative learning**

Third order learning means deuterio or meta-learning how to learn (Visser, 2003, 2010) within complex systems. Deuterio learning is like coordinated improvisation, an implicit evolving anticipation to unpredictable circumstances. Meta-learning is, like my research project, a structurally organised inquiry about learning how to learn. In FITS as PBEBP, the therapist and family members learn how to become an effective learning community.

Jenny's mother (1501) learned how she learned when she saw the family's resilience, recovering fast after difficult episodes. Confidence helped her not to panic in crisis. Family members, without panic, were creatively response-able to make a difference. They learned how to participate in a reinforcing positive loop. Mother's resonance with my inner dialogue (feeling alone and cold) made her stand up for personal values like self-care and mutual responsibilities. In Jenny's case, I (as therapist) learned to trust physical responses (feeling cold) navigating

and how small, unexpected differences (like making a bet) can have an enormous transformative power. At last, we were able to discuss social, cultural and family scripts about the roles and responsibilities of being a parent and thus co-create a new frame of reference, out of a rich and lived experience.

When I read back and reflect on Lisa's transcripts I wonder why I didn't ask about dominant heterosexual discourses and the influence of social judgements on her identity, being gay. Family's comments about their CDOI and ROM scores helped me to relate the meaning of numbers in diagrams. Her mother scored the final ROM-lists in a week with a lot of tension in the house. The scores represent that specific moment of time. Lisa gave low SRS scores in the beginning. She explained to me that she didn't understand how to score the list at that time. I wonder if I was systemically aware how my collaboration with Lisa contrasted with parents'. I liked Lisa, her obstinacy in examining the 'Becoming Avril Project' and Lisa felt understood by me. Her parents felt powerless and tired because of the same obstinacy and Lisa didn't feel understood by them. Did I include the parents enough? (1502:14.3) Did they really give a yes-response to examine the 'Becoming Avril Project' together? (1502:9.2) I wonder if I listened well enough to the mother's request for more diagnostic research. (1502:6.3). Under the influence of systemic frames, I can easily ignore parents their concerns about their child's individual pathology. In Lisa's case I asked for diagnostic research after the FITS trajectory. Lisa was diagnosed with a developing a borderline personality disorder and took part in preventing mentalization-based therapy later that year.

In Susan's case, we discussed discourses about stability and progression. The discourse 'without progress, no success' diminishes input, lowers contributions to both maintain the situation stable and to prevent a relapse. Susan transforms this discourse and claims stability as a positive outcome in therapy. Family members agreed on my summary based on Susan's claim (1503:11.0). Family members acknowledged each other's contributions in stabilizing the situation. Susan gave feedback about the therapeutic alliance and my role in this. I learn from her to re-think the effects of a too optimistic stance in therapy. Optimism can block curiosity.



Johnny's parents (1504) decided to end FITS family therapy and ask for a more intensive home-based treatment (Multi Systems Therapy). I (as therapist) learned from family members' feedback. Johnny originally gave high ROM and CDOI scores. I didn't explore this enough. What is it that Johnny was positive about? What was his contribution to change? Did he need more appreciation for that? Johnny used an unfamiliar (dialect or slang) word 'koekwous' and made crazy sounds. I wonder what he was expressing, what he couldn't express otherwise? Is he challenging parents? Is there space for playfulness? Could there be another entrance to another conversation here? I learned to be systemically aware. Why is his mother stepping in when Johnny is a little bit vulnerable? Is his mother protecting his father? (1504:5.0) I got triangulated too. Johnny's mother asked me to talk with him alone (1504:8.0). Johnny didn't want to. I took a position, invited Johnny to meet me alone and lost contact with him after that.

Geraldine and I tried to find out what it was that caused such a sudden change. I carefully shared inner reflections and asked about possible disappointments in me, or in our collaboration together (1605:5.8). We learned how we learned. We acknowledged change as a result of joint action. We reframed destructive behaviour as way of communicating needs to parents. Geraldine learned she could carry ambiguity. And we found a way to end therapy and stay connected at the same time. I (as a therapist) learned how (unreflected) reactive responses (my email) could also open up space for something new. It helped me to realise (again) that a professional stance and a personal/emotional connection go together, being 'present' in relationship with others. Afterwards I reflected on professional discourses about 'dependency', 'mutuality' and 'ending therapy'. Geraldine gave me credit for helping her. I immediately emphasized change as a result of joint action. Afterwards I reflected on this episode (1605:0.9). Did I problemize her gratitude towards me, under influence of a professional discourse 'change is a co-creation'? I question this discourse. To be grateful is a meaningful 'mattering' act in equal and personal collaborative relationships. I expand my response-space, allowing a client's gratitude to exist.

In Eline's case, I monitor my contributions to repeating patterns (silencing voices, avoiding conflict). I am able to respond differently and invite family members to reflect on their intentions, acts and effects on unproductive patterns. However, I could have

evoked a third order learning if I had discussed my inner dialogue (about the parallel processes between repetitive patterns in therapy and at home). If I had asked questions like: 'what happens to you when I de-individualise the problem story? What happens when I inquire into shared contributions to change and ask about your stepfather's role and memories of your biological father? Is there a fear of abandonment by significant others, and even by me? What are your assumptions and experiences with male dominance and violence? In your past, what effect does speaking out freely have on violence? What is at risk by speaking out freely? How can we collaborate differently and deal with this? What do family members need from me if we step further into these conversations?'

In Ynass' case, I invite her parents to see their contributions to unproductive patterns. I wonder if her parents understand they are caught in a paradox of control. I guess not. However, I do believe that we learned, in the process of feedback, evaluation and reflection, to become a more reflective collaborative community. We were responsible to listen, even when we didn't agree. After session 9 the atmosphere became lighter. We couldn't name what it was that worked for us. I (as therapist) learned a lot in this challenging case. I learned that my support of Ynass could only work in a context that allowed differences. Too much disagreement destabilized the family system. Every person who caused instability could get excluded. Each one of us (Ynass, her step-father, her mother, the therapist) had that feeling once in a while. I think about themes that I left behind, that stayed unnoticed. What was the meaning of Ynass getting sick in episode 6? Why didn't we talk about different appearances and ethnical backgrounds? Ynass is a half Moroccan girl in a traditional Dutch family. This theme is so obvious and at the same time an untold story in this therapy process.

In Ian's case I learned how to use inner reflections to avoid getting stuck in triangulation and paradoxical communication. In the triangle between the mother, Ian and the father, the father is criticised for taking distance. When I invite his father to contribute more often in wanted patterns between them, his mother feels excluded. I can get triangulated in between his parents too. When we meta-communicate, we see the pattern and everybody's needs to de-triangulate. But do we? With the focus on the relationship between mother and son, the father keeps his outsider position. With a focus on the

relationship between the father and son, the mother feels excluded. I shift focus to the couple's relationship, between the parents. I think a third order learning could have been evoked if we reflected on the process of learning together. How do family members learn 'how to learn' when they escape old repetitive circles and contributed to new ones? How do Ian and his father keep their conversation about father-son-gender issues alive? I wish we had longer to work on that. I also learned that a change in family dynamics does not always lead to an individual improvement of mental health. There were severe psychiatric problems that needed specific care in another institution.

## **Navigating based on mixed-methods research**

### **Mixed-methods research**

In FITS as PBEBP I used different research methodologies, mixed and adapted them in a way that suited my practice (see PBEBP in 14 steps). I used standardized Routine Outcome Measurement, Client Directed Outcome Interview (Lambert, Miller) and a Family Goals Rating List (van Hennik & Hillewaere, 2017). I used quantitative outcomes as conversational tools evaluating collaboration, developments and learning in FITS. In qualitative inquiry I analysed transcripts, added internal dialogue and reflections to the transcripts. I looked for reactive and reflexive patterns in contexts of meaning and explored how therapist and clients learn 'how they learn' in the system they establish together. Qualitative inquiry is based on reflexive dialogue (Rober, 2011, 2014) Coordinated Management of Meaning (CMM, Pearce, 2007) and Thematic Analysis (Braun & Clarke, 2006).

In the beginning, doing FITS and doing research were separate activities, but in practice therapy and research became intertwined. The idea of Practice Based Evidence Based Practice emerged in the process of my practice-based research. Being a therapist makes me a different researcher. Being a researcher makes me a different therapist. The involvement of family members as co-researchers, looking at measurements, discussing collaboration, and reading transcripts of conversations was therapeutically effective.

Practice-based, systemic, collaborative and generative inquiry helps the therapist and clients to see patterns, interrupt and break patterns, make a difference and inquire into the effects on all participants in the multi-actor network. Collaborating effectively becomes the key aim, and the subject of research in PBEBP. Systemic collaborative learning has a profound therapeutic effect when participants learn to give and receive feedback and when they experience transformations as a result. In the process of third order learning participants learn in a spontaneous interplay (deutero learning) and by structured analysis, reflection and co-construction (meta-learning) to expand response-abilities and response space finding multiple ways to go and live together otherwise.

## **E.5 Conclusion**

This section E is called 'becoming multiple'. Out of an enormous amount of quantitative and qualitative empirical material I distinguish, connect and map different parts in order to understand the process of navigating complexity in feedback informed systemic therapy. Becoming multiple implies that I don't want to describe complex phenomena in terms of simple and fundamental constituents. I'd rather co-construct a rhizomatic story (Deleuze, 1987) and a 'crazy patchwork' of storylines (Sermijn & Loots, 2015). My conclusion is to apply a network of generative storylines, reflections and questions as described in this section E.

Nevertheless, I emphasize three discoveries that I consider to be surprising and meaningful, and that shape my practice as a systemic therapist.

- (1) Playful differences. What impressed me the most doing research is the effect made by apparently small, playful differences. They become the tipping point in the process of transformation. Playful differences impact most when there is a fit and an opening space for new connections and meaning, within the system.
- (2) Collaborative inquiry. The idea of Practice Based Evidence Based Practice emerged in the process of my practice-based research. Therapy and research became intertwined. The involvement of family members as co-researchers, looking at measurements, discussing collaboration, reading transcripts of conversations was therapeutically effective. In the process of third order learning participants learn in a spontaneous interplay (deutero learning) and by

structured analysis, reflection and co-construction (meta-learning) to expand response-abilities and response space finding multiple ways to go and live together otherwise.

- (3) The answer to my research question: *'How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy'* is answered by itself. The therapist trustworthily navigates by doing practice-based, collaborative and generative research, and by using outcomes and reflections as an iterative navigation tool. At the end of my research project I believe I can substantiate that PBEBP provides accountability and 'validity from within' in the process of collaborative learning within singular and complex events.

## Conclusion and follow up

### Introduction

I write this last chapter four years after I started my doctorate in systemic practice at the University of Bedfordshire in Luton. At that time Bruno Hillewaere and I co-developed FITS (Feedback Informed Systemic Therapy within Systems). From the very beginning I had a focus for my doctoral research project. I wanted to produce accountability and transparency doing FITS in order to present FITS as a reliable alternative to standardization in mental healthcare. Practicing therapy and conducting research became intertwined. Therapist and clients form a collaborative learning community. I developed FITS as Practice Based Evidence Based Practice and found that collaborative systemic, learning how to learn has a profoundly therapeutic effect.

In section E I assembled multiple conclusions from my research project and presented them through a network of generative storylines and reflections. In this last chapter of my thesis I'll answer my research questions, by means of short summaries and reflections.

Research questions:

- *How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?*
- *Can we produce accountability in the transparent process of co-creating 'validity from within', performing FITS as a Practice Based Evidence Based Practice?*
- *Could Practice Based Evidence Based Practice be an alternative for standardisation in the field of systemic therapy?*

I produce 'validity from within' (p.45) when I explain experiences with other experiences captured in stories and accepted as coherent and generative by a community of concern/care. That's why I will end my thesis with a letter to a

community of concern, an audience of parents, youngsters, a manager, researcher and systemic family therapist. Their responses to this letter are the last words in my thesis.

### **Navigating complexity (III)**

In the beginning of my thesis I asked the question how I (as systemic family therapist) navigate complexity without getting stuck in the paradox of control or getting lost in a flow to nowhere? We live in a globalized transformative complex world, often described as V.U.C.A. (volatility, uncertainty, complexity and ambiguity) in the post cold war era (Mack et al., 2016). Navigating complexity demands both to make space and to take accountability for the unpredictable becoming of an event. There is a difference between trying to control or to influence the becoming of an event. When we try to control we manipulate what happens in ways that correspond with our expectations. When we influence we anticipate in circumstances that we didn't expect to happen and then we systemically learn.

In this thesis I suggest new materialism and posthumanism (Barad, 2007, Braidotti, 2011, 2013) to be the bridge, reuniting cybernetics and constructionism in systemic thinking. Agency, according to new-materialists, is not localised in the human subject but is generated by agentic assemblages (Bennett, 2010). Every becoming of an event is the result of an intra-acting multi actor network of human and non-human generators (Kleinherenbrink, 2017).

Systems within systems transform when actors or elements (entities, organisms, things) intra-act (Barad, 2007) collide, couple and decouple. Agents or elements in the centre are in service of the dominant operations of the system. Loosely coupled agents or elements in the margins are open for change, for finding a niche for a new realisation, new couplings and new configurations that can come as a surprise and become necessary in process of the making. Systemic learning is systemically expanding and conserving reservoirs of response-abilities (structure) within a response-space (meaning systems that allow us to live together otherwise).

Navigating complexity (as a systemic nomad) means being response-able to enter margins, open up space for unforeseen connections and produce 'validity from within' within communities of concern or care.

### **Fits as PBEBP**

In my research project I developed FITS (Feedback Informed Systemic Therapy) as a Practice Based Evidence Based Practice. In PBEBP the therapist acts as both a practitioner and as a researcher as well as involving clients as co-researchers. Therapist and clients examine the effects of their collaboration. The output of research is input for therapy in the 'collaborative learning community'.

In FITS as PBEBP I mixed and adapted different research methodologies in a way that suited my practice (see PBEBP in 14 steps). I used standardized Routine Outcome Measurement, Client Directed Outcome Interview (Miller & Duncan, 2000) and a Family Goals Rating List (van Hennik & Hillewaere, 2017). I used quantitative outcomes as conversational tools evaluating collaboration, developments and learning in FITS. In qualitative research I analysed transcripts and added inner dialogue and reflections to the transcripts. I looked for reactive and reflexive patterns, within contexts of meaning and explored how therapist and clients learn how they learn, within the system they constitute together. Qualitative inquiry is based on reflexive dialogue (Rober, 2011, 2014) Coordinated Management of Meaning (CMM, Pearce, 2007) and Thematic Analysis (Braun & Clarke, 2006).

In FITS as PBEBP therapist and clients will co-research patterns within layers of context. Therapist and clients learn to interrupt and break patterns and to reflect on contextual forces; from culture, class, gender and ethnicity, that shape our daily speech-activities in social life. Therapist and clients learn to make a difference and inquire the effects on all participants in the multi-actor network. This systemic and collaborative research has a profound therapeutic effect. Participants learn to give and receive feedback and they experience transformations as a result of that. Participants learn in a spontaneous interplay (deutero learning) and by structured analysis, reflection and co-construction (meta-learning) to expand and conserve response-abilities and response-space, thereby finding multiple ways to approach living together.



**Navigating on the basis of coordinated improvisation, collaborative learning and mixed-methods research, in Feedback-informed Systemic Therapy.**

*How does a therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?*

First, I had to define practices of navigating in a therapy process. I navigate when I respond to complexity by trying to get control or by moving within a flux, with or without reflection on what is happening. A response is effective when there is a fit within the system and an opening space to new connections or meaning.

<b>Navigating</b>	Not reflected	Reflected	Fit	Opening space
In control	<b>Reactive</b>	<b>Directive</b>	Yes/no	Yes/no
In a flux	<b>Spontaneous responsive</b>	<b>Reflexive</b>	Yes/no	Yes/no

Fig 2. Navigating complexity (repeated p.57)

I distinguish:

1. Spontaneous responsive. In Jenny’s case: I felt cold and alone.
2. Reactive: In Geraldine’s case I wrote a ‘too personal’ message in an email.
3. Directive: In Geraldine’s case I gave instructions on what to do when she expressed suicidal intent.
4. Reflexive: In Ian’s case I encouraged Ian to discuss his assumptions about ‘being man-like’ with his father, without taking on that role myself. In Lisas and Ynass’ cases reflections afterwards made me aware of the possible impact of intersectionality in processes of subjectivation.

In section E I assembled multiple conclusions as an answer to my research question. I co-constructed a rhizomatic story (Deleuze & Guattari, 1987); a crazy patchwork (Sermijn, 2015) out of generative storylines, reflections and questions. Nevertheless I emphasize three discoveries that I consider as surprising and meaningful that shape my practice as systemic therapist.

- (1) 'Playful differences. What impressed me the most doing research is the effect that apparently small playful differences can make to a difference that matters, which become the tipping point in the process of transformation. Playful differences make a difference when there is a fit and an opening space for new connections and meaning within the system.
- (2) Collaborative inquiry. The idea of Practice Based Evidence Based Practice emerged in the process of my practice-based research. Therapy and research intertwined with each other. The involvement of family members as co-researchers, looking to measurements, discussing collaboration, reading transcripts of conversation was therapeutic and effective. In the process of third order learning participants learn in a spontaneous interplay (deutero learning) and by structured analysis, reflection and co-construction (meta-learning) to expand response-abilities and response-space finding multiple ways to go and live together otherwise.
- (3) The answer on my research question: *'How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed methods research in Feedback-informed Systemic Therapy'* is asking and answering the research question: *'How does a family therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed methods research in feedback informed systemic therapy'*. The therapist trustworthy navigates by doing practice based, collaborative and generative research, using outcomes and reflections as navigation tool, over and over again. At the end of my research project I believe I can substantiate that PBEBP provides accountability and 'validity from within' in the process of collaborative learning in singular and complex events' (p.250, 251).

### **Validity from within (III)**

The output of research is input for therapy in the process of collaborative learning. I didn't want to do outcome research in order to gain evidence for the effectiveness of FITS in general. I wanted to describe a procedure for systemic family therapy and practice based research for unique families in therapeutic alliances, in singular events, in unpredictable circumstances within societal and cultural contexts. Outcomes of

quantitative measurements are conversational tools (Sundet, 2012) in evaluative conversations.

With FITS as PBEBP I wanted to produce 'validity from within'. From a systemic perspective there is no objective stance, outside the realm of judgement and bias. The results of my research can't be reduced to single conclusions and generalised to other or different domains of operation. We explain our experiences with experiences within conversations in communities of care/ concern. A generative mechanism, 'a process that if it were to take place, the result would be experience to be explained' (Maturana & Verden-Zoller, 2008:15), is valid when accepted by an observer (in conversations within communities of care/ concern).

'we use the coherences of our seeing, our touching, and our measuring as we formulate describe or present what we want to explain... to propose a generative mechanism that will be our explanatory proposition' (Maturana & Verden-Zoller, 2008:15).

In FITS as PBEBP a therapist produces 'validity from within' when therapist and clients experience regularities and coherences explaining progression accepted as such in conversations within communities of care/ concern (therapists professional community and family's social community).

### **An ecosophy**

In my thesis I integrated cybernetics and social constructionism in systemic theory. Both epistemologies aren't contrary, but complementary. New-materialism (Barad, 2007, Braidotti, 2011, 2013) could be the bride in between. Systems intra-act (Barad, 2007) within systems, determined both by structure and meaning. Every becoming of an event happens moment by moment, spontaneously, in a multi actor network, as a result of intra-acting structural determined, response-able systems (composed unities of components) within a response-space, a culture (closed network of conversations) that permits, limits and validates the conservation, expanding and development of relational ways of living together otherwise, within a the bio-cultural matrix that embeds.

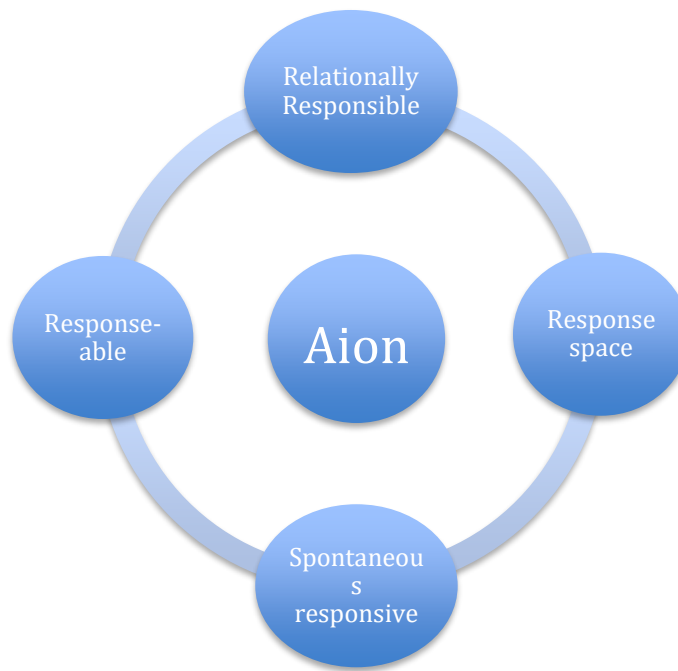


Fig. 23. Structure- and meaning-determined responsiveness

Inspired by the philosophy of Deleuze I made cartography of an ecosophy conceptualising structure- and meaning-determined responsiveness. Deleuze uses the ancient Greek concept 'Aion' to describe 'life force' that runs through everything. By centring 'Aion' I carry out an 'affirmative account of life'. Everything is related and spontaneously responsive in relation to other entities. Responses are structure-determined by systems and their response-abilities. Responses in intra-actions have many unintended side effects. We become (relationally) response-ible when we are systemically aware of those side effects and when we ask ourselves how we contribute making better social worlds (Pearce, 2007). The response-space (system of meaning) defines why and how we intra-act and what the expectation is of our doings. Response-space is a result of negating space to become multiple and taking a relational responsibility within a community of care/ concern.

1. Spontaneous responsiveness. When I feel an invitation and respond spontaneously without reflection. In Lisa's case I responded confused and interested when Lisa said: 'I don't believe that anybody is real. Everybody is acting. People create themselves. I didn't create somebody successful yet' (1502:8.4). In Susan's Case I suddenly asked Susan (dressed in baggy clothes): 'Will I ever see you in a summer dress' (1503:11.6)?

2. Response-abilities. We intent to expand and conserve a reservoir of response-abilities. In Jenny's case mother tells about different participations in preferred patterns: 'Your father speaks up, I'm letting go and you are growing up, dear Jenny' (1501:7.1).
3. Response-ibility. In Eline's case I don't want to engage in patterns where her mother's voice is silenced to avoid conflict, in the context of a history of family violence. I encourage and support her mother to speak out about her worries to the stepfather (1606:10.5). Through reflection, for example in Lisa and Ynass'cases, I learn to be aware of the possible impact of insectionality in proesseses of subjectification.
4. Response-space. In Susan' case she doesn't share her story with her father, thinking: 'He would not understand' (1503:5.0). Later father tells Susan: 'I didn't like to go outside either. I was not afraid but I didn't feel comfortable talking with other people. I know more of what you feel than you think I do' (1503:12.9).

### **PBEBP an alternative to standardization**

PBEBP could be an alternative to standardization of models in mental healthcare. No one really knows if an Evidence Based Protocol (proven evident in different situated contexts) works for this therapist with this family in their unpredictable circumstances and complex contexts. PBEBP enables therapist, clients, and managers, to make adjustments based on outcomes and meaning-making in conversations between participants. In Johnny's case (1504) a lack of progression led to the decision to start a more intensive home-based family treatment. In Susan's case (1503) a lack of progress meant stabilization, which was positive after long-term treatments for anorexia. PBEBP offers accountability, transparency and opportunities to learn how to learn for all participants in the multi-actor-network.

### **Critique and questions**

Critique and questions came up in conversations about FITS as PBEBP with colleagues that inspire me in my work. Peter Rober pointed out the risks of using diagrams as indicators for change. For example, when Jenny asks: 'What is a good result?' (1501:0.5) she attributes 'her own experience of self' to an oversimplified representation. When we consider calculations to be objectified representations of life, we disqualify singular and

personal 'moment-to-moment experiences' (Shotter, 2016). This can be seen as a dehumanizing practice. However, I have used the diagram emphatically as a conversational tool and as an entrance to dialogue. By doing that, I personally bear the risk and worry of producing a dehumanizing experience.

I was very touched by the supervision I got from John Shotter on skype, months before he died in 2016. Shotter expressed his doubts about the value of analysing transcripts. He asked me: 'What do you think you can find by analysing this transcript that has anything to do with whatever happened in that situated conversation, at that time?'. Shotter inspired me to research 'the living moment', to read the transcript out loud trying to grasp what happens to me in that moment of reading it.

Rolf Sundet (2012) responded to my article (van Hennik & Hillewaere, 2017) and writes in an email: 'I wonder how much should I accept the evidence-based liturgy of modern psychotherapy research? The coupling of diagnosis, medical models and RTC's does not seem to have much empirical support anymore'. Sundet asks how PBEBP can help challenging the mainstream way of looking at psychotherapy and research. 'I believe we need models and ways of thinking that include high degrees of complexity and your model is fascinating in that respect'. Sundet also asks: 'One question is can it become too complex? How easy is it to talk with the family about all the information you generate?'

Sundet encourages me to promote PBEBP as an alternative for the standardization of EBP's. Systemic practitioners could become researchers of their own practice and clients could become co-researchers in the process of systematically learning how to learn. I do realise that the way I have used it in my research project is too intensive and complex a task for systemic practitioners in their daily work. FITS as PBEBP is only an alternative when it can be useful in a more comprehensible way.

### **Follow up**

PBEBP could be an alternative for standardization. I want to promote this way of practice based, collaborative and generative research to systemic practitioners in the field of mental healthcare. I wrote a chapter in a Dutch/Belgium book about Narrative and Dialogical Therapy (van Hennik, 2017) and an article in the Journal of Family

Therapy (van Hennik & Hillewaere, 2017). I gave many workshops, for example at the Systemic Postgraduate Research Conference at the University of Bedfordshire in Luton (2015), the European Conference of Narrative Practice in Barcelona (2016) and at the European Conference of Qualitative Inquiry in Leuven (2018). I supervise five systemic practitioners doing FITS as PBEBP. I support PBEBP research about inpatient-family-treatment at the youth-care organisation Just in Breda. Because we want practitioners to do research themselves I have suggested a more comprehensible manual doing FITS as PBEBP.

<b>When</b>	<b>What</b>	<b>Research question</b>
Before, halfway and at the end of treatment	<ul style="list-style-type: none"> <li>- R.O.M. (CBCL, OBVL, YSR),</li> <li>- Score-15</li> <li>- FGRL</li> </ul>	Outcomes, developments
Every session	<ul style="list-style-type: none"> <li>- CDOI</li> </ul>	Collaboration and developments
After every 3 sessions	Evaluation	How do we collaborate effectively?
Halfway and before ending treatment	Evaluation using outcomes, rates in lists	How do we improve effective collaboration?
During 1 or 2 evaluative sessions	Audio record the conversation	How do we learn how we learn?
Supervision/ intervision team	Reflexive conversations	<ul style="list-style-type: none"> <li>- What is the invitation the therapist feels?</li> <li>- What pattern is sustained?</li> <li>- How to make a difference?</li> <li>- What are effects in the system?</li> </ul>
Evaluation treatment unit (therapist/ clients)	Reflexive conversations	<ul style="list-style-type: none"> <li>- Recognize unwanted unproductive patterns</li> <li>- Recognize preferred productive patterns</li> <li>- How does everybody contribute in those patterns</li> <li>- How can we improve our collaboration?</li> <li>- How can we learn how we learn?</li> </ul>
Afterwards	Collecting empirical material in mixed methods research.	<ul style="list-style-type: none"> <li>- Collaboration, developments, effects and learning how we learned.</li> </ul>

Fig 24. Manual PBEBP Research

## Letter to an audience (fragment)

Utrecht, 13 January 2018

This letter is addressed to parents, young adults and children with client-experience doing FITS and also to an organisational manager, a researcher and a systemic family therapist colleague. You were an imaginary audience, always on my mind, when I wrote my thesis.

I don't want my thesis to be some isolated intellectual performance only dedicated to Robert getting his doctorate. I do hope this work is alive and connected, a conversation within conversations. I do hope this work contributes to co-creating therapy and research practices in which therapists and clients collaboratively inquire how they collaborate and develop ways they can learn how they learn.

This work matters if it matters to you. That's why I wrote you this letter. In this letter I summarize intentions, inspirations, concepts, practices, experiences, reflections and questions in relation to the research project 'FITS as a Practice Based Evidence Based Practice'. I will read you this letter, tell you my story and after reading I will be silent. I wonder what strikes or moves you when you listen to the story in the letter? I ask you if you want to talk and reflect with each other. I will listen, won't join the conversation. I'll audio record the conversation and use quotes from this conversation in the final part of my conclusion. This work matters if it matters to you. Your words will be the last words of my thesis.

More than four years ago I sent my curriculum vitae to the University of Bedfordshire in Luton. I was so very happy when I was accepted in the programme: 'Professional Doctorate in Systemic Practice' .....

## Witness Response (fragments)

Manager: *As Roberts and Bruno's manager I didn't want to control them in whatever they wanted to do. I suggested they should explore the organisation, have conversations and find out themselves. Just as Robert does, I believe that I can't change people in organisations. If I leave space and give trust people learn by themselves in conversations, anticipating what happens.*

Young adult: *That's important in therapy too. A therapist can't make change happen, he can trust me to be able to make it myself.*

Manager (to young adult and adolescent): *What do you think is helpful being in therapy?*

Adolescent/ daughter: *That I could reveal my heart.*

Manager: *What is the difference between talking to a therapist and talking to your best friend?*

Adolescent/ daughter: *He keeps on asking questions, questions that matter.*

Manager: *What was the best question he asked your parents?*

Adolescent/ daughter: *I don't remember.*

Colleague therapist: *You don't tell us he gave the right advise. You tell us he asked the right questions.*



Father: *I learned a lot from Robert, also because of who he is, his aura or personality I guess. I learned when I saw him asking questions to our daughter.*

Manager: *So therapeutic success is also an effect of the therapist's personality, Robert being warm.*

Parents, daughter and young adult: *Yes*

Mother: *Most important was his feeling of trust. Sometimes we were at the bottom. Because he could see and believe in a way out we could see and believe it too.*

Mother: *Humour and laughter were important too. Even when things were very heavy, there was a lot of imagination and playfulness*

Colleague therapist: *Robert was doing collaborative research. What did you notice?*

Mother: *We had to evaluate therapy every time, talk about our collaboration, his contribution in that collaboration.*

Father: *Looking at the diagram gave us guidance.*

Mother: *We could see and talk about the differences in the scores*

Manager: *Were there times when the scores were negative?*

Adolescent/ daughter: *No*

Young adult: *I had negative experiences with another therapist*

Researcher: *Did that other therapist ask for feedback*

Young adult: *No she didn't*

Colleague therapist: *I once had a positive experience with negative feedback. I was supportive to a daughter who claimed her problems were very small. Her mother was angry with me for supporting her daughter. She didn't feel understood. I could listen to mother. After evaluation our collaborative relationship was improved.*

Father: *You learn in therapy when you dare to talk about what really is happening, in life, and also happening in therapy.*

Researcher: *The therapist must be able to be vulnerable, open to learning from the family members. If both therapist and family members can talk about what is really happening for them, then they can both learn, then they learn in two directions.*

Manager: *What do you, as researcher, think of Roberts's research.*

Researcher: *His research started because he was irritated by the impact of research on his work. He wanted to bring research closer to practice. I don't think you can bring it closer to practice than he did. The output of research is instantly applicable in practice. I like that.*

*His enthusiasm is contagious. More colleagues started to use feedback forms because of Robert's enthusiasm about his work.*

*Manager: Some therapists tell me their clients don't want to score lists.*

*Father: I think they never asked. It is easy to do.*

*Mother: In the beginning I was not aware how helpful it is, scoring those lists. It takes a while. You need to see the differences, the line going up and down in the diagram to see the developments, to see what is happening. I didn't realise we were doing research after a while.*

*Colleague therapist: It is what Robert told us in the letter. Doing therapy and doing research got intertwined.*

*Mother: Robert asked how we thought the other ones were doing. I think it is difficult for children to tell how parents are doing.*

*Adolescent/ daughter: No it isn't*

*Manager: Did you know?*

*Parents and daughter: yes (laughter)*

*Young adult: I felt unseen. I felt Robert could see me and could see myself through his questions. There was no judgement. Nothing is terrible. I experienced trust in my capacities to get on myself*

*Mother: The problem was not in the centre. That was crazy in the beginning.*

*Adolescent/ daughter: I used to say I am doing so much better because of Robert. But now I'd rather say Robert made the first move but we scored our goal.*

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## **Appendices**

### **Navigating complexity in feedback informed systemic therapy**

#### **Content:**

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## **(1) Ethical form**

(Based on my IASR Ethics form, 2014, which was approved by The Ethics Committee of the Institute of Applied Social Research at the University of Bedfordshire on March 14<sup>th</sup> 2015)

### **Research question:**

*How does a therapist navigate on the basis of coordinated improvisation, collaborative learning and mixed-methods research in Feedback-informed Systemic Therapy?*

### **Target group or sample**

I have generated a **sample of 8 families** out of a pilot-study FITS family therapy an research accomplished in two different specialized youth mental healthcare organisations, De Viersprong and Intermetzo, in the Netherlands These families were referred to those organisations for diagnostics, consultancy and therapy. After assessment there was **an indication** given for systemic family therapy.

FITS is indicated for families with children, in between 12 and 23 years old.

Children show serious emotional and social and behavioural problems, like aggression, depression or chronic omission from school. There are complex family problems, related to trauma, divorce and mental health problems of parents. Parents often feel powerless and react with anger, aggression or by withdrawal.

In the first therapy session of FITS I provided information about FITS and the research project. I asked for consent using information as data in my research. 8 families gave permission to use treatment information in my research and thesis.

### **Informed consent**

Families looking for help are requested to sign an 'agreement form' before they get an invitation for assessment. After an initial assessment, therapists advise and negotiate the type of therapy that meets with quests and fits with hypotheses and diagnosis.

When FITS family therapy is indicated we invite family members for the first session. In this first session I give them an information sheet about FITS, ask if they **agree to do FITS** and I report the decision in the file we use. I ask families if I can use treatment information in the research project I am undertaking. I give them **information and consent sheets** (for adolescents and adults) about my research project (see appendix 2 & 3).

In FITS therapist and family members learn to collaborate based on the feedback given. They consider finishing therapy when there is too little or enough improvement noticed. Family members who participate in the research project are allowed to end their participation whenever they want to. Participation in the research project has no consequences for the therapy given.

### **Data collection methods**

I worked with a mixed-methods (**quantitative and qualitative**) research approach. (For my research design, see Section C.)

### **Answers to questions in the IASR Ethics form Bedfordshire University, 2014**

**'Answer the following questions by checking 'yes' or 'no' and supplying any additional information as required**

1) Does the study involve children (anyone under 18 years), vulnerable participants or those who are unable to give informed consent? *[Please consult the notes on researching with children and young people and the list of those who may be considered 'vulnerable' at the end of this form before completing]*

**YES X**

We work with families with children (12 to 23 years). The identified patient will be a child at the age of 12 or older.

When FITS- Family Therapy starts I'll give information sheet (appendix 2) about the therapeutic method on paper and talk about this in a way children can understand. After that I'll talk about my research project. I designed an information and consent form (appendix 3.) about the research project. It is written in a way that adolescents and parents can understand. Adolescents should know that their participation in the research project has no consequences for therapy, that personal information will be protected and that they can end participation whenever they want to.

I'll ask children their consent. When we work with children between 12 and 15 we also need a parental consent. As a family therapist I am responsible to talk in way that everybody can be heard and understand. Drawing is an important part of communicating in family therapy.

After I have given information I will ensure that all participants have understood their involvement in this study before they sign the consent form.

- If YES: Have/will researchers been DBS checked? (*obligatory*)

**YES X (In the Netherlands this is a VOG)**

VOG means 'Declaration about Behaviour'. The VOG is given by a Governmental Department of Justice. It shows that the employee has no criminal record and allows him/ her to work with children.

If you are researching with children/young people, what is your target age group?  
12 years and older.

2) From whom will consent be sought and how is consent to be given? (*it is anticipated that written consent will be sought in most circumstances*)

All family members who look for help at the Viersprong sign a form (addition nr.1) in which they agree that De Viersprong follows all therapies with Outcome Measurement (ROM, ORS,SRS, SCORE-15). We confirm that we keep outcomes safe in protected files. We generalize anonymous outcomes in scientific studies at De Viersprong. Our clients are informed on paper and in the conversations about this and sign an agreement.

In my research proposal I add qualitative research to the project. I'll give every participant an information and consent form (addition form 2.) in which I explain how the research is done. I'll tell them that I want to audio tape two sessions in which we evaluate the outcomes and collaboration in therapy. I will give written reflections back to the families after processing it for research. Families doing FITS are free to decide if they want to participate in the qualitative research. They can sign to agree or disagree. Family members will be reassured that their decision will have no effect on the treatment provided.

3) Is participation voluntary?

**YES**

4) Will it be necessary for participants to be involved without consent? (eg covert observation in public places)

**NO**

5) Will the study make use of gatekeeper(s) to access participants?

**YES**

6) Will the study include participants or involve accessing information or case files pertaining to those who are part of your client group, case load or with whom you are working?

**YES**

- If YES: How will you obtain their consent to use information about them, access their files or otherwise participate?

My colleague Bruno Hillewaere and I have access to each other's case files. We work in the same team in the same organisation. We discuss our cases together. Recording therapy sessions and reflecting on these recordings is part of our daily work.

7) Will the study be exploring 'sensitive' topics?

**YES**

8) Will the research investigate involvement in any illegal activity?

**NO**

9) Will any incentives or rewards be offered for participation?

**NO**

10) Is the research likely to cause any distress to participants?

**NO**

11) Will arrangements be made to support participants after their involvement in fieldwork if necessary?

**NO**

No, because there is no difference from those who do and do not agree to use audio taped sessions for the research project. Recording therapy sessions and reflecting on these recordings is part of our daily work. Family member who gave permission are allowed to read the processed information used in research.

12) Will the research involve intrusive interventions? (eg provision of drugs to participants, hypnosis, physical exercise, blood or tissue sampling)

**NO**

13) Will the research involve any participants from the NHS (patients or staff)

**NO**

All research work is done in state run institutes for mental healthcare (De Viersprong & Intermetzo). We do research to our therapeutic approaches. Both organisations have their own research department. I had permission from both research departments to research FITS.

14) Will the study involve clients or workers of a Local Authority?

**NO**

15) Will ethical approval for the project be sought from any other source?

**NO**

16) Summarise below any ethical issues involved in your proposed research and state how you intend to address them, paying particular attention to any of the questions to which you have answered '**yes**' above. Provide as much detail as you can about your project here.

## **Summary**

### Introduction:

I, Robert van Hennik (together with Bruno Hillewaere) initiated the development of a new systemic approach in psychotherapy: Feedback Informed Integrative Therapy within Systems (FITS). I work as systemic therapist, teacher and supervisor in (name of organisation). (Name of organisation) is a highly specialized institute for mental health care where patients are referred to nationwide. Treatment services include outpatient, day hospital and inpatient psychotherapy.

In January 2015 Van Hennik and Hillewaere started a pilot, developing, performing and researching feedback informed integrative family therapy. During the pilot we offered FITS-family therapy to 25 families. I added practice based quantitative and qualitative research the project. I suggest that a mixed-methods approach enables us to learn about a therapists navigation and collaborative learning based on feedback and (inner and outer) dialogues.

#### Informed consent:

All family members who seek help at (name of the organisation) sign a paper in which they agree that the organisation can monitor the therapeutic process with (Routine) Outcome Measurement (ROM, CDOI, FGRL). We confirm that we keep outcomes safe in protected files. We generalize anonymous outcomes in scientific studies. Our clients are informed on paper and in the conversations about this and sign an agreement for this.

After assessment families can get an indication for FITS Family Therapy. Family members get an information folder about FITS. In the first session I'll ask family members if they want to participate in my research to FITS. I'll give every family member an information and consent sheet (appendix 2 & 3) in which I explain how the research is done. I'll tell them that I want to audiotape two sessions in which we evaluate the outcomes and collaboration in therapy. I will return written reflections to the families after processing them for research.

Families doing FITS are free to decide if they want to participate in the qualitative research. They can sign to agree or disagree. I'll ask children their consent. When we work with children between 12 and 15 we also need a parental consent (appendix 2 & 3) All family members should know that their participation in the research project has no consequences for therapy, that personal information will be protected and that they can end participation whenever they want to.

#### Confidentiality and data access:

All therapies at De Viersprong & Intermetzo are given under the supervision of a senior psychotherapist. I am a professionally trained systemic therapist and comply with a professional code about confidentiality.

All personified information will be stored in the personal files. Clients are allowed to see and read these files every time they want to.

I'll separate research data from clinical treatment information. The audio taped information that I process in my research will be coded. Every family member will get a unique code. All the information that I use for writing rapports and publications will be coded and anonymous.

#### Data after completion of the project

All Outcome measurements (ROM, CDOI, FGRL) stays in the personal files in the organisation. All audio taped information will be wiped out three months after taping it. The transcripts will be coded and will be published as part of my thesis.

## **(2) Information Sheet** (Translated from Dutch)

### **FITS Family Therapy**

#### **Information sheet**

In this information sheet I'll give information about scientific research done at the (name of the organisation). We want to ask family members joining FITS-Family Therapy to participate in this research project. We want to ask you to read this information to make an informed decision. The decision (yes or no) has no influence on the therapeutic process itself. Please ask me questions if you need more information about the research done.

#### **The organisation**

The organisation (De Viersprong, Intermetzo) seeks to promote the mental health of people by providing diagnostic and treatment services, conducting scientific research and developing new treatments or adapting existing programs to new target populations. FITS- Family Therapy is a new treatment and we want to gain knowledge how this method is effective and satisfying for family members who seek for help at our organisation.

#### **Who am I?**

My name is Robert van Hennik. I work as a family therapist. Together with colleague Bruno Hillewaere we developed the FITS-Family Therapy Method. I am doing a professional doctorate in systemic practice at the University of Bedfordshire in Luton, England. In this doctorate I want to research how FITS family therapy works.

#### **What is FITS?**

FITS means: 'Feedback Informed Therapy within Systems'. We believe that good results in therapy are the effect of collaboratively learning and the use of feedback on the process. With collaboratively learning we mean inclusion of all wisdom available, a mixture of professional and personal knowledge and 'lived' experience, in our conversations. With feedback informed therapy we intend to use all our feedback on outcomes and collaboration to decide what to do differently in the next therapy session. In FITS Family Therapy we put these factors central. More information about FITS-Family Therapy is written in the folder (given in the first therapy session).

#### **What is this research about?**

The organisation follows all therapies with Routine Outcome Measurement. This means that every family member fills in forms about current symptoms and developments. You already signed for ROM research in the papers we use in our intake procedures. ROM is used to know how many of our clients improve by our therapies. In the research project for FITS Family Therapy we want to include more information. We want to know if FITS works, but also know how it works. Therefore we would like answers to questions like:

1. What were important turning moments in therapy?
2. How did therapist and family members cooperate in these moments?
3. What did you learn from feedback on the process?
4. What do you think the therapist learned from feedback on the process?
5. What could have been better?

#### **What do I have to do?**

We believe we can learn from family members their feedback and improve our ways of working with families in therapy by it. This research is done by taping two sessions in which we evaluate the outcomes and collaboration in FITS Family Therapy. We write down the whole conversation in a transcript and analyse the cooperation between therapist and family members. When you make an informed consent to participate in my research project you give me permission to audio tape two conversations and to analyze the recordings. There is nothing more to do.

#### **What happens to the information I give?**

Confidentiality is a respected part of our work as therapists. Laws and professional codes are in place to protect your privacy. Only in case of serious danger we are allowed to breach confidentiality. You can read about these at our website (site).

In my research I tape two sessions in which we evaluate developments and collaboration in FITS Family Therapy. I



write down the whole conversation in a transcript. In this transcript I replace names and use unique codes for every family member. The tapes will be destructed after the transcript is written. All personal information will be protected in the personal case file you have at our organisation. Only anonymous and coded information will be used in publications about the research. A summarise and conclusion of your coded case will be sent to you later, so you can read about our findings. Before you decide to agree to cooperate in our research project we will talk about it and I will tell you about our ethical rules in scientific research.

### **What if I don't want to be involved in the research?**

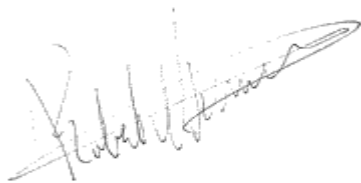
Please feel free in the decision you make about participation in the research project. Whether to participate or not has no consequences for the therapy given. Everybody's consent is important. I won't use any information given in the research project if one of the family members doesn't agree to participate.

### **What if I change my mind?**

Family members who participate in the research are allowed to end their participation whenever they want to. Participation in the research project has no consequences for the therapy given. After withdrawal I will remove all data (written transcripts of the family therapy sessions and reflections). Family members are allowed to get the transcripts.

### **Contact**

Friendly regards, Robert van Hennik (Phone & email)

A handwritten signature in black ink, appearing to read 'Robert van Hennik', written in a cursive style.

### (3) FITS Research Agreement Form (Translated from Dutch)

Dear parents, children, youngsters,

In this letter I'll give information about scientific research done at the (name of organisation). We want to ask family members joining FITS-Family Therapy to participate in this research project. We want to ask you to read this letter to make an informed decision. The decision (yes or no) has no influence on the therapeutic process itself. Please ask me questions if you need more information about the research done. The (name of organisation) seeks to promote the mental health of people by providing diagnostic and treatment services, conducting scientific research and developing new treatments or adapting existing programs to new target populations. FITS Family Therapy is a new treatment and we want to gain knowledge how this method is effective and satisfying for family members who seek for help at our organisation.

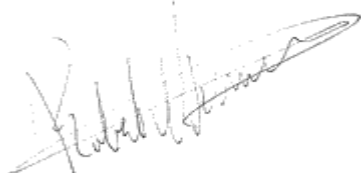
My name is Robert van Hennik. I work as a systemic family therapist. Together with colleague Bruno Hillewaere we developed the FITS-Family Therapy Method. We believe positive results in therapy are the effect of collaboratively learning through the use feedback on the process. With collaboratively learning we mean that we include both professional and personal knowledge and 'lived' experience in our conversations. With feedback informed therapy we intend to use all our feedback on developments and collaboration to learn how we learn and decide what to do differently in the next therapy session. In FITS Family Therapy we put these factors central. More information about FITS-Family Therapy is written in the folder (given in the first therapy session).

(Name of organisation) monitors all therapies by Routine Outcome Measurement. This means that every family member fills in forms about current symptoms and developments. You already signed for ROM research in the papers we use in our intake procedures. ROM is used to know how many of our clients improve by our therapies. In the research project for FITS Family Therapy we want to include more information. We want to know if FITS works, but also know how it works. Therefore we would like answers to questions like:

1. What were important turning moments in therapy?
2. How did therapist and family members cooperate in these moments?
3. What did you learn from feedback on the process?
4. What do you think the therapist learned from feedback on the process?
5. What could have been better?

We believe we can learn from family members how to improve collaboration. Doing research I tape two sessions in which we evaluate the outcomes and collaboration in FITS Family Therapy. We write down the whole conversation in a transcript. In this transcript we replace names and use codes. The tapes will be destructed after the transcript is written. All personal information will be protected in the personal case file you have at our organisation. Only anonymous and coded information will be used in publications about the research. You can stop whenever you want. A summarise and conclusion of your coded case will be sent to you later, so you can read about our findings. Before you decide to agree to cooperate in our research project we will talk about it and I will tell you about our ethical rules in scientific research.

Friendly regards,  
Robert van Hennik



Agreement about participation on the research project

Name,

Date,

## **(4) List of themes in cases**

### **Jenny's case**

#### Critical moment 1:

1501.0.1 Theme: Triadic/ systemic awareness. When I connect with one family member I do not connect with the others.

1501.0.3 Theme: Focus on unexpected, surprising (non-verbal) emotional responses

1501.0.4 Theme: Using the diagram as a development indicator

1501.0.5 Theme: Using the diagram as a development indicator. Jenny asks what is a good result; as if the diagram tells something she doesn't know herself. Dehumanizing practices?

1501.0.7 Theme: Connection by the use of humour

1501.1.0 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1501.1.2 Theme: invitation to take over responsibilities, family tasks

1501.1.3 Theme: Using the diagram as a development indicator.

1501.1.4 Theme: Invited to take an expert role, control

1501.1.5 Theme: Invitation. How can I respond differently without taking control or losing the connection.

1501.1.6 Theme: Focus on collaboration, shared responsibilities and contributions to change.

1501.1.7 Theme: Invited to take an expert role, control

1501.1.9 Theme: to make a playful difference

#### Critical moment 2

1501.2.0 Notice an unproductive pattern

1501.2.1 Noticing the unproductive pattern we are making together.

1501.2.5 Theme: inviting to see circular patterns by asking systemic/ circular questions

1501.3.0 Theme: Listening to my inner dialogue. Do I feel what is experienced in the family but hard to express?

1501:3.3 Theme: Externalization, repositioning

1501:3.8 Theme: feelings of the therapist, powerless

#### Critical moment 3

1501:4.0 Theme: Sharing inner dialogue

1501:4.1 Theme: feelings of the therapist, powerless

1501:4.2 Theme: Sharing inner dialogue and express something unsaid

1501: 4.5 Theme: Family members express (emotional) needs towards each other

1501:4.7 Theme: Family members take a responsibility for their own contribution to patterns.

1501:4.8 Theme: to make a playful difference. To say what is difficult to say in a playful way.

1501:4.9 Theme: something is happening and I don't know what it is.

#### Critical moment 4

1501:5.1 Theme: Using the diagram as an development indicator

1501:5.4 Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.

1501:5.6 Theme: How to help to identify with contributions to change

1501:5.7 Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.

1501:5.9 Learning how to learn

1501:6.0 Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.

#### Critical moment 5:

1501:6.3 Theme: Family members discuss their issues with each other

1501:6.7 Theme: Broadening the story

1501:6.9 Theme: Family members take a responsibility for their own contribution to patterns.

1501:7.2 Theme :Invite to evaluate the therapist's contribution to the process.

1501:7.4 Theme: Trust in spite of not knowing.

1501:7.5 Theme: Connection by the use of humour

### **Lisa's case**

#### Critical moment 1:

1502:0.1 Theme: Using the diagram as an development indicator

1502:0.3 Theme: evaluating the therapeutic approach

1502:0.9 Theme: Children surprise by make a difference

1502:1.1 Theme: Family members discuss their issues with each other

1502:1.7 Theme: How to make a difference by including other voices.

1502:2.1 Theme: Sharing my dilemma in the inner dialogue

1502:2.2 Theme: Looking for a Yes response about a way to go on in collaboration

1502:2.3 Theme: Pain is a testimony to something precious under pressure (Michael White)

1502:2.8 Theme: Dilemma of change (Peggy Papp)

1502:3.1 Theme: repositioning

1502:3.4 Theme: Dilemma of change

1502:3.7 Theme: Triadic/ systemic awareness.

#### Critical moment 2:

1502:4.0 Theme: Focus on unique (positive) outcomes

1502:4.5 Theme: Looking for a yes response, shared understanding on what happens.

1502:5.4 Theme: inviting to reposition.

1502:5.7 Theme: externalization to reposition

1502:5.9 Theme: inviting to reposition.

1502:6.3 Theme: Looking for a yes response, shared understanding on what happens.

#### Critical moment 3:

1502:6.5 Theme: Looking for a yes response, shared understanding on what happens.

1502:7.0 Theme: Children surprise by make a difference

1502:6.6 Theme: Challenging 'taken for granted' ideas about authenticity and assertively

1502:7.5 Theme: Family members discuss their issues with each other

1502:8.1 Theme: Invited to take an expert role, control

1502:8.4 Theme: Children surprise by make a difference

1502:9.2 Theme: Looking for a Yes response about a way to go on in collaboration

1502:9.4 Theme: Children's playfulness makes a difference

1502:9.7 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

#### Critical moment 4:

1502:9.6 Theme: Using the diagram as a development indicator

1502:9.7 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1502:10.3/10.8 Theme :Invite to evaluate the therapist's contribution to the process.

#### Critical moment 5:

1502:12.0 Theme: Focus on the experience in the here and now

1502:12.8 Theme: inviting to see circular patterns by asking systemic/ circular questions

1502:13.1 Theme: Invited to take an expert role, control

1502:13.6 Theme: Inviting more (background) voices

1502:13.7 Theme: inviting to see circular patterns by asking systemic/ circular questions

1502:14.0 Notice an unproductive pattern

1502:14.3 Noticing the unproductive pattern we are making together.

#### Critical moment 6:

1502:14.4 Theme: Focus on unexpected, surprising (non-verbal) emotional responses

1502:14.6 Theme: invitation to take over responsibilities, family tasks.

1502:14.7 Theme: Inviting family members to discuss issues with each other

1502:15.3 Theme: Making a playful difference

1502:15.5 Theme: Broadening the new, alternative narrative

1502:16.0 Theme: Children make a playful difference

1502:16.1 Theme: Triadic/ systemic awareness.

1502:16.4/ 17.0 Theme: Invite to acknowledge/ identify with contributions to change

### **Susan's case**

- 1503:0.1 Theme: Using the diagram as an development indicator
- 1503:0.3 Theme: Inviting to identify with contributions to change.
- 1503:0.8 Theme: A response based approach
- 1503:1.1 Theme: Externalization to reposition
- 1503:1.3 Theme: A playful difference
- 1503:1.7 Theme: Focus on unique (positive) outcomes
- 1503:1.9 Theme: Invite to acknowledge/ identify with contributions to change
- 1503:2.2 Theme: Learning how to learn
- 1503:2.4 Theme: Focussing on the collaboration together in therapy.
- 1503:2.5 Theme: Evaluating the contribution of the therapist
- 1503:2.7 Theme: Broadening the new, alternative narrative.
- 1503:2.9 Theme: Externalizing to reposition

### **Critical moment 2:**

- 1503:3.1 Theme: Evaluating the therapeutic approach
- 1503:3.1 Theme: Making a playful difference, using details
- 1503:3.4 learning how to learn
- 1503:3.5 Theme: Evaluating the contribution of the therapist'
- 1503:3.5 Theme: a playful difference 'the little girl with the tube in her nose
- 1503:3.6 Theme: Triadic, systemic awareness
- 1503:3.8 Theme: The importance of an acknowledging audience
- 1503:4.0 Inviting to see circular patterns by asking systemic/ circular questions
- 1503:4.4 Theme: Inviting family members to discuss issues with each other
- 1503:4.6 Theme: Focus on unexpected, surprising (non-verbal) emotional responses
- 1503:5.1 Theme: Help me to understand
- 1503:5.5 Theme: Focus on emotion, experience
- 1503:5.7 Theme: Triadic, systemic awareness
- 1503:5.9 Theme: Inviting family members to discuss issues with each other
- 1503:6.2 Theme: Theme: Help me to understand, a yes response to a shared meaning

### **Critical moment 3**

- 1503:6.7 Theme: The importance of an acknowledging audience
- 1503:6.9 Theme: Looking for a yes response to shared meanings, making a life-story-line.
- 1503:7.1 Theme: Broadening a new, alternative storyline
- 1503:7.2 Theme: Shared understanding, there are good reasons to do what you do.  
Repeated words become part of the storyline
- 1503:7.9 Theme: Focus on unique (positive) outcomes do not work here.
- 1503:8.2 Theme: Noticing the unproductive, paradoxical pattern we are making together.

1503:8.3 Theme: Sharing the inner dialogue, enhancing meta-communication about the paradox.

1503:8.7 Theme: discussing what happens in the therapeutic relationship in compare to other relationships

1503:8.9 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1503:9.0 Theme: Looking for a 'yes response', shared understandings

#### **Critical moment 4:**

1503:9.3 Theme: Learning how to learn

1503:9.3 Theme: Evaluating the contribution of the therapist

1503:9.6 Theme: focus on unique (positive) outcomes does not always work

1503:9.8 Theme: Sharing my inner dialogue

1503:10.1 Theme: Systemic awareness, invite parents to notice their contribution to repetitive patterns

1503:11.0 Theme: Looking for a 'yes response', shared understandings

#### **Critical moment 5:**

1503:11.2 Theme: Help me to understand you, looking for shared understandings

1503:11.6 Theme: Sharing my inner dialogue, something that pops up, without reflection

1503:11.7 Theme: A playful difference

1503:12.0 Theme: A difference by playfulness

1503:12.5 Theme: Provoking to reposition

1503:12.6 Theme: Dilemma of change

1503:12.9 Theme: Family members discuss their issues with each other

#### **Johnny's case**

1504:0.1 Theme: Using the diagram as an development indicator. Reflection: Discussing the meaning of differences in scores.

1504:0.5 To express what is difficult to say in a playful way.

1504:0.7 Theme: Focus on unique outcomes, positive developments

1504:0.9 Theme: Focus on family members contributions to change

1504:1.2 Theme: Noticing unproductive patterns

1504:1.3 Theme: Focus on voices at the background

1504:2.0 Theme: To express what is difficult to say in a playful way

1504:2.3 Theme: To express what is difficult to say in a playful way.

1504:2.6 Theme: How to escape a single story?

#### **Critical moment 2:**

1504:3.6 Theme: inviting to see circular patterns by asking systemic/ circular questions

1504:4.4 Theme: Invitation. How can I respond differently without taking control or losing the connection.

1504:4.6 Theme: Focus on the sequence of intention, expression and effect

1504:4.8 Theme: Sharing inner dialogue, focus on what is experienced but hard to express.

1504:5.0 Theme: Triadic, systemic awareness.

1504:5.6 Theme: Noticing the unproductive pattern and the therapists contribution to it.

1504:5.9 Theme: Looking for a Yes response about a way to go on in collaboration

### Critical moment 3:

1504:6.4 Theme: I feel an invitation to take over family therapy tasks, responsibilities

1504:6.7 Theme: Systemic, triadic awareness

1504:7.2 Theme: Evaluation of effects and expectations FITS therapy

1504:7.5 Theme: Invitation. How can I respond differently without taking control or losing the connection.

1504:8.0 Theme: There therapist is invited in the same role as the child, experiences what is unexpressed in the family.

1504:8.5 Theme: Looking for a yes response to a shared understanding, or way to go on together.

## **Case of Geraldine**

### Critical moment 1:

1605:0.1 Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.

1605:0.5 Focus on unexpected, surprising (non-verbal) emotional responses

1605:0.8 Theme: Therapist's contribution to help members to discuss their issues with each other

1605:0.9 Theme: Therapists contribution in a collaborative approach

1605:1.4 Theme: Learn to see behaviour as communication and to understand what is expressed and received.

### Critical moment 2:

1605:1.9 Theme: Therapists contribution in a collaborative approach

1605:2.2 Theme: using the inner dialogue, the personal voice of the therapist. (reactive in this case)

1605:2.5 Theme: Presence of the therapist

### Critical moment 3

1605:3.2 Theme: Presence and dependency of the therapist

1605:3.4 Theme: Sharing inner dialogue and being present

1605:3.9 Theme: Sharing inner dialogue and express something unsaid

1605:4.1 Theme: invitation to take over responsibilities, family, social system tasks



1605:4.3 Theme: discussing what happens in the therapeutic relationship in compare to other relationships

1605:5.0 Theme: discussing what happens in the therapeutic relationship in compare to other relationships

1605:5.5 Theme: Sharing inner dialogue and express something unsaid

1605:5.7 Focus on (unexpected, surprising) (non-verbal) emotional responses

### **Eline's case**

#### Critical moment 1:

1606:0.1 Theme: Using the diagram as an development indicator

1606:0.3 Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.

1606:0.4 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:0.5 Theme: inviting to see circular patterns by asking systemic/ circular questions

1606:0.6 Theme: Children surprise by changing the subject

1606:1.4 Theme: Unique outcomes

1606:1.4 Theme: Invitation to emphasize positive developments

1606:1.5 Theme: Externalization to reposition

1606:2.1 Theme: identify with contributions to change

1606:2.2 Theme: externalization to reposition

1606:2.3 Theme: Children's playfulness makes a difference

1606:2.9 Theme: broadening, enriching an alternative story

1606:3.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

#### Critical moment 2:

1606:3.4 Theme: Children surprise by changing the subject

1606:3.6 Theme: therapist's interpretation of what happens

1606:4.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:4.1/ 4.3 Theme: Externalization to reposition

1606:4.5 Theme: Invitation to sustain unproductive patterns

#### Critical moment 3:

1606:4.6 Theme: Evaluating collaboration together in FITS

1606:5.0 Theme: Focus on what happens in the therapeutic relationship

1606:5.6 Theme: identify with contributions to change

1606:5.8 Theme: The unsaid, what is difficult to express

1606:6.0 Theme: Family members discuss their issues with each other

1606:6.1 Triadic/ systemic awareness.

1606:6.3 Theme: Notice new productive patterns

1606:6.7 Theme: Broadening, enriching the narrative

1606:6.8 Theme: Triadic/ systemic awareness.  
1606:6.9 Focus on collaboration, shared responsibilities and contributions to change.  
1606:7.1 Theme: Looking for a Yes response about a way to go on in collaboration

Critical moment 4:

1606:7.4/7.7 Theme: Children surprise by changing the subject  
1606:7.9 Theme: Children's playfulness makes a difference  
1606:8.1 Theme: to make a playful difference  
1606:8.5 Theme: Triadic/ systemic awareness.  
1606:9.1 Theme: invitation to take over responsibilities, family tasks. Here I do take over, a reactive response.  
1606:9.5 Theme: invitation to take over responsibilities, family tasks. I took over and now mother takes this role herself.

Critical moment 5:

1606:9.7 Theme: Invite family members to share and speak about important issues with each other  
1606:9.9 Theme: The unsaid, what is difficult to express  
1606:9.9 Theme: Invitation. How can I respond differently without taking control or losing the connection?  
1606:10.0 Theme: Invite family members to share and speak about important issues with each other  
1606:10.1 Theme: Invited to take an expert role, control  
1606:10.4 Theme: Invitation. How can I respond differently without taking control or losing the connection?  
1606:10.5 Theme: Invite family members to share and speak about important issues with each other  
1606:10.7 Theme: Invitation. How can I respond differently without taking control or losing the connection?  
1606:10.9 Theme: mother makes a playful difference  
1606:11.0 Theme: Looking for a Yes response about a way to go on in collaboration

### **The case of Ynass and her parents**

Critical moment: 1

1607:0.1 Theme: Systemic, triadic awareness  
1607:0.1 Theme: Yes response to a shared meaning, ways to collaborate and go on.  
1607:0.1 Theme: Invitation to take over families tasks, responsibilities  
1607:0.8 Theme: Invitation to oppose, participate in non-productive patterns. How can I make a difference, create space for more and different ways of thinking about this?  
1607:0.9 Theme: What more can we think of, stretching the response space. Space for alternative explanations  
1607:1.6 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:1.9 Theme: Yes response to a shared understanding, way of collaboration and go on together.

1607:2.0 Theme: Systemic, triadic awareness

1607:2.2 Theme: Opening space for alternative understandings

1607:2.4 Theme: Noticing unproductive patterns the therapist is contributing in.

#### Critical moment 2:

1607:2.6 Theme: Noticing unproductive patterns the therapist is participating in

1607:2.6 Theme: inviting to see circular patterns by asking systemic/ circular questions

1607:2.8 Theme: Focus on non-verbal expression, about what might be difficult to express verbally.

1607:3.0 Theme: Focus on voices at the background

16:07:3.1 Theme: Focus on experience in the 'here and now'.

1607:3.6 Theme: Focus on non-verbal expression, about what might be difficult to express verbally.

1607:3.9 Theme: Systemic, triadic awareness.

1607:4.0 Theme: Invitation. How can I respond differently without taking control or losing the connection.

#### Critical moment 3:

1607:4.4 Theme: Noticing unproductive patterns

1607:4.7 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:4.8 Theme: Family members discuss important issues together and repeat unproductive patterns.

1607:5.2 Theme: The unsaid

1607:5.6 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:5.9 Theme: Family members discuss important issues together and repeat unproductive patterns.

#### Critical moment 4:

1607:6.7 Theme: Invite to meta-communicate

1607:6.8 Theme: Learning how to learn

1607:7.4 Theme: Therapist taking position in a more directive way.

1607:7.8 Theme: Sharing inner dialogue, and invite to see the unproductive pattern we are in

1607:7.9 Theme: Children surprise by making a difference, express what is difficult to express

1607:8.2 Theme: Children surprise by making a difference, express what is difficult to express

1607:8.7 Focus: Listen to inner dialogue, does the therapist feel what is happening and unexpressed in the system

1607:9.0 Theme: Paradox of control

1607:9.4 Theme: Family members discuss important issues in a productive way

1607:9.7 Theme: Opening space for different, alternative understandings.

Critical moment 5:

1607:9.8 Theme: Focus on helping family members to speak and listen, to see intention, expression and effect

1607:10.1 Theme: Focus on non-verbal expressions

1607:10.3 Theme: inviting to see circular patterns by asking systemic/ circular questions

1607:10.4 Theme: Children surprise by making a difference, express what is difficult to express

1607:10.5 Listening to the inner dialogue, resonances with personal experiences.

1607:10.6 Theme: Sharing inner dialogue, opening up space for different, alternative understandings

1607:10.9 Theme: Notice the unproductive pattern that I contribute in

1607:11.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:11.4 Theme: Focus on a yes response to a shared understanding of what happens

Critical moment 6:

1607:12.0 Theme: Noticing the unproductive pattern the therapist is contributing in.

1607:12.1/ 12.5 Theme: Evaluating the contribution of the therapist

1607:12.7 Theme: Systemic, triadic awareness

1607:12.9 Theme: Non-verbal expressions might refer to what is difficult to express in another way.

1607:13.1 Theme: Evaluating the contribution of the therapist

1607:13.2 Theme: Learning how to learn (about function of having a conflict in therapy)

1607:14.1/ 14.7 Theme: Looking for a yes response to a shared understanding of what happens

1607:15.0 Theme: Using the diagram as a change indicator. (Comparing it with 'on average')

1607:15.2 Theme: Systemic, triadic awareness. This is important here: triadic effects, keeping parents in position

1607:15.4 Theme: Looking for a yes response to a shared understanding of what happens and how to go on.

**Case Ian and his parents**

Critical moment 1:

1608:0.1 Theme: Noticing unproductive patterns

1608:0.2 Theme: Theme: inviting to see circular patterns and contributions to those patterns by asking systemic/ circular questions

1608:0.3 Theme: Inviting to talk about contributions to change

1608:0.6 Theme: Invitation to talk about unique outcomes, positive differences.  
1608:0.8 Theme: Dilemma of change  
1608:0.8 Theme: Systemic, triadic awareness  
1608:0.9 Theme: Theme: inviting to see circular patterns and contributions to those patterns by asking systemic/ circular questions  
1608:1.5 Theme: Inner dialogue, resonance with personal themes of the therapist  
1608:1.6 Theme: Sharing inner dialogue  
1608:2.0 Theme: Double bind, paradoxical communication  
1608:2.5 Theme: Inviting family members to talk about important items ,worries and personal needs  
1608:2.8 Theme: Using the diagram as indicator for change  
1608:3.4 Theme: Systemic, triadic awareness  
1608:4.4 Theme: Noticing unproductive patterns.  
1608:4.4 Theme: Noticing productive patterns, positive developments.

Critical moment 3:

1608:4.8 Theme: Paradoxical communication  
1608:5.1 Theme: Focus on non-verbal expressions. Hesitation can be an entrance to something different.  
1608:5.4 Theme: Sharing inner dialogue to introduce hypothesis  
1608:5.5 Theme: Focus on non-verbal expressions, difficult to express verbally  
1608:6.1 Theme: Discussing discourses  
1608:6.5 Theme: Systemic, triadic awareness  
1608:7.0 Theme: Focus on background voices.  
1608:7.2 Theme: re-positioning  
1608:7.5 Theme: Inviting to identify with contributions to change

## **(5) Themes categorised**

In this qualitative inquiry I look for themes, affirmations, unfamiliarity's and breakpoints in the transcripts of the critical moments out of my 8 FITS cases. I read all the transcripts and wrote down the themes I extracted out of it. I identified accommodations and differences, and map the themes in 10 identified categories. After this mapping I re-read the transcripts open for affirmations, unfamiliarity's and breakpoints. At last I wrote stories about resonances, learning and surprises.

### **Theme 1: Diagram as indicator for change**

1501.0.4 Theme: Using the diagram as a development indicator

1501.0.5 Theme: Using the diagram as a development indicator. Jenny asks what is a good result; as if the diagram tells something she doesn't know herself. Dehumanizing practices

1501.1.0 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1501.1.3 Theme: Using the diagram as a development indicator.

1501:5.1 Theme: Using the diagram as an development indicator

1501.5.4 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1501:5.7 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1501:6.0 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1502:0.1 Theme: Using the diagram as a development indicator

1502:9.7 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1502:9.6 Theme: Using the diagram as a development indicator

1502:9.7 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1503:0.1 Theme: Using the diagram as a development indicator

1504:0.1 Theme: Using the diagram as a development indicator. Reflection: Discussing the meaning of differences in scores.

1605:0.1 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1606:0.1 Theme: Using the diagram as a development indicator

1606:0.3 Theme: Using the diagram as a development indicator, as an externalisation, that helps to differentiate and relate to developments.

1607:15.0 Theme: Using the diagram as a change indicator. (Comparing it with 'on average')

1608:2.8 Theme: Using the diagram as indicator for change

## **Theme 2: Enhancing conversation between family members**

1501: 4.5 Theme: Family members express (emotional) needs towards each other

1501:4.7 Theme: Family members take a responsibility for their own contribution to patterns.

1501:6.3 Theme: Family members discuss their issues with each other

1501:6.9 Theme: Family members take a responsibility for their own contribution to patterns.

1502:1.1 Theme: Family members discuss their issues with each other

1502:7.5 Theme: Family members discuss their issues with each other

1502:14.7 Theme: Inviting family members to discuss issues with each other

1503:4.4 Theme: Inviting family members to discuss issues with each other

1503:5.9 Theme: Inviting family members to discuss issues with each other

1503:12.9 Theme: Family members discuss their issues with each other

1605:0.8 Theme: Therapist's contribution to help members to discuss their issues with each other

1606:6.0 Theme: Family members discuss their issues with each other

1606:9.7 Theme: Invite family members to share and speak about important issues with each other

1606:10.0 Theme: Invite family members to share and speak about important issues with each other

1606:10.5 Theme: Invite family members to share and speak about important issues with each other

1607:4.8 Theme: Family members discuss important issues together and repeat unproductive patterns.

1607:5.9 Theme: Family members discuss important issues together and repeat unproductive patterns.

1607:9.4 Theme: Family members discuss important issues in a productive way

1607:9.8 Theme: Focus on helping family members to speak and listen, to see intention, expression and effect

1608:2.5 Theme: Inviting family members to talk about important items ,worries and personal needs

## **Theme 3: Systemic, triadic awareness**

1501.0.1 Theme: Triadic/ systemic awareness. When I connect with one family member I do not connect with the others.

1502:3.7 Theme: Triadic/ systemic awareness.

1502:1.7 Theme: How to make a difference by including other voices.

1502:13.6 Theme: Inviting more (background) voices

1502:16.1 Theme: Triadic/ systemic awareness.

1503:3.6 Theme: Triadic, systemic awareness

1503:3.8 Theme: The importance of an acknowledging audience

1503:5.7 Theme: Triadic, systemic awareness

1503:6.7 Theme: The importance of an acknowledging audience

1504:1.3 Theme: Focus on voices at the background  
1504:5.0 Theme: Triadic, systemic awareness.  
1504:6.7 Theme: Systemic, triadic awareness  
1606:6.1 Theme: Systemic, triadic awareness.  
1606:6.8 Theme: Triadic/ systemic awareness.  
1606:8.5 Theme: Triadic/ systemic awareness.  
1607:0.1 Theme: Systemic, triadic awareness  
1607:2.0 Theme: Systemic, triadic awareness  
1607:3.0 Theme: Focus on voices at the background  
1607:3.9 Theme: Systemic, triadic awareness.  
1607:12.7 Theme: Systemic, triadic awareness  
1607:15.2 Theme: Systemic, triadic awareness. This is important here: triadic effects, keeping parents in position  
1608:0.8 Theme: Systemic, triadic awareness  
1608:3.4 Theme: Systemic, triadic awareness  
1608:6.5 Theme: Systemic, triadic awareness  
1608:7.0 Theme: Focus on background voices.

**Theme 4: Noticing circular patterns, identifying with contributions to change**

1501.1.6 Theme: Focus on collaboration, shared responsibilities and contributions to change.  
1501.2.0 Notice an unproductive pattern  
1501.2.1 Noticing the unproductive pattern we are making together.  
1501.2.5 Theme: inviting to see circular patterns by asking systemic/ circular questions  
1501.5.6 Theme: How to help to identify with contributions to change  
1502:12.8 Theme: inviting to see circular patterns by asking systemic/ circular questions  
1502:13.7 Theme: inviting to see circular patterns by asking systemic/ circular questions  
1502:14.0 Notice an unproductive pattern  
1502:14.3 Noticing the unproductive pattern we are making together.  
1503:4.0 Inviting to see circular patterns by asking systemic/ circular questions  
1503:8.2 Theme: Noticing the unproductive, paradoxical pattern we are making together.  
1503:10.1 Theme: Systemic awareness, invite parents to notice their contribution to repetitive patterns  
1504:0.9 Theme: Focus on family members contributions to change  
1504:1.2 Theme: Noticing unproductive patterns  
1504:3.6 Theme: inviting to see circular patterns by asking systemic/ circular questions  
1504:4.6 Theme: Focus on the sequence of intention, expression and effect  
1504:5.6 Theme: Noticing the unproductive pattern and the therapists contribution to it.  
1504:6.4 Theme: I feel an invitation to take over family therapy tasks, responsibilities



1605:1.4 Theme: Learn to see behaviour as communication and to understand what is expressed and received.

1606:0.5 Theme: inviting to see circular patterns by asking systemic/ circular questions

1606:6.3 Theme: Notice new productive patterns

1606:6.9 Focus on collaboration, shared responsibilities and contributions to change.

1607:2.4 Theme: Noticing unproductive patterns the therapist is contributing in.

1607:2.6 Theme: Noticing unproductive patterns the therapist is participating in

1607:2.6 Theme: inviting to see circular patterns by asking systemic/ circular questions

1607:4.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:4.4 Theme: Noticing unproductive patterns

1607:6.7 Theme: Invite to meta-communicate

1607:10.3 Theme: inviting to see circular patterns by asking systemic/ circular questions

1607:10.9 Theme: Notice the unproductive pattern that the therapist contributes in

1607:12.0 Theme: Noticing the unproductive pattern the therapist is contributing in.

1608:0.1 Theme: Noticing unproductive patterns

1608:0.2 Theme: Theme: inviting to see circular patterns and contributions to those patterns by asking systemic/ circular questions

1608:0.3 Theme: Inviting to talk about contributions to change

1608:0.9 Theme: Theme: inviting to see circular patterns and contributions to those patterns by asking systemic/ circular questions

1608:1.5 Theme: Inner dialogue, resonance with personal themes of the therapist

1608:1.6 Theme: Sharing inner dialogue

1608:4.4 Theme: Noticing unproductive patterns.

1608:4.4 Theme: Noticing productive patterns, positive developments.

1608:2.0 Theme: Double bind, paradoxical communication

1608:4.8 Theme: Paradoxical communication

### **Theme 5: Inner dialogue, invitation, personal resonance, making a difference**

1501.1.2 Theme: invitation to take over responsibilities, family tasks

1501.1.4 Theme: Invited to take an expert role, control

1501.1.5 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1501.1.7 Theme: Invited to take an expert role, control

1501.3.0 Theme: Listening to my inner dialogue. Do I feel what is experienced in the family but hard to express?

1501:3.8 Theme: feelings of the therapist, powerless

1501:4.0 Theme: Sharing inner dialogue

1501:4.1 Theme: feelings of the therapist, powerless

1501:4.2 Theme: Sharing inner dialogue and express something unsaid

1502:2.1 Theme: Sharing my dilemma in the inner dialogue

1502:8.1 Theme: Invited to take an expert role, control

1502:13.1 Theme: Invited to take an expert role, control

1502:14.6 Theme: invitation to take over responsibilities, family tasks.

1503:8.3 Theme: Sharing the inner dialogue, enhancing meta-communication about the paradox.

1503:8.7 Theme: discussing what happens in the therapeutic relationship in compare to other relationships

1503:8.9 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1503:9.8 Theme: Sharing my inner dialogue

1503:11.6 Theme: Sharing my inner dialogue, something that pops up, without reflection

1504:4.4 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1504:4.8 Theme: Sharing inner dialogue, focus on what is experienced but hard to express.

1504:7.5 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1504:8.0 Theme: The therapist is invited in the same role as the child, experiences what is unexpressed in the family.

1605:2.2 Theme: using the inner dialogue, the personal voice of the therapist. (Reactive in this case)

1605:3.4 Theme: Sharing inner dialogue and being present

1605:3.9 Theme: Sharing inner dialogue and express something unsaid

1605:4.1 Theme: invitation to take over responsibilities, family, social system tasks

1605:4.3 Theme: discussing what happens in the therapeutic relationship in compare to other relationships

1605:5.0 Theme: discussing what happens in the therapeutic relationship in compare to other relationships

1605:5.5 Theme: Sharing inner dialogue and express something unsaid

1606:0.4 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:3.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:4.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:4.5 Theme: Invitation to sustain unproductive patterns

1606:9.1 Theme: invitation to take over responsibilities, family tasks. Here I do take over, a reactive response.

1606:9.5 Theme: invitation to take over responsibilities, family tasks. I took over and now mother takes this role herself.

1606:9.9 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:10.1 Theme: Invited to take an expert role, control

1606:10.4 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1606:10.7 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:0.1 Theme: Invitation to take over families tasks, responsibilities

1607:0.8 Theme: Invitation to oppose, participate in non-productive patterns. How can I make a difference, create space for more and different ways of thinking about this?

1607:1.6 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:4.7 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:5.6 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1607:7.8 Theme: Sharing inner dialogue, and invite to see the unproductive pattern we are in

1607:8.7 Focus: Listen to inner dialogue, does the therapist feel what is happening and unexpressed in the system

1607:10.5 Listening to the inner dialogue, impressions that resonate with personal experiences in the therapist's life.

1607:10.6 Theme: Sharing inner dialogue, opening up space for different, alternative understandings

1607:11.0 Theme: Invitation. How can I respond differently without taking control or losing the connection?

1608:5.4 Theme: Sharing inner dialogue to introduce hypothesis

### **Theme 6: Focus on playful differences**

1501.0.7 Theme: Connection by the use of humour

1501.1.9 Theme: to make a playful difference

1501:4.8 Theme: to make a playful difference. To say what is difficult to say in a playful way

1501:4.9 Theme: something is happening and I don't know what it is.

1501:7.5 Theme: Connection by the use of humour

1502:0.9 Theme: Children surprise making a difference

1502:7.0 Theme: Children surprise making a difference

1502:8.4 Theme: Children surprise making a difference

1502:9.4 Theme: Children's playfulness makes a difference

1502:15.3 Theme: Making a playful difference

1502:16.0 Theme: Children make a playful difference

1503:1.3 Theme: A playful difference

1503:3.1 Theme: Making a playful difference, using details

1503:3.5 Theme: a playful difference 'the little girl with the tube in her nose

1503:11.7 Theme: A playful difference

1503:12.0 Theme: A difference by playfulness

1504:0.5 To express what is difficult to say in a playful way.  
1504:2.0 Theme: To express what is difficult to say in a playful way  
1504:2.3 Theme: To express what is difficult to say in a playful way.  
1605:5.7 Focus on (unexpected, surprising) (non-verbal) emotional responses  
1606:0.6 Theme: Children surprise by changing the subject  
1606:2.3 Theme: Children's playfulness makes a difference  
1606:3.4 Theme: Children surprise by changing the subject  
1606:7.4/7.7 Theme: Children surprise by changing the subject  
1606:7.9 Theme: Children's playfulness makes a difference  
1606:8.1 Theme: to make a playful difference  
1606:10.9 Theme: mother makes a playful difference  
1607:7.9 Theme: Children surprise by making a difference, express what is difficult to express  
1607:8.2 Theme: Children surprise by making a difference, express what is difficult to express  
1607:10.4 Theme: Children surprise by making a difference, express what is difficult to express

**Theme 7: Focus on non-verbal, hesitation, the unsaid**

1501.0.3 Theme: Focus on unexpected, surprising (non-verbal) emotional responses  
1502:12.0 Theme: Focus on the experience in the here and now  
1502:14.4 Theme: Focus on unexpected, surprising (non-verbal) emotional responses  
1503:4.6 Theme: Focus on unexpected, surprising (non-verbal) emotional responses  
1503:5.5 Theme: Focus on emotion, experience  
1605:0.5 Focus on unexpected, surprising (non-verbal) emotional responses  
1606:5.8 Theme: The unsaid, what is difficult to express  
1606:9.9 Theme: The unsaid, what is difficult to express  
1607:2.8 Theme: Focus on non-verbal expression, about what might be difficult to express verbally.  
16:07:3.1 Theme: Focus on experience in the 'here and now'.  
1607:3.6 Theme: Focus on non-verbal expression, about what might be difficult to express verbally.  
1607:5.2 Theme: The unsaid  
1607:10.1 Theme: Focus on non-verbal expressions  
1607:12.9 Theme: Non-verbal expressions might refer to what is difficult to express in another way.  
1608:5.1 Theme: Focus on non-verbal expressions. Hesitation can be an entrance to something different.  
1608:5.5 Theme: Focus on non-verbal expressions, difficult to express verbally

**Theme 8: Focus on unique outcomes, positive developments**

1502:4.0 Theme: Focus on unique (positive) outcomes  
1503:1.7 Theme: Focus on unique (positive) outcomes

1503:7.9 Theme: Focus on unique (positive) outcomes do not work here.  
1503:9.6 Theme: focus on unique (positive) outcomes does not always work  
1504:0.7 Theme: Focus on unique outcomes, positive developments  
1606:1.4 Theme: Unique outcomes  
1606:1.4 Theme: Invitation to emphasize positive developments  
1608:0.6 Theme: Invitation to talk about unique outcomes, positive differences.

### **Theme 9: Context of narrative understandings**

1501:3.3 Theme: Externalization, repositioning  
1501:6.7 Theme: Broadening the story  
1502:2.2 Theme: Looking for a Yes response about a way to go on in collaboration  
1502:3.1 Theme: repositioning  
1502:4.5 Theme: Looking for a yes response, shared understanding on what happens.  
1502:5.4 Theme: inviting to reposition.  
1502:5.7 Theme: externalization to reposition  
1502:5.9 Theme: inviting to reposition.  
1502:6.3 Theme: Looking for a yes response, shared understanding on what happens.  
1502:6.5 Theme: Looking for a yes response, shared understanding on what happens.  
1502:6.6 Theme: Challenging 'taken for granted' ideas about authenticity and assertively  
1502:9.2 Theme: Looking for a Yes response about a way to go on in collaboration  
1502:10.3/10.8 Theme :Invite to evaluate the therapists contribution to the process.  
1502:15.5 Theme: Broadening the new, alternative narrative  
1502:16.4/ 17.0 Theme: Invite to acknowledge/ identify with contributions to change  
1503:0.3 Theme: Inviting to identify with contributions to change.  
1503:1.1 Theme: Externalization to reposition  
1503:1.9 Theme: Invite to acknowledge/ identify with contributions to change  
1503:2.7 Theme: Broadening the new, alternative narrative.  
1503:2.9 Theme: Externalizing to reposition  
1503:5.1 Theme: Help me to understand  
1503:6.2 Theme: Theme: Help me to understand, a yes response to a shared meaning  
1503:6.9 Theme: Looking for a yes response to shared meanings, making a life-story-line.  
1503:7.1 Theme: Broadening a new, alternative storyline  
1503:7.2 Theme: Shared understanding, there are good reasons to do what you do.  
Repeated words become part of the storyline  
1503:9.0 Theme: Looking for a 'yes response', shared understandings  
1503:11.2 Theme: Help me to understand you, looking for shared understandings  
1503:11.0 Theme: Looking for a 'yes response', shared understandings  
1503:12.5 Theme: Provoking to reposition  
1504:2.6 Theme: How to escape a single story?  
1504:5.9 Theme: Looking for a Yes response about a way to go on in collaboration  
1504:7.2 Theme: Evaluation of effects and expectations FITS therapy

1504:8.5 Theme: Looking for a yes response to a shared understanding, or way to go on together.

1606:1.5 Theme: Externalization to reposition

1606:2.1 Theme: identify with contributions to change

1606:2.2 Theme: externalization to reposition

1606:2.9 Theme: broadening, enriching an alternative story

1606:4.1/ 4.3 Theme: Externalization to reposition

1606:6.7 Theme: Broadening, enriching the narrative

1606:7.1 Theme: Looking for a Yes response about a way to go on in collaboration

1606:11.0 Theme: Looking for a Yes response about a way to go on in collaboration

1607:0.1 Theme: Yes response to a shared meaning, ways to collaborate and go on.

1607:0.9 Theme: What more can we think of, stretching the response space. Space for alternative explanations

1607:1.9 Theme: Yes response to a shared understanding, way of collaboration and go on together.

1607:2.2 Theme: Opening space for alternative understandings

1607:9.7 Theme: Opening space for different, alternative understandings.

1607:11.4 Theme: Focus on a yes response to a shared understanding of what happens

1607:14.1/ 14.7 Theme: Looking for a yes response to a shared understanding of what happens

1607:15.4 Theme: Looking for a yes response to a shared understanding of what happens and how to go on.

1608:6.1 Theme: Discussing discourses

1608:7.2 Theme: re-positioning

1608:7.5 Theme: Inviting to identify with contributions to change

### **Theme 10: Learning how to learn**

1501:5.9 Learning how to learn

1501:7.2 Theme :Invite to evaluate the therapists contribution to the process.

1502:0.3 Theme: evaluating the therapeutic approach

1503:2.2 Theme: Learning how to learn

1503:2.4 Theme: Focussing on the collaboration together in therapy.

1503:2.5 Theme: Evaluating the contribution of the therapist

1503:3.1 Theme: Evaluating the therapeutic approach

1503:3.4 learning how to learn

1503:3.5 Theme: Evaluating the contribution of the therapist'

1503:9.3 Theme: Learning how to learn

1503:9.3 Theme: Evaluating the contribution of the therapist

1605:0.9 Theme: Therapists contribution in a collaborative approach

1606:4.6 Theme: Evaluating collaboration together in FITS

1606:5.0 Theme: Focus on what happens in the therapeutic relationship

1607:6.8 Theme: Learning how to learn

1607:12.1/ 12.5 Theme: Evaluating the contribution of the therapist

1607:13.1 Theme: Evaluating the contribution of the therapist

1607:13.2 Theme: Learning how to learn (about function of having a conflict in therapy)

**Theme 11: Remaining themes.**

1501:7.4 Theme: Trust in spite of not knowing.

1502:2.3 Theme: Pain is a testimony to something precious under pressure (Michael White)

1502:2.8 Theme: Dilemma of change (Peggy Papp)

1502:3.4 Theme: Dilemma of change

1503:0.8 Theme: A response based approach

1503:12.6 Theme: Dilemma of change

1605:2.5 Theme: Presence of the therapist

1605:3.2 Theme: Presence and dependency of the therapist

1606:3.6 Theme: therapist's interpretation of what happens

1606:5.6 Theme: identify with contributions to change

1607:7.4 Theme: Therapist taking position in a more directive way.

1607:9.0 Theme: Paradox of control

1608:0.8 Theme: Dilemma of change

## **(6) FITS case 1502**

### **The case of Lisa and her parents (1502)**

The names in document are fictionalized.

#### **Code 1502**

1502 Lisa

1502 mother

1502 father

1502 Nina (sister)

### **Introduction**

Lisa is a 15-year-old girl. She grows up in a family with parents and her twin sister. She has two older half-brothers, born in an earlier marriage of mother, who live independently. Lisa and Nina both experience many social problems at school. They feel they are outsiders and lonesome. Lisa and Nina both think they are unattractive. Both the girls identify themselves as gay. The sisters avoid contact together, unless all the similarities. Nina started with self-mutilation. Lisa followed her a bit later, doing the same. Lisa is very unhappy, complains about her life, and doesn't want to live by times. Lisa is diagnosed with ADHD. She responds impulsive on circumstances. She needs some guidance to keep structure in her life. Lisa is also a young adolescent who wants to do it on herself. Parents are tired. They feel powerless and worried about their daughters. There is not much conversation. Parents respond irritated and the girls withdraw, live separate lives in their bedrooms. Parents had asked help for both their daughters. I worked with Nina and her family first and a little bit later with Lisa and her family. In the beginning Lisa did not want to go to therapy. She asked if she could talk with me alone. Together (therapist, parents and Lisa) we decided to make a mix. I spoke many times with Lisa alone, had a session with parents alone and had five sessions with parents and Lisa together. During the last session (15) Nina joined the conversation.

### **Quantitative research**



## Routine outcome measurement

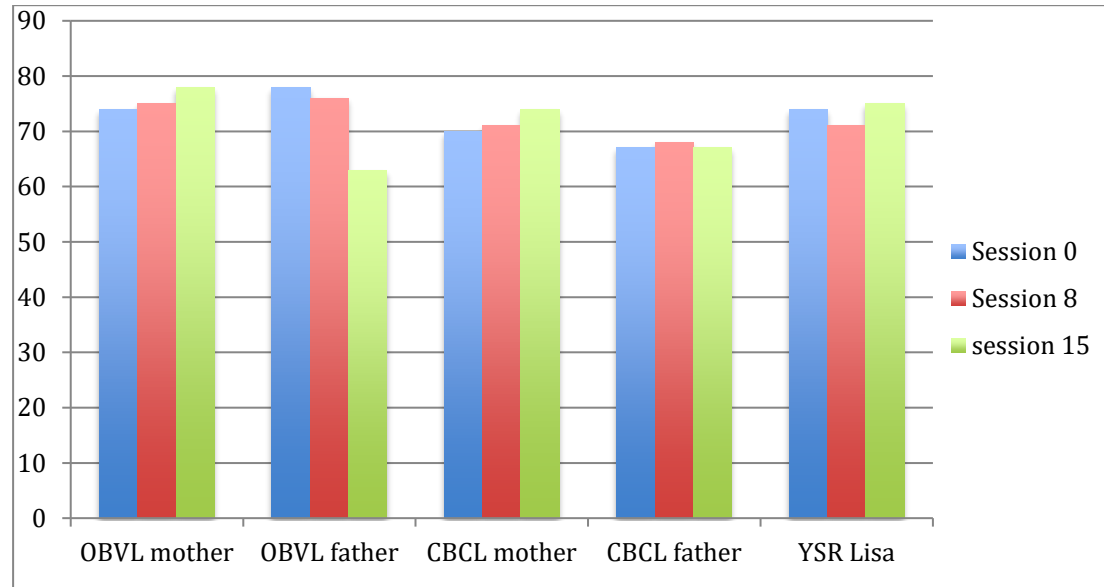


Fig. 25 ROM

Table XXIV

Test	Session 0	Session 8	Session 15
OBVL mother	Total: 74	Total: 75	Total: 78 (RCI 1,41 = 0)
OBVL father	Total: 78	Total: 76	Total: 63 (RCI 4,24 =+)
CBCL mother	Total: 70	Total: 71	Total: 74 (RCI 1,16 =0)
CBCL father	Total: 67	Total: 68	Total: 67 (RCI =0)
YSR Lisa	Total: 74	Total: 71	Total: 75 (RCI =0)

RCI (Jacobsen & Tuax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI is bigger than 1,64 than change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

## Client directed outcome interview

I worked with Lisa alone in many of the sessions. Sessions 6 was a session with parents alone. In session 4 I met with Lisa and her mother. In session 1, 8, 10 and 15 we worked with parents and Lisa together. I recorded the evaluation sessions 8 and 15 and used the transcripts in my qualitative research.

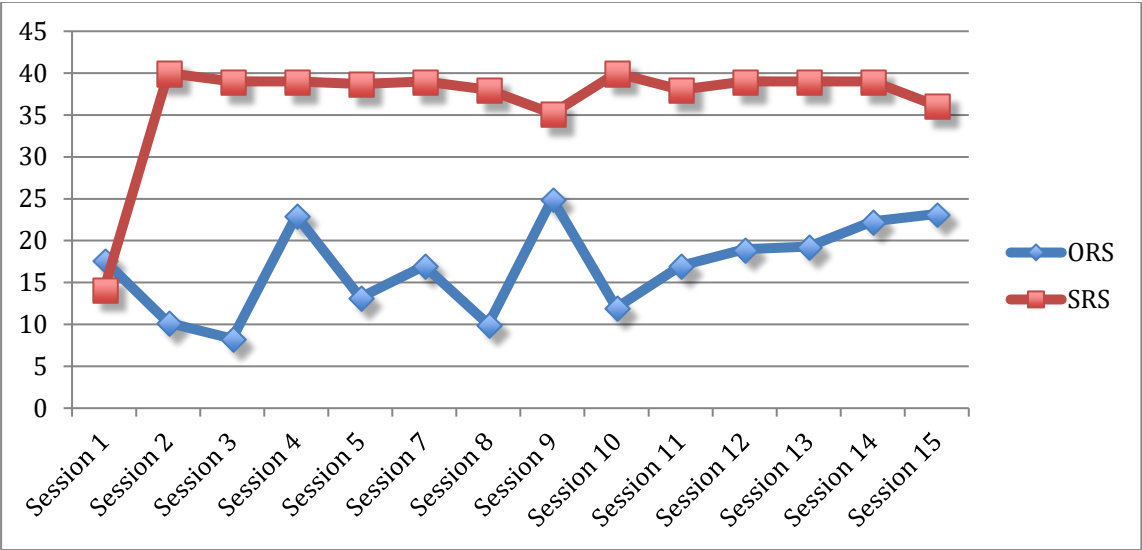


Fig. 26 CDOI Lisa

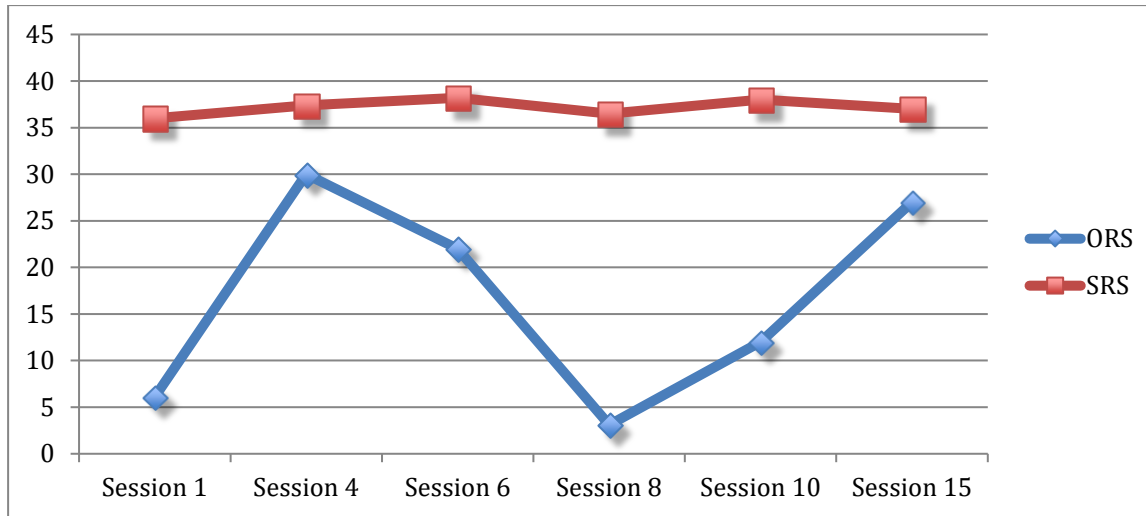


Fig 27 CD0I mother

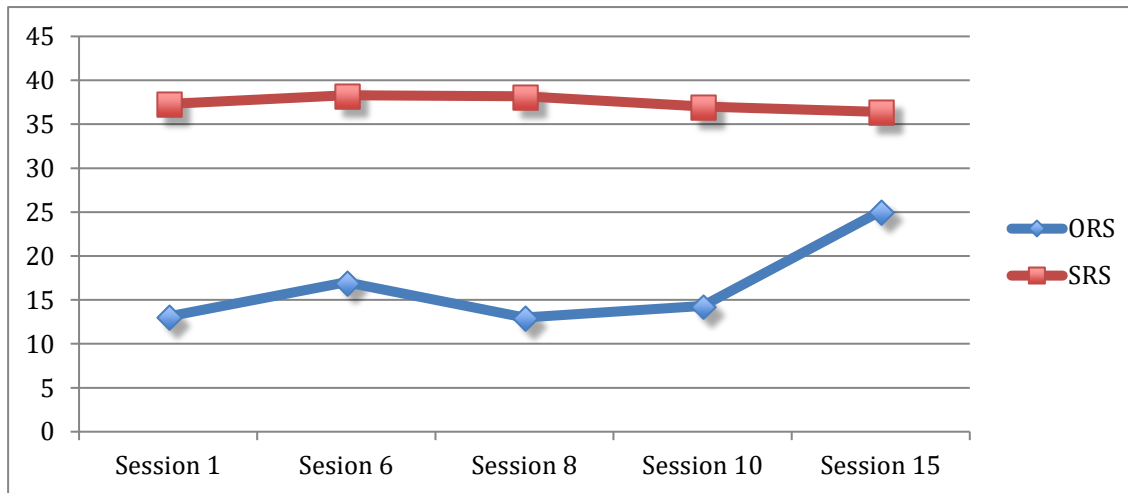


Fig. 27 CD0I father

### Family Goals Rating List

In session 4 we set goals for therapy. Lisa and her mother were present during this session. They had set their goals for FITS therapy.

- Lisa her goal is: I want to be the Lisa that I want to be. I want to deal with 'normality'. I want to be able to talk more easily with peers and think more positive about myself.
- Mother her goal is: I want to respond less irritated to Lisa. I want to feel more energy and show more happiness when I am at home.

**We evaluated these goals in session 8 and session 15**

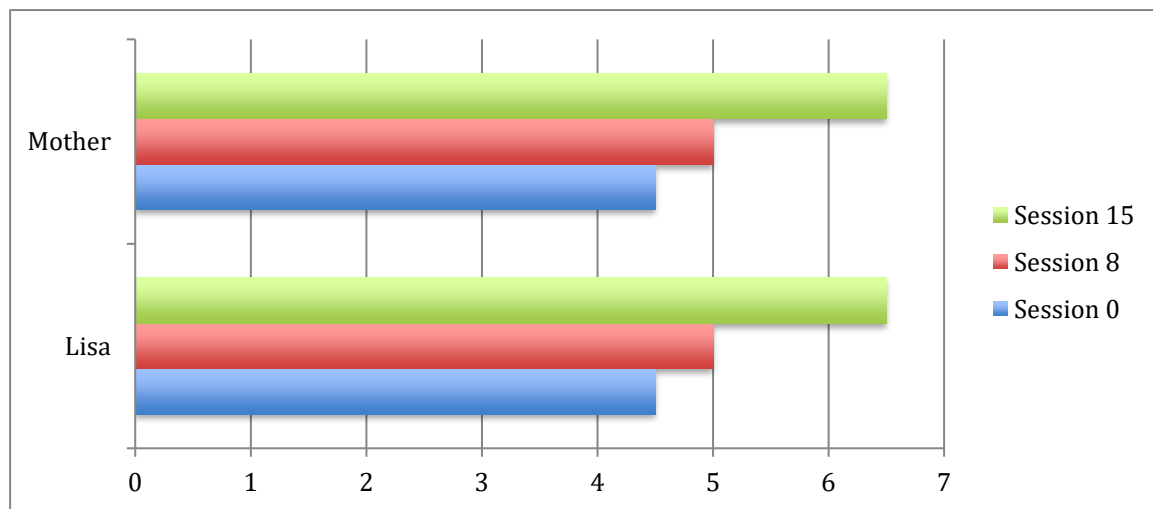


Fig. 28 FGRL

Table XXV

	<b>Preferred</b>	<b>Session 0</b>	<b>Session 8</b>	<b>Session 15</b>
<b>Lisa</b>	7,5	4,5	5	6,5
<b>Mother</b>	8	4,5	5	6,5

## We evaluated our collaboration as a learning community in session 8 and 15

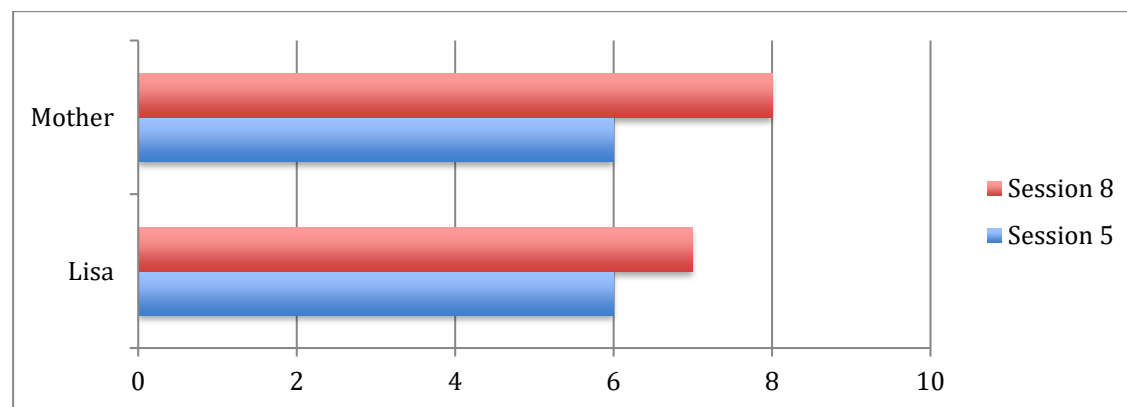


Fig. 29 FGRL collaboration

Table XXVI FGRL collaboration

	Session 8	Session 15
<b>Lisa</b>	<b>6</b>	<b>8</b>
<b>Mother</b>	<b>6</b>	<b>8</b>

## Conclusion

Quantitative measurement provides contradictory information. It's hard to make any interpretation based on just these quantitative outcomes. There is an upgoing line in all diagrams of the CDOI/ORS scores, indicating progress. Lisa and mother give a higher score about reaching their goals in the FGRL. But the ROM scores, on the contrary, show an increase of problems. Mother scores increased parental burden. Father, on the other hand, scores a significant decrease of parental burden. In FITS we use quantitative output as a conversational tool in the qualitative research of the process of therapy.

## Qualitative Research

### Session 8

Situation: Parents and Lisa evaluate the first sessions of FITS family therapy. We look to the CDOI diagrams and the ROM scores. There is no improvement shown in the scores. Mother scores, in session 8, very low on the ORS. Parents are worried about Lisa her wellbeing. She is acting out towards parents. She mutilated herself a couple of times. Parents are not able to talk with Lisa. She screams loud or runs away, when they try. Lisa says her parents don't understand her position at school. She feels as if parents blame her for her unhappiness. We evaluate therapy. Lisa externalized difficulties at school as unfriendly ghost in a pac-man-game. Lisa her happiness is stolen by these unfriendly ghosts and together with parents and a friend we try to find a strategy to keep happiness out of he hands of the ghosts. During therapy sessions Lisa works very enthusiastic with the metaphor. Back home she doesn't use it much. At the end of session 8 mother and Lisa give a lower score on the SRS. Lisa tells that she experiences the voice from her parents as too critical. Mother tells me it is more difficult to believe that therapy could bring a change. We try to learn from this evaluation how to collaborate in different more effective ways.

## Critical moment 1

### Transcripts, inner dialogue and reflections afterwards

Table XXVII Transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Therapist 1502:01	(Points at the ROM and CDOI diagram). The scores show no progress. What do you think?		Theme: Using the diagram as an development indicator
Family members 1502:02	(Nod)		I make the information from the diagram too important. I should ask family members about their experiences first, instead of using the diagrams as a representation of what is happening.
Therapist to Lisa 1502:03	We work with the metaphor of pac-man and the unfriendly ghosts. Does this work for you? I mean, do you something think about it when negative thoughts try to take over.		Theme: evaluating the therapeutic approach
Lisa 1502:04	I sometime think about it, but I...		

Mother 1502:05	I doubt if she remembers much of what is said in therapy. She is so chaotic...		
Father (to Lisa) 1502:06	I think she knows best herself... don't you		
Mother (to Lisa) 1502:07	You think so negative. Do you believe you can learn to think in a more positive way in therapy?		
Therapist 1502:08		Patents do not support each other. They step in early, leaving little space for the other one to respond.	
Lisa 1502:09	I don't want to think positive.		Theme: Children surprise by make a difference
Therapist 1502:1.0		Interesting	
Father 1502:1.1	What do you mean?		Theme: Family members discuss their issues with each other
Lisa 1502:1.2	I don't want to give myself false hope. I'll get disappointed every time again, after it goes well for a while. Than it happens again. I think. I don't believe this pac-man story anymore. The unfriendly ghosts are right about me. There is nothing to steal back from them.		
Father 1502:1.3	What is this based upon?		
Mother 1502:1.4	She came home and told me that a boy had called her ugly.		
Father 1502:1.5	He is just bullying		
Lisa 1502:1.6	No, he is serious, dad. He didn't tell me this. He just walked on by and told it to another girl. He said: Have you seen that face, she is ugly. He is serious and I know it.		
Therapist 1502:1.7		This is so unfair. I feel an invitation to tell her otherwise, but I won't make any difference if I do so. How to include other voices?	Theme: How to make a difference by including other voices.

Therapist 1502:1.8	Lisa, you say he is serious, but is he right? Is he the one who can decide about that? What would happen if we would ask 20 other people what would they say about you? Would they not all have different opinions?		I am not so sure about this question here. Do I make self-appreciation too depended from social judgements? Should I have asked her here about the impact of judgements about homosexuality at her school?
Lisa 1502:1.9	If you would ask all children at my school they all will tell you that I am ugly. People walk away from me. I am not worth it.		
Therapist 1502:2.0		This hurts me. It feels so unfair. I feel an invitation to convince her otherwise. I really like working and talking with Lisa. She is creative and spontaneous and has original ideas. But it won't make a difference. If I do so she won't feel understood. Could I tell her about my inner dialogue?	What do parents feel and think right now? How can I help them to respond instead of doing it myself?
Therapist 1502:2.1	Do you know what happens inside me, when I listen to you?		Theme: Sharing my dilemma in the inner dialogue
Lisa 1502:2.2	Nods		Theme: Looking for a Yes response about a way to go on in collaboration
Therapist 1502:2.3	I want to tell you that I don't think that those children would say that you are ugly. I want to tell you that I like working with you, that you are creative and spontaneous and an original thinker. But I am afraid that if I do you would not believe me. I can't take your strong opinion away from you, can I? I can only invite you to inquire these negative opinions of others and these negative thoughts you have. You suffer from those opinions and thoughts. That makes it worthwhile to inquire it, doesn't it? Do you want to work on that with your parents and me?		Theme: Pain is a testimony to something precious under pressure (Michael White)
Lisa 1502:2.4	Yeah, but I am not sure if you can help me		Why didn't I explore this expression more?
Therapist 1502:2.5		How can I invite her to take a position herself in relation to negative opinions and thoughts?	
Therapist 1502:2.6	Yes, but you suffer from those opinions and thoughts, don't you. Do you want to inquire those		



	opinions and thought with me and your parents?		
Lisa 1502:2.7	I don't know		
Therapist 1502:2.8		Is there a dilemma of change? A good reason not to change?	Theme: Dilemma of change (Peggy Papp)
Therapist 1502:2.9	Or maybe there are reasons not to change? Are there good reasons to keep it the way it goes		
Lisa 1502:3.0	A friend who used to be nice to me is gossiping now about me being ugly. See!		
Therapist 1502:3.1		She identifies with being ugly. She won't let us take that away from her, right now. Could I invite her to take a position towards 'being ugly' in general?	Zone of proximal development (Michael White/ Vygotski) Theme: repositioning
Therapist 1502:3.2	So what about ugly people then? Ugly people also have a life, they breath, have a job are loved by others.		What is 'being ugly'?
Father 1502:3.3	They have confidence too		
Therapist 1502:3.4	What would happen if you would not fight it, which I suggest, but accept it?		Theme: Dilemma of change
Lisa 1502:3.5	It would not make a difference. I would stand alone just like now		
Mother 1502:3.6	I never met a girl so sad as Lisa		
Lisa 1502:3.7	It is not just I. It is also Nina, but she is silent and I talk about it.		Theme: Triadic/ systemic awareness. Why is it important for Lisa to make a connection with her sister? They give expression to the same complaints but don't want to cooperate together in this.

## Looking for patterns in a context of meaning

### Episode 1: 'I am not sure if you can help me'

Table XXVIII analysed transcript

	Therapist	Lisa	Father	Lisa	Therapist	Lisa
<b>Society/culture/professional</b>	Evaluate the approach, consider to change it when it doesn't work	You fail when you can't reach your goals	Don't be a victim. Stand up for yourself.	Kids should be beautiful and successful	A therapist could break the pattern, make a change by sharing my inner dialogue about the invitation.	Kids should be beautiful and successful
<b>Family culture</b>	-	You can make it if you try	You can make it if you try	You can make it if you try	Be proud of who you are	You can make it if you try
<b>Subjectivation</b>	A therapist that negotiates the approach	I am a loser. I can't make it at home and at school.	A father that wants to support but fails	I am a loser. I can't make it at home and at school.	A therapist that cares and feels a responsibility to make a change.	I can't make it the way I am right now.
<b>Relational</b>	Invite to evaluate the approach	Questioning possibility of change	Relativizing the message of Lisa	Lisa defends her statement, wants to be heard	Inviting Lisa to take another position	Questioning possibility of change in therapy with me.
<b>Episode</b>	'I am not sure if you can help me'	'I am not sure if you can help me'	'I am not sure if you can help me'	'I am not sure if you can help me'	'I am not sure if you can help me'	'I am not sure if you can help me'
<b>Pattern: Reactive, paradoxical or reflexive</b>	Reactive	Reactive	Reactive	Reactive	Reactive	Reactive

<b>(Speech) Action</b>	1502:03 We work with the metaphor of pac-man and the unfriendly ghosts. Does this work for you? I mean, do you something think about it when negative thoughts try to take over.	1502:0.9 I don't want to think positive.  1502:12 I don't want to give myself false hope. I'll get disappointed every time again, after it goes well for a while. Than it happens again. I think. I don't believe this pac-man story anymore. The unfriendly ghosts are right about me. There is nothing to steal back from them.	1502:1.3 What is this based upon  1502:1.5 He is just bullying	1502:16 No, he is serious, dad. He didn't tell me this. He just walked on by and told it to another girl. He said: Have you seen that face, she is ugly. He is serious and I know it.	1502:2.3 I want to tell you that I don't think that those children would say that you are ugly. I want to tell you that I like working with you, that you are creative and spontaneous and an original thinker. But I am afraid that if I do you would not believe me. I can't take your strong opinion away from you, can I? I can only invite you to inquire these negative opinions of others and these negative thoughts you have. You suffer from those opinions and thoughts. That makes it worthwhile to inquire it, doesn't it? Do you want to work on that with your parents and me?  1502:3.4 What would happen if you would not fight it, which I suggest, but accept it	1502:2.4 Yeah, but I am not sure if you can help me  1502:3.5 It would not make a difference. I would stand alone just like now
<b>Inner dialogue</b>		-			1502:2.0 This hurts me. It feels so unfair. I feel an invitation to convince her otherwise. I really like working and talking with Lisa. She is creative and	

					spontaneous and has original ideas. But it won't make a difference. If I do so she won't feel understood. Could I tell her about my inner dialogue?	
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## How do we collaborative learn?

How does a therapist and family members collaboratively learn “how to learn” in Feedback Informed Systemic Therapy?

### Therapeutic response

I (as a therapist) invite family members to evaluate the approach and collaboration because the scores on the CDOI and ROM lists didn't change and are low. Lisa doubts if change is possible because of who she is. Father tries to relativize the message of Lisa. This hurts me. As a result of inner reflections I invite Lisa to reposition herself in relation to the 'problem story told'. It doesn't make a change. Lisa doubts if family therapy could help her.

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Contextual and prefigurative forces are high. Therapist and father respond from framed intentions to convince Lisa without really listening and connecting. Lisa defends her statement and frames about identity, social judgement, and homosexuality aren't questioned in this episode.

### Collaborative learning:

0-order change. Intentions do not fit and there is no opening space for new constructions of meaning.

## Critical moment 2

### Transcripts, inner dialogue and reflections afterwards

A bit later in the conversation parents tell about their parental burden. They tell that Lisa continuously cross and test their limits. Parents doubt if the diagnosis is correct, if there are reasons to believe that there is a more severe diagnosis cause of the problems.

Table XXIX transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Mother 1502.3.8	I feel pain in my throat because of all the stress and emotions. Lisa is so active, doesn't sit still, and is never quiet, protests when I try to correct her. She doesn't accept the norms and values we have in this family.		
Lisa 1502.3.9	(Withdraws, looks away)		
Therapist 1502.4.0		There is a strong invitation to step in a negative identity story about Lisa. I know and see how much Lisa suffers from all the criticism. I feel an invitation to protect her. Could I ask for exceptions, invite parents to tell alternative stories about their lives with Lisa?	Theme :Focus on unique (positive) outcomes.
Therapist 1502.4.1	Last time I spoke to you (session 6). You told me also about some positive developments.		Reflection: This is too early. If I focus on positive experiences too soon I lose connection with parents. What is it what mother wants me to understand? Could I point at Lisa, withdrawing in this moment, and ask parents what is happening for their daughter right now?
Mother 1502.4.2	Yeah, we did, but not this time. We want to raise her up according to our values. But she doesn't care. She doesn't listen. Yesterday she lost stuff that belonged to her sister.		

Therapist 1502:4.3		Do parents think Lisa is doing this on purpose? Should we talk about impulsive behaviour, the influence of ADHD? Could we normalize her behaviour a little bit more?	Reflection: That is a bit a paradox. To use diagnostic language to normalize behaviour. Maybe it is about agency. How much agency can we expect from Lisa being Lisa?
Lisa 1502:4.4	No that story is not correct. We found it later that day. You only tell stories about what is going wrong.		
Therapist 1502:4.5	Lisa is diagnosed with ADHD. What do we think is the influence of ADHD here? ... Children with ADHD sometimes need external structure, help from parents ad teachers. But adolescents also want some autonomy, to do things by themselves. This need for structure and autonomy is in conflict.		Theme: Looking for a yes response, shared understanding on what happens.
Mother 1502:4.6	I think it also has to do with a lack of self-confidence. She gets criticism from us, school, girlfriends, day by day. But she responds so angry and than I also loose my temper too. Maybe we don't do it properly, but I am so tired of fighting day by day. She doesn't care		Reflection: We don't have a shared understanding on what is happening.
Therapist 1502:4.7		Doesn't she?	
Lisa 1502:4.8	Grandfather says I have to leave home because of my behaviour		
Father 1502:4.9	He is a conservative man		
Therapist 1502:5.0		Could I invite Lisa to take a position herself and say something about 'caring'?	
Therapist 1502:5.1	What do you think about your grandfathers advise?		
Lisa 1502:5.2	I don't care		
Therapist 1502:5.3		I'll ask it one more time, but differently this time.	
Therapist 1502:5.4	Do you think it is fair?		Theme: inviting to reposition.
Lisa	No it is not fair, but if I leave the house, they are		

1502:5.5	free from my problems.		
Therapist 1502:5.6		Should we separate 'problems' from 'being Lisa' and externalize it?	
Therapist 1502:5.7	Is it because of you or your problems? I mean what if you would not have those problems. Would your grandfather also think it would be better if you leave home.		Theme: externalization to reposition
Lisa 1502:5.8	No it is because of the problems. Without those problems it would be fine between us.		
Therapist 1502:5.9	Would that be better?		Theme: inviting to reposition.
Lisa 1502:6.0	Yes it would		
Therapist 1502:6.1	Not you but 'problems' cause difficulties. Those problems block a better relationship between you and your parents.. Should we, you, your parents and me try to work on those problems to make a better relationship possible?		
Lisa 1502:6.2	Maybe, but I can't and won't change. I understand my mother gets crazy because of me		
Mother 1502:6.3	Do you think there is a more serious diagnosis for Lisa possible that explains the difficulties we have.		Theme: Looking for a yes response, shared understanding on what happens. Reflection: We don't have a shared understanding on what is happening.
Therapist 1502:6.4		Oh that is a pity. We are back at the beginning; we can't find an entrance to talk differently about Lisa and parents their contribution to patterns between them.	Reflection: I used the diagnosis ADHD to normalize behaviour of Liza a bit earlier in the conversation. I am disappointed when parents ask for more diagnostic research. Why didn't I take this question for more diagnostic research more serious here. We decide to do more diagnostic research in session 15. I wonder if I have an agreement on the continuation of family therapy from Lisa and her parents.

## Looking for patterns in a context of meaning

### Episode 2: 'Punctuation'

Table XXX analysed transcript

	Therapist	Mother	Therapist	Mother	Lisa	Mother	Therapist
<b>Society/culture/professional</b>	Negative identity stories should be embedded in a network of more and positive identity stories.	Children should listen to parents who raise their children well.	Children with ADHD are impulsive and (hyper) active, but not on purpose	Insecure children over compensate	Children should listen to parents and behave themselves.	A diagnosis explains extreme behaviour	It's better not to pathologize behaviour but to understand it as 'logical in the context'.
<b>Family culture</b>	Be proud of who you are	Mother was a silent daughter in a difficult relationship with her parents	-	Mother was very insecure as a child	Behave yourself; take another into your account.	Oppositional behaviour could lead to conflict. It's better to be silent.	-
<b>Subjectification</b>	A therapist that believes in resilience and possibilities.	Not a good enough mother for a not good enough child	An understanding therapist that look for an explanation acceptable for all of the participants	Understanding mother looking for a way to help Lisa	A problem child that makes her mother crazy	A concerning mother looking for an external explanation	A systemic therapist that tries to understand behaviour in system dynamics
<b>Relational</b>	Invites to broaden the identity story	Mother blames Lisa to be the cause of many	Therapist uses diagnoses to normalize	Invitation ignored. Mother points at	Problematized by Lisa who claims that she won't	Mother asks for diagnostic research	Ignored by the therapist who is disappointed



	about Lisa	problems	behaviour and look for joint contributions to change	insecurity on a individual level	change		to be back at the beginning
<b>Episode</b>	Punctuation	Punctuation	Punctuation	Punctuation	Punctuation	Punctuation	Punctuation
<b>Pattern: Reactive, paradoxical or reflexive</b>	Reactive/ paradoxal  An invitation to broaden the identity story	Reactive/ paradoxal  No fit. Mother blames Lisa to be the cause of many problems	Reactive/ paradoxal  Therapist uses diagnosis to normalize and open up to a more circular perspective	Reactive/ paradoxal  No fit. Mother emphasizes individual causes	Reactive/ paradoxal  No fit. Lisa questions our attempts to change	Reactive/ paradoxal  Mother uses diagnosis to emphasizes individual causes	Reactive/ paradoxal  No fit. Therapist ignores the question, goes on.
<b>(Speech) Action</b>	1502:4.1 Last time I spoke to you (session 6). You told me also about some positive developments.	1502:4.2 Yes, we did, but not this time. We want to raise her up according to our values. But she doesn't care. She doesn't listen. Yesterday she lost stuff that belonged to her sister.	1502:4.5 Lisa is diagnosed with ADHD. What do we think is the influence of ADHD here? ... Children with ADHD sometimes need external structure, help from parents and teachers. But adolescents also want some autonomy, to do things by themselves. This need for structure	1502:4.6 I think it also has to do with a lack of self-confidence. She gets criticism from us, school, girlfriends, day by day. But she responds so angry and than I also loose my temper too. Maybe we don't do it properly, but I am so tired of fighting day by day. She	Grandfather says I have to leave home because of my behaviour. Maybe, but I can't and won't change. I understand my mother gets crazy because of me	Do you think there is a more serious diagnosis for Lisa possible that explains the difficulties we have	

			and autonomy is in conflict.	doesn't care			
<b>Inner dialogue</b>	1502:4.0 There is a strong invitation to step in a negative identity story about Lisa. I know and see how much Lisa suffers from all the criticism. I feel an invitation to protect her. Could I ask for exceptions, invite parents to tell alternative stories about their lives with Lisa?	-	Do parents think Lisa is doing this on purpose? Should we talk about impulsive behaviour, the influence of ADHD? Could we normalize her behaviour a little bit more?				Oh that is a pity. We are back at the beginning; we can't find an entrance to talk differently about Lisa and parents their contribution to patterns between them.

## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

When family members focus on negative identity stories about Lisa I (as therapist) feel an invitation to focus on different and more positive experiences. There is no fit. Mother blames her daughter to be the cause of stress in the family. I (as therapist) invite parents to normalize Lisa's behaviour and use the diagnosis ADHD as influential factor here: Lisa is not doing this on purpose. I want to focus on family interactions that allow differences. Mother ignores this, looks for different explanations. Lisa emphasizes the gravity of the

situation. She points at her grandfather's expression about leaving home. She tells she understands that she makes her mother crazy. When mother asks for more diagnostic research I (as therapist) ignore that question here. It distracts from a circular reframing I am looking for

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

Paradoxical pattern. I (as therapist) contribute in a paradoxical pattern when I introduce diagnostic language in order to move the focus to a more circular account the situation and ignore a question about diagnostics when it brings back the focus to a linear individualistic frame.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Contextual and prefigurative forces are high. All participants look for different explanations. There is no exchange or actual influencing of each other's ideas. Contextual frames are not questioned and do not change.

### Collaborative learning:

0-order change. Intentions do not fit and there is no opening space for new constructions of meaning.

## **Critical moment 3**

### **Transcripts, inner dialogue and reflections afterwards**

Table XXXI transcript

<b>Voices</b>	<b>Outer dialogue</b>	<b>Inner dialogue</b>	<b>Themes and reflections afterwards</b>
Therapist (to parents) 1502:6.5	Does she not want to or does she believe she cannot change?		Theme: Looking for a yes response, shared understanding on what happens.
Mother 1502:6.6	She experienced many disappointments in her life. Everybody asked her to be different. She got		

	speech therapy when she was young; she had to change her posture because she was not walking straight. She did an extra year at school, got many corrections for her behaviour. She had to take medicine for ADHD.		
Therapist 1502:6.7	So 'not changing' is a protest against all the corrections in her life?		Reflection: I like this response. Problems often are expressions of resistance against dominant practices.
Mother 1502:6.8	She doesn't know who she really is.		
Therapist 1502:6.9	Maybe you lost the 'real Lisa' because of all the corrections in your life. Do you want to become a 'real Lisa'?		I don't like the concept of 'a real Lisa'. A current discourse of authenticity distinguishes a true (original) and false (copied) self. This excludes/ problematizes the idea about identity and life as a co-creation.
Lisa 1502:7.0	No it is not like that at all. I don't want to be the 'real me'. Everybody always says be the real you. But I don't want to be the real me, I don't like the real me. I want to be somebody different.		Theme: Children surprise by make a difference
Therapist 1502:7.1		Interesting	
Father 1502:7.2	What do you mean?		
Lisa 1502:7.3	I want to feel accepted by someone who is not family. Somebody who chooses for me because of who I am; only then I will feel better. But that doesn't happen now. This 'real me' is not good enough. I want to be someone else.		
Father 1502:7.4	I motivated you to take lessons in Tai-boxing. I thought that would make you stronger		
Lisa 1502:7.5	But that doesn't work for me. I can give a kick but I don't want others to kick me. I start talking very fast to distract their attention. People started to think I was strange and I can imagine that. I don't want to be stronger. I want to be different		Theme: Family members discuss their issues with each other
Therapist 1502:7.6		Interesting because she challenges 'taken for granted' ideas about authenticity and assertively	Theme: Challenging 'taken for granted' ideas about authenticity and

			assertively
Mother	From the outside		
Lisa 1502:7.7	No completely. I don't like the real me. I don't want to be so serious and boring. I want to act differently, as if I am someone else. Someone who is spontaneous and bold.		
Therapist 1502:7.8	Like acting?		
Lisa 1502:7.9	Yes, but in a way that people believe me		
Therapist 1502:8.0	Do you think this is possible?		
Lisa 1502:8.1	Can you teach me this?		Theme: Invited to take an expert role, control
Therapist 1502:8.2		I am amazed and in doubt. Do I want to help a youngster to act an ideal version of herself?	
Therapist 1502:8.3	Your parents and me had advised you to accept who you really are. Don't you think this is better than pretending to be someone else		Reflection: I represent the dominant discourse about authenticity
Lisa 1502:8.4	I don't believe that anybody is real. Everybody is acting. People create themselves. I act but not good enough or I didn't create somebody successful yet.		Theme: Children surprise by make a difference
Therapist 1502:8.5		Wow this girl is inventing a postmodern concept of self, all by herself. She is enthusiastic when she talks about this.	
Therapist 1502:8.6	I am confused but curious at the same time. It is really interesting. There are philosophers who think about this question of selves too. Does a real me exist or are we a mix of role-plays all together.		
Parents 1502:8.7	(Nod)		
Therapist 1502:8.8	Your parents and me might be a bit confused but interested. So you believe if you focus on what you want to be and you act in a better way you become who you prefer to be. You want me to help me with this. You sound enthusiastic, don't you? Do you want to go for this in therapy		Reflection: Why do I speak for parents here?

Lisa 1502:8.9	Yes this is what I would like to try		
Therapist 1502:9.0	Could we do an inquiry about it and find out how it works for you and discuss it with your parents later on.		
Lisa 1502:9.1	Yeah, I could write about it		
Therapist 1502:9.2	I have a feeling this is confusing but I also have a feeling this is something Lisa wants to investigate. Is that ok for you (to parents)?		Theme: Looking for a Yes response about a way to go on in collaboration
Parents 1502.9.3	(Nod)		Reflection: Did I really have a yes response from parents? I should involve them more in the conversation
Lisa 1502:9.4	I could write a blog (on internet)		Theme: Children's playfulness make a difference
Therapist 1502:9.5	That would be great. A blog called 'becoming Lisa'?		

## Looking for patterns in a context of meaning

### Episode 3: 'Becoming Lisa'

Table XXXII transcript analysed

	Mother	Therapist	Lisa	Father	Therapist	Lisa	Parents
<b>Society/culture/professional</b>	'Be who you are'. (Discourse of authenticity)	'Be who you are'. (Discourse of authenticity)	Only the successful succeed.	'Be who you are'. (Discourse of authenticity)	Identity is a social construct	Life is a role-play. I can pretend and become successful	Maybe life is a role-play

<b>Family culture</b>	Adapt to norms. Do not make a difference.	Be proud of who you are	You can make it if you try	You can make it if you try	-	You can make it if you try	You can make it if you try
<b>Subjectification</b>	Concerned mother looking for explanations	Understanding therapist who explores the framing	A girl with an unpromising identity	Encouraging and confused father	Understanding therapist open for an experiment initiated by Lisa	An original/creative thinker	Parents that give Lisa space to do this experiment in her way.
<b>Episode</b>	<b>Becoming Lisa</b>	<b>Becoming Lisa</b>	<b>Becoming Lisa</b>	<b>Becoming Lisa</b>	<b>Becoming Lisa</b>	<b>Becoming Lisa</b>	<b>Becoming Lisa</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> An invitation	<b>Reflexive</b> A fit and opening	<b>Reflexive</b> No fit, a new proposal	<b>Reflexive</b> Confusing	<b>Reflexive</b> A fit and a new proposal	<b>Reflexive</b> A fit and opening to something new	<b>Reflexive</b> A fit and opening to something new
<b>Interpretive act/relational/process</b>	Invitation to link behaviour to insecurity about the identity	Accepted by the therapist who labels problems with protest	No fit for Lisa. Lisa questions 'taken for granted' assumptions about identity and proposes something different	Which confuses parents (and the therapist)	A fit for the therapist who invites to inquire the proposal Lisa does.	Accepted by Lisa	Accepted by parents
<b>(Speech) Action</b>	1502:6.8 She doesn't know who she really is.	1502:6.9 Maybe you lost the real Lisa because of all the corrections in your life. Do want to become a real Lisa.	1502:7.0 No it is not like that at all. I don't want to be the 'real me'. Everybody always says be the real you. But I don't want to	1502:7.2 What do you mean?  1502:7.4 I motivated you to take lessons in Tai-boxing. I thought that	1502:8.6 I am confused but curious at the same time. It is really interesting. There are philosophers who think about this question of selves too. Does a real me	1502:9.1 Yeah, I could write about it  1502:9.4 I could write a blog (on internet)	1502.9.3 Nod

			<p>be the real me, I don't like the real me. I want to be somebody different.</p> <p>1502:7.7 No completely. I don't like the real me. I don't want to be so serious and boring. I want to act differently, as if I am someone else. Someone who is spontaneous and bold.</p> <p>1502:8.4 I don't believe that anybody is real. Everybody is acting.. People create themselves. I act but not good enough or I didn't create somebody successful yet.</p>	would make you stronger	<p>exist or are we a mix of role-plays all together.</p> <p>1502:8.8 Your parents and me might be a bit confused but interested. So you believe if you focus on what you want to be and you act in a better way you become who you prefer to be. You want me to help me with this. You sound enthusiastic, don't you? Do you want to go for this in therapy</p> <p>1502:9.0 Could we do an inquiry about it and find out how it works for you and discuss it with your parents later on.</p>		
<b>Inner dialogue</b>		-			1502:8.2 I am amazed and in doubt. Do I want to		



					<p>help a youngster to act an ideal version of herself?</p> <p>1802:8.5 Wow this girl is inventing a postmodern concept of self, all by herself. She is enthusiastic when she talks about this.</p>		
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Text in blue refers to a changing frame of reference.

## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

I (as therapist) invite Lisa to respond to mother's link between her behaviour and feelings of insecurity. I reframe her resistance to change as protest. The proposal to look for 'the real Lisa' is rejected by Lisa. She questions a 'taken for granted' assumption about an authentic self. Lisa proposes to learn to act in an idealized way. I doubt but propose to make it a project for inquiry and discussion. Both parents and Lisa accept this proposal and Lisa seems very enthusiastic.

### Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit and an opening space to something new.

### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical and implicative forces are high. Lisa does not accept the invitation to link her behaviour to uncertainty and look for the ‘real’ Lisa. She questions a dominant ‘discourse of authenticity’ and introduces a different but controversial idea about change. This confuses parents and me. I suggest making a project out of it, for inquiry and discussion. This raises enthusiasm for Lisa. Parents give space for Lisa to do the experiment in her own way.

Collaborative learning:

2e order learning. An unpredictable move and proposal fits and opens up space for new connections (parents give space) and different frames. We are able to consider a different collective frame of reference about identity.

**Session 15 Evaluation session with Lisa, Nina and their parents**

Situation: The therapist shows the CDOI and ROM lists. The ORS scores increased but most of the ROM scores didn’t change. I worked with Lisa in individual session and spoke several times with Lisa and her parents together. Together with Lisa we worked on the project ‘Becoming Lisa’. Lisa changed the name to ‘Becoming like Avril’ (Avril Lavigne is her favourite pop star). Lisa wrote a blog on Internet about it. Some youngsters responded on the blog. After a while she changed the name again. I won’t be like Avril, she said. We spoke about Lisa 2.0. Lisa 2.0 is not an idealistic but possible version of Lisa. ‘I can’t escape completely from whom I am’, Lisa said wisely. When we evaluated she said it is still difficult at school. I talk more often with peers and I feel more confident about myself. Parents mention some improvements. Parents and Lisa have more conversation with each other. Parents let go and respond less from frustration. The last weeks there was a lot of stress because of school exams. Lisa’s stress resulted in fights with parents. Mother said that was the reason she gave low scores on the ROM-lists. The last weeks there was more stress because of school exams. Lisa stress resulted in fights with parents. Mother said that was the reason she gave low scores on the ROM lists.

**Critical moment 4**

**Transcripts, inner dialogue and reflections afterwards**

Table XXXIII Transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflection afterwards
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Mother 1502:9.6	The (ROM) scores stand for just one moment. Last week was terrible because of her exams. If things go wrong at that time I score negative. It goes up and down, I think		Theme: Using the diagram as an development indicator Reflection: The Rom scores refer to a difficult week because of exams at school and tension in the house.
Therapist		I am a bit disappointed. I was hoping FITs therapy and the project 'becoming Lisa' had more effect	Reflecting: It is interesting how I (as a therapist) hope that feedback by ROM scores is positive, maybe also because I use the case in my research.
Therapist 1502:9.7	If I look to the CDOI it goes up and down in the beginning and a little bit better during the last five weeks.		Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.
Mother 1502:9.8	In march (session 10) it was going very bad. She had cut herself. We were so worried than.		
Father 1502:9.9	What is the red line above the blue one?		
Therapist 1502:10.0	That line shows how you experienced the collaboration with me based upon your scores in the lists you fill in at the end of our conversations.		
Father 1502:10.2	It went down for Lisa in session 8		
Therapist 1502:10.3	Yeah (with a smile) and in that same session she gave the highest ORS score. (To Lisa) What did it mean you think?		Theme :Invite to evaluate the therapists contribution to the process.
Lisa 1502:10.4	I don't know I thought I always gave the highest score for you. I think it has to do with being sleazy.		
Therapist 1502:10.5	In the beginning, first session (points at the graphic) you gave a 3 for our collaboration		
Lisa 1502:10.6	No that's impossible		
Father 1502:10.6	I think you had to proof yourself (to therapist)		
Lisa 1502:10.7	I think I didn't know how to fill in that list		Reflection: This is a bit funny. I take those scores very serious and Lisa claims that she didn't know how to score it.

Therapist 1502:10.8	Always high scores? Are you never disappointed in our collaboration? Weren't there times when you wanted to talk and work about other subjects?		Theme: Invite to evaluate the therapists contribution to the process.
Lisa 1502:10.9	I don't like it when my parents critique me all the time. But I liked to talk with you about 'becoming Lisa'.		
Therapist11.0 1502:	What in what I did was helpful ?		
Lisa 1502:11.1	You listened and took me serious...		
Therapist 1502:11.2	(With a smile) Everybody can do that		
Lisa 1502:11.3	And ... I think you helped my parents to understand me too a little bit better I think.		Reflection: This is an important comment. She wants me to help her parents to understand her better.

## Looking for patterns in a context of meaning

### Episode 4: 'What in what I did was helpful'?

Table XXXIV analysed transcript

	Father	Therapist	father	Lisa	Therapist	Lisa
<b>Society/culture/professional</b>	Diagrams represent important information.	Diagrams represent important information. We can learn from that.	-	It is important to appreciate what you value.	A therapist improves collaborative work through feedback	Parents should try to understand their children

<b>Family culture</b>	-	-	-	Critique leads to conflict	-	My parents can understand me being different
<b>Subjectification</b>	Curious father	Explaining therapist	Curious father	Appreciative client	Learning therapist	Knowing client looking for understanding.
<b>Episode</b>	<b>What in what I did was helpful?</b>	<b>What in what I did was helpful?</b>	<b>What in what I did was helpful?</b>	<b>What in what I did was helpful?</b>	<b>What in what I did was helpful?</b>	<b>What in what I did was helpful?</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> Invitation	<b>Reflexive</b> Accepted and answered	<b>Reflexive</b> Invitation for Lisa	<b>Reflexive</b> Who emphasizes appreciation	<b>Reflexive</b> Challenged by the therapist	<b>Reflexive</b> An understanding of the importance of being understood by parents through the therapist.
<b>Relational</b>	Father invites to explain the red line in the diagram	Therapist explains, invites to talk about the therapeutic alliance.	Father invites Lisa to talk about the therapeutic alliance	Lisa emphasizes appreciation	Therapist wants to learn what it was that was helpful.	Lisa explains and emphasizes what was important for her in relationship to her parents.
<b>(Speech) Action</b>	15029.9 What is the red line above the blue one?	1509:10.0 That line shows how you experienced the collaboration with me based upon your scores in the lists you fill in at the end of our conversations.	1502:10.2 It went down for Lisa in session 8	1502:10.4 I don't know I thought I always gave the highest score for you. I think it has to do with being sleazy.  1502:10.7 I think I didn't know how to fill in that list	1502:10.8 Always high scores? Are you never disappointed in our collaboration? Weren't there times when you wanted to talk and work about other subjects?	1502:11.1 You listened and took me serious...  1502:11.3 And ... I think you helped my parents to understand me too a little bit better I think.

					1502:10.10 What in what I did was helpful	
<b>Inner dialogue</b>		-				

## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

I (as a therapist) explain how the red line in the CDOI represent SRS scores about our collaboration in FITS therapy. Father points at a lower score in Lisa her SRS-line. I invite Lisa to give feedback about the therapeutic alliance. First she emphasizes appreciation. If I ask her how I was helpful she tells me that I helped her parents to understand her better.

### Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit and an opening space to something new. In response to the invitation to evaluate the therapeutic alliance Lisa emphasizes the importance of feeling understood by parents through the therapist.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Contextual forces work when Lisa expresses that her parents understand her better than before and parents and me (as therapist) realise how important this is for Lisa.

### Collaborative learning:

1<sup>e</sup> order learning. We learn what we are heading for. Lisa is different and wants to be understood in her own way of finding her way. I (as a therapist) learn how I can be the mediator. I invite parents to join our process of collaborating and negotiating. Lisa finds out parents can do that.

## Critical moment 5

### Transcripts, inner dialogue and reflections afterwards

Situation: Mother tells about an escalation at home. Mother asked her daughters to eat in the garden, outside the house. The house is for sale and possible buyers came to take a look. Lisa didn't want to leave the living room. 'She is not listening to me', mother says with despair. 'No it didn't go like that', Lisa responded. 'It was different. You are making no sense. Something else happened'. I (as therapist) asked them to describe the sequence between them. Lisa and parents tell about the event. I write the sequence on the whiteboard and try to recognize a (circular) pattern in what happens.

Table XXXV transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1502:11.4	Can you precisely describe what happened last week?		
Lisa 1502:11.5	Can I tell it first, can I?		
Therapist 1502:11.6	What day it was?		
Lisa 1502:11.7	Thursday		
Mother 1502:11.8	No this was on Saturday. I have asked you to eat in the garden. I ask you to give me one-and-a-half hour of your life and you refuse it.		
Therapist 1502:11.9		That is a lot of pressure for Lisa I guess. Mother is stressed. I should connect with her first.	
Therapist 1502:12.0	(To mother) What happens for you when you tell me this?		Theme: Focus on the experience in the here and now
Mother	She doesn't take me in her account.		

1502:12.1			
Lisa 1502:12.2	But you don't take me into your account.		
Lisa 1502:12.3	Something bad happened at school. I tell you what happened. You are my mother. But you scream to me		Reflection: They move away from experiencing in the here-and-now
Mother 1502:12.4	She comes home with such negative stories all the time. She wants attention for that. I feel empty.		
Lisa 1502:12.5	And then you scream to me		
Mother 1502:12.6	She is so impertinent. Yes I am angry than		
Therapist 1502:12.7		Both ask for each other's care. They don't get it because of blame and defence. Could I help them to see it circular?	
Therapist 1502:12.8	Is anger contagious?		Theme: inviting to see circular patterns by asking systemic/ circular questions
Mother 1502:12.9	We can't talk. I feel like I am her slave? She drops her stuff everywhere in the house. She doesn't care that I am the one who is cleaning it.		
Lisa 1502:13.0	No it is not always I.		
Mother 1502:13.1	She is so impertinent, that is not normal isn't it		Theme: Invited to take an expert role, control
Therapist 1502:13.2		What is normal? What is an effect of the escalation between the two of them? What is just about being a teenager?	
Therapist 1502:13.3	Don't you think children nowadays talk differently to their parents than we did in our youth?		
Mother 1502:13.4	I am her slave. She leaves every door open. In the house. The toothbrush is all over the sink.		Reflection: Mother ignores my invitations
Lisa 1502:13.5	Why do you think it is me?		
Therapist 1502:13.6		Here we go again. How can I help them to see the event in a more circular way? Can I include father	Theme: inviting more (background) voices.



		and Nina in the conversation?	
Therapist 1502:13.7	(To father and sister Nina) what do you think is repeating between mother and Lisa?		Theme: inviting to see circular patterns by asking systemic/ circular questions
Nina 1502:13.8	I think Lisa should learn to control herself better.		
Father 1502:13.9	Lisa doesn't see how difficult it is for her mother. She (mother) keeps on walking behind her, taking care for her.		
Therapist 1502:14.0	Is that a repeating pattern? Mother takes care and Lisa resists?		Theme: Notice an unproductive pattern
Mother 1502:14.1	She doesn't accept my help; she doesn't listen to what I say but doesn't take care of herself either. Sometimes I ask myself if she has a conscience. Should we not do more diagnostic research to understand her better		
Lisa 1502:14.2	I can't do anything right, can't I?		
Therapist 1502:14.3		We repeat the same pattern over and over again in therapy. How can I make a difference?	Theme: Noticing the unproductive pattern we are making together. Reflection: And again I ignore the question to do more diagnostic research. I am too preoccupied to invite them to see the circular pattern

## Looking for patterns in a context of meaning

### Episode 5: 'Take me into your account'

Table XXXVI Transcript analysed

	Therapist	Lisa	Mother	Therapist	Mother	Lisa	Therapist	Mother	Lisa

<b>Society/culture/professional</b>	Introduce circularity	Children should have a voice	Give and take, take care of your parents	Connection before correction	Give and take, take care of your parents	Children should have a voice	Introduce circularity	Children should listen to parents	Children should have a voice
<b>Family culture</b>	-	Not easily heard and understood	Not easily heard and understood	-	Not easily heard and understood	Not easily heard and understood	-	Not easily heard and understood	Not easily heard and understood
<b>Subjectification</b>	A systemic therapist	A daughter who knows better and wants to be heard	Disqualified and blaming	Understanding, connecting therapist	Overstressed	A daughter who knows better and wants to be heard	A systemic therapist	Disqualified and blaming	Disqualified and blaming
<b>Episode</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>	<b>'Take me into account'</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive Invitation</b>	<b>Reactive</b> A fit and connection	<b>Reactive</b> Accusation, invitation to understand	<b>Reactive</b> Giving attention	<b>Reactive</b> Blaming/defensive	<b>Reactive</b> Blaming/defensive	<b>Reactive</b> Invite to another perspective	<b>Reactive</b> Blaming	<b>Reactive</b> Defensive
<b>Interpretive act/relational/process</b>	Invite to describe the event in a sequence and discover a circular pattern	Wanting to be first	Blaming and inviting to acknowledge difficulties.	Connecting before correcting/ 'mentalizing the moment'	Take me into account	Take me into account	Invite to describe the event in a sequence and discover a circular pattern	Blaming	Defensive
<b>(Speech) Action</b>	1502:11.4 Can you precisely describe what	1502:11.5 Can I tell it first, can I?	1502:11.8 No this was on Saturday. I have asked you to eat in	1502:12.0 (To mother) What happens for you when	1502:12.1 She doesn't take me in her account.	1502:12.2 But you don't take me into your account.	1502:12.8 Is anger contagious? 1502:14.0	1502:14.1 She doesn't accept my help; she doesn't listen to what I	1502:14.2 I can't do anything right, can't I?

	happened last week?		the garden. I ask you to give me one-and-a-half hour of your life and you refuse it.	you tell me this?	1502:12.4 She comes home with such negative stories all the time. She wants attention for that. I feel empty.	1502:12.5 And than you scream to me	Is that a repeating pattern? Mother takes care and Lisa resists?	say but doesn't take care of herself either. Sometimes I ask myself if she has a conscience. Should we not do more diagnostic research to understand her better	
<b>Inner dialogue</b>		-		1502:11.9 That is a lot of pressure for Lisa I guess. Mother is stressed. I should connect with her first.			1502:12.7 Both ask for each other's care. They don't get it because of blame and defence. Could I help them to see it circular?		

## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

We got stuck in a repetitive reactive pattern. I feel an invitation to be the judge and structure the conversation. I will sustain patterns of 'knowing what is best' if I do this. I try to make a difference when I invite family members to see circularity in the sequence (1502:11.4, 1502:12.8, 1502:12.8). There is no fit or opening space to something new. I (as therapist) want to connect with mother and help her to

connect with Lisa. I help her 'mentalize the moment' (1502:12.0) asking what is happening for her. Again there is no fit and no opening to something new.

Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

There is a low level of reflexivity. Contextual and prefigurative forces are high. Mother and daughter feel unheard and blame each other within the same frames of reference over and over again.

Collaborative learning:

0-order change. Intentions do not fit and there is no opening space for new constructions of meaning.

**Critical moment 6**

Situation: The pattern of not understanding, feeling unheard and blaming continues in the conversation. At a certain point I decide to ask parents and Nina to take an outsider-witness position (White, 2007) while I interview Lisa about the Project 'Becoming Avril'. Parents and Nina listen from a witness position and reflect after the interview.

**Transcripts, inner dialogue and reflections afterwards**

Table XXXVII transcript

<b>Voices</b>	<b>Outer dialogue</b>	<b>Inner dialogue</b>	<b>Themes and reflection afterwards</b>
Therapist 1502:14.4	You started this conversation with a happy smile and now you look a bit depressed.		Theme: Focus on unexpected, surprising (non-verbal) emotional responses

Lisa 1502:14.5	Yeah I don't like this conversation. I'd rather talk with you alone. They are all against me.		
Therapist 1502:14.6		I should not become too important. I want to help parents and Lisa to understand each other better.	Theme: invitation to take over responsibilities, family tasks.
Therapist 1502:14.7	I'd wish you and your parents find a way to talk in a better way. What do you hope they understand from you?		Theme: Inviting family members to discuss issues with each other
Lisa 1502:14.8	That it is difficult for me at school, but that I am also trying to find a way to deal with it myself.		
Therapist 1502:14.9	They don't know that?		
Lisa 1502:15.0	No		
Therapist 1502:15.1	Like what you do in the 'Becoming Avril' project?		
Lisa 1502:15.2	They don't know much about that.		
Therapist 1502:15.3	I'd like to know more about the 'Becoming Avril project'. You challenged your parents and me by telling us that you didn't want to be yourself but somebody else, someone like Avril Lavinge (pop artist).		Theme: Making a playful difference
Lisa 1502:15.4	I knew that I would not be popular if I behaved the way I did before. I didn't like myself and could understand others who didn't like me either. I wanted to become someone else, someone like Avril Lavinge.		
Therapist 1502:15.5	I was very interested in this statement. In therapy we often tell kids not to pretend to be someone else, but to stay close to your authentic self. You told me that you don't believe in this 'authentic self'. Everybody is playing a role, you said. You wanted to play your role better, didn't you?		Theme: Broadening the new, alternative narrative
Lisa 1502:15.6	Yeah		
Therapist 1502:15.7	You wrote a blog on internet. Did you get any responses?		
Lisa	Yes, some girls also told me it is better to be		

1502:15.8	myself and not pretend to be someone else.		
Therapist 1502:15.9	What did you find?		
Lisa 1502:16.0	I won't be Avril Lavinge (with a smile)		Theme: Children make a playful difference
Therapist 1502:16.1		I am enthusiastic and curious. What did she find out for herself and how can I help parents to respond to these developments?	Theme: Triadic/ systemic awareness.
Therapist 1502:16.2	(Smiles) Can you pretend and become somebody different?		
Lisa 1502:16.3	Yes that's possible. First you pretend and act and after a while it becomes more normal.		
Therapist 1502:16.4	What did you try?		Theme: Invite to acknowledge contributions to change
Lisa 1502:16.5	I initiate a conversation more often. I walk more straight up. I am less sweet and more assertive when others treat me bad. I can be mean too.		
Therapist 1502:16.6	You say this is not Avril.		
Lisa 1502:16.7	No not Avril (with a smile).		
Therapist 1502:16.8	More a Lisa 2.0.		
Lisa 1502:16.9	(Smile) Yes a Lisa 2.0. That is possible for me.		
Therapist later in the conversation to parents: 1502:17.0	What strikes you in our conversation?		Theme: Invite to acknowledge contributions to change
Mother 1502:17.1	I'd wish she would tell me more stories like this at home.		
Father 1502:17.2	She is a creative thinker		

## Looking for patterns in a context of meaning

### Episode 6: 'A creative thinker'

Table XXXVIII analysed transcript

	Lisa	Therapist	Lisa	Therapist	Lisa	Mother	Father
<b>Society/culture/professional</b>	Therapists understand what parents don't get.	Therapists should not act upon the invitation to take over parental tasks.	Only the successful succeed.	Children are experts of their own lives.	I can't be somebody else but learn to be a little bit successful by trying and acting.	She can't be somebody else but learn to be a little bit successful by trying and acting.	She can't be somebody else but learn to be a little bit successful by trying and acting.
<b>Family culture</b>	Not easily heard and understood	-	You can make it if you try	-	I can make it if I try	Lisa can talk and think seriously about difficult issues in her life	Lisa can think creatively about difficult issues in her life.
<b>Subjectification</b>	A girl with a voice of her own.	A systemic therapist	A girl with an unpromising identity wanting to be somebody else.	A curious therapist	A creative thinker	A mother who wants to be involved	An appreciative father
<b>Episode</b>	'A creative thinker'	'A creative thinker'	'A creative thinker'	'A creative thinker'	'A creative thinker'	'A creative thinker'	'A creative thinker'
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> An emphasize on talking alone	<b>Reflexive</b> Questioned by the therapist	<b>Reflexive</b> An invitation of Lisa to her parents	<b>Reflexive</b> Explored by the therapist	<b>Reflexive</b> Opens up to new connections and understandings	<b>Reflexive</b> Opens up to new connections and understandings	<b>Reflexive</b> Opens up to new connections and understandings

<b>Interpretive act/ relational/ process</b>	Lisa emphasizes the importance of talking alone	I don't take that invitation, emphasizes the importance of parents and children to understand each other. I ask what she wants her parents to know.	Lisa wants recognition for her responses to difficult issues in her life.	Therapist invites Lisa to tell about her learning, broaden her story and parents to hear this.	Lisa tells her story about trying and learnings	Acknowledged by mother	Acknowledged by father
<b>(Speech) Action</b>	1502:14.5 Yeah I don't like this conversation. I'd rather talk with you alone. They are all against me.	1502:14.7 I'd wish you and your parents find a way to talk in a better way. What do you hope they understand from you?  1502:15.3 I'd like to know more about the 'Becoming Avril project'. You challenged me and your parents by telling us that you didn't want to be yourself but somebody else, someone like Avril Lavinge (a pop artist)	1502:15.4 I knew that I would not be popular if I behaved the way I did before. I didn't like myself and could understand others who didn't like me either. I wanted to become someone else, someone like Avril Lavinge.	1502:15.7 You wrote a blog on internet. Did you get any responses?  1502:15.9 What did you find?  1502:16.2 (Smiles) Can you pretend and become somebody different?	1502:16.0 I won't be Avril Lavinge (with a smile) 1502:16.3 Yes that's possible. First you pretend and act and after a while it becomes more normal.  1502:16.5 I initiate a conversation more often. I walk more straight up. I am less sweet and more assertive when others treat me bad. I can be mean too.	1502:17.1 I'd wish she would tell me more stories like this at home.	1502:17.2 She is a creative thinker
<b>Inner dialogue</b>		1502:14.6 I should not become too important. I want to help parents and		1502:16.1 I am enthusiastic and curious. What			



		Lisa to understand each other better.		did she find out for herself and how can I help parents to respond to these developments?			
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Text in blue refers to a changing frame of reference.

## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

When Lisa emphasizes the importance of talking alone I (as a therapist) respond, after listening to my inner dialogue, by emphasizing the importance of an understanding between children and their parents. In therapy there is often is an invitation to the therapist to take over parental tasks. I feel that invitation and want to make a difference. I want to bring the issue of 'understanding' back in the relationship between Lisa and her parents. I ask Lisa what she wants her parents understand. Lisa tells about our project 'Becoming Avril' and her personal learning in 'Becoming Lisa 2.0'. Parents acknowledge her input and creativity.

### Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit and an opening space to something new.

### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low level of reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical and implicative forces are high when Lisa explains her parents how she responds to difficult issues at school and when parents acknowledge this. We are able to reconstruct a new collective frame of reference. Parents discover that Lisa thinks and talks sensible

about difficult issues in her life. Together we discover that Lisa can't be somebody else but that she learns to be a little bit successful by trying and acting.

#### Collaborative learning:

2e order learning. Lisa her inquiry fits and opens up space for new connections and different frames. Parents acknowledge Lisa her input. Lisa feels understood and we are able to consider a different collective frame of reference about identity. I (as therapist) learn how much our therapeutic practices are informed by rather individualistic discourses (for example about authenticity). I learn how a curious stance and collaborative inquiry (between Lisa and me) helps her to come to new 'lived' frames and practices.

#### **Follow up**

After finishing FITS therapy we agreed on additional diagnostic research. Parents asked for this during therapy. I didn't respond to that question immediately because I was afraid it would individualize the focus of attention too much. After the Fits trajectory Lisa wanted to stop therapy. Parents agreed on that, but still had questions about the diagnosis. Together we decided to end FITS therapy and to start additional diagnostic research. Lisa was diagnosed with a developing borderline personality and did mentalization-based treatment later that year. After Fits family therapy I had send Lisa a letter about the project 'Becoming Lisa 2.0'.

Fragment of the letter:

*Dear Lisa*

*You often surprise me in the conversation we had with you and your parents. Once you surprised me most. You told me about your desire to become 'somebody else'. You wanted to become 'Avril', referring to the pop singer Avril Lavigne. You made judgmental statements about yourself like; 'I'm ugly, boring, dull and unpopular. Your parents and I tried to convince you otherwise, without success. That's what parents and therapists do, you once said, to convince youngsters of positivity. But what if I am really not good enough to make it in life, what to do than in therapy? We thought about this. Your father suggested Tai-boxing lessons. He thought you could learn to build your confidence there. Quite a good idea, I thought. Lisa, you quickly came to the conclusion that it wasn't helpful for you. You responded in a typical Lisa way of responding and said: 'Hitting the opponent is nice, but I do not want to get hit myself. I think getting hit is a little bit scary, I'll go talk quickly to distract the opponent and they find me weird because of that'. Your mom once said that she hoped you learned to accept yourself as yourself in the way you really are. 'No', you said. 'I can accept myself in the way that I really am'. 'It is important to be your true self', your father said. I nodded (I think). Nope you said 'my true self is too serious and boring. I want to walk straight up, be spontaneous and bold. 'I don't believe in this "true self"', you said. 'People create themselves out of role-plays. I didn't create a good role-play yet. That's my problem'.*

*I remember that I was confused and curious. Therapists say (like your parents) often it is important to 'be yourself, don't listen too much to what others think of you'. 'It is very important what others think of you when you're 15', you said wise. You told us that you want to learn to learn to play a credible character. Can you teach me this, you asked me. Your parents looked at me, frowning. We agreed on inquiring the 'Becoming Avril Project'. Avril is spontaneous, cheeky and sometimes indifferent. We made a collage of the 'Avril' in you. You wrote an anonymous Internet blog about the project 'Becoming Avril'. Almost all readers responded with: 'Be yourself'. It confused you.*

*About 6 months later, we evaluate the 'Becoming Avril Project'. It does not always work you tell your parents and me. Everybody knows me as Lisa. Maybe I can only succeed if I am on a totally different place with different people and start all over again? Sometimes 'the Lisa' in who you are is valuable to you too. 'I know that my joy and sorrow are Lisa's and not Avril's', you say. That statement hit 'the Robert' in me. But you can also proudly say that you sometimes feel 'the Avril' in you. Then you walk straight up through the halls at school, then you smile when someone makes a nasty remark, you think something mean what you keep to yourself, you'll even feel stronger, tough and beautiful, for a while. I try to imagine this. A girl of 15, uncertain and fearless at the same time, with Lisa in her heart and Avril in her mind, is on her way to who she will become.*

## **Summarizing reflections on the case of Lisa**

### **How do I navigate on the basis of coordinated improvisations in feedback informed systemic therapy?**

Lisa is a 15-year-old girl. She grows up in a family with parents and her twin sisters. She has two older half-brothers who were born in an earlier marriage of mother. The brothers live independently. Lisa and Nina both experience many social problems at school. They feel outsiders and lonesome. They both think they are unattractive. Both the girls identify themselves as gay. The sisters avoid contact together, unless all the similarities. Nina started with self-mutilation. Lisa followed her a bit later, doing the same. Lisa is very unhappy, complaints about her life, doesn't want to live by times. Lisa is diagnosed with ADHD. She responds impulsive on circumstances. She needs some guidance to keep structure in her life. Lisa is also a young adolescent who wants to do it on herself. Parents are tired. They feel powerless and worried about their daughters. There is not much conversation. Parents respond irritated and the girls withdraw, live separate in their bedrooms.

### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning. Problematic behaviour is sustained in repetitive self re-enforcing loops. Therapy works if we are able to recognize these loops and find different ways to go on.

The parents of Lisa and her twin sister Nina had asked help for both their daughters. They were very worried about the girls, because they were very insecure, lonesome and depressed. The twin sisters avoided each other as well. I worked with Nina and her family first and a little bit later with Lisa and her family. In the beginning Lisa did not want to go to therapy. She asked if she could talk with me alone. Together (therapist, parents and Lisa) we decided to make a mix. I spoke many times with Lisa alone, had a session with parents alone and had five sessions with parents and Lisa together. During the last session (15) twin sister Nina joined the conversation.

We evaluated therapy in session 8 and concluded that there was no progress. During this session Lisa proposed a collaborative inquiry to her project 'becoming Avril'. We agreed on a continuation of FITS therapy. During session 15 we evaluated FITS therapy again. In the CDOI/ORS scores is a growing line in all the diagrams, indicating progress. And also in the FGRL both Lisa and mother give a higher score about reaching their goals. The ROM scores on the contrary show an increase of problems and parental burden for mother. Exceptional is the OBVL (parental burden) score father gave. Father scores a significant improvement on the OBVL

In FITS we use quantitative output as a conversational tool in the qualitative research of the process of therapy. In the first episode I (as a therapist) invite family members to evaluate the approach and collaboration because the scores on the CDOI and ROM lists didn't

change and are low. Lisa doubts if change is possible because of who she is. Father tries to relativize the message of Lisa. This hurts me. As a result of inner reflections I invite Lisa to reposition herself in relation to the 'problem story told'. It doesn't make a change. Lisa doubts if family therapy could help her.

In the second episode family members focus on negative identity stories about Lisa I (as therapist) feel an invitation to focus on different and more positive experiences. There is no fit. Mother blames her daughter to be the cause of stress in the family. I (as therapist) invite parents to normalize Lisa's behaviour and use the diagnosis ADHD as influential factor here: Lisa is not doing this on purpose. I want to focus on family interactions that allow differences. Mother ignores this, looks for different explanations. Lisa emphasizes the gravity of the situation. She points at her grandfather's expression about leaving home. She tells she understands that she makes her mother crazy. When mother asks for more diagnostic research I (as therapist) ignore that question here. It distracts from a circular reframing I am looking for. There is a low level of reflexivity. There is no fit and no opening space to something new. I (as therapist) contribute in a paradoxical pattern when I introduce diagnostic language in order to move the focus to a more circular account the situation and ignore a question about diagnostics when it brings back the focus to a linear individualistic frame.

In the third episode I (as a therapist) invite Lisa to respond to mother's link between behaviour and an insecure identity. I reframe her resistance to change as protest. The proposal to look for 'the real Lisa' is rejected by Lisa. She questions a 'taken for granted' assumption about an authentic self. Lisa proposes to learn to act in an idealized way. I doubt but propose to make it a project to inquire and discuss with parents. Both parents and Lisa accept this proposal and Lisa seems very enthusiastic. Practical and implicative forces are high. Lisa does not accept the invitation to link her behaviour to uncertainty and look for the 'real' Lisa. She questions a dominant 'discourse of authenticity' and introduces a different but controversial idea about change. This confuses parents and me. I suggest making a project out of it, inquire it and discuss it with parents. This raises enthusiasm for Lisa. Parents give space for Lisa to do it her way.

In the fourth episode I (as a therapist) point at the CDOI/SRS scores and invite to evaluate the therapeutic alliance Lisa emphasizes the importance of feeling understood by parents through the therapist.

In the fifth episode we got stuck in a repetitive reactive pattern. I feel an invitation to be the judge and structure the conversation. I will sustain patterns of 'knowing what is best' if I do this. I try to make a difference when I invite family members to see circularity in the sequence (1502:11.4, 1502:12.8, 1502:12.8). There is no fit or opening space to something new. I (as therapist) want to connect with mother and help her to connect with Lisa. I help her 'mentalize the moment' (1502:12.0) asking what is happening for her. Again there is no for and opening to something new.

In the sixth episode Lisa emphasizes the importance of talking alone I (as a therapist) respond, after listening to my inner dialogue, by emphasizing the importance of an understanding between children and their parents. In therapy there is often an invitation to the therapist to take over parental tasks. I feel that invitation and want to make a difference. I want to bring the issue of 'understanding' back in the relationship between Lisa and her parents. I ask Lisa what she wants her parents understand. Lisa tells about our project 'becoming Avril' and her personal learning in 'Becoming Lisa 2.0'. Parents acknowledge her input and creativity.

## **Coordinated improvisations**

I look how spontaneous responses open up space for new connections, meanings and ways to go on. Lisa confuses her parents and me when she (in 1502:09) claims she doesn't want to think too positive and give herself false hope. She thinks she is boring and ugly. I as a therapist feel a strong invitation to convince her otherwise (like her parents do). I really think Lisa is an amazing kid, but telling her would be more of the same. I ask myself how I can make a difference. I listen to my inner dialogue and decide to share the dilemma I experience with Lisa and her parents. (1502:2.3) *I want to tell you that I don't think that those children would say that you are ugly. I want to tell you that I like working with you, that you are creative and spontaneous and an original thinker. But I am afraid that if I do you would not believe me. I can't take your strong opinion away from you, can I? I can only invite you to inquire these negative opinions of others and these negative thoughts you have. You suffer from those opinions and thoughts. That makes it worthwhile to inquire it, doesn't it? Do you want to work on that with your parents and me?* There is fit or opening to something new. Lisa doubts if therapy can help her.

Later in this session Lisa claims she wants to become someone else. She asks me if I can help her to pretend and act a better role. I am confused and curious (1502:8.2) Do I want to help a kid to act an idealized personage? Lisa talks about Avril Lavigne, her favourite pop star. I notice enthusiasm in the way Lisa talks about this subject. I propose to approach it as a project we can inquire and discuss with parents. Parents agree and we found a way to go on in FITS therapy.

In session 15 I invite parents to take a listening position while I interview Lisa about the project 'Becoming Avril'. Lisa tells about small successes and disappointments. There is 'a Lisa' involved. I propose a different name for the project; Becoming Lisa 2.0. ( Lisa smiles and says that's possible for me (1502:16.9). Parents acknowledge her creativity and mother expresses the wish to talk this open with Lisa herself.

## **Feedback**

During session 8 parents and Lisa evaluate the first sessions of FITS family therapy. We looked to the CDOI diagrams and the ROM scores. There was no improvement shown in the scores. Mother scores, in session 8 very low on the ORS. Parents are worried about Lisa her wellbeing. She is acting out towards parents. She mutilated herself a couple of times. Parents are not able to talk with Lisa. Lisa feels not understood.

We evaluate therapy. Lisa externalized difficulties at school as unfriendly ghost in a pac-man-game. Lisa her happiness is stolen by these unfriendly ghosts and together with parents and a friend we try to find strategy to keep happiness out of he hands of the ghosts. During therapy sessions Lisa works very enthusiastic with the metaphor. Back home she doesn't use it much. At the end of session 8 mother and Lisa give a lower score on the SRS. Lisa tells that she experiences the voice from parents as too critical. Mother tells me it is more difficult to believe that therapy could bring a change. We try to learn from this evaluation how to collaborate and go on in a different way. The proposal Lisa makes about inquiring the project 'becoming Lisa/Avril' rises enthusiasm. We agree to continue FITS therapy.

In session 15 we evaluate the CDOI, ROM and FGL scores. Scores on CDOI and FGL are higher. Many ROM scores aren't. Mother refers to a difficult week because of exams and tension in the house. I confrots me with the meanng of scores. Evenmore when Lisa tells me that she scored list and didn't know how it worked.

I explain father (1509:10.0) how the red line in the CDOI represent SRS scores about our collaboration in FITS therapy. Father points at a lower score in Lisa her SRS-line. I invite Lisa to give feedback about the therapeutic alliance. First she emphasizes appreciation. If I ask her how I was helpful she tells me that I helped her parents to understand her better. I worked on that by outsider witness and interviewing Lisa about her project 'becoming Lisa/ Avril'.

## **Collaborative learning**

There is 0-order learning happening in many episodes. In episode 1 father and me (as a therapist) respond from framed intentions to convince Lisa without really listening and connecting. Intentions do not fit and there is no opening space for new constructions of meaning. There is no exchange or actual influencing of each other's ideas. Contextual frames are not questioned and do not change. Lisa defends her framed statements about identity and social judgements. In episode 5 mother and daughter feel unheard and blame each other within the same frames of reference over and over again. Intentions do not fit and there is no opening space for new constructions of meaning.

There is 1-order learning happening in episode 4. We learn what we are heading for. Lisa acts different and wants to be understood in her own way of finding her way. I (as a therapist) learn how I can be the mediator. I invite parents to join our process of collaborating and negotiating. Lisa finds out parents can do that.

There is 2-order learning happening in 3 episodes. In episode 3 an unpredictable move and proposal fits and opens up space for new connections (parents give space) and different frames. We are able to consider a different collective frame of reference about identity. Lisa questions a dominant 'discourse of authenticity' and introduces a different but controversial idea about change. This confuses parents and me. I suggest making a project out of it, inquire it and discuss it with parents. This raises enthusiasm for Lisa. Parents give space for Lisa to do it her way. In episode 6 Lisa her storied inquiry fits and opens up space for new connections and different frames. Lisa explains her parents how she responds to difficult issues at school Parents acknowledge Lisa her input. Lisa feels understood and we are able to consider a different collective frame of reference about identity. Together we discover that Lisa can't be somebody else but that she learns to be a little bit successful by trying and acting in her process of becoming.

Collaborative learning implicates that I (as a therapist) learn how to become a better therapist for this family. Reflecting afterwards I ask myself why we didn't talk about 'homosexuality', dominant hetero-sexual discourses and the influence of social judgements on identity. Reflections about the CDOI and ROM scores help me to relativize the meaning of those numbers. Mother tells that she scored the final ROM-lists in a week with a lot of tension in the house. The scores represent that specific moment of time. Lisa doesn't believe she gave me a low SRS score and think that she didn't understand how to score the SRS list when she did this. I also learn that because of all the individual sessions our relationship might have been too exclusive to parents. I liked the project 'Becoming Avril' a lot and Lisa felt understood. Parents felt powerless and tired. Did I really have a yes-response from parents (1502:9.2)? Did I include parents enough (1502:14.3)? Why didn't I make a connection between the two twin sisters with merely the same problems (1502:3.7)? I didn't listen well enough to the request of mother asking for more diagnostic research. (1502:6.3) Sometimes my systemic frame blocks me to listen good enough to parents their own concerns. I wanted to point at a collaborative process of evolving and missed the serious concerns about Lisa her mental wellbeing. I organised diagnostic research after the FITS trajectory. Lisa was diagnosed with a developing borderline personality. Later that year she did preventing mentalization-based therapy.

## **(7) FITS case 1503**



The names in document are fictionalized.

**Code: 1503**

1503 Susan

1503 Mother, Mira

1503 Father, Jacob

**Introduction**

Susan is an 18-year-old girl who lives with her parents and younger brother. Susan got 16 sessions FITS therapy. Susan wanted to work by herself in therapy. Parents were involved in the first and last session of FITS therapy. Mother was also present in session 12.

FITS therapy started after Susan decided to stop her in-patient treatment in a therapeutic community she was joining. She had started the (in-patient) therapy program after being hospitalized for more than one and a half year in a specialised mental health eating disorder institute. Susan's eating disorder, anorexia, was severe and sometimes life threatening. The treatment in the specialised mental health institution led to a recovery from anorexia. Susan joined the inpatient therapy group to learn about self-confidence, emotion regulation and reactivation. After four weeks Susan wanted to leave the program. She felt a strong need to take steps by herself. Her parents were worried and afraid for a relapse in anorexia or depression. Susan convinced them to support her plan. She started voluntary work in a organic food store and FITS therapy.

During the first session FITS therapy we agreed that we should use feedback to discover if voluntary work and FITS therapy would be enough to stimulate progression in Susan's life. I offered a individual but systemic approach. I wanted to involve parents and brother but Susan didn't want that. In the first 8 sessions there was progress made. We continued FITS therapy. During the last 8 sessions Susan got more problems. She quitted her job and lived isolated at home. There was no relapse but no improvement either. After 16 sessions FITS therapy Susan wanted to stop therapy for a while.

## **Quantitative Research**

### **Routine Outcome Measurement**

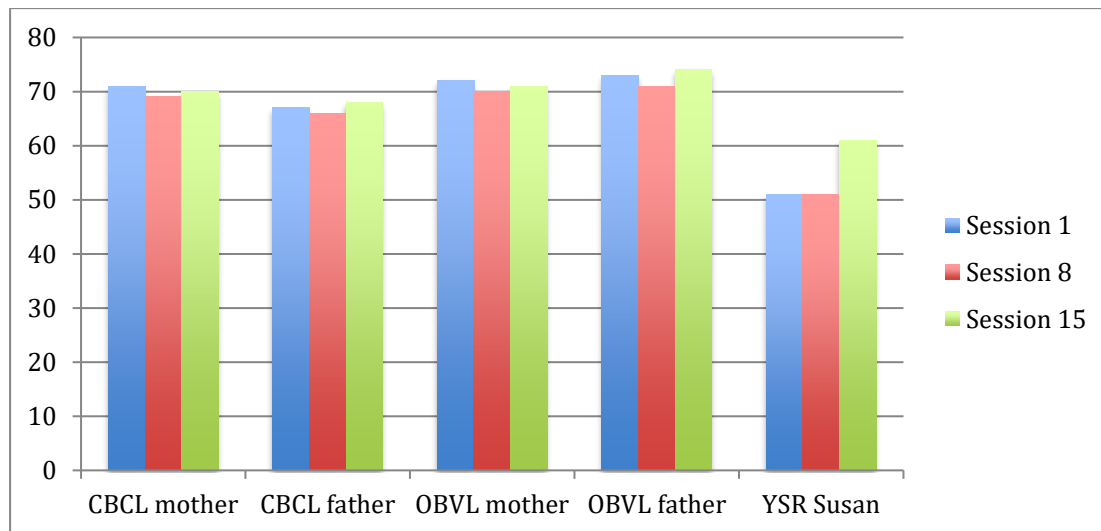


Fig. 30. CDOI

Table: IXL CDOI

Test	Session 0	Session 8	Session 12
CBCL mother	Total: 71	Total: 69	Total: 70 (rci=0)
CBCL father	Total: 67	Total: 66	Total: 68 (rci=0)
OBVL mother	Total: 72	Total: 70	Total: 71 (rci=0,35)
OBVL father	Total: 73	Total: 71	Total: 74 (rci= -0,35)
YSR Susan	Total: 51	Total: 51	Total: 61 (rci=-1,57)

RCI (Jacobsen & Tuax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI is bigger than 1,64 than change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

## Client Directed Outcome Interview

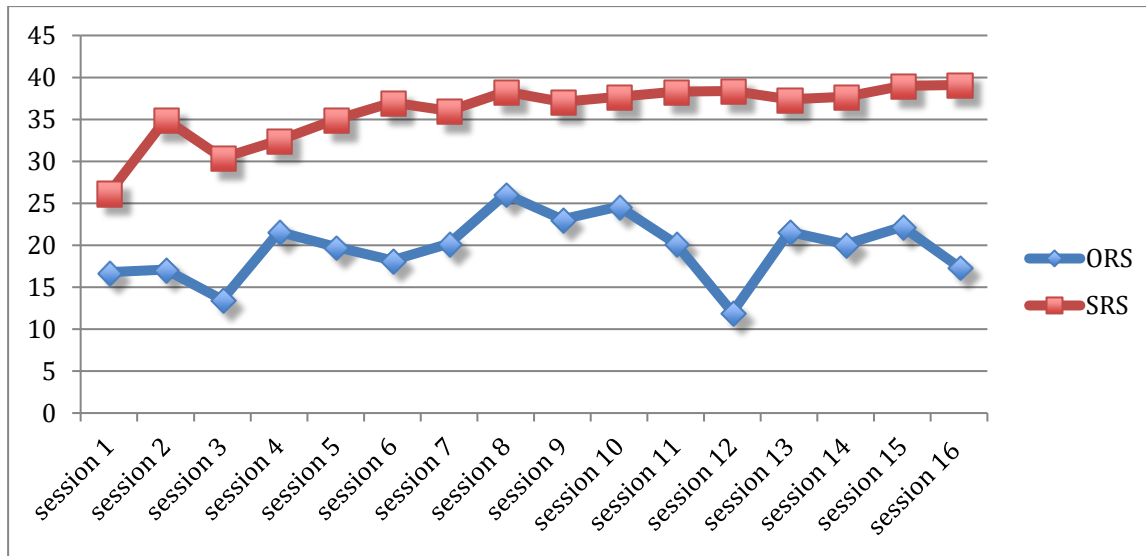


Fig. 31 CDOI Susan

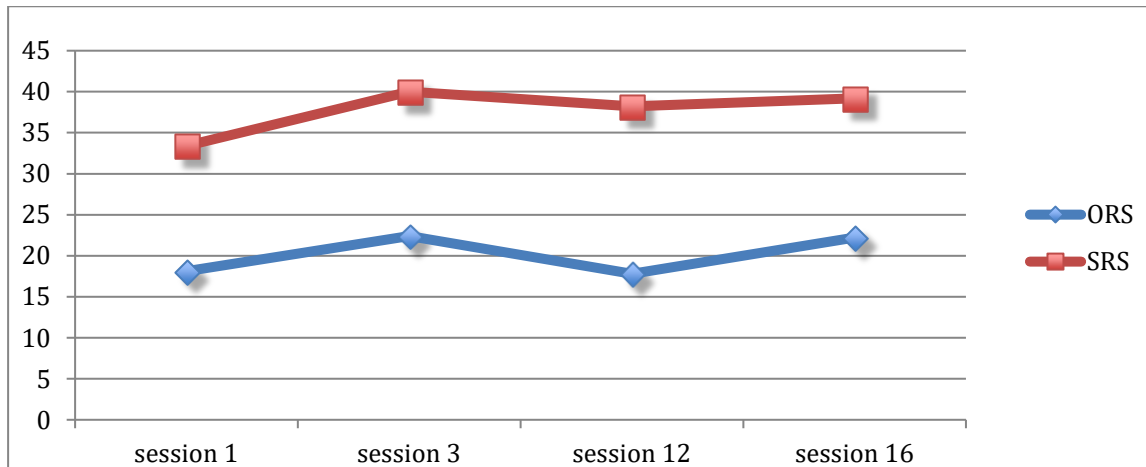


Fig. 32 CDOI mother

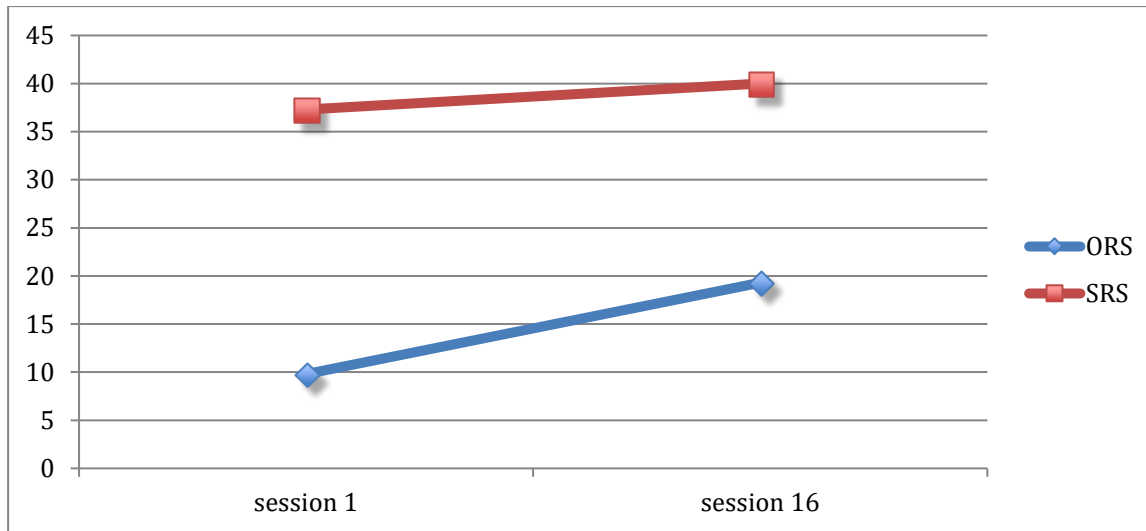


Fig. 33 CD0I father

### Family Goals Score List

Susan wanted to learn to express needs and feelings better and talk about this with parents without losing the connection with them through conflict or withdrawing.

We evaluated this family goal in session 12 when mother was present and in session 16 when both parents were present.

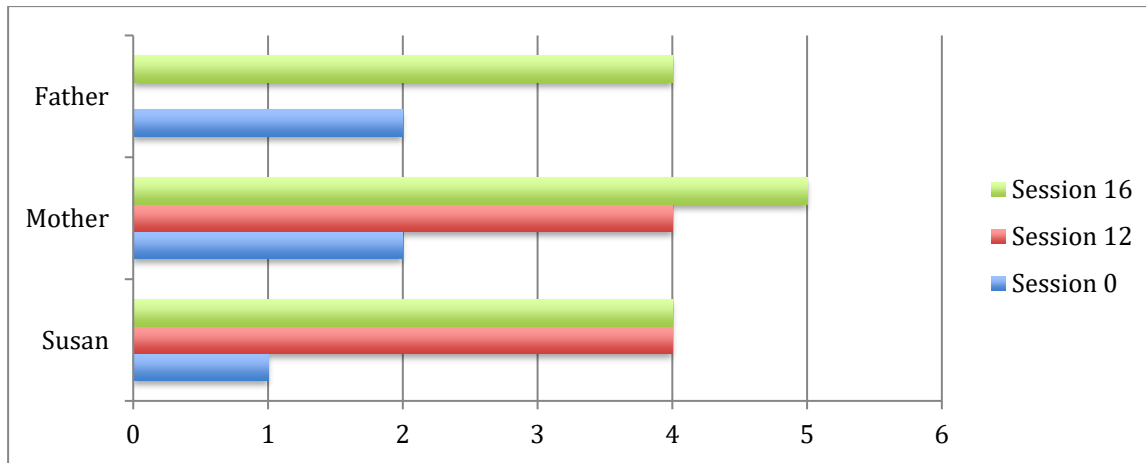


Fig. 34

Table XXXX

	Session 0	Session 12	Session 16	Preferred in future
<b>Susan</b>	1	4	4	7
<b>Mother</b>	2	4	5	7
<b>Father</b>	2	-	4	7

## Collaboration

We evaluated collaboration in the family in session in 5 and 8.

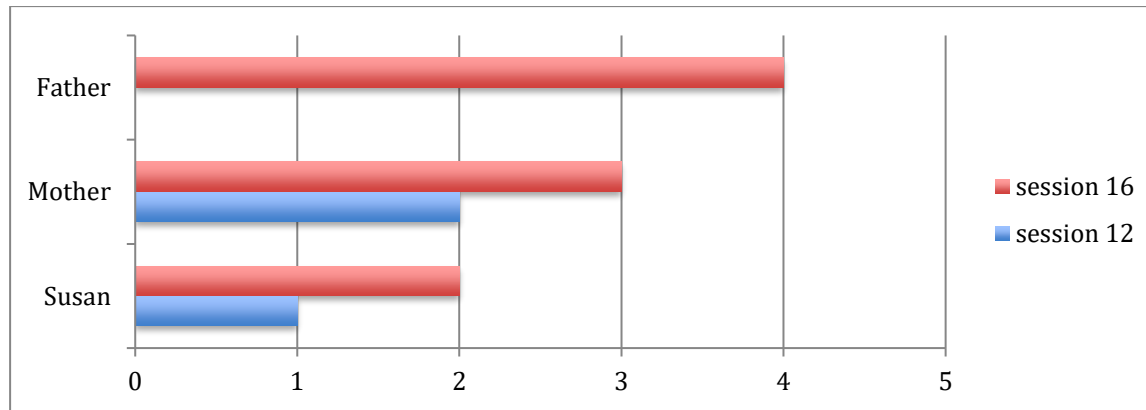


Fig. 35 FGRL

Table XLI FGRL collaboration

	Collaboration session 12	Collaboration session 16
<b>Susan</b>	1	2
<b>Mother</b>	2	3
<b>Father</b>	x	4

## Conclusion

We evaluated collaboration and developments in FITS therapy in session 8, 12 and 16. In session 8 I had ROM-feedback from parents. Parents were not present during the evaluation. Mother was present during session 12 and both parents were present during session 16.

Session 8: When we look to Susan's CDOI we can see progress on the ORS. The ROM scores of Susan and parents show a very small positive change. We decide to continue FITS therapy based on the results and the meaning we are making out of them. The ORS starts very low, goes up and down again. Susan tells me that my optimistic stance was difficult for her. She connected optimism with high expectations. Later in the process she felt more comfortable with me in therapy.

Session 16: When we look to the CDOI scores of Susan and her parents we see no progress on the ORS. The ROM scores are a little more negative than in the beginning (but within the RCI-index of 1,64, meaning no reliable change). Family members gave a higher score for their goals on the FGRL. Their scores changed from 1 or 2 to 4 or 5 on a scale from 1 to 10.

## Critical Moment 1:

### Situation:

We evaluate FITS therapy during session 8. I talk with Susan alone. She doesn't want to involve parents in the therapy process. Susan made some improvements. She voluntarily works in an organic super market. Susan does not identify with the progress made. In this episode I (as therapist) try to help Susan to identify with her contributions to change.

Table XLII

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1503:0.1	(Points at the ROM and CDOI diagram). The diagram shows progression. If we draw a straight line it would be an uprising line, with the difference of 9 points between the beginning and the end. What do you think?		Theme: Using the diagram as an development indicator
Susan 1503:0.2	I feel a bit better lately		
Therapist 1503:0.3		Susan has a low self-esteem. She has low expectations of her abilities. Can I help her to identify with her contribution to change?	Theme: Inviting to identify with contributions to change.
Therapist 1503:0.4	Did you expect this would happen?		
Susan 1503:0.5	I don't want to have too many expectations of life. I do not want to disappoint myself over and over again. The line in the diagram goes up and down. There were dips as well. Last weekend was difficult for me.		
Therapist 1503:0.6		She focuses on the negative. Can I help her to identify with her contribution to change?	
Therapist 1503:0.7	How did you respond?		Theme: A response based approach
Susan 1503:0.8	I allow myself to relax		
Therapist 1503:0.9	It sounds like you give yourself permission to relax		Reflection: Make it active
Susan 1503:1.0	Depression doesn't allow me to relax		

Therapist 1503:1.1	So you stand up against the influence of depression. Where was depression last weekend? What place did it take?		Theme: Externalization to reposition
Susan 1503:1.2	(Thinks)... It was not behind me or over me like before. It was like it sat next to me on the coach (with a smile)		Theme: A playful difference
Therapist 1503:1.3	That's progress		
Susan 1503:1.4	I can do that in the weekend but I can't do that during the week. In the weekend depression sits next to me, it does not control me and I can feel myself. On a Monday depression takes over and I can't feel myself anymore.		
Therapist 1503:1.5	Where are you, what place do you take on that Monday?		
Susan 1503:1.6	(Thinks) I think I stay behind, still in the weekend. I don't step in the week full of structure and responsibilities. It is too hard for me		
Therapist 1503:1.7	Always? Can you reconnect with Susan sometimes?		Theme: Focus on unique (positive) outcomes
Susan 1503:1.8	I can do that. Last Tuesday I was able to reconnect. It was difficult but I did that. It costs me a lot. I feel very tired when I do that. But I did. I went to my work. I was there.		
Therapist 1503:1.9	How do you do that, bringing Susan back, during the week?		Invite to acknowledge/ identify with contributions to change
Susan 1503:2.0	I don't know, sometimes. It happens, sometimes not		
Therapist 1503:2.1		Susan doesn't feel agency here. Can I help her to identify with her contribution to change?	
Therapist 1503:2.2	You do something that worked well. We can learn how you learned to do that?		Theme: Learning how to learn
Susan 1503:2.3	Thinks		
Therapist 1503:2.4	Did our collaboration contribute to change?		Theme: Focussing on the collaboration together in therapy.
Susan	I like it when you talk about depression in a way I get		Theme: Evaluating the contribution of



1503:2.5	the feeling that I can do something back when depression tries to take over.		the therapist
Therapist 1503:2.6		How does she do that? Again I wonder how I can help her to identify with her contribution to change?	Reflection: Why not explore our collaboration further here?
Therapist 1503:2.7	How do you do that?		Theme: Broadening the new, alternative narrative.
Susan 1503:2.8	I do not always listen to depression		
Therapist 1503:2.9	Do you talk back?		Theme: Externalisation to reposition
Susan 1503:3.0	(Thinks) it feels more like... pushing back. Before depression was all over me. Now it is not. I can feel myself. But it is still there, like depression is sitting on my back. I do the things I have to do, but it makes me so tired.		Reflection: Interesting that Susan talks about her contribution to change after we talked about our collaboration together.

## Looking for patterns in a context of meaning

### Episode 1: Looking for contributions to change

Table XLIII analysed transcript

	Therapist	Susan	Therapist	Susan	Therapist	Susan	Therapist	Susan
<b>Society/culture/professional</b>	Identify with personal contributions to change	Don't promise what you can't deliver	Identify with personal contributions to change	Don't promise what you can't deliver	Identify with personal contributions to change	Depression's voice represents a societal norm: Don't make it too easy and strive for perfection.	Foreground the therapeutic alliance	Believe in the small changes you can make.

<b>Family culture</b>	-	Many worries about Susan her health kept everybody careful.	-	Many worries about Susan her health kept everybody careful.	-	Before anorexia took over, family members had high expectations because of the discipline and school results of Susan	-	Parents are proud on every little step Susan makes.
<b>Subjectification</b>	Encouraging therapist	Careful	Encouraging therapist	Careful	Encouraging therapist	The problem separated to the person	Part of a collaborative team	A girl that contributed to change
<b>Episode</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>	<b>Looking for contributions to change</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> Invitation	<b>Reflexive</b> Downplaying	<b>Reflexive</b> Repeating the invitation	<b>Reflexive</b> Downplaying	<b>Reflexive</b> Repeating the invitation	<b>Reflexive</b> Making a change by externalizing	<b>Reflexive</b> Making it relational	<b>Reflexive</b> An opening space to talk about contributions
<b>Relational</b>	Invitation to talk about contributions to change made	A focus on dips and having low expectations.	Invitation to talk about contributions to change made	A passive understanding of contributions to change	An invitation to make it more active	Externalizing depression	Questioning how our collaboration contributed to change.	Now Susan can talk about the therapist's contribution and her own responses to change.

<b>(Speech) Action</b>	1503:0.4 Did you expect this would happen?	1503:0.5 I don't want to have too many expectations of life. I do not want to disappoint myself over and over again. The line in the diagram goes up and down. There were dips as well. Last weekend was difficult for me.	1503:0.7 How did you respond?	1503:0.8 I allow myself to relax	1503:0.9 It sounds like you give yourself permission to relax	1503:1.0 Depression doesn't allow me to relax	1503:2.2 You do something that worked well. We can learn how you learned to do that?  1504:3.2.4 Did our collaboration contribute to change?	1503:2.5 I like it when you talk about depression in a way I get the feeling that I can do something back when depression tries to take over.  1503:2.8 I do not always listen to depression.  1503:3.0 (Thinks) it feels more like... pushing back. Before depression was all over me. Now it is not. I can feel myself. But it is still there, like depression is sitting on my back. I do the things I have to do, but it makes me so tired.
<b>Inner dialogue</b>	1503.0.3 Susan has a low self-esteem. She has low expectations of her abilities. Can I help her to identify with her contribution to change?		1503:0.6 She focuses on the negative. Can I help her to identify with her contribution to change?				1502:2.3 Susan doesn't feel agency here. Can I help her to identify with her contribution to change?	

## **How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

We evaluate FITS therapy during session 8. Susan made some improvements. She voluntarily works in an organic super market. Susan does not identify with the progress made. I (as therapist) invite Susan to identify with her contributions to change. I ask if she had expected the changes made (1503:0.4). I ask how she responded when she talks about dips. (1503:0.5). I relabel a passive 'allowing' to a more active 'giving permission'. Susan does not take this invitation immediately and emphasizes difficulties and passivity in relationship to depression. When I invite Susan to say something about our collaboration she tells me about the positive effects of externalizing conversations (1503:2.5). After the focus on our collaboration together Susan talks about her own contribution to change. I wonder if there is a connection between the focus on the relationship and the opening space to identify with personal contributions to change?

### Patterns

Reflexive pattern. There is a high level of reflexivity. After talking about our collaboration Susan identifies with personal contributions to change in this episode. There is a fit and an opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when I repeat my question about personal contributions without making a difference. Contextual forces work when Susan stays careful because she doesn't want to disappoint herself and others by making 'promises she can't deliver'.

Practical forces work in externalizing conversations about depression. Susan experiences she is able to see what space depression takes and how she can talk or push back to it. After I asked about the effect of our collaboration Susan talks about her own contribution to change. Implicative forces work when Susan (and parents too) can believe in the small changes she is able to make.

### Collaborative learning:

1-order learning. However we are able to reframe and consider change as possible. Change here is in line with expectations and therefore mostly a first-order learning.

I wonder why Susan only talks about her contribution to change after we talked about our collaboration together. An answer to that question could have been a 3-order learning.

## Critical Moment 2

Situation: A bit further in the conversation I ask about the approach in FITS therapy. How does Susan benefit from the conversations, metaphors and meanings we find? We worked with coloured stones. Susan chooses different stones to express how she feels. We also externalized different parts of self. Susan talked about the miner, the opera singer and the relativist. In the early sessions Susan often wore a t-shirt with a miner on it. I asked about the miner and we played with ideas about connections to her life. 'The miner always wants to go deeper, wants to understand life as difficult and dark. In these improvisational conversations we also learned about the opera singer who is a bit hysterical and makes things bigger than they really are and the relativist who wants to keep it rational and simple. In therapy we invited the voices to comment on the subjects we were talking about together.

Table XLIV transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1503:3.1	We worked with coloured stones (to help to feel and express inner sensations) and the roles in you of the miner, opera singer and relativist. Do you work with those images? I'd like to know. Maybe we can learn from that. What is difficult, or missing?		Theme: Evaluating the therapeutic approach Theme: Making a playful difference, using details. The miner was an image on her t-shirt. We used it in improvisational conversations to broaden meaning about a multiple-identity.
Susan 1503:3.2	I really like the conversations we are having. I look forward to the conversations; We inquire how it works for me, make links between events in my life. It gives me insights. But I ... I don't... it is difficult to take it home and make a change with depression on my back.		Reflection: Susan tells me it is difficult to use learning in therapy in her daily practice. We do not explore what she is missing in therapy.

Therapist 1503:3.3		I understand. Insights make no difference without any practice	
Therapist 1503:3.4	What insights were important for you? How can we work with those insights?		Theme: learning how to learn
Susan 1503:3.5	What was helpful was to think differently about depression. I thought a lot about one of your sentences. You said it is like, as if there is still a little thin girl behind me with a little tube in her nose. As if I thought everyone still sees the little thin girl behind me instead of the person I have become right now. I told my mother and she recognized this. I think I have to leave this girl behind. I have to learn to go on.		Theme: Evaluating the contribution of the therapist  Theme: a playful difference 'the little girl with the tube in her nose
Therapist 1503:3.6		I am surprised. Susan wanted leave her parents out of therapy. But she talked about therapy with her mother. I wish to involve parents more.	Theme: Triadic, systemic awareness
Therapist 1503:3.7	Your mother recognized this image?		
Susan 1503:3.8	Yes she did. She said I am too worried and think that others see me as anorexic and incapable to live an independent life. She thinks I can't go on if I do not give up this image.		Theme: The importance of an acknowledging audience
Therapist 1503:3.9		How does 'the little girl with the tube in her nose' have influence on all relations in the family?	
Therapist 1503:4.0	Does that little thin girl with a tube in her nose has an effect on your mother too?		inviting to see circular patterns by asking systemic/ circular questions
Susan 1503:4.1	I think my mother has to let her go too. She is so protective and worried about me.		
Therapist 1503:4.2	More than your father is?		
Susan 1503:4.3	Yes, but I don't know		
Therapist 1503:4.4	Should we not invite your parents in one of the next sessions?		Theme: Inviting family members to discuss issues with each other
Susan 1503:4.5	(Hesitates)		

Therapist 1503:4.6	You hesitate		Theme: Focus on unexpected, surprising (non-verbal) emotional responses
Susan 1503:4.7	I think I want to do this on my own		
Therapist 1503:4.8		That's a pity. She is so careful and afraid to disappoint parents but does not want to include them in the process. What is a good reason to do so?	
Therapist 1503:4.9	Is something standing in the way?		
Susan 1503:5.0	I don't know if I include my father in the sessions. He does not understand so well how I felt in that anorectic period in my life. When my mother, or grandmother and me talk about it, it feels like he doesn't care so much. He can let go. His father died when he was 20, He moved from Israel to the Netherlands. He is able to let go. My mother and me are not.		
Therapist 1503:5.1	So you know this already. What is the risk? Help me to understand?		Theme: Help me to understand
Susan 1503:5.2	He won't understand		
Therapist 1503:5.3	That he says something wrong that hurts you?		
Susan 1503:5.4	No that he says nothing at all. It has to do with how he looks, the expression in his face.		
Therapist 1503:5.5	How is that for you?		Theme: Focus on emotion, experience
Susan 1503:5.6	That's very heavy for me, as if we are overestimating.		
Therapist 1503:5.7	Does he know		Theme: triadic systemic awareness
Susan 1503:5.8	No		

Therapist 1503:5.9	Maybe we can help him to understand you better		Theme: Inviting family members to discuss issues with each other
Susan 1503:6.0	He doesn't like to talk about the past. He doesn't like this kind of deep conversations.		
Therapist 1503:6.1		I remember father was emotional during the first session. Father had tears in his eyes than.	
Therapist 1503:6.2	I remember he was emotional when we talked about an event in the past		Theme: Theme: Help me to understand, a yes response to a shared meaning
Susan 1503:6.3	Yes, emotionally, but differently than my mother and grandmother. And I don't see that at home, ever.		
Therapist 1503:6.4	Would it be helpful for you if he would show emotions		
Susan 1503:6.5	I think it makes him uncomfortable too. If he feels uncomfortable, I feel uncomfortable too.		
Therapist 1503:6.6	Ok maybe we should park this for now and talk about it later.		

## Looking for patterns in a context of meaning

### Episode 2: Involving parents into therapy

Table XLV analysed transcript

	<b>Susan</b>	<b>Therapist</b>	<b>Susan</b>	<b>Therapist</b>	<b>Susan</b>	<b>Therapist</b>	<b>Susan</b>	<b>Therapist</b>
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<b>Society/culture/professional</b>	You are not your diagnosis	Systemic change is multi-actor change. Involve the family!	Overprotective mothers keep their children small	Systemic change is multi-actor change. Involve the family!	Men can let go more easily.	Systemic change is multi-actor change. Involve the family!	Men don't speak about emotions easily	Systemic change is multi-actor change. Involve the family!
<b>Family culture</b>	Believe in your capacities	-	There is a lot of protection and care between 3 generations of women in the family	-	My father is different from us (women in the family)	-	There is a lot of protection and care between 3 generations of women in the family	-
<b>Subjectification</b>	A client who shares an important insight with her mother	A systemic therapist that always has the family in mind	A daughter that wants to be more independent	A systemic therapist that always has the family in mind	A daughter who wants to do therapy alone	A systemic therapist that always has the family in mind	A daughter, protective to her father	A systemic therapist that always has the family in mind
<b>Episode</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>	<b>Involving parents into therapy</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive</b> Expression of learning and sharing	<b>Reactive</b> An invitation to broaden the system	<b>Reactive</b> Accepted by Susan who talks about mother	<b>Reactive</b> An invitation to broaden the system	<b>Reactive</b> Hesitation	<b>Reactive</b> Therapist tries to convince Susan	<b>Reactive</b> No fit and opening space to something new	<b>Reactive</b> Keeping the possibility open for later
<b>Relational</b>	Expresses what she learned in therapy and shared with mother	Is surprised and wants to include parents' their voices in the conversation.	Makes a connection with her mother	Therapist invites Susan to include parents in therapy	Hesitations, expressions of uncertainty	Therapist invites Susan to include parents in therapy	Susan protects the relationship, herself, her father from confrontation	Accepts this, keeps a door open for later.

<b>(Speech) Action</b>	1503:3.5 What was helpful was to think differently about depression. I thought a lot about one of your sentences. You said it is like, as if there is still a little thin girl behind me with a little tube in her nose. As if I thought everyone still sees the little thin girl behind me instead of the person I have become right now. I told my mother and she recognized this. I think I have to leave this girl behind. I have to learn to go on.	1503:3.7 Your mother recognized this image?  1503:4.0 Does that little thin girl with a tube in her nose has an effect on your mother too?	1503:4.1 I think my mother has to let her go too. She is so protective and worried about me.	1503:4.2 More than your father is?  1503:4.4 Should we not invite your parents in one of the next sessions?  1503:4.9 Is something standing in the way?	1503:4.5 (Hesitates)  1503:4.7 I think I want to do this on my own  1503:5.0 I don't know if I include my father in the sessions. He does not understand so well how I felt in that anorectic period in my life. When my mother, or grandmother and me talk about it, it feels like he doesn't care so much. He can let go. His father died when he was 20, He moved from Israel to the Netherlands. He is able to let go. My mother and me are not.	1503:5.1 So you know this already. What is the risk? Help me to understand?  1503: Maybe we can help him to understand you better  1503:6.2 I remember he was emotional when we talked about an event in the past  1503:6.4 Would it be helpful for you if he would show emotions	1503:6.0 He doesn't like to talk about the past. He doesn't like this kind of deep conversations.  1503:6.5 I think it makes him uncomfortable too. If he feels uncomfortable, I feel uncomfortable too.	1503:6.6 Ok maybe we should park this for now and talk about it later.
<b>Inner dialogue</b>		1503:3.6 I am surprised. Susan wanted leave her parents out of therapy. But she		1503:4.8 That's a pity. She is so careful and afraid to disappoint parents but				

		<p>talked about therapy with her mother. I wish to involve parents more.</p> <p>1503:3.9 How does 'the little girl with the tube in her nose' have influence on all relations in the family?</p>		<p>does not want to include them in the process. What is a good reason to do so?</p>			
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### Therapeutic response

I (as therapist) ask about the approach in FITS therapy. How does Susan benefit from the conversations, metaphors and meanings we find? Susan tells it is difficult to use insights in therapy in her daily life. I understand. Insights make no difference without any practice. I ask what important insights were for her (1503:3.4). I want to explore how to work with them in a different way. Susan tells me about a impression I told her about. She says (1503:3.5) *'You said it is like, as if there is still a little thin girl behind me with a little tube in her nose. As if I thought everyone still sees the little thin girl behind me instead of the person I have become right now. I told my mother and she recognized this. I think I have to leave this girl behind. I have to learn to go on.'* I was surprised that she shared this with her mother. Susan wants to leave parents out of therapy. I invited Susan to include parents their voices to the conversation. I asked how 'the thin girl with the tube in her nose' influenced all relations in the family. Susan tells about her mother being over protective because of the 'thin girl with the tube'. Then I suggest to invite parents in therapy. Susan hesitates. It has to do with her father and fear of uncomfortable feelings in between them. I try to convince her by asking many questions about this, without any effect.

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when I repeat my question about parents their participation in therapy without making a difference.

Contextual forces work when I from a systemic/ family therapy perspective (believe in a multi actor change) try to convince Susan about the importance to include family members in the conversation.

Collaborative learning:

0 order learning. We reproduced more of the same in our conversation together.

3 order learning could happen when we explored the wish to link insight with daily practices at home.

**Critical Moment 3**

**Session 16**

Situation: Mother joined FITS therapy in session 12. Mother told parents were worried about Susan after she quitted her job at the organic supermarket. There was no relapse in anorexia or depression. Susan lived a quiet stable but passive life. Susan was ok for now, but felt unspoken judgements of her father. Mother wanted father to join the last session of FITS therapy. Both father and mother are present in session 16. Together with Susan we made a life-story and made a little book of that story. We present this in this session. The main subject of the story is to let go the ‘girl with the tube in her nose’.

We also evaluate the current situation and the follow up in treatment. Susan wants to stop therapy after all those years. She wants a break for a while. Parents doubt if this is a good idea.

Table XLVI transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1503:6.7	As you know Susan wrote a biography in therapy. I was touched by her story and want to read some things out of that story to you parents.		Theme: The importance of an acknowledging audience
Parents 1503:6.8	(Nod)		
Therapist 1503:6.9	(Reads Susan her story) It was never helpful when somebody waned to help me and took over.		Theme: Looking for a yes response to shared meanings, making a life-story-

	A good example for this is the swimming lessons I got when I was a young child. I did learn to swim, but only on my own speed. This was too slow for the swimming instructor. He wanted to force me and pushed me in the water. This was a shock for me. I didn't want to follow swimming lessons for some time.		line.
Mother 1503:7.0	This is a symbol for what is happening all the time. Susan develops but on her own speed. People around her want her to go faster, and push her to do something that she doesn't want to do. From a young age everybody, we as parents, schoolteachers and therapists encouraged her to change, to go faster.		Reflection: 'development but on her own speed' is important here
Therapist 1503:7.1	Susan tells me she wished she 'd never been sick but also that her illness brought her something in life. (Reads) Something precious got lost, but I also won something by it. I lost being spontaneous and careless in the way I was when I was a child. I developed to listen to my feelings. I felt a resistance against everybody who wanted to change me and was able to take a position once in a while. I wrote a letter in the hospital about a doctor I didn't like. I didn't allow him to enter the room. And four months ago I decided to leave the (inpatient) therapeutic community because I wanted to live at home and work from there. Deep inside I know what I want to do and I want to learn to listen to that.		Theme: Broadening a new, alternative storyline
Susan 1503:7.2	I want to find my own speed in life and I want people around me to accept that. I want to trust my own voice in this.		Theme: Shared understanding, there are good reasons to do what you do. Repeated words become part of the storyline
Therapist 1503:7.3	Before you didn't dare to think about the future. Now you are making plans. So how are we doing?		
Mother 1503:7.4	Susan is strong in her language. She can reflect and tell what she wants. But it is hard for her to make a change in practical daily life.		

Father 1503:7.5	She lays 80% of the day on her bed		
Susan 1503:7.6	No not 80 %		
Mother 1503:7.7	Her fear is back. Last time she was so anxious only because of the trip to you, that day.		
Susan 1503:7.8	I am not stable		
Therapist 1503:7.9		Parents respond by telling a problem-saturated story. They don't respond to our findings in therapy and the progress made. I am a bit disappointed by that. Susan acknowledges the problem-saturated story.	Theme: Focus on unique (positive) outcomes do not work here. Reflection: Disappointment because of the lack of acknowledgement for progress made in therapy.
Therapist 1503:8.0	(To Susan) But even with your fears you was able to come to therapy last time.		Theme: Focus on unique (positive) outcomes do not work here.
Susan 1503:8.1	Yes but afterwards I was so sad because it was so difficult. Sometimes I feel like a left alone puppy		
Therapist 1503:8.2		Confusing. I feel an invitation to stand up for Susan and emphasize the progress made. But if I do I sustain a pattern in which I am pushing, Susan is down playing and parents confirmed in their problem saturated-story. We are enacting the swimming lesson metaphor. How do I make a difference?  There is a double message. Susan wants to find her own speed and listen to her own voice and feels like left alone puppy that needs care of other.  Both taking care as leaving her is no good. How to respond?	Theme: Noticing the unproductive, paradoxical pattern we are making together.  Reflection: I feel an invitation to sustain an unwanted reparative pattern. I feel caught in paradoxical communication
Therapist 1503:8.3	(After a silence) I listen to my own thoughts and feelings during the conversation and I wonder how to respond to what you say.  I can respond to two different stories and don't know what to do. One story is about independence. Susan does not want other people		Theme: Sharing the inner dialogue, enhancing meta-communication about the paradox.

	<p>to take over, follows her own speed and listens to her own voice. The best thing I can do is to listen and encourage her to do it her way. In the other story Susan is a 'left alone puppy'. People want to hold her in their arms and take care of her.</p> <p>Two sessions ago you told me you wanted to live on yourself. Now you are telling me you can't leave the house. How can I respond?</p>		
Father 1503:8.4	Father she says it has to be her tempo, but life is short, she gets nowhere		
Mother 1503:8.5	But stumbling and falling wouldn't help her either		
Therapist 1503:8.6		Do parents recognize the two stories and my dilemma?	Reflection: How do we think about stabilisation instead of change? 'Without progresses no success?'
Therapist 1503:8.7	Do you as parents recognise my dilemma? I wonder if I have to let her go or push her a little bit		Theme: discussing what happens in the therapeutic relationship in compare to other relationships
Mother 1503:8.8	Yes, we both respond to one of those stories. I give space and Jacob is pushing her. Whatever we do, we don't have enough effect. Pushing doesn't help and giving space doesn't help. Therapy didn't help either. What to do?		
Therapist 1503:8.9		I am a bit disappointed and feel an invitation to defend therapy. This is the last session of FITS. I thought we made some effort in therapy. There is no relapse. Susan listens to her voice, wants to find her own speed. Feelings of depression decreased. She made a future plan. I feel an invitation to emphasize strengths but family members will convince me otherwise. I'd wish we had this feedback before. Was it a mistake not to insist on collaboration with parents? We can talk about differences? But what do we agree on?	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1503:9.0	What do we agree on? Susan has insights, tries to find her tempo in life, and makes future plans. At the same time there are worries about the current		Theme: Looking for a 'yes response', shared understandings

	situation and FITS therapy is over. We should talk about how to go on. Do we agree on that?		
Family 1503:9.1	(Nod)		

## Looking for patterns in a context of meaning

### Episode 1: 'At your own speed'

Table XLVII analysed transcript

	Therapist	Mother	Therapist	Mother	Father	Susan	Therapist	Mother	Therapist
<b>Society /culture/professional</b>	Promote personal agency	Take care of yourself	Take care of yourself	Saying it and doing it are two different things	Take care of yourself	Take care of yourself	Meta communication to escape a possible paradox	Without progress there is no success	Look for consensus a shared 'yes-response'
<b>Family culture</b>	-	We can't trust institutions. We have to take care of our self	We can't trust institutions. We have to take care of our self	Fear for a relapse	Fear for a relapse	Fear for a relapse	-	Fear for a relapse	-
<b>Subjectification</b>	Understanding therapist	Acknowledging mother	Daughter who wants to act on her own speed	Worried mother	Blaming father	Daughter who is vulnerable and needs help	Personally involved therapist in a dilemma	A mother feeling powerless	Understanding therapist
<b>Episode</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>	<b>At your own speed</b>



<b>Pattern : Reactive, paradoxical or reflexive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>	<b>Reactive</b>
	Invitation to recognize a theme	Recognizes a theme	Recognizes a theme	Not fit, problematize	No fit, problematize	No fit, problematize, invites to help her	Invites to meta communicate about a double message, paradox	A fit, but no opening space	A fit, but no opening space
<b>Relational</b>	Therapist reads Susan her story, invitation to recognize a theme	Recognizes the theme about helping her and finding her own speed	Recognizes the theme about finding her own speed	Problematizes developments made	Problematizes current situation	Acknowledges vulnerability, invites to help her	Shares a personal inner dialogue. Invites to recognize the dilemma and to meta communicate about a double messages, a paradox	Acknowledges the split, emphasizes the impasse	Looking for an agreement, a yes-response
<b>(Speech Action)</b>	1503:6.9 (Reads Susan her story) It was never helpful when somebody wanted to help me and took over. A good example for this is the swimming lessons I got when I was a young child. I did learn to	1503:7.0 This is a symbol for what is happening all the time. Susan develops but on her own speed. People around her want her to go faster, and push her to do something that she doesn't want to do. From a young age everybody, we as parents, schoolteachers	1503:7.2 I want to find my own speed in life and I want people around me to accept that. I want to trust my own voice in this.	1503:7.4 Susan is strong in her language. She can reflect and tell what she wants. But it is hard for her to make a change in practical daily life.	1503:7.5 She lays 80% of the day on her bed	1503:7.8 I am not stable  1503:8.1 Yes but afterwards I was so sad because it was so difficult. Sometimes I feel like a left alone puppy	1503:8.3 (After a silence) I listen to my own thoughts and feelings during the conversation and I wonder how to respond to what you say.  I can respond to two different stories and don't know what to do. One story is about independence. Susan does not	1503:8.8 Yes, we both respond to one of those stories. I give space and Jacob is pushing her. Whatever we do, we don't have enough effect. Pushing doesn't help and giving space doesn't help.	1503:9.0 What do we agree on? Susan has insights, tries to find her tempo in life, and makes future plans. At the same time there are worries about the current situation and FITS therapy is over. We should talk about how to go on. Do we agree on that?

	<p>swim, but only on my own speed. This was too slow for the swimming instructor. He wanted to force me and pushed me in the water. This was a shock for me. I didn't want to follow swimming lessons for some time.</p>	<p>and therapists encouraged her to change, to go faster.</p>				<p>want other people to take over, follow her own speed and listen to her own voice. The best thing I can do is to listen and encourage her to do it her way. In the other story Susan is a 'left alone puppy'. People want to hold her in their arms and take care of her.</p> <p>Two sessions ago you told me you wanted to live on yourself. Now you are telling me you can't leave the house. How can I respond?</p> <p>1503:8.7 Do you as parents recognise my dilemma? I wonder if I have to let her go or push her a little bit</p>	<p>Therapy didn't help either. What to do?</p>	
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<p><b>Inner dialogue</b></p>						<p>1503:8.2          Confusing. I feel an invitation to stand up for Susan and emphasize the progress made. But if I do I sustain a pattern in which I am pushing, Susan is down playing and parents confirmed in their problem saturated-story. We are enacting the swimming lesson metaphor. How do I make a difference?</p> <p>There is a double message. Susan wants to find her own speed and listen to her own voice and feels like left alone puppy that needs care of other.</p> <p>Both taking care as leaving her is no good. How to respond?</p>	<p>1503:8.9          I am a bit disappointed and feel an invitation to defend therapy. This is the last session of FITS. I thought we made some effort in therapy. There is no relapse. Susan listens to her voice, wants to find her own speed. Feelings of depression decreased. She made a future plan. I feel an invitation to emphasize strengths but family members will convince me otherwise. I'd wish we had this feedback before. Was it a mistake not to insist on collaboration with parents? We can talk about differences? But what do we agree on?</p>
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### Therapeutic response

I (as therapist) read Susan's story to parents. In this story Susan expresses her wish to find her own speed developing in life. Other people (like the impatient swimming teacher in the story) who push her have a contra-productive effect. Susan expresses her wish in feeling agency in her life. Mother recognizes the theme but questions the progress made. Mother: Susan is strong in her language. She can reflect and tell what she wants. But it is hard for her to make a change in practical daily life. (1503:7.4). Father emphasizes a lack of progress. Susan identifies with parent's their expressions and describes herself as a 'left alone puppy'. I feel confusion. I feel an invitation to stand up for Susan and emphasize the progress made. But if I do I sustain a pattern in which I am pushing, Susan is down playing and parents confirmed in their problem saturated-story. We are enacting the swimming lesson metaphor. I ask myself: How do I make a difference? There is a double message. Susan wants to find her own speed and listen to her own voice and feels like left alone puppy that needs care of others. Both responses taking care and leaving her do not fit. How to respond? I share my inner dialogue with parents and ask if they recognize the dilemma. Mother does. It splits parents up. Father is pushing and mother gives space. Mother says: All those responses, including FITS therapy do not contribute to change. I am a bit disappointed, feel an invitation to defend therapy and talk about some progress made. I'd wish we had this feedback earlier in the process and wonder if I should insisted more on an active collaboration with parents. I try to find consensus about the importance of the question how to go on in this moment of tension. Everyone agrees.

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when Susan identifies with parents their expressions of worry. She downplays and describes herself as a 'left alone puppy' (1503:8.1).

Practical forces work when I am able to meta-communicate about a double invitation, a paradoxal pattern. I share my inner dialogue and ask parents if they recognize my dilemma. (1503:8.3). Parents do and feel a split between them.

Contextual forces work when parents express their worries because of a fear of relapse and discourses about self-care and success. 'Without progress no success'.

### Collaborative learning:

0 order learning. After recognition of the theme 'finding your own speed' we questioned progress and concluded there was no progress happening. Parents recognized the double invitation (about leaving her and pushing her) and the dilemma about how to respond. But it didn't open up space for something new. It confirmed family members in feeling powerless.

3-order learning happened later in the conversation (see episode 4). The discourse 'without progress no success' diminishes the input/ contribution to keep the situation stable, to prevent a relapse. It was important to acknowledge all contributions to stabilize the situation (see episode 4).

## Critical moment 4

**Situation:** I am feeling a bit confused. In my inner dialogue I ask myself why I did not insist more on including parents in therapy. I think that there is too much emphasize on negativity. I miss acknowledgement for more positive developments. This is the last session of FITS. We can try to learn from our collaboration (learn how we learn) and make a plan about the follow up. I decide to evaluate the therapeutic alliance and my role in this.

Table XLVIII Transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Therapist 1503:9.2		I am a bit confused. Parents and Susan see no progression made. I wanted to include parents earlier in therapy. Susan didn't want to. I feel an invitation to tell parents. I feel invited to push and sustain a repetitive pattern. How to make a difference? We have to make a plan about the following up. How can we learn from our learning in FITS therapy? I can invite to evaluate the therapeutic alliance.	
Therapist 1503:9.3	Maybe we can learn from our collaboration in therapy. It can help to make a plan 'how to go on'. I 'd like to take a look to the SRS line in the Diagram.		Theme: Learning how to learn Theme: Evaluating the contribution of the therapist

	(To Susan) What do you notice?		
Susan 1503:9.4	I gave lower scores in the beginning. (Smiles). I was not sure if I could trust you and if this therapy would work for me. Later the line goes up, you see, and it stays that way.		
Therapist 1503:9.5	Was there something missing at the start?		
Susan 1503:9.6	I remember I sometimes thought you are too optimistic about possibilities to change. I thought I couldn't live up to that. Many people have too high expectations because I can talk so well about my situation		Theme: focus on unique (positive) outcomes does not always work
Therapist 1503:9.7		It is easy to become a little bit like the swimming teacher in the story. Does optimism block curiosity?	Reflection: Does optimism block curiosity?
Therapist 1503:9.8	I can understand that. Would it help if I had been more curious instead of optimistic?		Theme: Sharing my inner dialogue
Susan 1503:9.9	Only in the beginning, later your support gave me strength and hope. But at that time we really knew each other. Optimism was based on real experiences		Reflection: Optimism based on real experiences
Mother 1503:10.0	I recognize that. People have high expectations because Susan expresses herself good, even her father does. But talking well does not mean she can improve her life outside the conversation		Relation between conversations held and real life
Therapist 1503:10.1		Parents comment. How can I invite them as actors in the system?	Theme: Systemic awareness, invite parents to notice their contribution to repetitive patterns
Therapist 1503:10.2	I'd wish I had included you as parents more in therapy. Would that have made a difference?		
Mother 1503:10.3	I don't know. Susan was determined to do this alone		
Susan 1503:10.4	On my own speed, remember		
Father	But without many results		

1503:10.5			
Susan 1503:10.6	Pff (irritated). You don't understand me. I am eating o.k. and do not feel that depressed anymore. I know I have to go out of the house, but I really believe I have to do this myself. I can talk with my mother or with Robert. I feel confidence during the conversation but outside the conversation I am on my own and afraid. I went to the sport school and was happy about it. Suddenly somebody wanted to talk with me and I didn't know how to respond. Next time I was afraid to go again. And now I have 0,0 percent motivation to go back there. That's what happens.		
Father 1503:10.7	But you won't find any motivation back when you stay 80% of the day in your bed.		
Susan 1503:10.8	I have 0,0 % motivation to go out of my bed and start living my life		
Therapist 1503:10.9		Father and daughter repeat an escalating circle. Can I summarize their words and look for a 'yes-response' about that?	
Therapist 1503:11.0	Let me summarize what I hear you are telling me. Maybe there is no progression. But no progression also means no relapse, no eating disorder, and no depression. Collaboration between all of us helped to keep life stable. Do we agree on that?		Theme: Looking for a 'yes response', shared understandings
Family members 1503:11.1	(Nod)		

## Looking for patterns in a context of meaning

### Episode 4: Critique and shared understandings

Table IL analysed transcript

	Therapist	Susan	Therapist	Mother	Therapist	Parents	Susan	Therapist
<b>Society/culture/professional</b>	An effective therapist learns from feedback about the alliance, allegiance and developments in therapy	Assertivity. High expectations set up to disappointment	Optimism could block curiosity	High expectations set up to disappointment	Systemic change is multi-actor change. Involve the family!	Take care of yourself	The achievement of stability can be a signal for progress	Look for a consensus containing differences
<b>Family culture</b>	-	A family culture in which difficulties can be expressed	-	Make realistic plans for the future	-	-	My father does not understand me	-
<b>Subjectification</b>	A learning therapist open for feedback	A critical and honest client	A learning therapist open for feedback	A critical and worried mother	A learning therapist open for feedback	Critical, worrying, blaming parents	A rejected and misunderstood daughter that loses motivation	An understanding therapist looking for consensus
<b>Episode</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>	<b>Consensus containing differences</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive/reflexive</b> Invitation to evaluate collaboration	<b>Reactive/reflexive</b> Opens up space to critique	<b>Reactive/reflexive</b> Opens up space to learn	<b>Reactive/reflexive</b> Mother comments from an outside position	<b>Reactive/reflexive</b> Therapist discusses how another position would have made a change	<b>Reactive/reflexive</b> An emphasize on worries, an accusation to father, critique to Susan's passivity	<b>Reactive/reflexive</b> A defensive response and negative identity conclusion	<b>Reactive/reflexive</b> Looking for consensus and a 'yes response'.



<b>Relational</b>	Invitation to evaluate our collaboration and my role in FITS therapy	A critique about the effect of optimism	Acknowledgment, and a new understanding	Recognized by mother. Mother points at the risk of high expectations	Shares a worry and asks what difference it would have made if parents were involved in therapy.	Mother points at Susan her own wish in this. Father critiques the results	Susan feels rejected, defends herself and emphasizes a lack of motivation going on.	Therapist summarizes, looks for consensus and a 'yes-response'.
<b>(Speech) Action</b>	<p>1503:9.3 Maybe we can learn from our collaboration in therapy. It can help to make a plan 'how to go on'. I'd like to take a look to the SRS line in the Diagram. (To Susan) What do you notice?</p> <p>1503:9.5 Was there something missing at the start?</p>	<p>1503:9.4 I gave lower scores in the beginning. (Smiles). I was not sure if I could trust you and if this therapy would work for me. Later the line goes up, you see, and it stays that way.</p> <p>1503:9.6 I remember I sometimes thought you are too optimistic about possibilities to change. I thought I couldn't live up to that. Many people have too high</p>	<p>1503:9.8 I can understand that. Would it help if I had been more curious instead of optimistic?</p>	<p>1503:10.0 I recognize that. People have high expectations because Susan expresses herself good, even her father does. But talking well does not mean she can improve her life outside the conversation</p>	<p>1503:10.2 I'd wish I had included you as parents more in therapy. Would that have made a difference?</p>	<p>(Mother) 1503:10.3 I don't know. Susan was determined to do this alone</p> <p>1503:10.5 (Father) But without many results</p> <p>(Father ) 1503:10.7 But you won't find any motivation back when you stay 80% of the day in your bed.</p>	<p>1503:10.6 Pff (irritated). You don't understand me. I am eating o.k. and do not feel that depressed anymore. I know I have to go out of the house, but I really believe I have to do this myself. I can talk with my mother or with Robert. I feel confidence during the conversation but outside the conversation I am on my own and afraid. I went to the sport school and was happy about it. Suddenly somebody wanted to talk with me and I didn't know how to respond. Next time I was afraid to go again. And now I</p>	<p>1503:11.0 Let me summarize what I hear you are telling me. Maybe there is no progression. But no progression also means no relapse, no eating disorder, and no depression. Collaboration between all of us helped to keep life stable. Do we agree on that?</p>

		expectations because I can talk so well about my situation					have 0,0 percent motivation to go back there. That's what happens.	
<b>Inner dialogue</b>	1503:9.2 I am a bit confused. Parents and Susan see no progression made. I wanted to include parents earlier in therapy. Susan didn't want to. I feel an invitation to tell parents. I feel invited to push and sustain a repetitive pattern. How to make a difference? We have to make a plan about the following up. How can we learn from our learning in FITS therapy? I can invite to evaluate the		1503:9.7 It is easy to become a little bit like the swimming teacher in the story. Does optimism block curiosity?		1503:10.1 Parents comment. How can I invite them as actors in the system?			Father and daughter repeat an escalating circle. Can I summarize their words and look for a 'yes-response' about that?

therapeutic alliance.								
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### Therapeutic response

I (as therapist) listen to my inner dialogue. I am a bit confused. Unless all the conversations we had, the life-story-book we made, parents and Susan see no progression made. I'd wish we had the opportunity to have this evaluative conversation earlier in the process. I wanted to include parents in therapy, Susan insisted to do therapy alone. I feel an invitation to explain and tell parents about this. Again there is the invitation to take over, push and sustain a repetitive unwanted pattern. I ask myself how to make a difference? We agreed to make a future plan. How can we use learning from FITS therapy for making a better plan. I decide to evaluate the alliance, the collaboration and my role in this. (1503:9.3). Susan is open and critiques my optimistic stance in the beginning. This is interesting. I co-construct a frame of reference here. Optimism can block curiosity (1503:9.8). Mother recognises the risk of having too high expectations. Mother points at father's high expectations. She speaks from an outsider's position. I invite her to think about the question; what would be different if parents participated in therapy. Mother emphasizes the wish Susan had about doing therapy alone. Father emphasizes the lack of progress. Susan responds irritated. She claims the achievement of stability as a positive outcome. She defends herself against critique of her fathers and tells us she is losing her motivation to go on. I listen to my inner dialogue; summarize the words of family members, looking for a consensus that contains expressed differences. Family members nod (1503:11.1).

### Patterns

I recognize both a reactivity and reflexivity in this episode.

There is a reactive pattern, a low level of reflexivity, no fit and no opening space, when mother blames father having too high expectations, when father is critical about a lack of progress and Susan feel misunderstood, defends herself and tell us she is losing her motivation to go on.

There is a reflexive pattern, reflexivity and an opening space for new understandings, frames of reference. I (as therapist) learn when Susan tells me about the effect of my optimistic stance in the beginning of therapy. Susan defends herself against criticism of her father and claims that the achievement of stability could be a positive outcome.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when mother critiques father, father critiques Susan, Susan defends herself and expresses a loss of motivation in going on.

Contextual forces work when discourses about high expectations, disappointments and self-care promote judging and a sense of failure.

Practical forces work when I feel an invitation to explain, take over or push and sustain repetitive unwanted patterns by it. I listen to my inner dialogue and make a change by evaluating the alliance and by proposing a summary, a consensus that contains the differences.

Implicative forces work when I (as therapist) learn from criticism Susan expresses about my optimistic stance in the beginning of therapy. I transform my frame of reference. An optimistic stance can block curiosity. Implicative forces work when Susan transforms her frame of reference by claiming that stabilization can be a positive outcome for her.

### Collaborative learning:

0-order learning happens when family members critique each other and Susan loses her motivation to go on. They got stuck in a repetitive pattern and confirm each other's role in this. Father pushes, mother protects and Susan shows dependency. All family members feel powerless in this unwanted pattern.

2-order learning happens when Susan talks about our collaboration and my role in this. I learn from her to re-think the effects of an optimism stance in therapy. It can block curiosity.

3-order learning. Susan's claim about stability as a positive outcome opposes the discourse 'without progress no success' in episode 3. This discourse diminishes the input/ contribution to keep the situation stable, to prevent a relapse. Family members agreed with the summary based on Susan's claim (1503:11.0). We talked about the transformed frame of reference later in therapy. It was important to acknowledge all contributions to stabilize the situation.

## Critical moment 5

Table L transcript

Therapist 1503:11.2	But we have to find a way to go on. Susan tells us she feels confidence in conversations with her mother and me but can't take it with her outside the conversation. I want to learn more about that. A month ago you made a plan to start education to become a nurse. What happens outside the conversation? Is it a lack of motivation or a lack of trust that stops you?		Theme: Help me to understand you, looking for shared understandings
Mother 1503:11.3	I am sure it is a lack of trust She still believes she is the little thin girl with a tube in her nose. That's the reason she doesn't go back to the sport school either. She thinks the man saw the patient not a young woman.		
Susan 1503:11.4	No I believe I let the 'girl with a tube in her nose' go. We worked on that in therapy. But I don't know who comes next. I can't see her		
Therapist 1503:11.5		(Suddenly) Susan always wears clothes that are too wide. She hides her body in those wide clothes.	
Therapist 1503:11.6	I suddenly think about the clothes you wear. Your clothes are so wide. You look tiny in too big clothes. What wears the next Susan? Will I ever see her in a summer dress?		Theme: Sharing my inner dialogue, something that pops up, without reflection
Susan 1503:11.7	I wear my mother's clothes. I don't buy clothes anymore. When I was younger I dressed completely different. I loved buying clothes and look good. But I am not that carelessness girl anymore		Theme: A playful difference
Therapist 1503:11.8	And not the thin girl with a tube in her nose. What comes next?		
Susan 1503:11.9	I don't know her so well. In these wide clothes I keep people on a distance.		

Therapist 1503:12.0	Do you want that?		Theme: repositioning
Susan 1503:12.1	No		
Therapist 1503:12.2	So right now you are in between 'the girl with the tube in her nose' and somebody unknown but new. Who is the next Susan? What is her style? Who does she want to meet? Do you want to find out? Or are we going too fast? You can also stay at home in your mothers clothes until you are 40 years old		
Susan 1503:12.3	No (laughs)		
Mother 1503:12.4	No way		
Therapist 1503:12.5		Provoking a bit might work to invite family members to take a position	Theme: Provoking to reposition
Therapist 1503:12.6	It is comfortable at home. You are allowed to stay in bed for 80% of the day, get your food and no one has to get to know you.		Theme: Dilemma of change
Father 1503:12.7	I think many children have difficulties leaving their parental house. I was 24 years when I did that myself. Your mother said to me come live with me or do you stay with your mother forever. That was the only reason for me to leave the comfort of my mother's home.		
Susan 1503:12.8	Really?		
Father 1503:12.9	I didn't like to go outside either. I was not afraid but I didn't feel comfortable talking with other people. I know more of what you feel than you think I do		Theme: Family members discuss their issues with each other
Susan 1503:13.0	Really?		

## Episode 5: What comes next

Table: LI transcript analysed

	Therapist	Mother	Susan	Therapist	Susan	Therapist	Father	Susan
<b>Society/culture/professional</b>	An effective therapist learns from feedback about the alliance, allegiance and developments in therapy	Don't hide. Be what you are.	<i>We are what we become</i>	People with anorexia often wear wide clothes and hide their body shape by it. The way you dress is the way you are addressed.	The way you dress is the way you are addressed.	Dilemma of change	Many children have difficulties leaving their parental house.	Many children have difficulties leaving their parental house.
<b>Family culture</b>	-	Believe in your capacities	Believe in your capacities	-	Take care of yourself	-	Father was depended from his mother. Mira (mother Susan) encouraged him to leave.	<i>My father does understand me</i>
<b>Subjectification</b>	A learning therapist open for feedback	Understanding mother	Daughter, client speaking for herself, introducing a new unknown version of self	Curious therapist	Changing daughter, client	Provoking therapist	Vulnerable father that makes a connection	Surprised daughter in connection with father
<b>Episode</b>	<b>What comes next</b>	<b>What comes next</b>	<b>What comes next</b>	<b>What comes next</b>	<b>What comes next</b>	<b>What comes next</b>	<b>What comes next</b>	<b>What comes next</b>
<b>Pattern: Reactive,</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>	<b>Reflexive</b>

<b>paradoxical or reflexive</b>	Invites to learn from learning	Mother gives her explanation	Susan disagrees, introduces a new unknown version of self	Improvisation, broaden the picture	Looking back, Broaden the picture	Provoking	Opening up, making a connection	Acknowledged and surprised
<b>Relational</b>	Invites to learn from learning	Mother gives her explanation	Susan disagrees, introduces a new unknown version of self	Broaden the picture	Broaden the picture	Provoking	Opening up, making a connection	Acknowledged and surprised
<b>(Speech) Action</b>	1503:11.2 But we have to find a way to go on. Susan tells us she feels confidence in conversations with her mother and me but can't take it with her outside the conversation. I want to learn more about that. A month ago you made a plan to start education to become a nurse. What happens outside the conversation? Is it a lack of motivation or a	1503:11.3 I am sure it is a lack of trust She still believes she is the little thin girl with a tube in her nose. That's the reason she doesn't go back to the sport school either. She thinks the man saw the patient not a young woman.	1503:11.4 No I believe I let the 'girl with a tube in her nose' go. We worked on that in therapy. But I don't know who comes next. I can't see her	1503:11.6 I suddenly think about the clothes you wear. Your clothes are so wide. You look tiny in too big clothes. What wears the next Susan? Will I ever see her in a summer dress?	1503:11.7 I wear my mother's clothes. I don't buy clothes anymore. When I was younger I dressed completely different. I loved buying clothes and look good. But I am not that carelessness girl anymore	1503:12.2 So right now you are in between 'the girl with the tube in her nose' and somebody unknown but new. Who is the next Susan? What is her style? Who does she want to meet? Do you want to find out? Or are we going too fast? You can also stay at home in your mother's clothes until you are 40 years old. 1503:12.6	1503:12.7 I think many children have difficulties leaving their parental house. I was 24 years when I did that myself. Your mother said to me come live with me or do you stay with your mother forever. That was the only reason for me to leave the comfort of my mother's home. 1503:12.9 I didn't like to go outside either. I was not afraid but I	1503:12.8 Really? 1503:13.0 Really?



	lack of trust that stops you?					It is comfortable at home. You are allowed to stay in bed for 80% of the day, get your food and no one has to get to know you.	didn't feel comfortable talking with other people. I know more of what you feel than you think I do	
<b>Inner dialogue</b>				1503:11.5 (Suddenly) Susan always wears clothes that are too wide. She hides her body in those wide clothes.		1503:12.5 Provoking a bit might work to invite family members to take a position		

### Therapeutic response

In episode 4 I (as therapist) summarized the words of family members, looking for a consensus that contains expressed differences. (1503:11.0). We agreed on making a future plan. In episode 5 I invite family members to express feedback on the process and learn from the learning. Susan had plans for the future and is losing her motivation right now. I ask to make sense of this. Mother gives her explanation and refers to the 'girl with the tube in her nose', present in actual interactions. Susan disagrees and introduces a 'new unknown version of self'. She creates space for new understandings of self. In my inner dialogue I make an unforeseen connection with the way Susan is dressed. This association opens up space for new narratives. Susan wears her mother's clothes. The young Susan loved clothes. The girl with the tube in her nose did not care and the 'new version of self' has no clear identity yet. I introduce an 'in between space' and provoke family members a bit. Maybe Susan stays in this in between space and lives at home until she is 40 years old (1503:12.2). No way, mother says. By surprise father reveals a story from his own youth. He was depended from his mother and did not

feel the urge to leave his family home either. It was Mira (mother of Susan) who encouraged him to take a step out. Susan is surprised. It opens up space for a new connection with her father and frame about dependency in relationship to parents.

### Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit and opening space to new inter-actions connections and understandings.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces work when Susan disagrees with mother's explanation and she introduces a 'new unknown version of self' in the conversation. They work when I make an unforeseen connection and ask about the way she dresses. When I provoke family members suggesting that Susan might live until her 40's in her parents home father suddenly reveals a story about his own dependency in relation to his mother.

Implicative forces work when Susan introduces 'a new unknown version of self'. She transforms the assumption 'be what you are' into a new assumption 'be what you become'. It opens up space for new understandings of self. Implicative forces work when father reveals a personal story about dependency towards his mother. It normalizes dependency and it transforms the assumption about father. Father can understand Susan and relate to some of her questions in life.

### Collaborative learning:

2<sup>e</sup> order learning happens when Susan introduces 'a new unknown version of self' and we can think about her identity in a process of becoming. 2<sup>e</sup> order learning happens when father reveals his personal story. It opens up space for transformed frames about dependency and father able to understand his daughter. This frames enable new ways of connecting between them.

## **Follow up**

During the last session FITS therapy with parents we talked about a future plan. We concluded there was not so much progress but could also acknowledge the contributions to stability (no relapse) for quiet some time. Parents and Susan wished Susan would develop activities outside the house. Susan had confidence she could work on that together with her parents. She wanted to go on without therapy. This was a big step after many treatments for many years. Parents expressed worries and support. We ended FITS therapy with an agreement and an alert confidence for the future.

## **Summarizing reflections on the case of Susan and her parents**

### **How do I navigate on the basis of coordinated improvisations in Feedback-informed Systemic Therapy?**

We evaluated FITS Family Therapy during session 9 and 16.

#### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning.

Problematic behaviour is sustained in repetitive self re-enforcing loops.

In episode 1 we evaluate FITS therapy during session 8. Susan made some improvements. She voluntary works in an organic super market. Susan does not identify with the progress made. I (as therapist) invite Susan to identify with her contributions to change. I ask if she had expected the changes made (1503:0.4). I ask how she responded when she talks about dips. (1503:0.5). I relabel a passive 'allowing' to a more active 'giving permission'. Susan does not take this invitation immediately and emphasizes difficulties and passivity in relationship to depression. When I invite Susan to say something about our collaboration she tells me about the positive effects of externalizing conversations (1503:2.5). After the focus on our collaboration together Susan talks about her own contribution to change. I wonder if there is a connection between the focus on the relationship and the opening space to identify with personal contributions to change?

In episode 2 I (as therapist) ask about the approach in FITS therapy. How does Susan benefit from the conversations, metaphors and meanings we find? Susan tells it is difficult to use insights in therapy in her daily life. I understand. Insights make no difference without any practice. I ask what important insights were for her (1503:3.4). I want to explore how to work with them in a different way. Susan

tells me about an impression I told her about. She says (1503:3.5) *'You said it is like, as if there is still a little thin girl behind me with a little tube in her nose. As if I thought everyone still sees the little thin girl behind me instead of the person I have become right now. I told my mother and she recognized this. I think I have to leave this girl behind. I have to learn to go on.'* I was surprised that she shared this with her mother. Susan wants to leave parents out of therapy. I invited Susan to include parents their voices to the conversation. I asked how 'the thin girl with the tube in her nose' influenced all relations in the family. Susan tells about her mother being over protective because of the 'thin girl with the tube'. Then I suggest to invite parents in therapy. Susan hesitates. It has to do with her father and fear of uncomfortable feelings in between them. I try to convince her by asking many questions about this, without any effect.

In episode 3 I (as therapist) read Susan's story to parents. In this story Susan expresses her wish to find her own speed developing in life. Other people (like the impatient swimming teacher in the story) who push her have a contra-productive effect. Susan expresses her wish in feeling agency in her life. Mother recognizes the theme but questions the progress made. Mother: Susan is strong in her language. She can reflect and tell what she wants. But it is hard for her to make a change in practical daily life. (1503:7.4). Father emphasizes a lack of progress. Susan identifies with parent's their expressions and describes herself as a 'left alone puppy'. I feel confusion. I feel an invitation to stand up for Susan and emphasize the progress made. But if I do I sustain a pattern in which I am pushing, Susan is down playing and parents confirmed in their problem saturated-story. We are enacting the swimming lesson metaphor. I ask myself: How do I make a difference? There is a double message. Susan wants to find her own speed and listen to her own voice and feels like left alone puppy that needs care of others. Both responses taking care and leaving her do not fit. How to respond? I share my inner dialogue with parents and ask if they recognize the dilemma. Mother does. It splits parents up. Father is pushing and mother gives space. Mother says: All those responses, including FITS therapy do not contribute to change. I am a bit disappointed, feel an invitation to defend therapy and talk about some progress made. I'd wish we had this feedback earlier in the process and wonder if I should insisted more on an active collaboration with parents. I try to find consensus about the importance of the question how to go on in this moment of tension. Everyone agrees.

In episode 4 I (as therapist) listen to my inner dialogue. I am a bit confused. Unless all the conversations we had, the life-story-book we made, parents and Susan see no progression made. I'd wish we had the opportunity to have this evaluative conversation earlier in the process. I wanted to include parents in therapy, Susan insisted to do therapy alone. I feel an invitation to explain and tell parents about this. Again there is the invitation to take over, push and sustain a repetitive unwanted pattern. I ask myself how to make a difference? We agreed to make a future plan. How can we use learning from FITS therapy for making a better plan. I decide to evaluate the alliance, the collaboration and my role in this. (1503:9.3). Susan is open and critiques my optimistic stance in the beginning. This is interesting. I co-construct a frame of reference here. Optimism can block curiosity (1503:9.8). Mother recognises the risk of having too high expectations. Mother points at father's high expectations. She speaks from an outsider's position. I invite her to think about the question; what would be different if parents participated in therapy. Mother emphasizes the wish Susan had about doing therapy alone. Father

emphasizes the lack of progress. Susan responds irritated. She claims the achievement of stability as a positive outcome. She defends herself against critique of her fathers and tells us she is losing her motivation to go on. I listen to my inner dialogue; summarize the words of family members, looking for a consensus that contains expressed differences. Family members nod (1503:11.1).

In episode 5 I continue after having consensus (containing differences) and the agreement to make a future plan. I invite family members to express feedback on the process and learn from the learning. Susan had plans for the future and is losing her motivation right now. I ask to make sense of this. Mother gives her explanation and refers to the 'girl with the tube in her nose', present in actual interactions. Susan disagrees and introduces a 'new unknown version of self'. She creates space for new understandings of self. In my inner dialogue I make an unforeseen connection with the way Susan is dressed. This association opens up space for new narratives. Susan wears her mother's clothes. The young Susan loved clothes. The girl with the tube in her nose did not care and the 'new version of self' has no clear identity yet. I introduce an 'in between space' and provoke family members a bit. Maybe Susan stays in this in between space and lives at home until she is 40 years old (1503:12.2). No way, mother says. By surprise father reveals a story from his own youth. He was depended from his mother and did not feel the urge to leave his family home either. It was Mira (mother of Susan) who encouraged him to take a step out. Susan is surprised. It opens up space for a new connection with her father and frame about dependency in relationship to parents.

## **Coordinated improvisations**

I look how spontaneous responses open up space for new connections, understandings and ways to go on.

In the first episode we externalize depression. We create a playful response-space when we externalize depression. Susan talks about depression as situated stuff. Depression was not behind me or over me like before. It was like it sat next to me on the coach (with a smile) (1503:1.2). Susan tells me: I like it when you talk about depression in a way I get the feeling that I can do something back when depression tries to take over. (1503:2.5) And: it feels more like... pushing back. Before depression was all over me. Now it is not. I can feel myself. But it is still there, like depression is sitting on my back. I do the things I have to do, but it makes me so tired. (1503:3.0)

In the second episode Susan tells me how the image/ metaphor of 'the thin girl with a tube nose' became a symbol for an identity of the past she wanted to let go. Susan says about 'the thin girl with a tube in her nose': *'You said it is like, as if there is still a little thin girl behind*

*me with a little tube in her nose. As if I thought everyone still sees the little thin girl behind me instead of the person I have become right now. I told my mother and she recognized this. I think I have to leave this girl behind. I have to learn to go on.'* (1503:3.5)

In session 3 I read parents a part of the 'life-story-book' we made. Susan told me a story about a swimming teacher who pushed her in the water to swim. We use this story as metaphor for a repetitive unwanted pattern.

In session 5 Susan introduces a 'new unknown version of self'. It opens up space to co-create new identity stories and think about being what you become. When Susan talks about this 'new unknown version of self' I suddenly think about the way she dresses. I wonder how this new version of self would dress. This unforeseen association opens up space for new understandings. We talk about an 'in between phase'. I provoke a bit and suggest that Susan stays at home for a long time. Suddenly father reveals a personal story about dependency. This opens up space for new connections and new understandings.

## **Feedback**

We used ROM, CDOI and FGRL to evaluate FITS during session 8 and 16.

Session 8: When we look to Susan's CDOI we can see progress on the ORS. The ROM scores of Susan and parents show a very small positive change. We decide to continue FITS therapy based on the results and the meaning we are making out of them. The ORS starts very low, goes up and down again. Susan tells me that my optimistic stance was difficult for her. She connected optimism with high expectations. Later in the process she felt more comfortable with me in therapy.

Session 16: When we look to the CDOI scores of Susan and her parents we see no progress on the ORS. The ROM scores are a little more negative than in the beginning (but within the RCI-index of 1,64, meaning no reliable change). Family members gave a higher score for their goals on the FGRL. Their scores changed from 1 or 2 to 4 or 5 on a scale from 1 to 10.

It is important to make sense out of the CDOI, ROM and FGRL scores. We have discussed the meaning of stability in the case of Susan and her parents. Susan claims the achievement of stability as a positive outcome. This is understandable in the context of her suffering from a severe eating disorder and going on after an in-patient treatment for more than one-and-a-half year.

## **Collaborative learning**

There is a 0-order learning happening in episode 2, 3 and 4. In episode 2 we are caught in a repetitive pattern. I repeat the same question over and over again and Susan is defending her statement. We reproduced more of the same in our conversation together. In episode 3 we questioned progress and concluded there was no progress happening. There was a double invitation and dilemma about how to respond. Susan explained why pushing didn't help her and wanted to find her own speed. A bit later Susan describes herself as a 'left alone puppy'. I shared my inner dialogue. Parents recognized the double invitation (about leaving her and pushing her) and the dilemma about how to respond. But the conversation didn't open up space for something new. It confirmed family members in feeling powerless. In episode 4 a 0-order learning happens when family members critique each other and Susan loses her motivation to go on. They got stuck in a repetitive pattern and confirm each other's role in this. Father pushes, mother protects and Susan shows dependency. All family members feel powerless in this unwanted pattern.

There is a 1-order learning happening in episode 3. However we are able to reframe and consider change as possible. Change here is in line with expectations and therefor mostly a first-order learning.

There is a 2-order learning happening in episode 4 and 5. In episode 4 a 2-order learning happens when Susan talks about our collaboration and my role in this. I learn from her to re-think the effects of an optimism stance in therapy. It can block curiosity. In episode 5 2-order learning happens when Susan introduces 'a new unknown version of self' and we can think about her identity in a process of becoming. 2e order learning happens when father reveals his personal story. It opens up space for transformed frames about dependency and father able to understand his daughter. These frames enable new ways of connecting between them.

There is a 3-order learning happening when we transform the discourse about stability and progression. The discourse 'without progress no success' diminishes the input/ contribution to keep the situation stable, to prevent a relapse. In episode 4 Susan claims stability as a positive outcome. This transforms the discourse 'without progress no success' in episode 3. Family members agreed with the summary based on Susan's claim (1503:11.0). We talked about the transformed frame of reference later in therapy. It was important to acknowledge all contributions that helped stabilizing the situation.

More 3-order learning could happen if we could look back to transformative episodes. How can we understand that Susan only started to talk about her own contribution to change after we talked about our collaboration together (Episode 1:1503:2.5)? Is talking about collaboration together helpful before one can identify with own contributions to change? I wonder if we could have learned more about linking therapeutic insights to daily practices at home. This issue is important because it touches fundamental beliefs about conversational therapies. How does changing our language change our daily life? An answer to those questions could have been a 3-order learning.

## **(8) FITS case 1504**

The names in document are fictionalized.

### **Code 1504**

1504 Johnny

1504 Mother

1504 Father

### **Introduction**

Johnny is a 15-year-old boy who lives with his parents and older sister (16). Parents ask for help because of oppositional behaviour at home. At school Johnny is a striking boy. But there are no special worries about him at school. At home there is a lot of fight between Johnny and his father. Mother tries to protect Johnny sometimes. Father feels excluded and blames mother for that. The fight escalates. Johnny doesn't accept rules, destroys stuff in his room after a fight. His father doesn't repair that stuff anymore. The consequences of all the fight are visible in the house. There is a stain of spaghetti souse on a white wall in the living room, proof of escalations that destroy the atmosphere in living together.

Father had a conflictual relationship with his parents and grew up in a tough boarding school. He broke the relationships in his family. His wife (mother) tried to reconnect a couple of times but without success. Johnny is a striking boy, has a lot of humour. He looks different than other boys of his age, looks feminine, and is proud of his hairdo. He doesn't want to answer intimate questions about feelings or sexuality. He likes to make jokes and tell funny stories. But it is hard to connect to him. I (as a therapist) often had a feeling that he hides experiences away. I could not make a connection to get a bit closer to him. When I tried to talk with him alone he closed down completely.



We did 13 sessions FITS Family therapy. Session 1 to 8 was with Johnny and mother, sometimes with father too. After session 8 we (parents and therapist) decided to ask for a more intensive behavioural family therapy at home (multi systems therapy). As a response to the question of mother to talk with Johnny alone I talked with him from session 9 to 12. Session 13 was the last one together with Johnny and parents at their home.

## Quantitative Research

### Routine Outcome Measurement

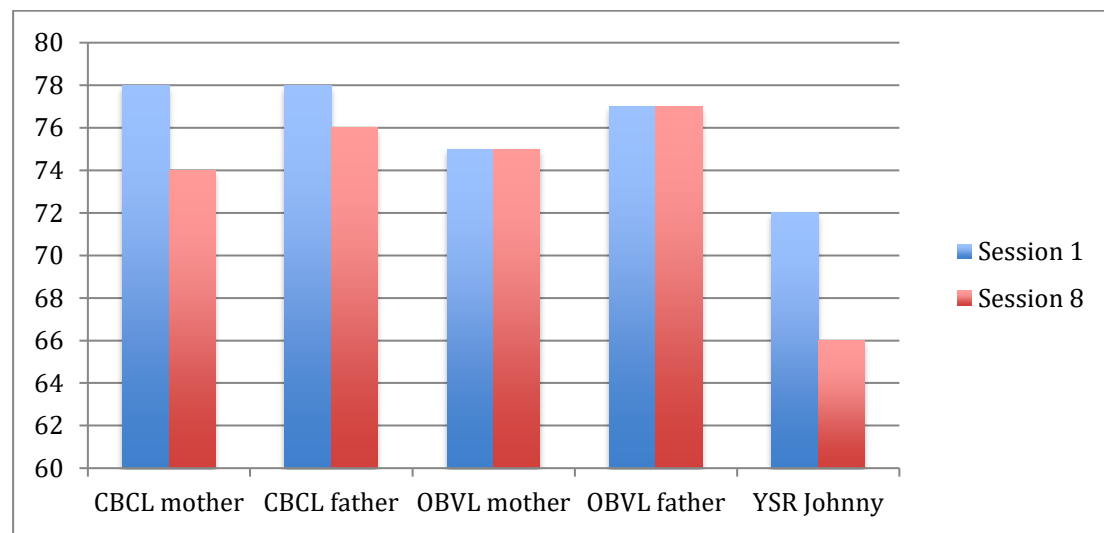


Fig. 36 CDOI

Table LII CDOI

Test	Session 0	Session 8
CBCL mother	78	74 (RCI 1,16=0)
CBCL father	78	76 (RCI 0,58=0)
OBVL mother	75	75 (RCI 0=0)

OBVL father	77	77 (RCI 0=0)
YSR	72	66 (RCI 1.18 = 0)

RCI (Jacobsen & Tuax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI is bigger than 1,64 than change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

### Client Directed Outcome Interview

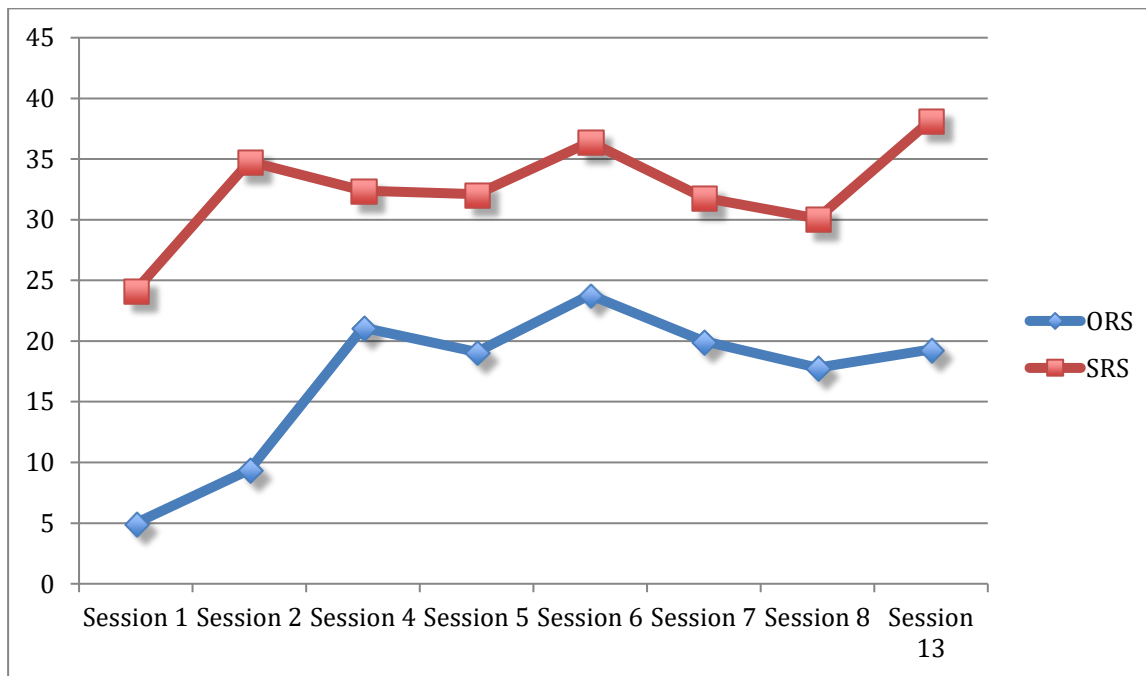


Fig. 37 CDOI mother

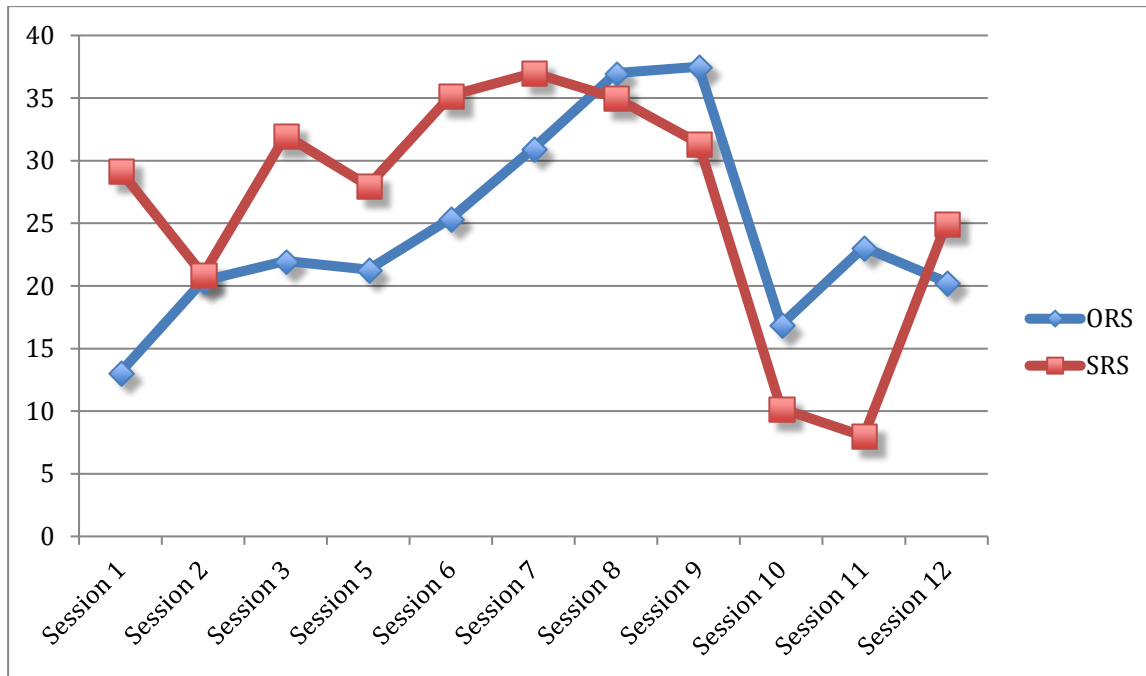


Fig. 37 CDOI Johnny

## Family Goals Rating List

The family members had set the next 3 goals as a focus in therapy.

- (1) Parents want to cooperate better in their collaboration together
- (2) Parents set 4 rules and respond consequently to violations and encourage wanted behaviour
- (3) Johnny wants to follow the rules and contribute to a good atmosphere at home and keep freedom to play his computer games on a daily basis.

**We evaluated these goals in session in 5 and 8**

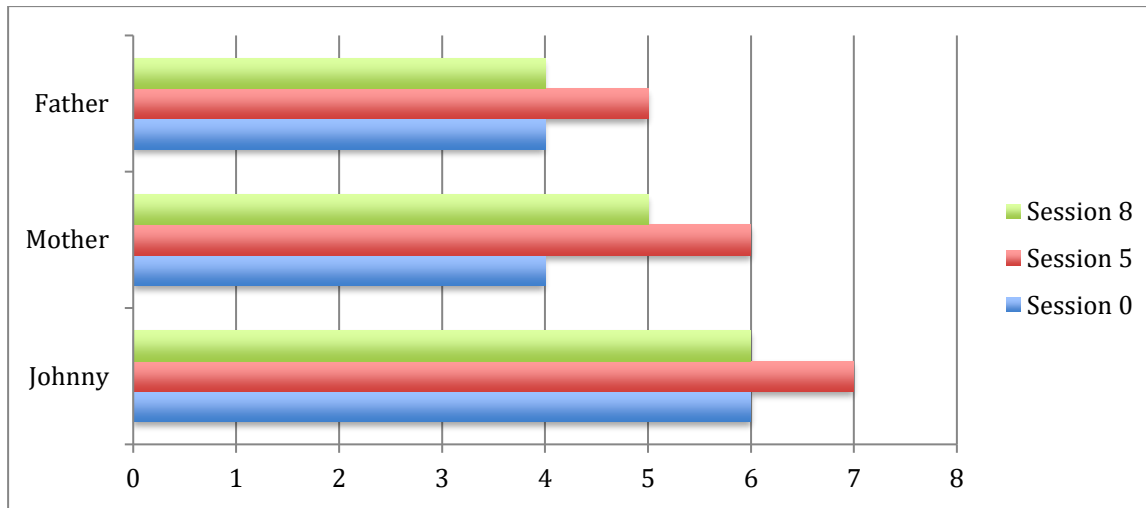


Fig. 38 FGRL

Table LII FGRL

	<b>Future target</b>	<b>Session 0/ baseline</b>	<b>Session 5</b>	<b>Session 8</b>
<b>Johnny</b>	9,5	6	7	6
<b>Mother</b>	7	4	6	5
<b>Father</b>	8	4	5	4

We evaluated our collaboration as a learning community in session 5 and 8

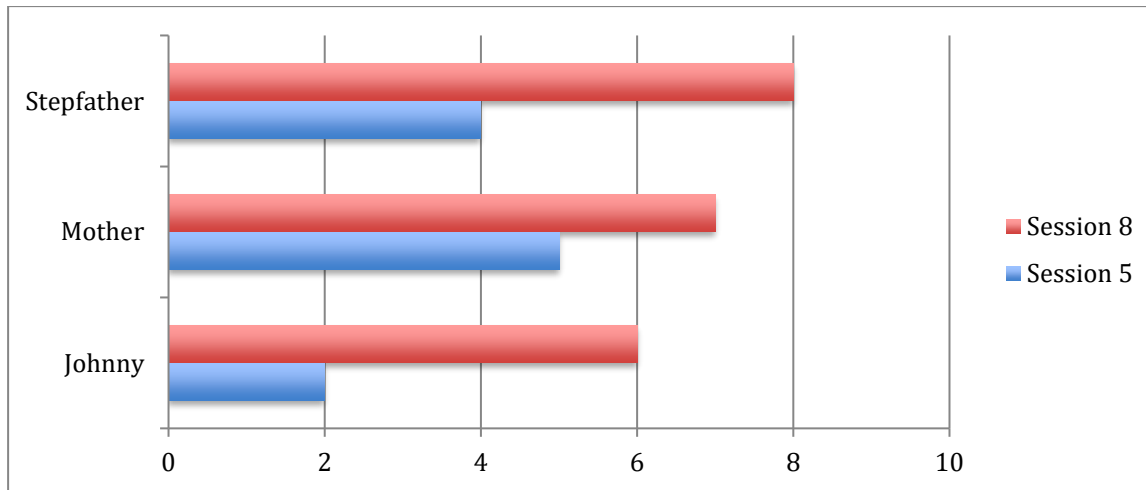


Fig. 39 FGRL collaboration

Table LII FGRL collaboration

	Collaboration session 5	Collaboration session 8
<b>Johnny</b>	2	6
<b>Mother</b>	6	7
<b>Stepfather</b>	4	8

## Conclusion

We evaluate therapy during session 8. There is no significant change in the ROM scores. Johnny scores the biggest progression on the YSR.

In the CDOI there is an up going ORS line. Parents also score higher on the ORS, but a score of 17,8 is still low (about 4 out of 10) on every item on the list. The Family Goals list is scored in session 5 and 8. During session 5 there was progress (also in the CDOI of parents). The scores on the goal list decreased in session 8. After session 8 we decided to ask for a more intensive form of home-based family therapy. Mother asked me to talk with Johnny alone. I did. Johnny gave very low SRS scores indicating that he didn't like to talk with me alone. Low scores on the ROM, CDOI and FGRL lead to the decision to stop FITS therapy and indicate a different way of working.

## Qualitative Research

### Session 8

#### Situation:

In meet Johnny and his parents during session 1 to 8. Mother is always there. Father not all the sessions. There is a lot of tension in the relationship between Johnny and his father. They fight during the sessions and it is hard to interfere. During session 8 we look to the CDOI and ROM scores and talk about the developments. Johnny gave high scores and parents much lower scores. We discuss the progress made. Around session 5 there was some progress. The schedule with appointments worked well at that time. But after session 5 the scores went down. Parents and Johnny repeat the same pattern over and over again. Johnny experiences criticism and shows oppositional behaviour. Father experiences stress and he blames Johnny for this. but since than it went back. Johnny threw the schedule away. The interactions confirmed a dominant problem saturated story about Johnny. Parents punish Johnny and Johnny ignores parent's rules. I wonder how father's personal history (boarding school) influences his responses to Johnny. I wonder what the effect is of ADHD and why Johnny closes down when I ask more intimate questions.

### Critical moment 1 'Koekwous'

#### Transcripts, inner dialogue and reflections afterwards

Table LIII transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1504:0.1	(Points at the diagrams). There is a big difference in the scores		Theme: Using the diagram as an development indicator
Mother 1504:0.2	Johnny sees it more positive than we do. I think this is a pity.		Reflection: Discussing the meaning of differences in scores.
Therapist 1504:0.3	Why?		
Mother 1504:0.4	He doesn't suffer from it the way we do. That is a pity. He doesn't feel a reason to change his behaviour if he sees it this positive.		Reflection: Interesting. Mother points at the importance of suffering as a motive to change. How to respond to these differences in scores and explore it more. What is Johnny satisfied about? Can he get some appreciation

			for his contribution to change?
Johnny 1504:0.5	(Plays with his phone and makes noises) o-o-a-a		Theme: To express what is difficult to say in a playful way.
Mother 1504:0.6	Please lay down your phone!		
Therapist 1504:0.7	Your scores are low but higher than in the beginning. What do you do to make progress?		Theme: Focus on unique outcomes, positive developments
Mother 1504:0.8	The plan with the agreements did work. It is clearer what he can do or can't do. It makes it easier for us to respond when he is breaking the rules. The atmosphere at home is a little bit better		
Therapist (to father) 1504:0.9	Do you think Johnny benefits from that, could 'a better atmosphere' be a reason to do his best		Theme: Focus on family members contributions to change
Johnny 1504:1.0	(Still playing with his phone) I don't care		
Mother 1504:1.1	I think he also benefits from a better atmosphere at home		
Therapist 1504:1.2		Johnny is answering to a question to father, challenges him. Mother steps in. Father stays on the background.	Theme: Noticing unproductive patterns
Therapist to father 1504:1.3	Do you recognize little improvements in living together		Theme: Focus on voices at the background
Father 1504:1.4	Mwah		
Mother 1504:1.5	Johnny is still behaving bad in relation to his farther. He is calling him bad names.		
Father 1504:1.6	(Smiles a little bit).		
Therapist (to Johnny) 1504:1.7	Do think there are improvements in living together?		
Johnny 1504:1.8	I don't know		
Therapist	And between you and your father?		

1504:1.9			
Johnny 1504:2.0	'Koekwous' (a (for me) unfamiliar word)		Theme: To express what is difficult to say in a playful way. 'Koekwous' is a (for me) unfamiliar word. 'Koekwous' in local dialect or slang (between youngsters) means 'foolish'. What is Johnny expressing here? Maybe there is nothing else to say for him at this moment. Johnny is experiencing progress, feels criticised by his father. The invitation to evaluate the relationship might be to difficult. 'Koekwous' is an answer and no answer at the same time.
Mother 1504:2.1	Johnny didn't want to come to this meeting because his father was coming too		
Johnny 1504:2.2	He is an idiot		
Therapist 1504:2.3		I feel an invitation to interfere and mediate. If I do I take the same position as mother. How to make a difference?	Theme: To express what is difficult to say in a playful way.
Therapist 1504:2.4	How do you experience the relationship with your father		
Johnny 1504:2.5	I don't like him		
Therapist 1504:2.6		How to escape a single story?	Theme: How to escape a single story?
Therapist 1504:2.7	What if by accident it would be better, would you like that ?		
Johnny 1504:2.8	I don't care	How to escape a single story?	
Therapist 1504:2.9			
Therapist 1504:3.0	Do you benefit from a better atmosphere at home?		
Johnny 1504:3.1	(Doesn't look up from his phone) as long as they allow me to play games, it's ok.		
Mother	Give me your phone! (And takes it out of his		



1504:3.2	hands)		
Johnny 1504:3.3	(Walks out the room)		

Table LIV transcript analysed

	Therapist	Mother	Therapist	Mother	Father	Therapist	Mother	Johnny
<b>Society/culture/professional</b>	Focus on resilience and developments	Good appointments improve collaboration	Fathers are important too, should get more involved in parenting.	Mothers protect fathers that cannot deal so well with their emotions.	Fathers keep a distance	Fathers are important too, should get more involved in parenting.	Children should listen to their parents	Children should have some freedom
<b>Family culture</b>	-	Mothers are primary care-givers in the family	Conflicts during puberty with his father in his family of origin.	Mothers are primary parents in the family	No positive connection with parents	-	Children should listen to their parents	I can't do anything right
<b>Subjectification (Who do we become?)</b>	A therapist that believes in growth and developments	A mother that sees some progress made	A therapist that wants to include fathers to a conversation	A mother that protects and mediate between father and son	A father that doesn't get attached by the conflicts with his son.	A therapist that wants to give attention to the father-son relationship	A mother that protects and mediate between father and son	A son that ignores blames and walks away.
<b>Episode</b>	'Koekwous'	'Koekwous'	'Koekwous'	'Koekwous'	'Koekwous'	'Koekwous'	'Koekwous'	'Koekwous'
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive</b> Invitation to talk about progress	<b>Reactive</b> Is taken by mother	<b>Reactive</b> An invitation to father to contribute in	<b>Reactive</b> Mother takes over	<b>Reactive</b> Father withdraws, no fit or opening to	<b>Reactive</b> An invitation to Johnny to talk about the	<b>Reactive</b> Mother takes over	<b>Reactive</b> No fit or opening to something new. Johnny steps out of

			the conversation		something new	relation ship		the conversation.
<b>Relational</b>	Therapist invites to talk about progress	Mother talks about some progress	Therapist invites father to respond	Mother steps in	Father withdraws	Therapist invites Johnny to talk about the relationship with his father	Mother steps in, takes of the phone to include him in the conversation	Johnny ignores the invitations, escapes and finally leaves the room
<b>(Speech) Action</b>	1504:0.7 Your scores are low but higher than in the beginning. What do you do to make progress?	1504:0.8 The plan with the agreements did work. It is clearer what he can do or can't do. It makes it easier for us to respond when he is breaking the rules. The atmosphere at home is a little bit better	1504:0.9 (to father) Do you think Johnny benefits from that, could 'a better atmosphere' be a reason to do his best  1504:1.3 Do you recognize little improvements in living together?	1504:1.1 I think he also benefits from a better atmosphere at home  1504:2.1 Johnny didn't want to come to this meeting because his father was coming too	1504:1.4 Mwah  1504:1.6 Smiles a little bit.	1504:2.4 How do you experience the relationship with your father  1504:2.7 What if by accident it would be better, would you like that	1504:3.2 Give me your phone! (And takes it out of his hands)	1504:0.5 (Plays with his phone and makes noises) o-o-a-a  1504:2.0 'Koekwous'  1504:2.2 He is an idiot  1504:3.3 (Walks out the room)
<b>Inner dialogue</b>		-			1504:1.2 Johnny is answering to a question to father, challenges him. Mother steps in. Father stays		1504:2.3 I feel an invitation to interfere and mediate. If I do I take the same position as	

					on the background.		mother. How to make a difference?	
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### **How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

#### Therapeutic response

There is a big difference between the scores of Johnny and parents. Johnny scores positive change and parents little changes but still quiet low scores (17,8). I (as a therapist) invite to talk about progress. Mother talks about progress. Father stays at the background. I try to invite father to take position, contribute to the conversation. Father withdraws and mother takes over. Both father and Johnny avoid a constructive contribution to the conversation. Mother interferes and mediates. I (as a therapist) feel an invitation to do the same. I listen to my inner dialogue and decide to focus on the relationship between father and son. Johnny calls his fathers names . Mother interferes and Johnny walks away.

#### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

#### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Contextual forces are high. Parents, Johnny and therapist respond from frames of reference (societal, cultural discourses about motherhood, fatherhood, connections and emotions). Interactions confirm those frames of reference. There is no opening space to co-construct a different frame.

Prefigurative forces are high. Family members respond in a reactive way towards each other and sustain unwanted repeating patterns.

#### Collaborative learning:

0-order change. We sustain unwanted and repeating patterns in which participants confirm referential frames and conclusions of each other's identity.

1-order change. Mother conforms that the use of a schedule with clear appointments works for Johnny and for parents collaborating together.

I (as therapist) learn what I leave out in the conversation. I don't explore this enough. What is it that Johnny is positive about? What was his contribution to change? Does he need more appreciation for that? Johnny responds with challenging language about his father and when he makes crazy sounds. What is he expressing? Is he challenging parents? Could there be another entrance to another conversation here?

## Critical moment 2

Situation: We are drawing a new schedule with appointments for every day in the week. The goal is that parents 'choose their battles' and do not respond on all rule breaking behaviour. Parents learn to cooperate in a way they agreed on together. Johnny earns time to play on his computer. He is drawing the schedule himself.

## Transcripts, inner dialogue and reflections afterwards

Table LV transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Father 1504:3.4	You don't draw the lines long enough		
Johnny 1504:3.5	(Throws the pencils on the ground) Do it yourself idiot. I won't cooperate anymore		
Therapist 1504:3.6		I feel an invitation to protect Johnny. Can I help father to see through the eyes of Johnny?	Theme: inviting to see circular patterns by asking systemic/ circular questions
Therapist (to father) 1504:3.7	What is happening for Johnny now, do you think?		
Father 1504:3.8	That's the way it goes. I am not allowed to tell him anything		
Johnny 1504:3.9	(Stands up) I am leaving		

Therapist 1504:4.0	Please don't, I'd like to understand what is happening for you		
Johnny to his father 1504:4.1	I hope you die		
Therapist 1504:4.2	(Shocked) You can't say that Johnny		Theme: I feel what is experienced in the family but hard to express?
Therapist 1504:4.3		I feel an invitation to support parents; I will lose connection with Johnny. How can I make a difference?	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Father 1504:4.4	It doesn't do anything to me what he says		
Therapist 1504:4.5		If father doesn't care how can Johnny make himself understandable.	
Therapist to Johnny 1504:4.6	What is it what you want your father to know? Can I help you to tell him this in a different way?		Theme: Focus on the sequence of intention, expression and effect
Johnny 1504:4.7	Mwah		
Therapist 1504:4.8	If I think about how you feel I can imagine you feel maybe small of rejected when your father comments on your drawing.		Theme: Sharing inner dialogue, focus on what is experienced but hard to express.
Johnny 1504:4.9	He doesn't take me seriously		
Mother 1504:5.0	Let me help you make the schedule		Theme: Triadic, systemic awareness. Reflection: Why is mother stepping in in this moment? Johnny was a little bit vulnerable. Is mother protecting father? I should see patterns in triangles.
Therapist 1504:5.1		Mother protects father and Johnny by stepping in	
Therapist 1504:5.2	(Reaches Johnny the pencils) I think Johnny can do it himself		
Johnny 1504:5.3	I don't want to do that anymore		

Father 1504:5.4	I knew it		
Mother to father 1504:5.5	Please		
Therapist to mother 1504:5.6	Is this what happens. When Johnny and father have a conflict, calls Johnny his father names, protect father himself by ignorance. Johnny feels as if he his is not taken seriously en calls his father even worse names. I feel an invitation to step in an take over. I see you (to mother) to step in and take over, but it doesn't help, doesn't it. Do you recognize this pattern in which every one of you feels unheard.		Theme: Noticing the unproductive pattern we are making together and the therapists contribution to it.
Parents 1504:5.7	Yeah		
Johnny 1504:5.8	Yeah		
Therapist 1504:5.9	Do you want to look to ways to step out of these patterns when it happens?		Theme: Looking for a Yes response about a way to go on in collaboration
Father 1504:6.0	Whatever we do. Johnny doesn't listen to us anyway		
Johnny 1504:6.1	(Walks away)		

## Episode 2 'Stuck in a pattern'

Table LVI transcript analysed

	Father	Johnny	Therapist	Johnny	Mother	Therapist	Father	Johnny

<b>Society/culture/professional</b>	Fathers know. Children should listen	Do it yourself, without help	Circular questioning helps to invite to other perspectives	Parents should take their children seriously.	Mothers know. Children should listen.	Recognizing patterns helps to see possibilities to influence.	Fathers know. Children should listen	Parents should take their children seriously.
<b>Family culture</b>	Didn't get support in his own family	A culture of critiquing each other	-	A culture of critiquing each other	Mothers are primary care-givers in the family	-	Mothers are primary care-givers	A culture of critiquing each other
<b>Subjectification</b>	A father who knows how and helps	An oppositional son	A therapist that opens up space for differences	A vulnerable son	A mother who knows and helps	A therapist that points at patterns and influence	A father with not much influence	An oppositional son
<b>Episode</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>	<b>Stuck in a pattern</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive</b> Critical help	<b>Reactive</b> Refused, attack	<b>Reactive</b> Invite to reconnect	<b>Reactive</b> Accepted by Johnny	<b>Reactive</b> Helps and take over	<b>Reactive</b> Points at the pattern and possibilities to act	<b>Reactive</b> No fit, no opening to something new	<b>Reactive</b> No fit, no opening to something new
<b>Relational</b>	Critiques and helps Johnny	Criticised, disqualified, attacks	Invite to see through the eyes of another.	Answers in a more vulnerable way	Steps in, helps and takes over responsibilities	Points at the pattern, invites to see possibilities to act differently.	Points at a lack of influence	Criticised, disqualified, moves away
<b>(Speech) Action</b>	(1504:3.4) You don't draw the lines long	(1504:3.5) (Throws the pencils on the ground) Do it	(1504:3.7) What is happening for Johnny now, do	(1504:4.9) He doesn't take me seriously	(1504:5.0) Let me help you make the schedule	(1504:5.6) Is this what happens. When Johnny and father have a	(1504:6.0) Whatever we do. Johnny doesn't listen	(1504:6.1) (Walks away)

	enough	yourself idiot. I won't cooperate anymore	you think (1504:4.6) What is it what you want your father to know? Can I help you to tell him this in a different way?			conflict, calls Johnny his father names, protect father himself by ignorance. Johnny feels as if he his is not taken seriously en calls his father even worse names. I feel an invitation to step in an take over. I see you (to mother) to step in and take over, but it doesn't help, doesn't it. Do you recognize this pattern in which every one of you feels unheard.  Do you want to look to ways to step out of these patterns when it happens?	to us anyway	
<b>Inner dialogue</b>		-	1504:3.6 I feel an invitation to protect Johnny. Can I help father to see through the eyes of Johnny?					

**How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?



### Therapeutic response

I (as a therapist) feel an invitation to protect Johnny when his father tries to help him in a critical way. I invite family members to recognize the pattern and look from different perspectives to contributions to that pattern. Parent's help is interpreted as interference and disqualification. The resistance of Johnny is interpreted as oppositional behaviour. Johnny expresses something vulnerable when he says: 'He doesn't take me seriously' (1504:4.9). Mother takes over. Is she interfering to protect father? My questions and focus do not initiate change.

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Contextual forces are high. Parents, Johnny and therapist respond from frames of reference (societal, cultural discourses about motherhood, fatherhood, connections and emotions). Interactions confirm those frames of reference. There is no opening space to co-construct a different frame.

Prefigurative forces are high. Family members respond in a reactive way towards each other and sustain unwanted repeating patterns.

### Collaborative learning:

0-order change. We sustain unwanted and repeating patterns in which participants confirm referential frames and conclusions of each other's identity.

I learn to think about patterns in triangles. Why is mother stepping in when Johnny is a little bit vulnerable? Is mother protecting father? (1504:5.0)

## **Critical moment 3**

## Transcripts, inner dialogue and reflections afterwards

Situation: The family members recognized the pattern. It happens before our eyes. Father critiques and Johnny walks away. He stays outside, make noises, but doesn't want to come back to the therapy room. Father tells that Johnny once threw a plate with spaghetti against the wall. The stain is still visible. We evaluate the session. In the FITS model we are half way. I ask if parents believe that change is possible in the way we are working and within the time we have left. Parents say no. I look with them to the opportunity to more intensive treatment at home.

Table LVII transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Therapist 1504:6.2	Should we call him back to the therapy room?		
Father 1504:6.3	Whatever we say. He doesn't do what we want him to do		
Therapist 1504:6.4		I feel an invitation to call Johnny back. I take over a parental position if I do. I can discuss what to do with parents.	Theme: I feel an invitation to take over family members their tasks, responsibilities
Therapist 1504:6.5	I feel powerless too. Should I let him, ask him back? Can I change the atmosphere, make a joke, and tempt him to get in another mood?		
Father 1504:6.6	Whatever we do, it wouldn't help		
Mother 1504:6.7	I can reach him sometimes, but only when you (to father) are not around or don't interfere		Reflection: There is a parental conflict that I leave out of the discussion here. Theme: Systemic, triadic awareness
Father 1504:6.8	You can connect but he doesn't listen to you too either.		
Therapist 1504:6.9	Does he allow you to be his parents?		
Mother 1504:7.0	I don't know, I don't know.		
Therapist 1504:7.1		I doubt if we can get much progress in the 7 sessions FITS therapy left. I should talk about expectations and chances.	
Therapist 1504:7.2	We did 8 sessions of FITS family therapy. In this program we have about 7 sessions left. Therapy		Theme: Evaluation of effects and expectations FITS therapy

	can make a change, but it is never a guarantee. On the CDOI you score a little progress on the ORS. (Points at the SRS-line). How do we collaborate together? Do you think we can cooperate better and get better results? What does it take?		
Father 1504:7.3	I think you are doing a good job but I think it is not enough. I doubt sometimes if he can stay at home if he acts like this.		
Mother 1504:7.4	Sometimes I think we don't understand him well enough. What is going on inside. I have no idea how he feels, what bothers him. Could you talk with him about that?		
Therapist inner dialogue 1504:7.5		Mother wants to understand Johnny better, father wants him out of the house. I feel an invitation to mediate. How can I help them to have their own conversation?	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1504:7.6	Do you talk about that together, trying to understand him better or decide to make a plan to get him out of the house?		
Mother 1504:7.7	We don't talk about it. I think Johnny is ashamed of who he is		
Father 1504:7.8	I don't care about his feelings.		
Mother (to therapist) 1504:7.9	Could you talk with him alone?		
Therapist 1504:8.0		Every answer is a position, support to father of mother. How can I stay out of their conflict	Theme: There therapist is invited in the same role as the child, experiences what is unexpressed in the family.
Therapist (to mother) 1504:8.1	Do you believe if I talk to him alone we can escape from the escalating patterns?		
Mother 1504:8.2	No I don't, but I wish he could take someone in to confidence		
Therapist (to father) 1504:8.3	Do you think it can be helpful if we could understand better what is going on for him?		

Father 1504:8.4	Maybe, but it won't be enough		
Therapist 1504:8.5		Without the expectation to make enough improvement FITS therapy won't be enough. How can I make a proposal and include father and mother's ideas in it?	Theme: Looking for a yes response to a shared understanding, or way to go on together. Reflection: Think about allegiance as an important factor to therapeutic change.
Therapist 1504:8.6	I want to make a proposal about going on		

### Episode 3: A proposal to make a change

Table LVIII transcript analysed

	Therapist	Father	Mother	Therapist	Father	Mother	Therapist	Father	Therapist
<b>Society/culture/professional</b>	Sharing experience because of parallel processes.	Fathers know. Children should listen	Mothers are primary care-givers in the family	Change direction or therapy when there isn't enough progress	Fathers know. Children should listen	Boys don't talk easily.	Don't get triangulated in the unsolved fight of parents	Fathers know. Children should listen	Multidirectional partiality
<b>Family culture</b>	-	Didn't get support in his own family	Mothers are primary care-givers in the family	-	Didn't get support in his own family	Mothers are primary care-givers in the family	Had to support one parent against the other in his own family of origin.	Didn't get support in his own family	-
<b>Subjectification</b>	An 'open' therapist that looks for a connection	A father that gives up here	A mother who can do it alone	An 'open' therapist that looks for a connection	A father that gives up here	A mother that want to understand her son better	A therapist that doesn't take over.	Parents that want more to be done	A therapist that takes a position and looks for a connection with both of the parents.

<b>Episode</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>	<b>A proposal to make a change</b>
<b>Pattern Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> An invitation to think about creative responses	<b>Reflexive</b> Is rejected by father, who doesn't believe in change in this way	<b>Reflexive</b> Mother sees an opening, excluding father (rejected by father)	<b>Reflexive</b> Evaluating the process	<b>Reflexive</b> Makes a proposal	<b>Reflexive</b> Rejected. Makes another proposal	<b>Reflexive</b> Invited to take position. Invites to discuss the issue	<b>Reflexive</b> An agreement opens up space	<b>Reflexive</b> A proposal that is agreeable for all of us.
<b>Relational</b>	Sharing experiences that might be similar, inviting to be creative	Rejects the invitation, points at his powerlessness	Points at chances excluding father (rejected by father in 6.8)	Evaluating chances in therapy	Therapy wouldn't do enough. Makes a proposal	Makes a different proposal	Therapist, challenged to take a position, support one or the other, invites parents to discuss the issue together.	Parents agree there is more to be done	A proposal that include the ideas of both father and mother.
<b>(Speech) Action</b>	1504:6.2 I feel powerless too. Should I let him, ask him back? Can I change the atmosphere, make a joke, and tempt him to get in another mood?	1504:6.3 Whatever we do, it wouldn't help	1504:6.7 I can reach him sometimes, but only when you (to father) are not around or don't interfere	1504:7.2 We did 8 sessions of FITS family therapy. In this program we have about 7 sessions left. Therapy can make a change, but it is never a guarantee. On the CDOI you score a little progress on	1504:7.3 I think you are doing a good job but I think it is not enough. I doubt sometimes if he can stay at home if he acts like this.	1504:7.4 Sometimes I think we don't understand him well enough. What is going on inside. I have no idea how he feels, what bothers him. Could you talk with him about that?	1504:7.6 Do you talk about that together, trying to understand him better or decide to make a plan to get him out of the house?	1504:8.4 Maybe, but it won't be enough	1504:8.6 I want to make a proposal about going on

				the ORS. (Points at the SRS-line). How do we collaborate together? Do you think we can cooperate better and get better results? What does it take?					
<b>Inner dialogue</b>	1504:6.4 I feel an invitation to call Johnny back. I take over a parental position if I do. I can discuss what to do with parents	-		1504:7.1 I doubt if we can get much progress in the 7 sessions FITS therapy left. I should talk about expectations and chances.			1504:7.5 Mother want to understand him better, father want him out of the house. I feel an invitation to mediate. How can I help them to have their own conversation?		

### How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

#### Therapeutic response

I (as a therapist) feel an invitation to feel powerless too and give up (1504:6.5). I share my experience and invite parents to think creatively about doing something differently. Father can't think of anything that works. Mother can, but excludes father. Father rejects the proposal mother makes. I feel an invitation to takes one's side or mediate between them. If I do I lose connection with on of them or

take over responsibility. I invite parents to discuss the issue together. They agree that something more should be done. FITS family therapy won't be enough. I make an proposal and include both father's and mother's ideas in this.

### Patterns

Reflexive pattern. We are able to step out of a feeling of powerlessness and a struggle about oppositional views and look to something agreeable. There is a fit and an opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces are high when I (as a therapist) do not take the invitation to support one of the parents or take over responsibilities and mediate in the conflict. I invite parents to discuss the issue themselves and together we find an opening space to an agreeable proposal that includes different ideas.

### Collaborative learning:

1-order change. We are able to step out of the conflict and open up space to a proposal that include different ideas (More and intensive behavioural family therapy at home and also a couple of conversations with Johnny trying to understand him a little bit better). Those ideas are within their frames of reference. Therefore it is a 1-order learning.

3-order change. We might learn how we learn when we decide that collaboration in FITS Family Therapy is not enough to break the patterns and make a significant change.

### **Follow up**

At the end of session 8 I proposed to arrange an intensive home-based family treatment (multi systems therapy) and also to take some sessions to talk with Johnny alone. I responded to mothers question about seeing him alone. I thought this could be helpful. Johnny didn't talk much with his parents present. Maybe I could understand him better without parents present and help Johnny to discuss important issues with his parents later in the process. Johnny didn't like the proposal. He kept a lot of distance, laughed when I asked intimate questions and wanted to stop conversations after 15 minutes or so. Afterwards I asked myself why Johnny showed so much resistance to me. We made a proposal without him. He knew that FITS would end and new therapists would come at their home. Johnny himself scored much higher on the lists in session 8. There was progress made. He followed the rules in the schedule. Did he get enough credits

for this? Did I lose the connection with him because of my support to parents? I was surprised that he gave me approval to use the information for my research. He signed the paper and wished me luck.

## **Summarizing reflections on the case of Johnny**

### **How do I navigate on the basis of coordinated improvisations in Feedback-informed Systemic Therapy?**

#### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning. Problematic behaviour is sustained in repetitive self re-enforcing loops. Therapy works if we are able to recognize these loops and find different ways to go on.

In episode 1 we evaluate therapy using ROM, CDOI and FGRL. There is a big difference between the scores of Johnny and parents. Johnny scores indicate positive change. Parents their scores indicate little changes but still their scores are still low (17,8). I (as a therapist) invite to talk about progress. Mother talks about progress. Father stays at the background. I try to invite father to join the conversation and take a position. Father withdraws and mother takes over. Both father and Johnny avoid a constructive contribution to the conversation. Mother interferes and mediates. I (as a therapist) feel an invitation to do the same. I listen to my inner dialogue and decide to focus on the relationship between father and son. I ask Johnny questions about wishes and opportunities in the relationship with his father. Johnny calls his fathers names. Mother interferes and Johnny walks away. Prefigurative forces are high. Family members respond in a reactive way towards each other and sustain unwanted repeating patterns.

In episode 2 I (as a therapist) feel an invitation to protect Johnny when his father is helping him in a critical way. I invite family members to recognize the pattern and look from different perspectives to each other's contributions to that pattern. Parent's help is interpreted as interference and disqualification. The resistance of Johnny is interpreted as oppositional behaviour. Johnny expresses something vulnerable when he says about his father: 'He doesn't take me seriously' (1504:4.9). Mother takes over. Is she interfering to protect father? My questions and focus do not initiate any change. Johnny walks away.

In episode 3 I talk with parents alone. Johnny walked out the room, is outside the therapy room, making noises. Father expresses his feeling of powerlessness. I (as a therapist) feel an invitation to feel powerless too and give up (1504:6.5). I share my experience and invite parents to think creatively about doing something differently. Father can't think of anything that works. Mother can, but excludes father. Father rejects the proposal mother makes. I feel an invitation to takes one's side or mediate between them. If I do I lose



connection with one of them or take over responsibility. I invite parents to discuss the issue together. They agree that something more should be done. FITS family therapy won't be enough. I make a proposal and include both father's and mother's ideas in this.

### **Coordinated improvisations**

Reactive responses dominate in the interactions between all participants. It is difficult to co-create space as an opening to some playfulness or something new. In episode 2 Johnny answers with a (for me) unfamiliar word 'koekwous' (1504:2.0). 'Koekwous' in local dialect or slang (between youngsters) means 'foolish'. He is improvising when there is nothing sensible to say anymore for him. I wonder if the word 'koekwous' could have been an entrance to something else. Johnny ignores the invitation to join the conversation in our way, responds in a confusing but playful way. How could I take this invitation and play along, or add something that might have been acceptable.

In episode 3 (1504:6.5) I feel an invitation to feel powerless and give up too. I listen to my inner dialogue and decide to share my experience at that moment. I ask if parents recognize this feeling and ask if they can think with me about different creative ways to answer, to go on. I invite parents to improvise, to make a joke, and tempt him to get in another mood. Parents seem to be too stressed and unable to think creative at this stage. I do not make a connection or opening space to something new.

### **Feedback**

We learn from feedback. The ROM, CDOI and FGRL show how much / little progress is made. It helps us (parents and me) to conclude to stop FITS Family therapy. We probably won't break and restore patterns in the family with FITS in the time left. We have decided to ask for a more intensive and home-based treatment model.

The ROM and CDOI scores of Johnny and parents were very different. Mother says the high ORS scores Johnny gave are a pity. It indicates that there are not that many reasons to change for Johnny.

On mother's request I talk with Johnny alone during 4 sessions. Johnny closes down, doesn't want to talk with me. The SRS-line goes down dramatically. I am unable to discuss it in a way to learn from it and improve the collaboration together.

Later I wonder if I forgot to appreciate Johnny's high scores enough. Johnny contributed to change, behaved better and according to the appointments in the plan. In the same session we decide to stop FITS therapy and ask for a more intensive treatment. I lost contact with Johnny after that.

### **Collaborative learning**

0-order learning happens in episode 1. I (as a therapist) try to include father in the conversation. His contribution triggers a dominant repetitive pattern in the family. I feel an invitation to take over and mediate (just like mother) I try to stay out and encourage family members to talk differently together, without success. We sustain unwanted and repeating patterns in which participants confirm referential frames and conclusions of each other's identity.

1-order learning. A clear example of 1-order learning is the use of the schedule parents introduced. Mother conforms that the use of a schedule with clear appointments works for Johnny and for parents collaborating together (1504:0.8). In episode 3 we are able to step out of the conflict and open up space to a proposal that include different ideas (More and intensive behavioural family therapy at home and also a couple of conversations with Johnny trying to understand him a little bit better). Those ideas are within their frames of reference. Therefore it is a 1-order learning.

3-order learning. We might learn how we learn when we decide that collaboration in FITS Family Therapy is not enough to break the patterns and make a significant change. We decide to stop FITS Family therapy and ask for a more intensive home based treatment (Multi Systems Therapy)

I as a therapist learn from the feedback and these reflections. I wonder if I responded well enough to Johnny his higher scores on the ROM and CDOI. I didn't explore this enough. What is it that Johnny is positive about? What was his contribution to change? Does he need more appreciation for that? Johnny responds with challenging language about his father, uses a (for me) unfamiliar word 'koekwous' and makes crazy sounds. I wonder what is he expressing, what he can't express otherwise? Is he challenging parents? Is there space for playfulness? Could there be another entrance to another conversation here? I learn to think about patterns in triangles. Why is mother stepping in when Johnny is a little bit vulnerable? Is mother protecting father? (1504:5.0). I get triangulated too. When mother asks me to talk with Johnny alone (1504:8.0), there is an invitation to position myself. If I do I put the relation with father and Johnny at risk. I lost contact with Johnny after that.

## **(9) FITS case 1606**

The names in document are fictionalized.

### **Code1606**

1606Eline

1606Mother

1606Stepfather

1606Carla (sister)

### **Introduction**

Eline is an 11-year-old girl who lives with her mother, stepfather and two younger sisters. Eline and Carla (sister) have lost contact with their biological father. Emma (youngest sister) is the daughter of mother and stepfather.

Mother originally came from Venezuela and lived the first years of her life in a foster-house. A family in the Netherlands adopted her at the age of 4. Foster parents and mother got in a lot of conflict, during puberty. Mother left home at the age of 17 and lost contact with her foster parents. She met the father of Eline and Carla, started a relationship and got pregnant. The father acted very aggressive. Mother experienced a lot of violence in the relationship. Father got involved in criminal activities, was arrested and went to jail. After many broken promises mother decided to leave him and flew to a shelter house. Eline was 5 years old and Carla was 2 years at that time. Mother and Eline were very close and Eline felt she needed to protect her mother and sister from possible dangers. Eline was 8 years old when mother and stepfather got a relationship together.

Eline was referred to therapy because of not accepting parental authority and violence at school. Eline is diagnosed with a Post-Traumatic Stress Disorder. For treatment we advised a FITS Family therapy before Eline would get individual EMDR treatment. We did 9 sessions FITS family therapy, most of them with mother and Eline. I visited home twice to involve stepfather to the process. During the 8<sup>th</sup> FITS Family therapy session we evaluated the process positive. After the 8<sup>th</sup> session I visited stepfather at home (session 9). Eline started EMDR. I had some follow up sessions with the family, mostly about concerns in relation ship to Carla.

# Quantitative research

## Routine Outcome Measurement

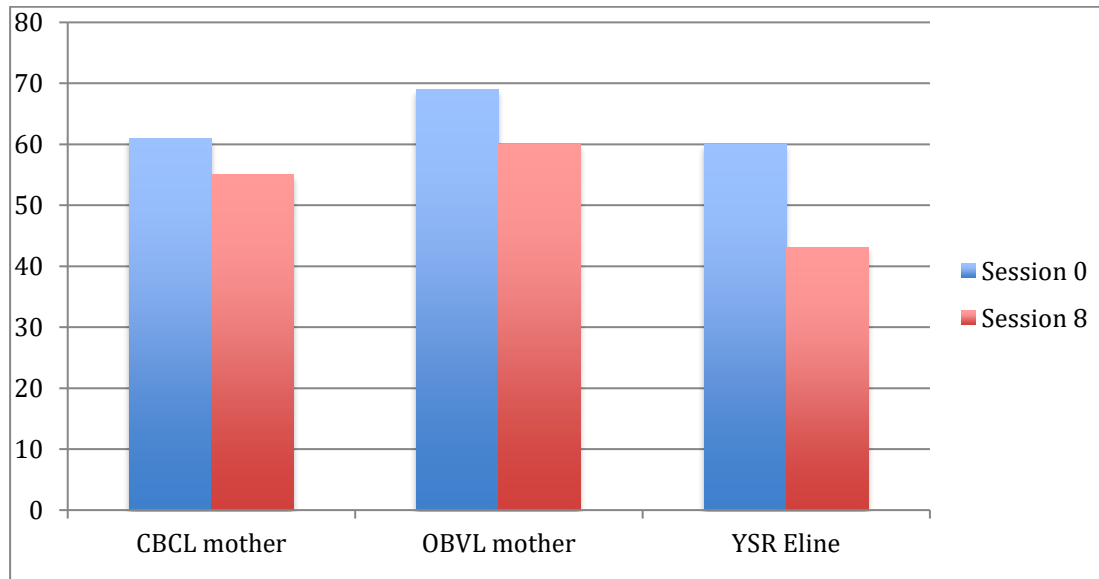


Fig. 40 ROM

Table. LIX

Test	Session 0	Session 8
CBCL mother	Total: 61	Total: 55 (RCI 2,12 ++)
OBVL mother	Total: 69	Total: 60 (RCI 2.6 ++)
YSR Eline	Total: 60	Total: 43 (RCI 2.03 ++)

RCI (Jacobsen & Tuax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI is bigger than 1,64 than change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

# Client Directed Outcome Interview

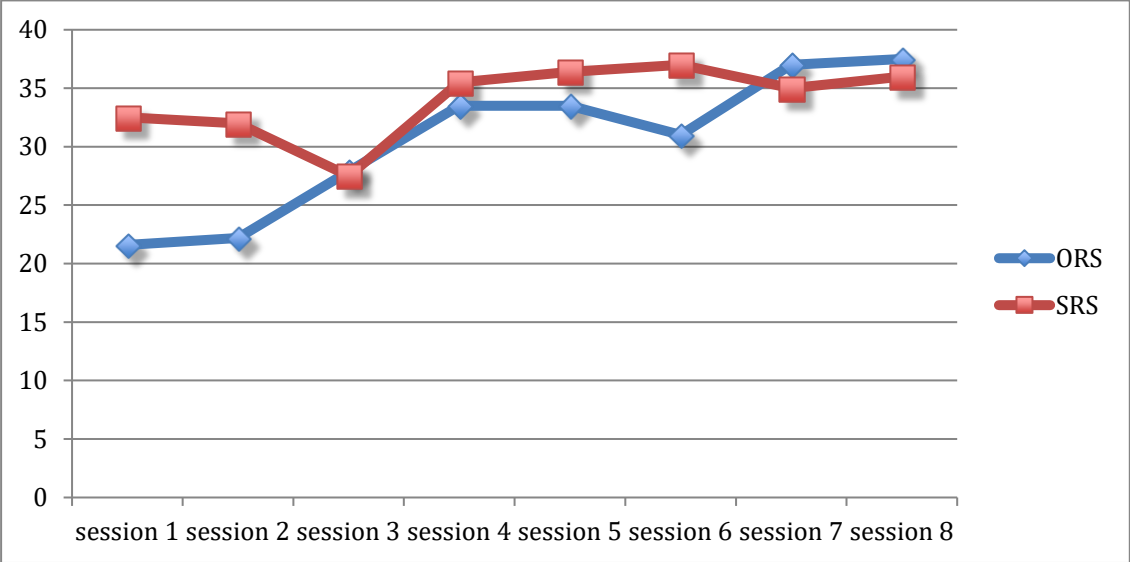


Fig. 41 CDOI Eline

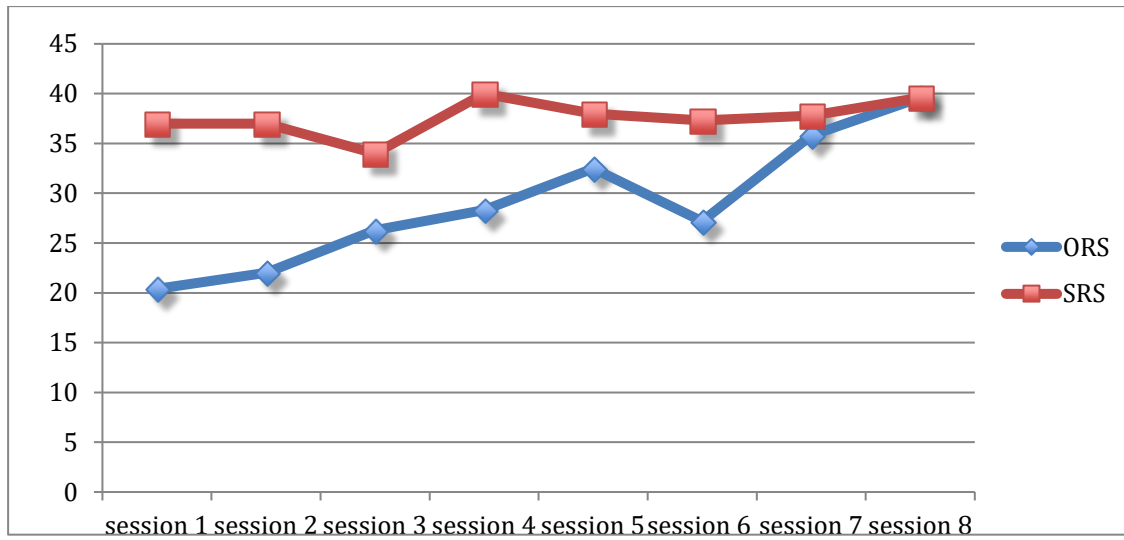


Fig 42 CDOI mother

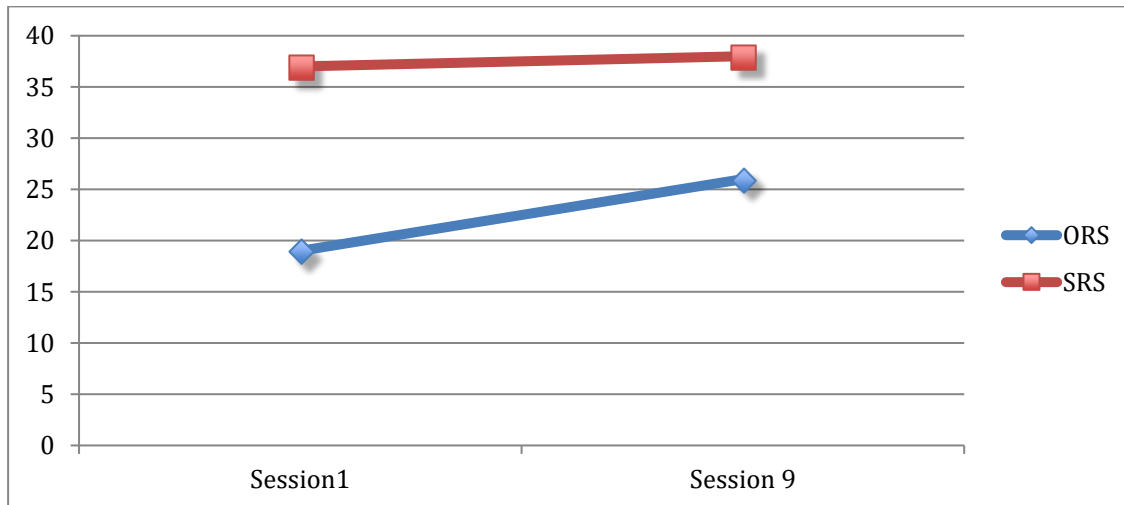


Fig. 43 CDOI stepfather

## Family Goals Rating List

The family members had set the next 2 goals as a focus in therapy:

**DDE:** The DDE is the name of externalised behavioural problems. Eline named them 'a little devil close to Eline' DDE is an abbreviation in Dutch'. The DDE had little hearts on his horns and together we found out that if the hearts grew the DDE would shrink. Eline and mother wanted to collaborate in order to make the DDE shrink.

**DKN:** Later on in in therapy we found out that DDE had a brother named DKN. This is a Dutch abbreviation for a rabbit-nerd. The DKN is a dreamer and a thinker. The DKN has knowledge about 'good things to do'. Eline says: 'if I listen to the DKN inside I can make a good decision for myself and others'. Eline and mother wanted to collaborate in order to make the DKN grow.



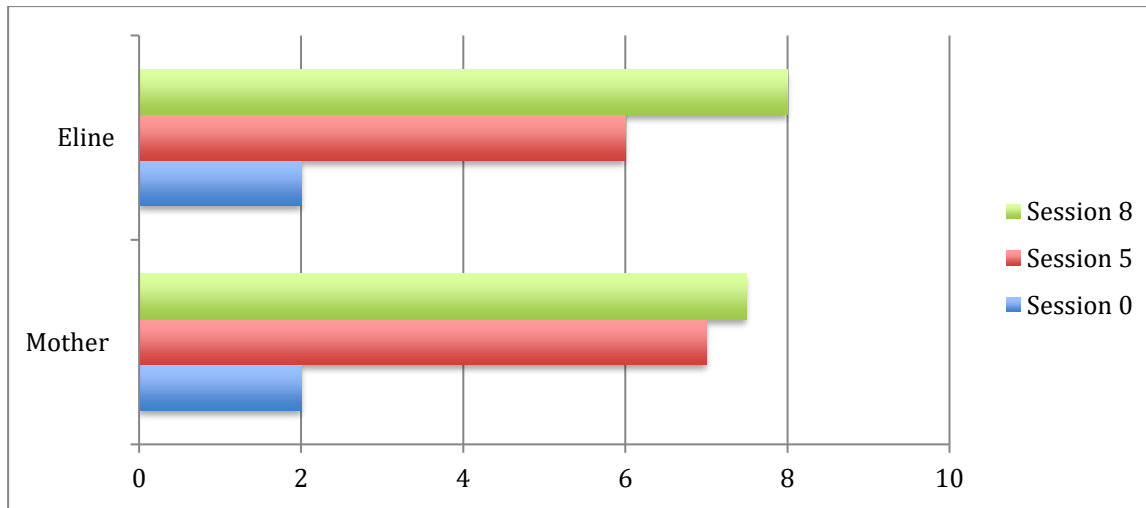


Fig. 44 FGRL

**We evaluated these goals in session 5 and 8**

Table LX FGRL

	<b>Prefered</b>	<b>Session 0</b>	<b>Session 5</b>	<b>Session 8</b>
<b>Eline</b>	<b>8,5</b>	<b>2</b>	<b>7</b>	<b>7,5</b>
<b>Mother</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>8</b>

**We evaluated our collaboration as a learning community in session 5 and 8**



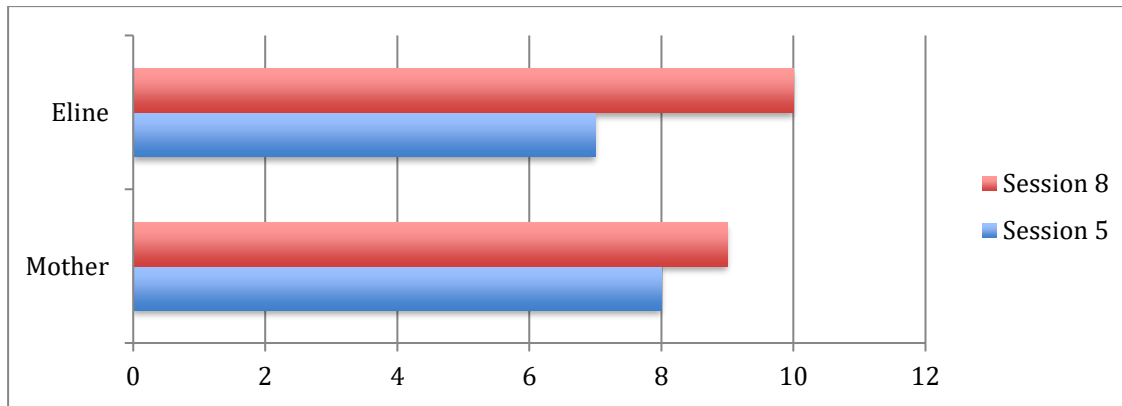


Fig. 45 FGRL collaboration

Table LXI FGRL collaboration

	Session 5	Session 8
<b>Eline</b>	<b>8</b>	<b>10</b>
<b>Mother</b>	<b>8</b>	<b>9</b>

## Conclusion

Quantitative measurement shows significant changes in the ROM diagram, the CDOI and the FGRL The SRS in session 3 goes down for both mother and Eline. After discussing our collaboration the SRS and ORS go up in the following sessions. In FITS we use quantitative output as a conversational tool in the qualitative research of the process of therapy.

## Qualitative Research

### Session 5

Situation: Mother, Eline and me (R) therapist evaluate the first 5 sessions of FITS family therapy. During those sessions we co-created a life storyline with happenings, experiences and reflections documented in it. During session 5 I read back this document. Together we look to the ORS/SRS diagram and evaluate the process

## Critical moment 1

### Transcripts, inner dialogue and reflections afterwards

Table LXII transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1606:0.1	When I look to the diagram I think we are doing fine. The red line is about our collaboration. The blue line is about Eline her wellbeing. I can see an up going line. (I show it with my finger). In the diagram of mother the line goes up slowly. In the diagram of Eline the line goes up much faster.		Theme: Using the diagram as an development indicator. What is the meaning of diagrams? If we read how it's going from diagrams do we replace the 'expression in the moment' for objectivised information?
Therapist to mother 1606:0.2	Does this up going line represent progression?		
Mother 1606:0.3	Eline is doing very well. She now is trying to listen to what her father sais to her. Before the atmosphere at home was under pressure because of not listening. Now she is really trying to listen and every time she does. I 'll complement her for that. I told her if you father tells you something don't start a discussion immediatly. Eline has to let go sometimes. If her father keeps on talking or discussing things, let him talk. Leave it. Eline now is able to say sorry, sometimes. That's very helpful. The atmosphere at home has improved a lot by that.		Theme: Using the diagram as an development indicator, as an externalisation, that helps to differentiate and relate to developments.
Therapist 1606:0.4		The cause of problems and progression is attributed to Eline. What is the contribution of mother here, who finds it difficult to set limits. What is the contribution of her stepfather here, who compensates mother's lack of authority? When I met stepfather he was very critical, even a bit rejecting towards Eline. Does mother want to silent Eline and ignore contributions of the	Theme: Invitation. How can I respond differently without taking control or losing the connection.

		<p>stepfather in the interactions? How does that relate to her history?</p> <p>I feel an invitation to protect Eline. But this could be a risk. Protecting is an important theme in the history of this family.</p> <p>How can I make a difference?</p> <p>Can I reframe linear definitions to more circular definitions? I should ask about connections to the family's history later.</p>	
Therapist 1606:0.5	How does stepfather respond if Eline is doing so well?		Theme: inviting to see circular patterns by asking systemic/ circular questions
Eline 1606:0.6	A girlfriend told me I had to lie, but I was worried and I dared to tell my parents anyway and my parents were not angry with me at all. They were glad I made this step, that I told them the truth.		Theme: Children surprise by changing the subject. Reflection: Here Eline is bringing the attention back to herself.
Therapist 1606:0.7		Eline surprises me. What is this about?	I let go my intention to make it more circular. The story stays individualized. Is this on purpose? What is protected individualizing problem stories?
Therapist 1606:0.8	A girlfriend asked you to lie?		
Mother 1606:1.8	They found poisons at a place where they were not allowed to come. The girlfriend knew this was a place where they were not allowed to come and told Eline to lie. Back home Eline was worried but also afraid to tell us. She thought her father would respond with anger. But we stayed quiet. We were very happy she could be honest with us.		
Eline 1606:0.9	The police told us it was drugs chemicals.		
Therapist 1606:1.0	Did you touch it		
Eline	No, but a bottle had fell, so grass much have been		

1606:1.1	high (laughter)		
Therapist 1606:1.2	So what did you learn together? By keeping a secret your parents can find out and conclude that it is difficult to trust you. By telling the truth your parents conclude you can be trusted.		
Mother 1606:1.3	By not telling the truth the harm will get bigger at the end		
Therapist 1606:1.4		<p>This is a unique outcome in the face of the dominant problem saturated story about Eline her conduct problems. How to make a difference and open up space for new understandings about a history of knowledge and skills involved in this alternative story?</p> <p>Again I feel an invitation to show parents strengths of Eline. Should I be careful about this invitation? How can I evoke appreciative questioning from within?</p> <p>We have externalized conduct problems as the DDE. Could we also externalize preferred responses, wise decisions and trust?</p>	<p>Theme: Unique outcomes</p> <p>Theme: Invitation to emphasize positive developments</p>
Therapist 1606:1.5	What was DDE advising you when you doubted about telling or not telling your parents.		Theme: externalization to reposition
Eline 1606:1.6	DDE told me to keep the story secret. DDE argues my parents have nothing to do with it.		
Therapist 1606:1.7	So you were able to resist the DDE?		
Eline 1606:1.8	Yeah (enthusiastic)		
Therapist 1606:1.9	What is it you think that Eline stopped listening to the DDE.		
Mother 1606:2.0	Eline is also a wise girl, who can think and dream a bit before she acts. There is a inner wisdom if she tries and takes it seriously		
Therapist 1606:2.1		How can I help mother and Eline to identify with the unique outcome and own the identity claims?	Theme: identify with contributions to change
Therapist to	Maybe there is another creature involved? Maybe		Theme: externalization to reposition

Eline 1606:2.2	the DDE has a brother or sister? How would you call this inner wisdom?		
Eline 1606:2.3	(Laughs loud) It is a Rabbit Nerd. Nerds are wise and wear glasses. (Eline gets glasses very soon). (Eline draws the Rabbit on the white board next to the DDE (which is still on the whiteboard).		Theme; Children's creativity make a playful difference
Mother 1606:2.4	(laughs)		Theme: Connection by the use of humour
Therapist 1606:2.5	Could we name it the DKN?		
Therapist 1606:2.6	How does the DKN help you?		
Eline 1606:2.7	He makes me smile. Yesterday I took a sweetie without asking. Then I said sorry to my mother, afterwards but it was o.k.		
Mother 1606:2.8	Yes I told her ask me next time and than she was happy.		
Therapist 1606:2.9	So the DKN helps you to overthink situations and tell the truth. If you tell the truth your parents will appreciate that.		Theme: broadening, enriching an alternative story
Therapist 1606:3.0		We enrich an alternative story about Eline her identity. The focus is still rather individualistic and loose from this family's history. Can I make a difference by asking about values in the family	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1606:3.1	Is being honest and keeping trust important for the both of you		
Eline 1606:3.2	I am not sure, I don't know		

## Looking for patterns in a context of meaning

### Episode 1: Wisdom by surprise

Table LXIII transcript analysed

	Therapist	Eline	Therapist	Eline	Mother	Therapist
<b>Society/culture/professional</b>	Change is a joint action from a systemic perspective	It's important to tell the truth to your parents.	Unique outcomes should be further explored			Change is a joint action from a systemic perspective
<b>Family culture</b>	-	Parents are happy if the children tell the truth.	-	Deep inside I know the difference between good and bad behaviour	Deep inside she knows the difference between good and bad behaviour	-
<b>Relational</b>	An invitation to look for cooperation, a circular account	Ignored by Eline who enthusiastically tells a story	Curiously explored by the therapist	A fit with a broader description	Acknowledged by mother	Therapist makes the initial invitation again
<b>Subjectification</b>	A therapist that makes connections	A responsible daughter	A curious and encouraging therapist	A responsible and creative daughter	An acknowledging mother	A therapist that makes a connection
<b>Episode</b>	Wisdom by surprise	Wisdom by surprise	Wisdom by surprise	Wisdom by surprise	Wisdom by surprise	Wisdom by surprise

<b>Pattern: Reactive, paradoxical or reflexive</b>	Reflexive pattern.  The therapist asks a circular question to include parents contribution to change	Reflexive pattern  Eline suddenly comes up with a story of a unique outcome	Reflexive pattern  Enriching the story by questions about knowledge and skills	Reflexive pattern  Eline identifies 'good' behaviour and names this too.	Reflexive pattern  Mother recognizes and acknowledges these knowledge and skills	Reflexive pattern  Therapist refocuses at a more circular account of change.
<b>(Speech) Action</b>	1606:0.5 How does stepfather respond if Eline is doing so well?	1606:0.6 A girlfriend told me I had to lie, but I was worried and I dared to tell my parents anyway and my parents were not angry with me at all. They were glad I made this step, that I told them the truth.	1606:1.5 What was DDE advising you when you doubted about telling or not telling your parents.  1606:2.1 Maybe there is another creature involved? Maybe the DDE has a brother or sister? How would you call this inner wisdom?	1606:1.6 DDE told me to keep the story secret. DDE argues my parents have nothing to do with it.  1606:2.3 (Laughs loud) It is a Rabbit Nerd. Nerds are wise and wear glasses.	1606:2.0 Eline is also a wise girl, who can think and dream a bit before she acts. There is a inner wisdom if she tries and takes it seriously	1606:3.1 Is being honest and keeping trust important for the both of you
<b>Inner dialogue</b>	1606:0.4 The cause of problems and progression is attributed to Eline. What is the contribution of mother here, who finds it difficult to set limits.	-	1606:1.4 This is a unique outcome in the face of the dominant problem saturated story about Eline her conduct problems. How to make a difference and open up space for new understandings			1606:3.2 We enrich an alternative story about Eline her identity. The focus is still rather individualistic and loose from this family's history. Can I make a difference by asking to values in the family

			about a history of knowledge and skills involved in this alternative story?			
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## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

An invitation to look for the contribution of parents to the developments is interrupted by Eline. She shares a personal story of success with us. The therapist unfolds the 'unique outcome' uses 'externalization' to explore Eline her skills and knowledge. Eline knows the difference between 'good' and 'bad' and mother acknowledges this. The original question about parents their contribution stays unanswered.

### Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit and an opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces are at work in reflexive responses. Eline spontaneously tells a story of success. The therapist let go his question and direction in the conversation. He unfolds the 'unique outcome'. Eline enriches her story, tells about skills and knowledge. Mother acknowledges this.

Implicative (reflexive) forces are at work when Eline finds out that she knows inside the difference between 'good' and 'bad' very well and when mother acknowledges this.



Collaborative learning:

2-order change. A spontaneous story of Eline opens up a new account of self, acknowledged by mother.

The original question about parents their contribution stays unanswered. I (as therapist) wonder if an answer to this question deliberately is avoided? Am I allowed to de-individualize the problemstory?

### Critical moment 1606:2

Situation: I read the narrative of the life-story-line we made together back to mother and Eline. I printed the text on a paper, illustrated by drawings Eline made about important events in their life. The life story starts with the sentence: 'This is a story about struggles and love, and also about the DDE. Please listen to this story, if you want to know what the DDE is and what the DDE was trying to do in the lives of Eline and her mother.'

I read about an episode in which mother got arrested by the police in the shelter house where she and the children stayed at that time. Eline saw that her mother was taken away.

Table LXIII transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Mother 1606:3.3	That was one of the most difficult moments for Eline, I think. Eline always wanted to protect me. She was never afraid. She learned to stand up in every conflict and this time...		
Eline 1606:3.4	I used to beat up people (with a smile)		Theme: Children surprise by changing the subject
Therapist 1606:3.5		This confuses me. Why does Eline emphasize aggression while she is getting a compliment for being so brave? I feel an invitation to correct her. If I do so I 'll set a norm. How could I make a difference? I could invite Eline to take a position, using the externalized DDE. An aggressive response could have been protective in their history.	Eline distracts often in conversations. This could easily be considered as annoying behaviour. But I think she is giving direction to the conversation with it, avoiding or foregrounding themes in relation to their traumatic past.

Therapist 1606:3.6	Maybe this is the time when the DDE, the devil with the little hearts on his horns, became active. DDE wanted Eline to stand up in conflict. DDE told you: 'the world isn't safe, be prepared, fight for your right'. The DDE wants to help you, but sometimes the DDE made Eline too angry. Problems got bigger and people blamed Eline for it. DDE repeated: See, the world isn't safe, be prepared, and fight for your right.		Theme: therapist's interpretation of what happens
Eline 1606:3.7	(Nodded, seems interested)		
Therapist 1606:3.8	Eline gave power to DDE. DDE visited Eline her family. Eline stood up in every conflict and expressed a lot of anger. DDE got stronger. Maybe DDE's presence was necessary. DDE helped Eline to stand up for herself in dangerous situations. But maybe he got too much power. And now DDE interferes in situations without danger. Eline, I think the DDE his job is done. The DDE doesn't help you now it is safe in your family. We spoke about letting the DDE shrink by letting the hearts grow on his horns. Do you know how we can make the hearts grow?		
Eline 1606:3.9	Why didn't you write down the story about me beating up the boy until his head was bleeding (laughs)		Is she making a connection with her father here. Why didn't I think about that during the session?
Therapist 1606:4.0		And again Eline emphasizes violence. Does she want us to see this, to understand this, to appreciate her for this? Does she provoke us? Again I feel the invitation to set a norm. I could use the externalized DKN to invite Eline to take position.	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1606:4.1	What does the DDE tell you about this event?		Theme: Externalization to reposition
Eline 1606:4.2	DDE sais it is cool		
Therapist 1606:4.3	What does the DKN tell you about this event		Theme: Externalization to reposition

Eline 1606:4.4	(Silent for a while). Not so good I guess		
Therapist 1606:4.5		I participate in interactions that individualise problems and solutions. My invitations to circular accounts are ignored. What is excluded in this conversation?	Theme; Invitation to sustain unproductive patterns

## Looking for patterns in a context of meaning

### Episode 2: Repositioning by externalizing

Table LXIV transcript analysed

	Mother	Eline	Therapist	Eline
<b>Society/culture/professional</b>	Family members protect each other.	Be tough; stand up for your self.	Aggressive responses make things worse.	Aggressive responses make things worse.
<b>Family culture</b>	Family culture with violence. It is important to stand up for yourself. We can protect each other in dangerous circumstances	Family culture with violence, fear, escapes. The father symbolizes strength and aggression.	Experiences with violence in the family	Deep inside I know the difference between good and bad behaviour
<b>Relational</b>	Eline was brave while she stood up and protected her mother	Confused. Standing up could be both protective and problematic in relationship to mother	Trying to connect and unfold aggression. Curious about how aggressive responses might have been useful in the past	Understood. Aggression can be helpful and problematic at the same time
<b>Subjectification</b>	Proud mother	Brave but also aggressive	Curious and with trust in Eline	Knowing the difference between 'good' and 'bad'

<b>Episode</b>	Repositioning by externalizing	Repositioning by externalizing	Repositioning by externalizing	Repositioning by externalizing
<b>Pattern: Reactive, paradoxical or reflexive</b>	Reflexive  Complimenting her daughter	Reflexive  Changing the direction, emphasizing violence. Provoking?	Reflexive  Inviting Eline to take position	Reflexive  Accepting the invitation, taking a position.
<b>(Speech) Action</b>	1606:3.3 That was one of the most difficult moments for Eline, I think. Eline always wanted to protect me. She was never afraid. She learned to stand up in every conflict and this time...	1606:3.4 I used to beat up people (with a smile)  1606:3.9 Why didn't you write down the story about me beating up the boy until his head was bleeding (laughs)	1606:3.6 Maybe this is the time when the DDE, the devil with the little hearts on his horns, became active. DDE wanted Eline to stand up in conflict. DDE told you: 'the world isn't safe, be prepared, fight for your right. The DDE wants to help you, but sometimes the DDE made Eline too angry. Problems got bigger and people blamed Eline for it. DDE repeated: See, the world isn't safe, be prepared, and fight for your right'.  1606:4.3 What does the DKN tell you about this event	1606:3.7 (nodded, seems interested)  1606:4.4 (Silent for a while). Not so good I guess
<b>Inner dialogue</b>		-	1606:3.5 This confuses me. Why does Eline emphasize aggression while she is getting a compliment for being so brave? I feel an invitation to correct her. If I do so I'll set a norm. How could I make a difference? I could invite Eline to take a position, using the externalized DDE. An aggressive	

			response could have been protective in their history.	
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### Therapeutic response

The response of Eline confuses me. Why does Eline emphasize aggression while she is getting a compliment for being so brave? I feel an invitation to correct her. If I do so I'll set a norm, or take over parental responsibility. I ask myself, in my inner dialogue, how could I make a difference? I invite Eline to take a position, using the externalized DDE. In the conversation we are able to reframe aggressive responses. They must have been necessary and protective in their violent history, but now they become problematic. We also externalized inner wisdom as the DKN. If I ask Eline what the DKN would say, she stops provoking, stays silent and says: 'Not so good I guess'.

### Patterns

Reflexive pattern. There is a fit and no opening space to something new. We are able to break the pattern and open up to a new connection and a frame for what is happening. Eline stops provoking, Aggressive responses are reframed as helpful in the past and problematic now and Eline knows inside the difference between good and bad. She is able to slow down, hesitate and agree.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

There is a high level of reflexivity. There are practical and implicative forces at work. We are able to break the pattern, make a connection and reframe aggression and inner knowledge. Together we learn how aggression in different situations could be helpful or problematic. Eline knows inside the difference between good and bad.

### Collaborative learning:

2e order change. Externalization helped Eline to break the pattern, take a position her self and find out something new.

As a therapist I wonder why I, in the conversation, didn't make a connection between the expressions of Eline and her biological father who was very aggressive.

### Critical moment 3

**Situation:** I want to evaluate our collaboration together in therapy. Mother and Eline missed three sessions of therapy last weeks. I do not always understand what caused missing the appointment. I want to evaluate our collaboration.

Table LXV transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Therapist 1606:4.6	How are we collaborating? Do we discuss important issues, Do we miss something important. What do you think?		Theme: Evaluating collaboration together in FITS
Mother 1606:4.7	I don't know, (stays silent)		
Therapist 1606:4.8		I didn't expect this response now. I just gave her the book (story life) we made together. Is she dissatisfied? Maybe I am just one of many caretakers in their history. Maybe it is hard for her to attach because of her history? How can I understand what is happening? How can I make a difference? I should focus on the therapeutic relationship with me.	
Mother 1606:4.9	(Stays silent for a while)		
Therapist 1606:5.0	Is it hard to tell me?		Theme: Focus on what happens in the therapeutic relationship
Mother 1606:5.1	We talk about positive developments now, but I am not so sure. It can easily be a coincidence. Maybe next month, it is going back the way it went before.		
Therapist 1606:5.2	I understand		
Mother 1606:5.3	We can't stop therapy now. Eline has got ups and downs. After earlier therapy it went well for about two months and than it went down.		Reflection: Mother might be afraid to lose the therapeutic connection. So many significant relationships in her life are broken.

Therapist 1606:5.4	So your question is, is this coincidental uprising or did you learn something, something that can get lost again or something you can hold with you. We should not end therapy now?		
Mother 1606:5.5	No not yet		
Therapist 1606:5.6	I was touched by Eline her ability to listen to different voices inside. The voice of DDE that used to be helpful in dangerous situations and the voice the DKN that knows the difference between the good and the bad. Do you think that this ability can help Eline to make better choices		Theme: identify with contributions to change
Mother 1606:5.7	That would be fine		
Therapist 1606:5.8		We do not talk about our collaboration anymore. Why do I let this happen? Mother talks about earlier experiences with therapy but we stopped evaluating our collaboration	Theme: The unsaid, what is difficult to express
Eline to mother 1606:5.9	(Suddenly) What is different now is that I once said I see Matthew (stepfather) as a father, remember?		Maybe it is not so suddenly. Eline brings in the subject of 'lasting connections'. She reconnected with stepfather. Mother expressed earlier to be afraid that stepfather would leave her because of the fights with Eline.
Mother 1606:6.0	I like it when you say this		Theme: Family members discuss their issues with each other
Therapist 1606:6.1	Is it about accepting Matthew to be your father		Theme: Triadic/ systemic awareness.
Eline 1606:6.2	(nods)		
Therapist 1606:6.3	Is this new?		Theme: Notice new productive patterns

Mother 1606:6.4	Yes this is new. She never told us to accept him as a father. Now she is older, she is able to talk a little bit with Matthew. Last week they teased each other. Eline gave Matthew a little tick. Matthew responded with a little kick back. No one got angry.		
Eline 1606:6.5	We laughed		
Mother 1606:6.6	That makes me happy		
Therapist 1606:6.7	Teasing, that is what fathers and daughters can do together. (Smile)		Theme: Broadening, enriching the narrative
Therapist 1606:6.8		I feel invitation not to talk about things. Now I have to come back on mutual responsibly and circularity in what happens in the relationship between stepfather and Eline.	Theme: Triadic/ systemic awareness.
Therapist 1606:6.9	Before you told me that stepfather responds strict and reserved in relationship to Eline. Did you talk with him about that?		Theme: Focus on collaboration, shared responsibilities and contributions to change.
Mother 1606:7.0	Yes I did. I have said they both have a responsibility to reconnect. They are trying now. They are investing in little positive events.		
Therapist 1606:7.1	So the main question now is to find out if the current improvement will hold on and if it is an effect of coincidence or making the DDE shrink and positive interactions between stepfather and daughter. Do you want us to try to find out answers to this question?		Theme: Looking for a Yes response about a way to go on in collaboration
Eline and mother 1606:7.2	Yes		

## Looking for patterns in a context of meaning



### Episode 3: Contributions to developments

Table LXVI transcript analysed

	Therapist	Mother	Eline	Therapist	Mother
<b>Society/culture/professional</b>	Hesitations could be entrances to talk about the therapeutic relationship	Therapy stops when problems are over	Trust your parents	Change is a joint action from a systemic perspective	Woman protect man
<b>Family culture</b>	-	All significant relationships end, people disappear	Can I trust men in a father role?	Fathers on the background could be missed by their children	<p>Parents who work together contribute to the developments of their child.</p> <p>Stepfather could be part of the problem and part of the solution as well.</p> <p>I am in a position to talk about shared responsibilities</p>
<b>Relational</b>	An invitation to discuss the therapeutic relationship	Mother expresses insecurity, is afraid the therapy would end because of the developments	Eline interferes and points at her re-connection to her stepfather	Taken by the therapist, who invites Eline to tell more, and finds entrance to invite mother to talk about her and stepfathers contribution to the developments	Confirming her and stepfathers contributions to the developments.
<b>Subjectification</b>	Surprised but open to discuss the therapeutic relationship	Open and insecure	A daughter that is connected with her step father	Understanding and challenging	A mother who contributes to the process of change

Episode	Contributions to developments	Contributions to developments	Contributions to developments	Contributions to developments	Contributions to developments
<p><b>Pattern:</b> <b>Reactive, paradoxical or reflexive</b></p>	<p>Both Reactive and Reflexive</p> <p>Invitation to discuss the therapeutic relationship</p>	<p>Both Reactive and Reflexive</p> <p>Taken by mother who expresses insecurity and her wish to stay connected</p>	<p>Both Reactive and Reflexive</p> <p>Interfered by Eline who brings in another subject to talk about</p>	<p>Both Reactive and Reflexive</p> <p>Ask questions to broaden the story first and than invite mother to talk about stepfather's contribution to the developments. I let go the focus on the therapeutic relationship.</p>	<p>Both Reactive and Reflexive</p> <p>Mother tells about her conversation with stepfather and about shared responsibilities.</p>
<p><b>(Speech) Action</b></p>	<p>1606:5.0 Is it hard to tell me?</p>	<p>1606:5.1 We talk about positive developments now, but I am not so sure. It can easily be a coincidence. Maybe next month, it is going back the way it went before.</p> <p>1606:5.3 We can't stop therapy now. Eline has got ups and downs. After earlier therapy it went well for about two months and than it went down.</p>	<p>1606:5.9 (Suddenly) What is different now is that I once said I see Matthew (stepfather) as a father, remember?</p>	<p>1606:6.3 Is this new?</p> <p>1606:6.9 Before you told me that stepfather responds strict and reserved in relationship to Eline. Did you talk with him about that?</p>	<p>1606:7.0 Yes I did. I have said they both have a responsibility to reconnect. They are trying now. They are investing in little positive events.</p>

<b>Inner dialogue</b>	1606:4.8 I didn't expect this response now. I just gave her the book (story life) we made together. Is she dissatisfied? Maybe I am just one of many caretakers in their history. Maybe it is hard for her to attach because of her history? How can I understand what is happening? How can I make a difference? I should focus on the therapeutic relationship with me.			1606:6.8 I feel invitation not to talk about things. Now I have to come back on mutual responsibly and circularity in what happens in the relationship between stepfather and Eline.	
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### Therapeutic response

The invitation of the therapist does not lead to evaluation of our collaboration. Eline interferes and brings in the re-connection with her stepfather. The therapist engages in this new direction, helps her to broaden the story and returns to his earlier concern: How is change a joint action, and question: how did parents contribute to change. Mother tells about her conversation with stepfather and about shared responsibilities.

### Patterns

I see both a reactive and a reflexive pattern in the sequence.

Reactive pattern (a low level of reflexivity, no fit and no opening space to something new) when I focus at the response on the invitation to evaluate the collaboration together. Eline distracts from the focus on the therapeutic relationship and asks attention for her re-connection to stepfather.

Reflexive pattern (high level of reflexivity, a fit and opening space to something new): When therapist and family members broaden the story of re-connection (to step-father) the therapists returns to an earlier question about family member their contributions. We could describe change now as joint action. Afterwards I (as the therapist) thought that the initiative of Eline (talking about reconnecting to step father) made a lot of sense, thinking about mothers fear to lose connections. Stepfather did threaten to leave this family because of all the fights with Eline.

#### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Practical forces are at work when Eline takes an initiative to interfere, distract and focus on the reconnection in relation to her stepfather.

Contextual forces are at work when mother points at shared responsibilities. It opens up space to re-frame the sequence: Parents can work together, stepfather can be part of the problem and part of the solution and mother is in a position to talk to stepfather about shared responsibilities

#### Collaborative learning:

2e order learning. In this episode therapist and family members are able to make new connections (as a collaborative team) with new frames of meaning

Reactive I lose the initial talking about therapeutic connection, and let it happen. Interesting that Eline is pointing at re-connecting to stepfather. First impression she interferes, now I see it makes sense in relationship to mothers fear to lose connections.

### **Session 8, conversation with mother and Eline and her sister Carla**

## Critical moment 1606:4

**Situation:** In this conversation mother, Eline and her sister Carla is present. We evaluate the effects of therapy and our collaboration. We look to ORS/SRS and ROM scores. Those scores show positive improvements. During last evaluation (session 5) the main question was if positive developments were a coincidence or an effect of collaborative learning. We'll come back to this question.

Mother asked me to invite Matthew for this evaluation. I wrote him a letter to tell him about the process of therapy so far. But stepfather didn't show up for this meeting.

Mother phones him. He doesn't come. He is late from work and too tired now. When Eline makes a joke about stepfather not coming, mother responds angry.

Mother also asked me to talk with Carla (sister) who suffers from bullying at school. The children find a box with coloured stones. This is an entrance to a conversation with them about strengths and resolutions. I use a parallel story (from another therapy) and introduce a bit of magic in a challenging way.

Table LXVII Transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Mother (ends her conversation with step father on the phone, talks with a soft voice) 1606:7.3	He is late from work, tired and can't come now.		
Eline 1606:7.4	He doesn't want to come		Theme: Children surprise by changing the subject
Mother (upset) 1606:7.5	Shut up, Eline!		

Therapist 1606:7.6		Why is stepfather not present? What does it mean that mother responded quietly and understanding to stepfather on the phone and so angry with Eline who made this comment about stepfather's absence? Is stepfather protected, does mother ask herself and the children to be careful with him, based on earlier experiences?	
Carla 1606:7.7	Whose stones are those on the table?		Theme: Children surprise by changing the subject
Therapist 1606:7.8	They are mine. Look I have good looking smaller stones in this box		By engaging in this new direction I support mother in silencing Eline. I did not support Eline who had something important and difficult to say.
Eline 1606:7.9	I think everybody has got a stone that fits with who you are		Theme: Children's playfulness make a difference
Carla 1606:8.0	(Takes stones out of the box) this one is for love, this one is for wisdom		
Therapist 1606:8.1	I sometimes use those stones in my work with children. Sometimes when children make resolutions they need extra power to make it real. Once there was a girl who was afraid at school because of bullying. She made a brave resolution to talk back when she was bullied. Then she chooses a stone that fitted with who she is, like you said (to Eline). She carried this stone with her and holds it in her hand at difficult times. I told her that she could only keep it when it worked for her. She claimed it had helped her. What do you think about that? (With a smile)		Theme: to make a playful difference
Carla 1606:8.2	Can I have one?		
Therapist 1606:8.3	What is your challenge?		
Carla 1606:8.4	I think I...		
Eline 1606:8.5	(Interferes) You also told me that this magic stick (takes blue magic stick) could support me		Theme: Triadic/ systemic awareness. Eline interferes. What does it mean? Is

	and that didn't work either (laughs)		it hard for her that I connect to her sister now, because this was her special time before?
Therapist 1606:8.6	(Laughs) Didn't work, didn't work? Look at the ORS diagram. It goes up, you see, so I guess the wish with the magic stick worked very well. This is evidence.		
Eline 1606:8.7	(Laughs louder) No, no. I have done that all by myself		
Carla 1606:8.8	I want (tries to interfere) ....		
Eline 1606:8.9	All by myself and maybe with		
Therapist 1606:9.0	Please let Carla also speak		
Therapist 1606:9.1		I feel invited to take a position of a parent, to structure the conversation and give space to Carla too. I need to talk with mother about this.	Theme: invitation to take over responsibilities, family tasks. Here I do take over,(a reactive response).
Carla 1606:9.2	I also want to talk back at school. Sometimes I do and than children tell that there is an argument, and than the teacher comes and everyone is pointing at me, and than the teacher blames me too, while I just...		
Eline 1606:9.3	That's life (showing crazy faces)		
Mother 1606:9.4	(to Eline) Let Carla talk		
Therapist 1606:9.5		Now mother takes the parental position. Did I model it or is she very capable to do this herself?	Theme: invitation to take over responsibilities, family tasks. I took over and now mother takes this role herself. Modelling?
Carla 1606:9.6	I know life is hard		

## Looking for patterns in a context of meaning

### Episode 4: a voice needs a home

Table LXVIII transcript analysed

	mother	Eline	Mother	Carla	Therapist	Eline	Therapist	Mother
<b>Society/culture/professional</b>	Men who work hard, need time for themselves	Parents should take care of children	Respect parents	?	Create a context for different voices	Parents should listen to their children.	Help parents to help their children	Respect authority
<b>Family culture</b>	Men are not always there for me	Fathers are not interested in me	Fathers, partners can leave because of conflict	Conflict escalates. Eline gets all the attention.	-	With disruptive behaviour I get attention	-	Eline is dominant. Carla needs space to be heard.
<b>Relational</b>	Careful with stepfather, for he can leave	Stepfather is not there for me	Avoid conflict to keep it calm	Distracting to get attention	Carla's voice needs a place in our conversation.	Interfering, to be heard	Support parents to take position and Carla to have a voice in this conversation.	I can take a parental position and give space to the voice of Carla.
<b>Subjectification</b>	A careful mother	A brutal child	A protective and angry mother	A daughter that wants some attention for her self	An understanding therapist	A daughter that wants to be heard	Therapist that supports mother but takes over her parental position and silences oppositional voices	A mother that can take a parental position and silences oppositional voices.



<b>Episode</b>	A voice needs a home	A voice needs a home	A voice needs a home	A voice needs a home	A voice needs a home	A voice needs a home	A voice needs a home	A voice needs a home
<b>Pattern: Reactive, paradoxical or reflexive</b>	Reactive Mother excuses stepfather	Reactive Eline challenges the message	Reactive Mother reacts angry, silences Eline	Reactive Carla distracts, asking about the stones	Reactive The therapist takes Carla's invitation and uses it as an entrance to talk about her	Reactive Eline wants to be heard	Reactive The therapist corrects Eline, takes a parental position	Reactive Mother takes a parental position, corrects Eline
<b>(Speech) Action</b>	1606:7.3 He is late from work, tired and can't come now.	1606:7.4 He doesn't want to come	1606:7.5 Shut up, Eline!	1606:7.6 Whose stones are those on the table?	1606:8.1 I sometimes use those stones in my work with children. Sometimes when children make resolutions they need extra power to make it real. Once there was a girl.....	1606:8.5 (Interferes) You also told me that this magic stick (takes blue magic stick) could support me and that didn't work either (laughs)  1606:2.3 That's life (showing crazy faces)	1606:9.0 Please let Carla also speak	1606:9.4 (to Eline) Let Carla talk
<b>Inner dialogue</b>		-					1606:9.1 I feel invited to take a position of a parent, to structure the conversation	

							and give space to Carla too. I need to talk with mother about this.	
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### Therapeutic response

Eline challenges the excuse mother makes for stepfather not being present at this therapy session. Mother shows anger when she stops Eline. When Carla distracts attention I (as the therapist) take this invitation as a way to go on. I use the distraction as an entrance to talk with her about difficult experiences at school.

Eline is interfering the conversation I have with Carla. I feel an invitation to set a limit. Do I take over mother's responsibility? When I wait a little bit later, mother herself sets a limit to Eline.

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

However it seems important that Carla could have a space to speak and to be heard and that mother takes a parental position in this sequence, I feel that I engaged in a reactive pattern. Eline challenges the excuse mother made and was silenced by both mother and me. The voice of Eline was silenced to avoid conflict and out of fear of abandonment in relation to mother's family history.

### Reflexivity and logical forces:

High level of reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces are at work when I accept the invitation Carla makes, when I invite her to tell her story about her experiences at school. Contextual forces are at work when we silence oppositional voices to avoid conflict, possibly because of fear of abandonment. Implicative forces might work when mother set limits to Eline her interference and make space for Carla.

### Collaborative learning:

1e order learning. We are able to create space for Carla to speak and for mother to take a position here. The signal that Eline gives is problematized. We aren't able to reflect or reframe Eline her interference or mother her angry response. We repeat patterns of silencing to avoid conflict and challenge assumptions; contextual forces feel an invitation to be careful too. How can I respond and make a difference.

Eline is interfering in the conversation. What does it mean when she challenges mothers excuse and later when she says: 'that's life', showing crazy faces? Is she giving voice to unspoken grief by acting crazy'? Is it hard for her that I connect to her sister now, because this was her special time before?

I am curious about stepfather's role and participation right now. How does mother position herself in relationship to stepfather and what is the effect of the violent past on speaking out free?

### **Critical moment 1606:5**

Situation: I ask about stepfather's absence. Mother excuses him: He forgot time, is busy at work. I ask how this absence feels for her. Mother says that income is very important for the family. I know this, hesitate to ask further about her feelings, but decide to return to the subject of the interaction between stepfather and Eline.

Table LXIX transcript

<b>Voices</b>	<b>Outer dialogue</b>	<b>Inner dialogue</b>	<b>Reflection afterwards</b>
Therapist 1606:9.7	(To mother) During last sessions you asked Eline to accept Matthew's authority. You also wanted to confront Matthew because of his expectations to the children and impatient and angry responses. They are children, you said; we cannot expect them to sit still day by day.		Theme: Invite family members to share and speak about important issues with each other
Mother 1606:9.8	They both invest in improved ways of dealing with each other. Eline knows that a big mouth would change the good atmosphere immediately.		
Therapist		Again by focus on Eline her behaviour we move	Theme: The unsaid, what is difficult to

1606:9.9		away from talking about stepfathers role and responsibility. How can I respond without taking a critical position towards him myself? I'll repeat words mother told me herself and ask her to take position?	express  Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1606:10.0	I remember you saying children are children; we should not have expectations they can't meet. Did you talk about with Matthew about this? What was his reaction?		Theme: Invite family members to share and speak about important issues with each other
Mother 1606:10.1	I told him, but only at a short moment. He doesn't listen to me very well. I think it would be better if you talk with Matthew. Maybe you should phone him and make an appointment with him. He is at home right now.		Theme: Invited to take an expert role, control
Therapist 1606:10.2	You mean me alone with Matthew		
Mother 1606:10.3	I think he will tell you more when you talk alone with him during a home visit		
Therapist 1606:10.4		I feel an invitation to take over, to speak out what otherwise can't be said. If I talk with Matthew I become the a spokesman for mother and children. I sustain a pattern in which 'men' speak and mother and children stay silent. How can I make a difference?	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1606:10.5	Can I help you to talk and help Matthew to listen?		Theme: Invite family members to share and speak about important issues with each other
Mother 1606:10.6	I really think you should talk with him first		
Therapist 1606:10.7		I feel the invitation to take over and speak for mother. But if I do so I engage in a pattern in which mother's voice isn't heard by stepfather. If I don't take over I engage in a pattern in which mother is not heard by me.	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1606:10.8	I doubt because I.... (want to share some thoughts in inner dialogue)		It is a pity that I did not share this inner reflection. It was a possibility to reflect more on the collaboration, hesitations, patterns and layers of

			meaning in therapy.
Mother 1606:10.9	If you start talking at our house, I can join the both of you later in the conversation		Theme: mother makes a playful difference
Therapist 1606:11.0	O.k. that is ok for me. I'll phone him at the end of the conversation		Theme: Looking for a Yes response about a way to go on in collaboration

## Looking for patterns in a context of meaning

### Episode 5: Negotiating the initiative

Table LXX transcript analysed

	Therapist	Mother	Therapist	Mother	Therapist
<b>Society/culture/professional</b>	Parents should take parental position. Parents should cooperate in this. Be assertive; speak out about what's bothering.	Men are dominant and women are the primary caregivers in the family.	Parents should take parental position. Parents should cooperate in this. Be assertive; speak out about what's bothering.	Men are dominant. Women have ways of influencing the conversation	Assertive responses can be risky in unsafe and violent circumstances. There are indirect ways of creating influence.
<b>Family culture</b>	Parents cooperate	Speaking out can be dangerous, can lead to violence or loss	I sometimes helped my mother to take position in relation to my father.	Women have indirect ways to influence the conversation	-
<b>Relational</b>	Mother should speak out to stepfather about reasonable expectations	I should be careful and don't ask to difficult questions	I can help mother to take her position herself	I can have influence on my partner in a more indirect way	We can work on this together. I understand why mother is careful. I acknowledge her creativity.

<b>Subjectification</b>	Encouraging therapist	Careful mother	Encouraging therapist	Careful and sensible mother	Acknowledging therapist
<b>Episode</b>	Negotiating the initiative	Negotiating the initiative	Negotiating the initiative	Negotiating the initiative	Negotiating the initiative
<b>Pattern: Reactive, paradoxical or reflexive</b>	Reflexive  Inviting mother to speak out to step father	Reflexive  No fit. Mother asks me to take over and speak for her.	Reflexive  Asking if I could help her to do it herself	Reflexive  Mother proposing collaboration	Reflexive  A fit and connection to something new. We decide on a shared responsibility
<b>(Speech) Action</b>	1606:10.0 I remember you saying: 'children are children. We should not have expectations they can't meet'. Did you talk about with Matthew about this? What was his reaction?	1606:10.1 I told him, but only at a short moment. He doesn't listen to me very well. I think it would be better if you talk with Matthew. Maybe you should phone him and make an appointment with him. He is at home right now.	1606:10.5 Can I help you to talk and help Matthew to listen?	1606:10.9 If you start talking at our house, I can join the both of you later in the conversation	1606:11.0 O.k. that is ok for me. I'll phone him at the end of the conversation
<b>Inner dialogue</b>		-	1606:10.4 I feel an invitation to take over; to speak out what otherwise can't be said. If I talk with Matthew I become the spokesman for mother and children. I sustain a pattern in which		

			<p>'men' speak and mother and children stay silent. How can I make a difference?</p> <p>1606:10.7 I feel the invitation to take over and speak for mother. But if I do so I engage in a pattern in which mother's voice isn't heard by stepfather. If I don't take over I engage in a pattern in which mother is not heard by me.</p>		
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### Therapeutic response

The therapist invites mother to speak out to step father. There is no direct fit and connection. Mother asks me to take over and speak for her. I feel an invitation to take over, speak for mother and children. If I talk with Matthew I become the spokesman for mother and children. I sustain a pattern in which 'men' speak and mother and children stay silent. In my inner dialogue I ask myself: How can I make a difference? I ask mother if I could help her to do it herself. Mother then proposes a collaboration and an indirect way of getting involved in the conversation. There is a fit, connection and opening to something new. We decide on a shared responsibility

### Patterns

Reflexive pattern. There is a high level of reflexivity. There is a fit, connection and opening space to something new. Paradoxal message if I (as therapist) don't agree with mothers proposal because I want her to be in charge more.

1606:11.5

Can I help you to talk and help Matthew to listen? Bridge mother's creativity and find a way in between, a indirect way of getting involved in the conversation.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces are at work when I am not taking the invitation to take over and speak for mother and the children to stepfather.

Practical forces are at work when mother comes up with a creative, indirect way to participate in the conversation.

Implicative forces are at work when we emphasize how conversations can be influenced, not only in assertive ways, but also in indirect ways. Assertive responses can be risky in unsafe and violent circumstances. There are indirect ways of creating influence.

Later in the conversation mother distinguishes male dominant ways and female indirect ways of creating influence.

### Collaborative learning:

2e order learning. In this episode therapist and family members are able to make new connections (as a collaborative team) with new frames of meaning. Mother and therapist find a way of collaborating we both agree on. Instead of talking for her I accept and appreciate her proposal in collaborating. We are able to reframe 'influence': Assertive responses can be risky in unsafe and violent circumstances. There are indirect ways of creating influence. Later in the conversation mother connects ways of creating influence with gender roles.

## **Follow up**

One week later I visit stepfather at home. He fills in the ORS/SRS form (session 9). I talk with him and he is remarkable open about personal feelings and his family background. Mother is in the kitchen and walking, a bit nervous, in and out the living room. Mother interferes a couple of times, giving a sign of listening to the conversation. Later I ask her to join. Both agree that Eline is doing fine. Stepfather tells about a very difficult youth, growing up with a mother who was cold and aggressive. Stepfather said: Eline is getting from her mother what I never got and still she is dissatisfied. Stepfather tells that the behaviour of Eline touches a personal wound. But he realises that he should not confront Eline with his own youth traumas. Stepfather tells to stay patient more often.

A couple of weeks later mother tells me she was very happy with this conversation. Stepfather was never that open before. I still had doubts. I didn't share many thoughts and questions from my inner dialogue about their history of trauma, 'male dominance and silencing voices'. Did I contribute too much to a male dominated speech?

## **Summarizing reflections on the case of Eline and her parents**



## **How do I navigate on the basis of coordinated improvisations in Feedback-informed Systemic Therapy?**

### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning.

Problematic behaviour is sustained in repetitive self re-enforcing loops. There is an on-going conflict in the relationship between Eline and her stepfather. Stepfather threatens to leave the family. He doesn't come to therapy. Mother is trying to calm down Eline. Eline protests, maybe because she is just a child, or because she wants to give a voice to unspoken themes? There is a family history of violence and abandonment. In therapy we try to understand current experiences in their historical context. Eline and later her sister Carla often interfere in the conversations telling spontaneous stories. Sometimes these stories are the entrance to alternative narratives about skills, knowledge, values and subjectivication. Sometimes the children seem to distract attention from difficult themes like: de-individualization, shared contributions to change, the evaluation of collaboration, fear of abandonment. Mother, at a certain time, silences Eline who criticised the role of stepfather. I feel an invitation to engage in or change the new direction of the conversation. I don't want to set a norm and I also want to open up space for these difficult themes, possibly connected to a traumatic and violent history, to talk about.

In the first episode Eline interrupts an invitation to look for the contribution of parents to the developments (1606:0.4). She shares a personal story of success with us. The therapist unfolds the 'unique outcome' uses 'externalization' to explore Eline her skills and knowledge. Eline knows the difference between 'good' and 'bad' and mother acknowledges this. The original question about parents their contribution stays unanswered. In the second episode Eline emphasizes aggression (1606:3.4, 1606.3.9) while she is getting a compliment for being so brave? I feel an invitation to correct her. If I do so I'll set a norm, or take over parental responsibility. I ask myself, in my inner dialogue, how could I make a difference? I invite Eline to take a position, using the externalized DDE. In the conversation we are able to reframe aggressive responses. They must have been necessary and protective in their violent history, but now they become problematic. We also externalized inner wisdom as the DKN. If I ask Eline what the DKN would say, she stops provoking, stays silent and says: 'Not so good I guess'. Afterwards I reflect on this conversation (1606:3.5, 1606:3.9). What was it that Eline was expressing here? I didn't explore this expression together with the family members enough. I made a connection to the violent and traumatic past, but I didn't ask much about own understandings of these expressions of violence. I did not ask about any connection to the biological father in this story.

In the third episode I intend to evaluate our collaboration in therapy (1606:4.6). Eline interferes and tells a story about her re-connection with her stepfather. I engage in this new direction, help her to broaden the story and return to my earlier concern: How is change a joint action, and question: how did parents contribute to change. Mother then tells about her conversation with stepfather and about shared responsibilities. In the fourth episode Eline challenges the excuse mother makes for stepfather not being present at this therapy session. Mother shows anger when she stops Eline. When Carla distracts attention I (as the therapist) take this invitation as a way to go on. I use the distraction as an entrance to talk with her about difficult experiences at school. Eline is interfering the conversation I have with Carla. I feel an invitation to set a limit. Do I take over mother's responsibility? When I wait a little bit later, mother herself sets a limit to Eline. Afterwards I reflect on this episode (1606:7.8) and I realise that I sustain a reactive pattern of silencing in our conversation.

In the fifth episode the therapist invites mother to speak out to step father. There is no direct fit and connection. Mother asks me to take over and speak for her. I feel an invitation to take over, speak for mother and children. If I talk with Matthew I become the spokesman for mother and children. I sustain a pattern in which 'men' speak and mother and children stay silent. In my inner dialogue I ask myself: How can I make a difference? I ask mother if I could help her to do it herself. Mother then proposes a collaboration and an indirect way of getting involved in the conversation. There is a fit, connection and opening to something new. We decide on a shared responsibility

In navigating I doubt whether to engage in or change the direction the conversation is going. Engaging helps to find entrance to new narratives about skills, knowledge and subjectification. Sometimes by engaging I sustain reactive patterns silencing difficult voices and themes connected to a violent and traumatic past: shared responsibilities, stepfathers role, fear of violence and abandonment, male dominance. Sometimes I help change a pattern and invite to reflexivity, for example when mother tells about her conversation with stepfather about shared responsibilities (1606:7.0). I doubt between engaging or changing the pattern we are making, when mother asks me to talk to stepfather about his contribution to change. Here I listen to my inner dialogue. When I want to share my inner reflections mother proposes collaboration in our approach towards stepfather. Afterward (in my reflection, 16:10.8) I think it is a pity that I didn't share these inner reflections. It could help to reflect more on our collaboration in therapy within different layers of meaning.

### **Coordinated improvisations**

There is a lot of playfulness in these conversations. The children spontaneously respond in critical moments, sometimes to distract, sometimes to open up space for new connections, stories about their intentions and identity. I (as a therapist) often take the invitation and help family members to broaden the story they are making. When Eline (in episode 1) suddenly tells the story about finding drug chemicals, acting wisely and telling the truth we are able to make a second externalization: the DKN. DDE stands for aggressive

responses in conflicts. The DKN stands for wise decision-making based on thinking and dreaming. Eline draws the externalisations on the white board. Later I use the voice of the DKN helping Eline to re-position herself in relation to violent behaviour.

In episode 3 Carla asked about coloured stones in my desk. These stones are one of many objects in my therapy room. By including coincidental materials in the conversation we are able to open space to new connections and narratives. (A zone for new connections/ an insignificant rupture, give entrance to a new line of flight, Deleuze). Eline says that there is a fit between a person and a stone. I connect stones to a challenge. Carla starts talking about school and her challenge to stand up for herself. Both of the girls choose a stone and take it with them home.

I realise that not all spontaneous expressions/ initiatives find homes (Bakhtin) are met by fitting responses. I do not explore the reference to violence and the crazy faces Eline makes when I give attention to Carla story about experiences at school.

## **Feedback**

In the first episode (session 5) I point at the ORS/SRS diagrams that show progress. My intention than is to de-individualize the problem-story and ask about each other's contributions to change. I think that I do not ask enough about our collaborative work together in therapy. In the third episode (session 8) I ask about our collaboration. Mother says (1606: 4.7) I don't know and stays silent. We are able to talk about her worries. Mother is scared we will end therapy if it goes to well. She is not sure if this progress is a coincidental uprising or something learned. We decide to continue family therapy and keep that question alive. In later reflections (1606:5.3) I connect these worries to possible fear of abandonment of significant persons in her life. But we didn't talk about that. I didn't share inner reflections (1606:10.8) about my doubts in responding. I think this is a pity. By doing so I could have invited family members in a more third order learning reflection.

## **Collaborative learning**

There is a 1-order learning in episode 3. We are able to create space for Carla to speak about school and for mother to take a position here. The signal that Eline gives is problematized. We aren't able to reflect or reframe Eline her interference or mother her angry response. We repeat patterns of silencing to avoid conflict and challenge assumptions; contextual forces. I feel an invitation to be careful too.

There is a 2-order learning happening in different episodes. Therapist and family members are able to make new connections (as a collaborative team) with new frames of meaning. This happens in episode 1, when a spontaneous story of Eline opens up a new account of self, acknowledged by mother. This happens when Eline re-positions herself towards aggressive behaviour through the voice of the externalized DKN. In the fifth episode mother and therapist find a way of collaborating we both agree on. Instead of talking for her I accept and appreciate her proposal in collaborating. We are able to reframe 'influence': Assertive responses can be risky in unsafe and violent circumstances. There are indirect ways of creating influence. Later in the conversation mother connects ways of creating influence with gender roles.

There is a 3-order learning happening when mother and I (later in a follow up) connect 'ways of creating influence' connect with dangerous circumstances and gender roles. I told mother that I learned from this collaboration and shift of meaning. I think there is not enough 3-order learning happening in this therapy. We do not have enough conversations about our conversations. I often feel invited to be careful too. I monitor myself contributing to repeating patterns (silencing voices, avoiding conflict and challenging assumptions; contextual forces). I am able to respond differently and invite family members in reflexive patterns and 2-order learning. But I don't discuss our collaboration, my inner reflections enough in a way that we can learn how we are learning together.

I think a 3-order learning could have been evoked if I reflected on what happened in (possibly) parallel processes in our therapeutic conversations. What is happening for them when I ask about de-individualizing the problem story, ask about shared contributions to change, stepfathers role, connections to the biological father, a fear of abandonment to significant others (me), male dominance and silenced voices. How does mother position herself in relationship to stepfather and what is the effect of the violent past on speaking out free? Do family members think it is important to talk about this? What is at risk? How can we collaborate differently and deal with this. What do family members need from me if we step in these conversations?

## **(10) FITS case 1607**

The names in document are fictionalized.

**Code 1607**  
1607 Ynass

1607 Mother Miranda  
1607 Step father Ed

## **Introduction**

Ynass is a 14-year-old girl. She lives with her mother and stepfather. Her parents separated shortly after she was born. Her father is originally from Morocco. Her mother has a Dutch ethnic background. Parents both re-married. Father now lives with his new wife and two sons. Mother remarried with Ed. Ynass was 4 years old at that time.

Stepfather raised Ynass as his daughter. He feels very connected and unless a lot of conflicts Ynass often shows loyalty to her stepfather. Ynass has not much contact with her father and half brothers. She often felt rejected by her father and that's why she doesn't want to get closer, also not with my support in family therapy. But still she misses her father and half-brothers a lot.

Ynass was referred to therapy because her parents were worried about her behaviour at school and at home. Ynass is diagnosed with ADHD. She uses medication. Two events happened during the first year of the middle school. Ynass had sent a 'half naked' photograph of her self, by phone, to a boyfriend who shared this with many other kids at school. Ynass was very ashamed. A bit later she told children at school that she had cancer, which wasn't so. This story confused many people around her. Ynass had to apologise towards children at school. Of course parents were very worried about Ynass. Parents wanted more control in order to protect their daughter. At this time mother, stepfather and Ynass stepped in a vicious circle of escalating responses. In this vicious circle Ynass, mother and stepfather see their negative perceptions confirmed in on-going controlling, protesting and defensive responses.

After intake and diagnostics Ynass had some individual therapy sessions. After a couple of individual session the therapist concluded that there was no indication for individual therapy anymore. The therapist described Ynass as an insecure but quiet strong young girl. The therapist expressed worries about the relationship between Ynass and her parents. Ynass stays insecure in the vicious circle of control, protest and defence. We decided to invite Ynass and her parents for FITS Family Therapy.

In FITS Family therapy we discovered the vicious circle of 'control, protest and defence'. We named this circle the 'dark clouds'. We talked about everyone's contribution to the circle of 'dark clouds' and alternatives to this circle. I experienced the conversations as hard. Parents put a lot of blame to Ynass. Parents hold high expectations and express criticism to Ynass. When Ynass defends herself, parents interpret this as brutality. I find it hard to create space for other interpretations. Parents seem to feel very uncomfortable if I ask about

their own family background. Stepfather Ed positions himself to the foreground. He is talking a lot, explains his perspectives. I find it hard to challenge perspectives and stay connected at the same time.

We had 12 therapy sessions. Session 6 and 10 were with parents, without Ynass. I audio-recorded session 5 and session 8. I thought that session 8 would be the last session, but by evaluation we decided to do 4 extra sessions.

## Quantitative Research

### Routine Outcome Measurement

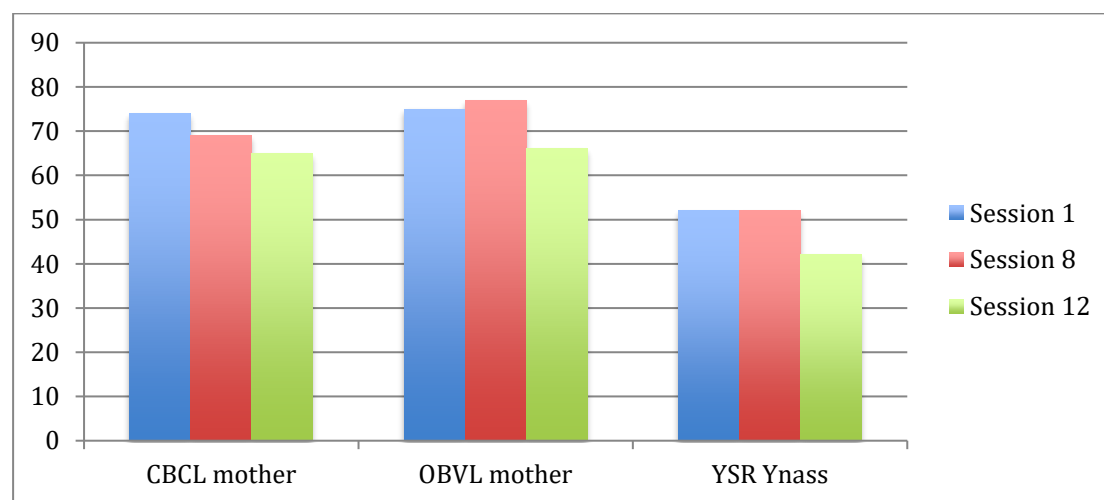


Fig. 46 ROM

Table LXXI ROM

Test	Session 0	Session 8	Session 12
CBCL mother	74	69 (RCI 1,45=0)	65 (RCI 2.6=+)
OBVL mother	75	77 (RCI -0,71=0)	66 (RCI 2.46=+)
YSR	52	52 (RCI 0=0)	42 (RCI 1.96=+)

RCI (Jacobsen & Tuax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI is bigger than 1,64 than change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

### Client Directed Outcome Interview

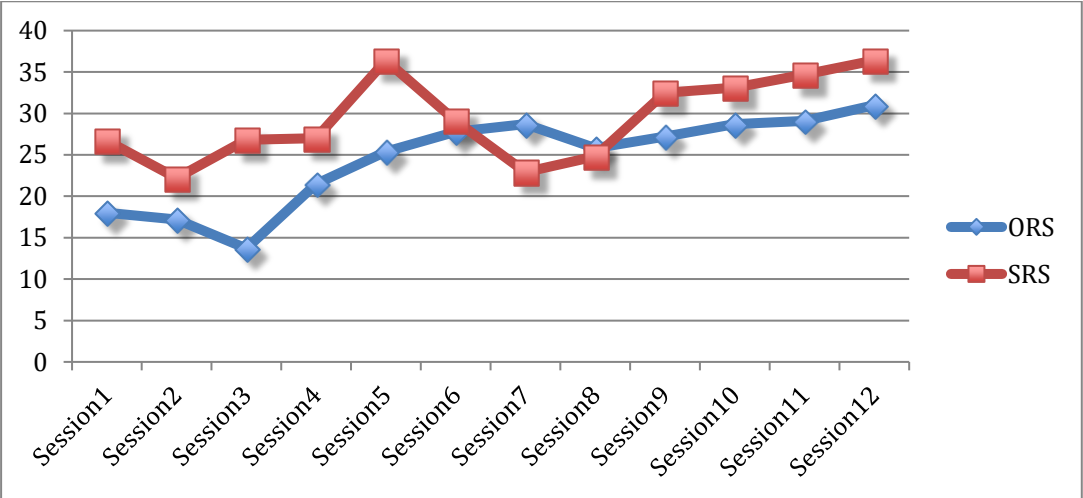


Fig. 47 Mother CDOI

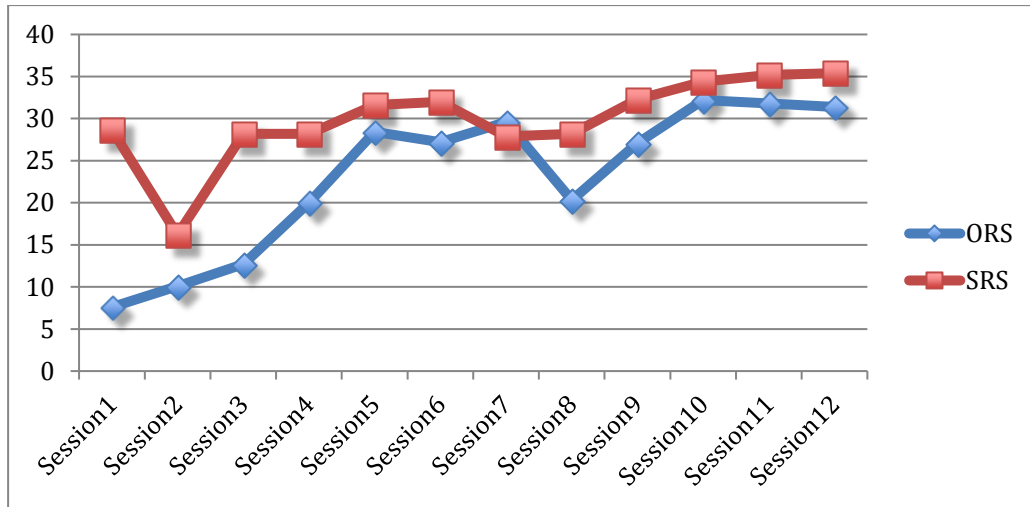


Fig 48 CD01 Stepfather

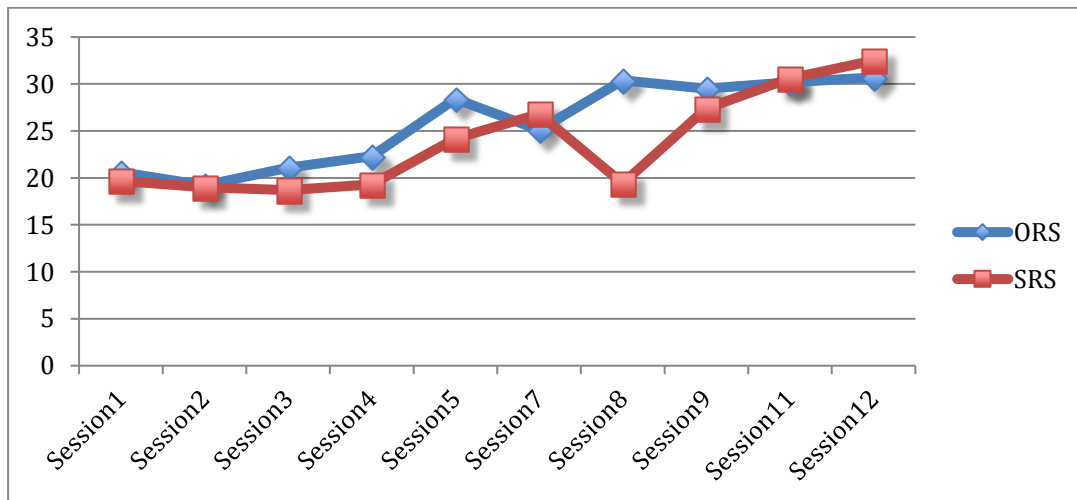


Fig 49 CD01 Ynass



## Family Goals Rating List

The family members had set the next 3 goals as a focus in therapy.

- (9) Less conflict between them. Learning to negotiate without anger.
- (10) To express more often appreciation towards each other
- (11) Ynass should take more initiative, to become more self-dependent

We evaluated these goals in session 5, 8 and 12

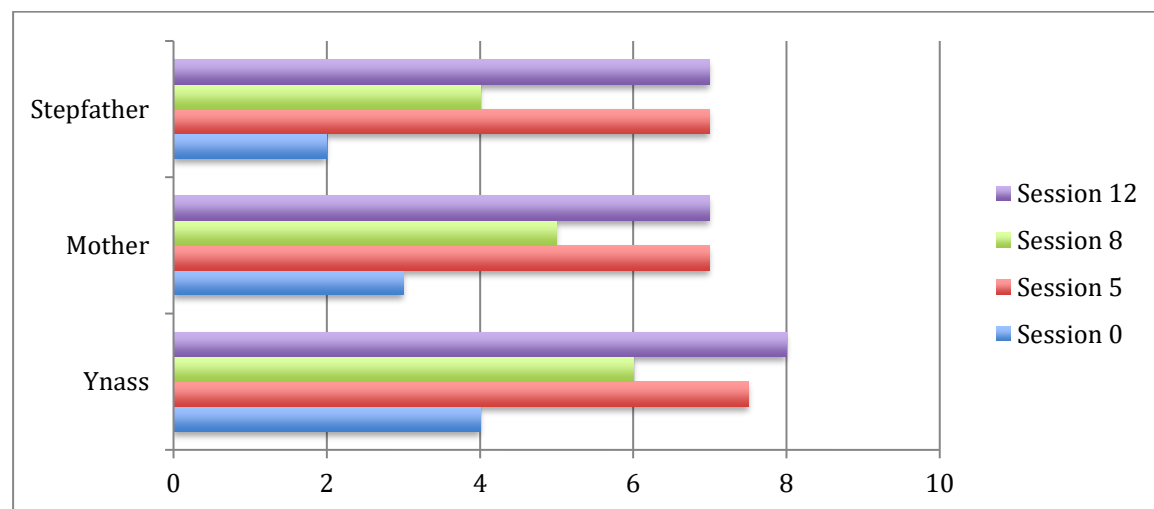


Fig. 50 FGRL

Table LXXII FGRL

	Future target	Session 0/ baseline	Session 5	Session 8	Session 12
<b>Ynass</b>	9,5	4	7,5	6	8
<b>Mother</b>	7	3	7	5	7
<b>Stepfather</b>	8	2	7	4	7

## We evaluated our collaboration as a learning community in session 5,8 and 12

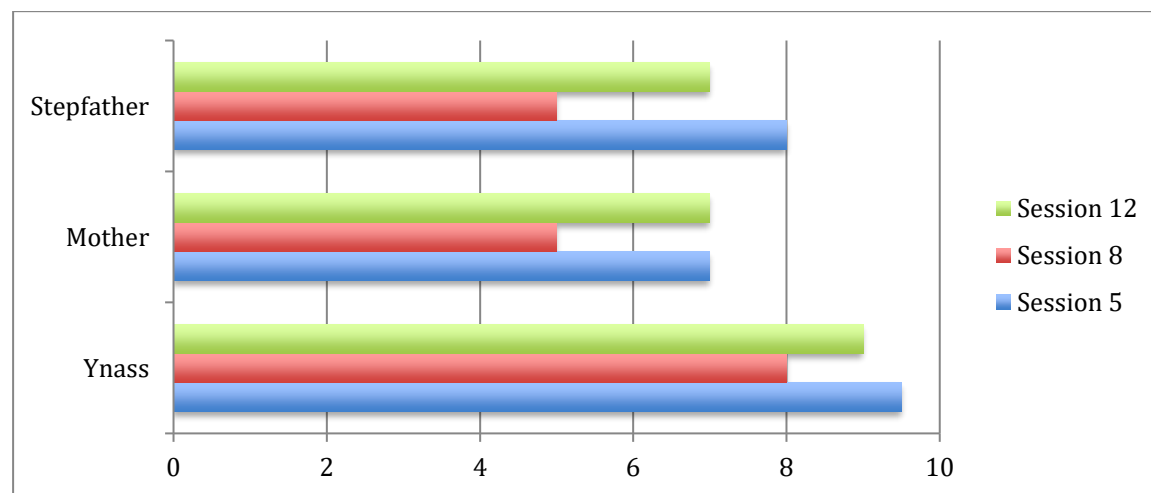


Fig. 51 FGRL collaboration

Table LXXIII FGRL collaboration

	Collaboration session 5	Collaboration session 8	Collaboration session 12
<b>Ynass</b>	9,5	8	9
<b>Mother</b>	7	5	7
<b>Stepfather</b>	8	5	7

## Conclusion

Quantitative measurement shows significant changes in the ROM diagram, the CDOI and the FGRL. The SRS (session rating scores) of all family members are lower in comparison to SRS scores from other families in FITS family therapy. What is remarkable is the rise of the scores of the OBVL (in session 8) when the scores of the CBCL slowly fall. This raises questions I'd like to ask in evaluation sessions in FITS family therapy. In FITS we use quantitative output as a conversational tool in the qualitative research of the process of therapy.

## Qualitative Research

## Session 5

We have arrived at session 5 and evaluate developments and collaboration so far. The therapy sessions are intense. Family members express their emotions and sustain unwanted repetitive patterns by it. I find it hard to break in the conversation, to challenge the escalation. Parents criticize Ynass for breaking the rules that I consider as quiet strict. Parents expect Ynass to be self-dependent. . Too much for a 14-year-old girl with a diagnosis ADHD, I think. I feel it is necessary to be careful with these parents to stay connected with them, to be able to discuss the effects of their parental approach later on in the process. I feel an invitation to protect Ynass and realise that I have to try to understand parents better from their historical, cultural and family context.

We evaluate by looking at ORS/SRS scores in a diagram. The ORS scores went up, especially stepfather's scores. Still the focus in the conversation is at negative events and the lack of respect parents experience in responses of Ynass. Parents give examples of difficult events. Ynass is not prepared to be in time for school in the morning. I point at the ORS scores and ask about everybody's contribution to improvements in their living together. Parents tell me that Ynass takes her medicine and that she doesn't explode that much as before. When I want to ask about contributions, stepfather tells me about the fight he had with Ynass this morning. Ynass stays silent and hides her face under her long black hair. We name the fights in the family 'the dark clouds' that gather above them all. I feel dark clouds gathering above us in the therapy room.

## Critical moment 1

### Transcripts, inner dialogue and reflections afterwards

Table LXXIV transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1607:0.1		<p>Parents have such high standards. Even my own 14-year-old daughter cannot meet those standards. As a parent I wouldn't care that much about short temper and protests to my comments and interferences. Ynass shows typical teenage behaviour. Parents surcharge her, I think.</p> <p>I feel an invitation to protect Ynass, but if I do so parents will try to convince me how difficult the</p>	<p>Reflection: The assumption in 'systemic therapy' is to invite all participants to contribute to new pathways in life. This assumption conflicts with the pre-occupation of parents concern. This happens a lot. Systemic therapy invites participants to look on more and different ways to circular interactions. But the parents</p>

		<p>problems are for them.</p> <p>I have to stay connected with them, try to understand their perspectives better. They are vulnerable I think.</p> <p>I have the feeling to be a not good enough therapist for this family. Maybe everybody has the feeling to be a not good enough parent, or daughter. Maybe everybody tries to prove to be good enough.</p> <p>How can I make a difference? Can I share my own feelings, should I wait and listen more?</p> <p>We do not yet have a shared story about 'good reasons for Ynass to act the way she acts'.</p>	<p>of Ynass were very pre-occupied with their concerns. I wonder if we had to talk more about assumptions in relation to FITS Family therapy. We could have made a shared story/ understanding about 'good reasons to do family therapy instead of individual therapy for Ynass.</p> <p>Theme: Invitation to take over families tasks, responsibilities</p> <p>Theme: Systemic, triadic awareness</p> <p>Theme: Yes response to a shared meaning, ways to collaborate and go on together.</p>
Therapist (to parents) 1607:0.2	What do you think are good reasons for Ynass to behave the way she behaves		Reflection: I could have asked about 'good reasons to cooperate as a family in therapy'.
Mother 1607:0.3	Good reasons?		
Therapist 1607:0.4	I think there are reasons for her to do what she does. What could it be?		
Step father 1607:0.5	Laziness, a lack of respect towards us		
Ynass 1607:0.6	Yeah right (looks away)		
Step father 1607:0.7	I can't see any other good reasons. If you would to decide to cooperate more, it would contribute to a better understanding with us and it would avoid stress for us as your parents, it would help to make a better atmosphere at home.		
Therapist 1607:0.8		I feel an invitation to oppose. I am also aware of stepfather his vulnerability. How could I validate his position and create space for more and different ways of thinking about this?	Theme: Invitation to oppose, participate in non-productive patterns. How can I make a difference, create space for more and different ways of thinking about this?

Therapist (to parents) 1607:0.9	You mention laziness and a lack of respect, what more can we think of, thinking about good reasons for Ynass to do what she does		Theme: What more can we think of, stretching the response space.
Stepfather 1607:1.0	And of course I know she is insecure.		
Therapist 1607:1.1		Yes, there is some space for alternative explanations	
Mother 1607:1.2	(Nods) she is insecure		
Step father 1607:1.3	But I don't want that to be an excuse for being oppositional to your parents		
Therapist 1607:1.4	Could that be a risk?		
Step father 1607:1.5	You know Ynass used to tell fictionalized stories, trying to make people feel concerned about her. This made things worse. Ynass still tells stories about events and problems at school, but we don't believe her any more.		
Therapist 1607:1.6		This is a bit painful, I think. Was telling a story at school not just a cry for help? Why do parents stop believing every other story? Can I validate parent's worries and open up space for different understandings at the same time?	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1607:1.7	It should not be an excuse but could insecurity be a reason? (to Ynass) Could uncertainty be a reason for opposition at home?		
Ynass 1607:1.8	Insecurity? Yes I think, I (silence)		
Therapist 1607:1.9		Do we have a common understanding about the word 'insecurity'? Could I link the word insecurity to Ynass earlier stories about losses in her life? Loss of her father and brother is not talked about, excluded, could I bring it up here.	Theme: Yes response to a shared understanding, way of collaboration and go on together.
Therapist 1607:2.0	Is insecurity linked to the stories you told be about missing your father and brother and loneliness at school		Theme: Systemic, triadic awareness Reflection: What is the triadic effect here for stepfather? I link behaviour to

			'insecurity' and 'insecurity' to 'missing father'
Ynass 1607:2.1	I guess so. When I feel insecure I pretend to be arrogant		
Therapist 1607:2.2		This could be an open space	Theme: Opening space for alternative understandings
Step father 1607:2.3	Which doesn't work. See what happened at school. Of course you are too insecure. I can see it in the way you walk. You should walk more straight up. A month ago there was a singing contest at school. I know you like to sing. Why aren't you trying to join? You can enjoy participating even if you don't win the game. That's a hard thing for Ynass to do, enjoying, participating even if you could lose. It is all about daring I think.		Reflection: Stepfather starts teaching again. Could this be a response to the link with a story about 'missing father'. Is stepfather taking his position here?
Therapist 1607:2.4		Oh no, we are back on the same track.	Theme: Noticing unproductive patterns the therapist is contributing in.
Ynass 1607:2.5	(Looking the other way)		

## Looking for patterns in a context of meaning

### Episode 1: Linking behaviour to a mental state

Table LXXV transcript analysed

	Therapist	Ynass	Stepfather	Ynass
<b>Society/culture/professional</b>	A therapeutic understanding: look behind behaviour for the mental state	Making mistakes because you are insecure is not as bad as making mistakes on purpose	Take individual responsibility. Don't make excuses.	Children (in other families) can stand up for hem selves.

<b>Family culture</b>	Feel pity for people	Do the best you can, don't make mistakes if you can avoid it.	I did it alone, missed a helping hand from my parents	Show respect to your parents. Take individual responsibility.
<b>Relational</b>	Alliance with Ynass, looking for a connection with parents	Support from the therapist	I can help you with this, if you only listen to me.	Parents see me as a little girl.
<b>Subjectification</b>	A therapist that fails to connect to all three of the family members.	The daughter that didn't make mistakes on purpose	A stepfather that tries to help without getting any respect	The daughter that doesn't know herself, not free
<b>Episode</b>	Linking behaviour towards insecurity	Linking behaviour towards insecurity	Linking behaviour towards insecurity	Linking behaviour towards insecurity
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive pattern</b> An invitation to reflexivity, a fit with Ynass, no fit with parents, doesn't open up space.	<b>Reactive pattern</b> A fit that opens up space to a broader understanding of the word 'insecurity'	<b>Reactive pattern</b> No fit that opens up a broader understanding. Stepfather starts teaching	<b>Reactive pattern</b> Ynass disconnects.
<b>(Speech) Action</b>	1607:2.0 Is insecurity linked to the stories you told be about missing your father and brother and loneliness at school	1607:2.1 I guess so. When I feel insecure I pretend to be arrogant	1607:2.3 Stepfather starts teaching: See what happened at school. Of course you are too insecure.....	1607:2.5 Ynass looks the other way
<b>Inner dialogue</b>	1607:1.9 Do we have a common understanding about the word 'insecurity'? Could I link the word insecurity to Ynass earlier stories about losses in her	-		

	life?			
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## **How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

An invitation to reflexivity opens up space for Ynass. She links her behaviour to insecurity. There is no fit with stepfather here. He starts teaching and Ynass disconnects.

### Patterns

Reactive pattern. There is a low level of reflexivity. There is no fit and no opening space to something new.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces are at work in reactive responses. Parents do not feel invited to think about 'good reasons for Ynass to do as she does'. Stepfather emphasizes Ynass her 'bad' intentions 'laziness and a lack of respect'. When stepfather starts to teach Ynass, she looks away. Maybe stepfather starts teaching to ensure his position as a stepfather. This could be important for him because of the link the therapist and Ynass made between behaviour and 'missing the biological father'.

Contextual forces are at work in the reactive response of stepfather. Stepfather values individual responsibility. In therapy he told how this value is connected to the experience of getting not much help from his own parents. Implicative forces

Implicative (reflexive) forces are at work when therapist and Ynass link behaviour to insecurity and insecurity to stories of missing her father and half-brother. It opens up a broader understanding of 'insecurity'. It opens up an understanding of doing so 'Making mistakes because you are insecure is not as bad as making mistakes on purpose'.



### Collaborative learning:

O-order change. An invitation to take another or broader perspective leads to a defensive response, a reactive pattern without a fit and an opening space.

1607:0.2 Therapist: What do you think are good reasons for Ynass to behave the way she behaves

1607:0.7 Stepfather: I can't see any other good reasons...

Linking behaviour to a possible mental state could open up a broader way of understanding Ynass her behaviour. Both Ynass (1607:2.1) and stepfather (1607:2.3) recognise the link. But this broader understanding doesn't change pattern yet.

1607:2.0 Therapist: Is insecurity linked to the stories you told me about missing your father and brother and loneliness at school.

1607:2.1 Ynass: I guess so. When I feel insecure I pretend to be arrogant

How do I (as a therapist) learn how we (participants in the system) learn?

Stepfather starts teaching (1607:2.3) maybe to reinsure his position as a stepfather (after the link between behaviour and missing the biological father). I learn to be aware of triadic effects (the other in relation to the dyade therapist and Ynass) and to take care of the insecurity of stepfather who is trying to this his best to ensure his position.

## **Critical moment 2**

We arrived a bit further on in the conversation. I tried to co-create a shared story in response to the question: 'Why does Ynass do what she does'. We were able to connect oppositional behaviour with uncertainty, and with stories of losses in relation to her father and brother. I get involved in repetitive patterns. Stepfather takes a lead. He takes a teaching position. He explains and doesn't question his views. Sometimes Ynass is listening, sometimes she objects, sometimes she ignores the messages and looks away. I navigate in a careful way. Do I have to be so careful?

## **Transcripts, inner dialogue and reflections afterwards**

Table LXXVII transcript

<b>Voices</b>	<b>Outer dialogue</b>	<b>Inner dialogue</b>	<b>Themes and reflections afterwards</b>
Therapist		Why am I so careful with parents? Stepfather	Theme: Noticing unproductive

1607:2.6		dominates the conversation. I should invite mother to speak out more often? Stepfather explains his view and does not question this. The more he is teaching the more Ynass withdraws. The effect is counterproductive. Should I ask about intentions and effects? I can use circular questioning to interrupt the repetitive pattern in our conversation.	patterns the therapist is participating in  Theme: inviting to see circular patterns by asking systemic/ circular questions
Therapist (to step father) 1607:2.7	What do you think Ynass is thinking right now listening to your story?		
Stepfather 1607:2.8	(Silence) (Hesitating) I don't know if she really listens		Theme: Focus on non-verbal expression, about what might be difficult to express verbally. Reflection: What does the hesitation here mean? Does he realise something new or something a bit painful?
Ynass 1607:2.9	Yeah, I listened		
Therapist 1607:3.0		Does stepfather feel uneasy about my question? I question his position as a stepfather, shortly after we linked 'insecurity' with loss of contact with the biological father? Is Ynass feeling this too? Does she protect stepfather by repeating his words? Why does mother stay at the background? Could she make a difference here?	Theme: Focus on voices at the background
Therapist (to mother) 1607:3.1	What is happening for you at the moment?		Theme: Focus on experience in the 'here and now'.
Mother 1607:3.2	I am still thinking about insecurity and daring		
Therapist 1606:3.3	What is resonating for you when you think about insecurity and daring		
Ynass 1607:3.4	(Enthusiastic) horse-riding, horse-riding		Reflection: Is Ynass encouraging her mother to take position? Is horse-riding the important connection

			between mother and daughter. Ynass often replies she has nothing in common with her mother.
Mother to Ynass 1607:3.5	Once I fell from a horse. I really was afraid to get back on the horse. But I realised that getting back horse-riding as soon as possible was the best way of dealing with my fear.		
Therapist 1607:3.6		I am surprised by the enthusiastic response of Ynass. What is the message here?	Theme: Focus on non-verbal expression, about what might be difficult to express verbally.
Therapist 1607:3.7	Wow, What could we learn from this narrative?		
Ynass 1607:3.8	I know my mother and stepfather are insecure too, and they don't show it either		Reflection: This is not the message that mother wanted to give. I wanted to foreground mother's voice. But is mother's message heard when Ynass concludes something different, something that fits with my hypothesis.
Stepfather 1607:3.9	(Stays silent)		Theme: Systemic, triadic awareness. Reflection: What does the silence of stepfather mean here?
Therapist 1607:4.0		Stepfather is silent now. Ynass introduces the insecurity of parents. She mentions what I feel. Is that why I am so careful looking for circular interactions and space for alternatives? Could I bring this back in the conversation?	

## Episode 2: Opening space for background voices

### Looking for patterns in a context of meaning

Table LXVII transcript analysed

	Therapist	Ynass	Mother	Therapist	Ynass	Stepfather
<b>Society/culture</b>	Narratives of emancipation and a therapeutic understanding about creating a context for marginalized voices	Women share love for horses		Narratives of emancipation and a therapeutic understanding about creating a context for marginalized voices	Be strong and secure. It is not common to share and talk about insecurities.	-
<b>Family culture</b>	Supporting a mother's voice next to dominance of a father	Mother and daughter connect because of shared interests in horse-riding	Parents teach their children. I can have a voice and use my personal experience.	Supporting a mother's voice next to dominance of a father	A referral to shared experiences of insecurity. 'We are in this together'. It is hard to show insecurity for all of us.	-
<b>Relational</b>	Re-connecting with mother	Connecting with mother in a supportive way	Teaching from a personal perspective	Emphasizing the importance of mothers words	Ignoring the teaching and emphasizing another theme in mother's message.	Leaving space as a observer
<b>Subjectivation</b>	Curious therapist, interested in the 'not said yet'.	A enthusiastic an supportive daughter	An experienced and daring mother who wants to teach her daughter	Curious therapist, interested in the 'not said yet'.	A daughter that knows about parent's insecurities.	A stepfather on the background
<b>Episode</b>	Opening space for background voices	Opening space for background voices	Opening space for background voices	Opening space for background voices	Opening space for background voices	Opening space for background voices

<b>Pattern: Reactive, paradoxal or reflexive</b>	<b>Reflexive pattern.</b> Invitation to foreground mother's voice and reflexivity	<b>Reflexive pattern.</b> Fits with Ynass who enthusiastically encourages mother to speak	<b>Reflexive pattern</b> Fits with mother who shares an personal story with a message about 'daring'	<b>Reflexive pattern.</b> Curious about the message that Ynass gets out of this	<b>Reflexive pattern</b> There is a fit and no fit. Ynass emphasizes not the aspect of daring, but covering up insecurity	<b>Reflexive pattern.</b> Stepfather leaves space for another conversation between mother and daughter.
<b>(Speech) Action</b>	Opening space for mother's reflections on the conversation. (1607:3.1): Therapist (to mother) What is happening for you at the moment?	Ynass enthusiastically encourages mother to tell. (1607:3.4) Horse-riding, horse-riding	Mother gives a personal example: (1607:3.5): Once I fell from a horse. I really was afraid to get back on the horse. But I realised that getting back horse-riding as soon as possible was the best way of dealing with my fear.	(1607:3.7) Therapist: Wow, What could we learn from this narrative?	Ynass point in a new direction 'the insecurity of parents' (1607:3.8) I know my mother and stepfather are insecure too, and they don't show it either.	1606:3.9 Stepfather (stays silent)
<b>Inner dialogue</b>	1607:3.0 Does stepfather feel uneasy about my question? I question his position as a stepfather, shortly after we linked 'insecurity' with loss of contact with the biological father? Is Ynass feeling this too? Does she protect			1607:3.6 I am surprised by the enthusiastic response of Ynass. What is the message here?		

stepfather by repeating his words? Why does mother stay at the background? Could she make a difference here?						
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## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

An invitation to reflexivity.

### Patterns

A reflexive pattern. I ask about effects and invite mother to speak out. There is hesitation (stepfather 1607:3.8) a story of mother (1607:4.5) and Ynass point to a new direction (parent's their own insecurity). There is a fit and a opening space to something new: 'we are in this (insecurity) together. There is also no fit. The message mother wants to give (how to deal with insecurity) is not acknowledged.

### Reflexivity and logical forces:

There is a high level of reflexivity. Contextual and prefigurative forces are low and practical and implicative forces are high.

Practical forces: Inviting mother to foreground her voice and speak out, Ynass encouraged her enthusiastically, stepfather left space and mother could take a position as an experienced mother. However Ynass didn't acknowledge the message of mother but pointed at her own conclusion about the problems parents suffer from themselves.

Implicative (reflexive) forces: Ynass proposes another context of meaning 'we are in this together', which is not accepted yet.

### Collaborative learning

2e order change could happen if the proposed change of the frame of reference ‘we are in this (insecurity) together ‘ would be accepted. Hesitation and silence might be a sign of opening space for something new. I (as a therapist) learn that circular questions about effects help us here to get out of repetitive patterns in the conversation.

## Session 8

We have arrived at session 8. Session 6 was a session with parents alone, without Ynass. I talked with them about their high expectations and their own insecurities as parents. Parents and Ynass negotiated new arrangements in living together. Because ORS scores went quiet stable upwards I thought we might be able to end FITS Family therapy. The SRS was much lower in compare to other families in therapy I was working with in FITS. Because of the evaluation in session 8 parents and Ynass filled in the ROM forms. I was surprised about the scores.

In the YSR of Ynass there is no change. The scores are within the ‘subclinical’ range of the behavioural rating scale (52). In the CBCL (of parents/ mother) there is small difference (74-69) but no significant or reliable change. The OBVL (parental burden) scores increased went up from 75 until 77. This means that parents (mother) experience their parental burden as very high, also in relation to their own rating of the behavioural problems.

We started our evaluation session by filling in the ORS forms. Stepfather gave a much lower score on his ORS form. This surprised Ynass. ‘Why’, she asked. We don’t have that much fights anymore. Stepfather responded by saying that parents were more careful to avoid fighting. He missed a serious contribution of Ynass. Ynass was surprised and I was surprised too. The conversation that I recorded was very emotional. During session 9 and 10 I read back parts of the transcript to Ynass and her parents. It had impact on them.

## Critical moment 3

### Transcripts, inner dialogue and reflections afterwards

Table LXXVIII Transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflection afterwards
Ynass (to mother)	Your story about me stealing 20 euro’s, which is not true – but you believe Ed		

1607:4.1			
Mother 1607:4.2	I didn't know for sure but asked you about it		
Stepfather 1607:4.3	Your mother asked it, but I do think it is true. I have seen it before		
Therapist 1607:4.4		Oh no, here we go again.	Theme: Noticing unproductive patterns
Ynass 1607:4.5	Then I was 8 years old or so		
Stepfather 1607:4.6	That doesn't matter. It happened before. So I have reasons to tell you I have my doubts		
Therapist 1607:4.7		This is unfair. What do parents learn from therapy? What do they want to learn from therapy? Do I facilitate space to keep on fighting? Can I make a difference?	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Mother 1607:4.8	I only asked you about that money		Theme: Family members discuss important issues together and repeat unproductive patterns.
Stepfather 1607:4.9	Your mother has nothing to do with it. I told you that I have my doubts		
Ynass 1607:5.0	(Cries.) But she doesn't defend me either, she doesn't tell you		
Stepfather 1607:5.1	This is between you and me, Ynass, not between you and your mother		
Ynass 1607:5.2	Well listen, there is nothing between you and me, nothing		Theme: The unsaid Reflection: Ynass emphasises that she has nothing in common with mother and that she is not a real child of her stepfather. Why does no-one (including me) don't talk about the obvious differences in appearances. Ynass looks like a Moroccan girl and lives in a typical Dutch family. No one mentions this difference. Why not?
Therapist 1607:5.3		Aw, this is painful. What to do next...	
Stepfather 1607:5.4	Oh fine		



Everybody 1607:5.5	(Silence)		
Therapist 1607:5.6		What now? I feel the invitation to protect Ynass from her parents and parents from Ynass. I feel an invitation to calm down the conversation. But I don't want to. Could we make meaning out of this? ...	Theme: Invitation. How can I respond differently without taking control or losing the connection.
Ynass 1607:5.7	I am not going to say anything anymore. - Silence- I can't do anything right, can't I		
Mother 1607:5.8	Your words, not mine		
Ynass 1607:5.9	No you are telling me that, you do Do you remember what you have told me, when you were so angry with me, do you remember		Theme: Family members discuss important issues together and repeat unproductive patterns.
Mother 1607:6.0	No, what did I tell you at that time		
Ynass 1607:6.1	What kind of a child I was You can tell it now, tell it mama		
Mother 1607:6.2	You can tell it, if you know it		
Ynass 1607:6.3	No I can't, those words are too difficult for me . What was the only thing I could do, tell it..... (to therapist) She said literary to me: the only thing you are good at is cheating, lying and manipulating. You are nothing more than that. That's what you told me. Do not fucking deny that mam!		
Mother 1607:6.4	Well you do lie sometimes		
Ynass 1607:6.5	You told me I was nothing more than a liar.		
Therapist 1607:6.6		.....	Reflection: There is a strong feeling of exclusion here.

### Episode 3: An invitation to take position

## Looking for patterns in a context of meaning

Table LXXIX transcript analysed

	Ynass	Mother	Stepfather	Ynass	Mother	Therapist
<b>Society/culture</b>	Parents should have trust in their children	What about loyalties as a mother and as a wife of my husband	The first loyalty always goes out to the biological father	Parents should have trust in their children	Children should respect their parents	A therapist is not a mediator. The focus must be on the process here.
<b>Family culture</b>	I have to prove myself to be trusted. I am not automatically a good daughter of my parents.	Don't speak out your opinion. Be careful with that	What is my place? I invest but what do I deserve? I raised her since she was 4 years old. Her father was never there.	I have to prove myself to be trusted. This is not normal Stepfather is not my father.	Parents should correct children if they are too disruptive.	-
<b>Relational</b>	Ynass asks her mother to take position, is looking for support	Mother mediating between her daughter and stepfather	Stepfather takes position, protects mother, centres himself.	Ynass disqualifies stepfather in his role as a father, challenges mother to take position,	Mother steps out of her mediating role and supports stepfather's accusation.	No connection, the outsider
<b>Subjectivation</b>	A daughter looking for support	A mediating mother	A protective stepfather that takes a central role	An accused step daughter	Supportive to stepfather	An outsider
<b>Episode</b>	Invitation to take position	Invitation to take position	Invitation to take position	Invitation to take position	Invitation to take position	Invitation to take position

<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive pattern</b>	<b>Reactive pattern</b>	<b>Reactive pattern</b>	<b>Reactive pattern</b>	<b>Reactive pattern</b>	<b>Reactive pattern</b>
	Ynass invites mother to take position (and possibly to support her).	Mother carefully responds, makes a connection	Stepfather interferes, protects mother, and points at his role in the sequence.	Ynass emphasizes to have no relation by blood with stepfather. (Reaching out to mother?)	Mother supports the accusation stepfather made	The therapist doesn't know how to respond
<b>Speech act</b>	Ynass invites mother to take a position:  1607:4.1 'Your story about me stealing 20 euro's, which is not true – but you believe Ed'  1607:5.0 (Cries.) But she doesn't defend me either.	Mother is looking for connection  1607:4.2 I didn't know for sure but asked you about it.	Stepfather interferes.  1607:4.3 Your mother asked it, but I do think it is true. I have seen it before.  1607:4.9 Your mother has nothing to do with it. I told you that I have my doubts  1607:5.1 This is between you and me, Ynass, not between you and your mother	Ynass attacks stepfather  1607:5.2 Well listen, there is nothing between you and me, nothing	Ynass challenges mother to take position and mother confirms 'the accusation stepfather made'  1607:6.4 Well you do lie sometimes	1607:6.6  Silence
<b>Inner dialogue</b>						1607:5.6 What now? I feel the invitation to protect Ynass from her parents and parents from Ynass. I feel an invitation to calm the conversation. But I don't want to. Could we make meaning out of this? ...

## **How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

A reactive response in staying silent

### Patterns

A reactive pattern: Ynass invites mother to take position, to support (protect) her. Stepfather interferes puts the blame on himself (protects mother). Ynass disqualifies stepfather in his role as a father. Mother protects stepfather and supports his message about Ynass being a liar. The therapist doesn't know what to do, stays silent.

### Reflexivity and logical forces:

There is a low level of reflexivity. Contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces are high. Family members react strongly on what they expect is an accusation towards others. The intention to protect leads to an escalation.

Contextual forces are high. Assumptions about loyalties trust and respect shape this interaction.

Ynass thinks that parents trust their children and explains distrust by a referral to the fact that stepfather is not her biological father. Stepfather assumes that a generational existential loyalty (Nagy) come first and experiences this as unfair, because he invested so much more in the relationship with Ynass than her biological father. It is extra painful because stepfather missed this kind of attention himself in his family of origin. Mother searches for a balance between loyalty to her husband and a loyalty to her daughter.

### Collaborative learning

There is a 0-order of learning in these reactive responses and this low level of reflexivity. I (as the therapist) can't find a role (I don't want to be the mediator) and can't find an entrance to another conversation. It makes me feel an outsider.

## Critical moment 4

A little bit later in the conversation I decided to take a more central position in the conversation, by blocking the negative patterns and by giving directives. I wanted to meta-communicate, to talk about the talking. How is this way of communicating helping us?

### Transcripts, inner dialogue and reflections afterwards

Table LXXX transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Therapist 1607:6.7		This conversation is going nowhere. How can we take a meta perspective, Can I invite family members to communicate about the communication?	Theme: Invite to meta-communicate
Therapist 1607:6.8	I wonder how this conversation works for everyone. Is it important to express painful feelings this way, could it be helpful in any way?		Theme: Learning how to learn
Ynass 1607:6.9	They put all the blame on me		
Therapist 1607:7.0		I agree, but I have to be careful now. Naming, no blaming	
Therapist 1607:7.1	And you put the blame back to your parents, don't you?		Reflection: I don't like my response here. I answer with another linear explanation.
Therapist 1607:7.2		This is not helping I guess	
Ynass 1607:7.3	I do not have parents		
Therapist 1607:7.4		I need to take a position now, to be able to give containment to what is said.	Theme: Therapist taking position in a more directive way.
Therapist 1607:7.5	Yes, you have your parents.... They care... but you lose contact in communicating. I witness this. It is heavy... I think		Reflection: I take a position. I direct the conversation towards my invitation to meta-communicate.
Ynass 1607:7.6	Fine, another one against me		
Therapist 1607:7.7		This is difficult. I should bring in my own experience, being a part of the whole.	

Therapist 1607:7.8	No I mean the communication between you, or maybe between all of us. I too feel caught in unhelpful communication circles. I have the feeling that, uh... whatever I tell you, ask you or suggest is not helpful at all. As if I can't reach you, as if this therapy is not good enough to make a difference that matters for you.		Theme: Sharing inner dialogue, and invite to see the unproductive pattern we are in
Ynass 1607:7.9	Well, I can tell you one thing. You talk with 3 persons and each of them has a strong will of their own. I am stubborn just like my stepfather. We are alike. And I think there is not much you can do about that.		Theme: Children surprise by making a difference, express what is difficult to express
Everyone 1607:8.0	(Silence)		
Therapist 1607:8.1		I feel a bit excited. Ynass points at a certain unity between the three of them.	Reflection: On the other hand I am positioned as the 'magician' outside, with an impossible mission.
Ynass 1607:8.2	Yes Ed and I are alike, but I can't do anything right, can't I. And she (points at her mother) is only proud when I drive horses. I will stop drive horses, because than she is not able to be proud at me anymore. And he (points at her stepfather) seems worried, but he is worried about something else, not about me. He is worried about his mother (who has dementia) but he does not talk about that, he doesn't admit that he is not doing well.		Reflection: Ynass is pointing at the 'insecurity' of her parents again.  Theme: Children surprise by making a difference, express what is difficult to express
Stepfather 1607:8.3	No Ynass, not true. I worry about you. I think about it day and night. I am worried about you, that is what I am thinking about. That's what is keeping me out of my sleep. How can we solve this together?		Reflection: Here the conversation is back about 'content' and not about meta-communication. It is a pity that stepfather and Ynass oppose here. Ynass shows involvement to her stepfather. I should have helped stepfather to focus on Ynass her intention here. Can I help parents to really listen to their daughter?
Therapist		Now father is reaching out to Ynass. 'How can we	

1607:8.4		solve this together?	
Ynass 1607:8.5	Please don't. It might be difficult to hear but you should not be worried about me. I am not your biological daughter.		
Everybody 1607:8.6	(Silence)		
Therapist 1607:8.7		I feel bad, a lousy therapist too. I fail in inviting them to take a meta-position, to talk about the talking.	Focus: Listen to inner dialogue, does the therapist feel what is happening and unexpressed in the system
Stepfather 1607:8.8	You don't have to ride horses if you don't want to		
Ynass 1607:8.9	But than mother will be disappointed in me, I think		
Therapist 1607:9.0		This is interesting. If parents give some space Ynass makes a connection back.	Theme: Paradox of control
Stepfather 1607:9.1	I guess not, she knows you are not a horse-loving-girl		
Ynass 1607:9.2	But I am a good driver, Am I not, even when I am not a horse-loving girl. I am a good driver.		
Stepfather 1607:9.3	You make your own choices. You prefer to lay on your bed with loud music on.		
Ynass 1607:9.4	You criticise me		Theme: Family members discuss important issues in a productive way
Stepfather 1607:9.5	No I am positive		
Ynass 1607:9.6	At school they tell me I am fat.		
Therapist 1607:9.7		This is a strange turn. Why does Ynass make this comment at this time?	Theme: Opening space for different, alternative understandings. Reflection: There is an openness now to talk about her own insecurity

## Episode 4: An unexpected turn

## Looking for patterns in a context of meaning

Table LXXXI transcript analysed

	Therapist	Ynass	Stepfather	Ynass
<b>Society/culture</b>	A therapist should introduce meta-communication when conversations got stuck.	The therapist tries to change family-members in family therapy.	14-year old children can make their own choices to some extent.	14-year-old children should have their own voice to be taken seriously.
<b>Family culture</b>	-	My stepfather and me are both stubborn. It's not easy to convince us bout something	Step father often felt misunderstood and unheard by his parents	There is an approval to make choices of my own, when I expected a fight. I do want some acknowledgement for my driving skills (even if I pretended not to need them)
<b>Relational</b>	Re-connect by inviting family members to step out the conversation and communicate about the communication.	Challenging reasons to do therapy together	Stepfather connects to Ynass, steps out the fight	Ynass is confused, asks confirmation and opens up about her own insecurity
<b>Subjectivication</b>	A therapist who connects without stepping in the repetitive vicious circles	A stubborn daughter who points at her parents their problems	A step father that can allow space for Ynass her own choices	A insecure daughter that wants acknowledgement from her parents
<b>Episode</b>	<b>An unexpected turn</b>	<b>An unexpected turn</b>	<b>An unexpected turn</b>	<b>An unexpected turn</b>



<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Paradoxal &amp; reflexive</b>	<b>Paradoxal &amp; reflexive</b>	<b>Paradoxal &amp; reflexive</b>	<b>Paradoxal &amp; reflexive</b>
<b>Action</b>	<p>Therapist invites to meta-communication 1607:6.8 I wonder how this conversation works for everyone. Is it important to express painful feelings this way, could it be helpful in any way?</p>	<p>Ynass argues that therapy does not work and points again to the insecurity of parents.</p> <p>1606:7.9 Well, I can tell you one thing. You talk with 3 persons and each of them has a strong will of their own. I am stubborn just like my stepfather. We are alike. And I think there is not much you can do about that.</p> <p>Yes Ed and I are alike, but I can't do anything right, can't I. And she (points at her mother) is only proud when I drive horses. I will stop drive horses, because than she is not able to be proud at me anymore. And he (points at her stepfather) seems worried, but he is worried about something else, not about me. He is worried about his mother (who has dementia) but he does not talk about that, he doesn't admit that he is not doing well.</p>	<p>Stepfather makes a unexpected turn</p> <p>1607:8.8 You don't have to ride horses if you don't want to</p> <p>1607:9.1 I guess not, she knows you are not a horse-loving-girl</p> <p>1607:9.3 You make your own choices.</p>	<p>Ynass defends and makes a change.</p> <p>1607:8.9 But than mother will be disappointed in me, I think</p> <p>1607:9.2 But I am a good driver, Am I not, even when I am not a horse-loving girl. I am a good driver.</p> <p>1607:9.6 At school they tell me I am fat.</p>

<b>Inner dialogue</b>	1607:6.7 This conversation is going nowhere. How can we take a meta perspective, Can I invite family members to communicate about the communication?			
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## How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

Reflexive, an invitation to meta-communication.

### Patterns

The pattern can be seen as both paradoxical and reflexive. A non-reactive response leads to a paradox, reconnection and a space for something new.

Stepfather doesn't respond in a way Ynass expects him to react. (1607:8.8: You don't have to ride horses if you don't want to. & 1607:9.3 you make your own choices). The effect is paradoxal (paradox of control). The more stepfather interferes, the more Ynass wants to be independent. The more stepfather gives space for independency, the more Ynass reconnects and asks acknowledgements for what she does from her parents. Suddenly Ynass starts telling about insecurities at school.

### Reflexivity and logical forces:

There is a high level of reflexivity. The contextual and prefigurative forces are low and practical and implicative forces are high. Practical forces are non-reactive responses, the therapists invitation to meta-communication, stepfathers unexpected approval to Ynass and Ynass her question for acknowledgement about horse riding.

Implicative force is working when interactions (re-) shape meanings. Ynass reconsiders her view about parents their trust in her independency. Ynass reconsiders: 'there is an approval to make choices of my own, when I expected a fight. I do want some acknowledgement for my driving skills (even if I pretended not to need them)'.

### Collaborative learning

This could be a step towards a 2-order change, reframing beliefs about parental trust and space for independency. The unexpected approval opens up to a re-connection and an opening to something new 'Ynass talks about insecurities at school'. A third-order learning could happen if we were able to learn how to learn, how giving space (in stead of pulling) leads to connection and responsibilities. This took not place in this conversation.

## Critical moment 5

The conversation goes on. I feel bad about my inability to make a difference, to challenge family members to take a meta-position and discuss our way of communicating together. On some moment I lean backwards while Stepfather goes on telling and teaching Ynass. Other moments I try to interfere and look for an entrance to open up space, to make a small difference anyhow. At a certain time I think back about Ynass her individual therapist. She told me that Ynass missed support in family therapy. Ynass told het therapist that she had to defend herself towards three adults a front of her.

## Transcripts, inner dialogue and reflections afterwards

Table LXXXII transcript analysed

Voices	Outer dialogue	Inner dialogue	Themes and reflection afterwards
Therapist 1607:9.8		Stepfather takes a dominant position in the conversation. He leaves little space for the others. I know that Ynass told her individual therapist about her experience of not feeling enough support in family therapy. I should support her to speak out and help parents to listen to her.	Theme: Focus on helping family members to speak and listen, to see intention, expression and effect
Stepfather 1607:9.9	You should do...		
Ynass 1607:10.0	(Sight)		
Therapist 1607:10.1	What do you think she hears when you advising her		Theme: Focus on non-verbal expressions
Stepfather 1607:10.2	She doesn't listen, while she should. About those girls at school. They...		

Therapist (to mother) 1607:10.3	What do you think Ynass hears when father gives an advise		Theme: inviting to see circular patterns by asking systemic/ circular questions
Ynass 1607:10.4	(Angry) You should not interfere with my stepfather all the time. You should let him talk		Theme: Children surprise by making a difference, express what is difficult to express. Reflection: Ynass protects stepfather when I ask mother to speak out. Maybe she doesn't protect stepfather, but mother not to get in any fight with stepfather. I could not see this other perspective during the conversation.
Therapist 1607:10.5		This is interesting, but also confusing for me. What happens here in this triangle between stepfather, Ynass and me? Ynass complains about missing support. If I support her, she defends stepfather. This looks like a paradoxal pattern. Or maybe she warns me to be careful with her stepfather. I feel the invitation either to confront stepfather or to give up. How can I make a difference? How can connect? I think of my own relationship with my daughter. My daughter doesn't accept my attempts to help her. She wants to find solutions on her own.	Theme: Listening to the inner dialogue, to resonances with personal experiences in the therapist's life.
Therapist 1607:10.6	When I listen to your story I sometimes think about conversations with my own daughter. She tells me sometimes she feels excluded by her peers. This hurts me. I start advising her. I try to think of solutions for her. My daughter gets angry. She tells me she can make up those solutions herself. She wants me to listen to her and not to give her advises. I have to differentiate between my own feelings and her needs. It is not always easy being a parent for a 14 year old girl		Theme: Sharing inner dialogue, opening up space for different, alternative understandings
Stepfather 1607:107	You tell me that I come with solutions, but the only thing I tell her is that she should not take advantage of those kids. We tell her, you should not bother if children tell her she is fat. Those		

	children are short-sighted. Don't bother. That is not good for her?		
Therapist 1607:10.8		He doesn't get it.	Reflection: Do I give directions towards a way of understanding that I value, but that is not theirs?
Therapist 1607:10.9	That is an example of giving a solution. I as a father learn that even I give good advise my daughter she feels it if I take over control, if I know better. She wants me to listen, ask questions and not to take over, I think. What do you think?		Reflection: I set the norm. We are caught in a parallel process. I feel not understood and I try to control the process. Theme: Notice the unproductive pattern that I contribute in
Stepfather 1607:11.0	But if I only listen I accept the situation, and it would pull her further downwards.		Theme: Invitation. How can I respond differently without taking control or losing the connection.
Therapist 1607:11.1		I remember a quote: 'Connection before correction'	
Therapist 1607:11.2	Sometimes you have to connect before you can correct.		
Ynass and mother 1607:11.3	(Lost attention to the conversation)		
Therapist 1607:11.4		I feel caught in a parallel process. I try to correct but I don't feel a connection either. How to re-connect, how to find shared story and try to get a 'yes response' to that.	Theme: Focus on a yes response to a shared understanding of what happens
Therapist 1607:11.5	If I think about the word connection. I think about what you said Ynass earlier in this conversation. You said I am so different from my mother. You said I am not your daughter to your stepfather. You told me before you feel your biological father doesn't take the relationship with you very serious. You don't feel accepted by peers at school Do you miss the feeling of connection?		
Ynass 1607:11.6	Yeah		
Therapist 1607:11.7	How do you show people around you, you feel disconnected?		

Ynass 1607:11.8	I... doubt		
Stepfather 1607:11.9	We do so much for you, how could you feel disconnected?		

## Episode 5: Paradox of support

### Looking for patterns in a context of meaning

Table LXXXIII transcript analysed

	Ynass	Stepfather	Therapist	Ynass
<b>Society/culture</b>	-	Parents know best	Therapists should create safe places for family members, especially for children.	Show respect, let people speak out
<b>Family culture</b>	-	Stepfather didn't get clear directions from his parents	Dominant fathers marginalize voices of mothers. Children protest.	Show respect. Let people speak out. Ynass her parents almost never disagree on something.
<b>Relational</b>	Alone in family therapy	I have knowledge and Ynass can learn from me, if only she listens	A supportive position in relationship to Ynass	Protective towards stepfather (or maybe her mother not to get in a disagreement with stepfather)
<b>Subjectivication</b>	A daughter that is criticized and unsupported in family therapy	Stepfather as a teacher who is involved and knows how.	Therapist that wants to create safety for all participants in the conversation	A daughter that shows respect to her stepfather (or that saves parents from fighting with each other)

Episode	Paradox of support	Paradox of support	Paradox of support	Paradox of support
<b>Pattern: Reactive, paradoxal or reflexive</b>	<b>Paradoxal pattern</b>  Ynass expresses a lack of support	<b>Paradoxal pattern</b>  Stepfathers voice dominates, leaves little space for Ynass	<b>Paradoxal pattern</b>  The therapist interferes to make space for Ynass	<b>Paradoxal pattern</b>  Ynass protects her stepfather
<b>Action</b>	Ynass told her individual therapist that she misses support from me (as therapist) in the family therapy sessions	Dominating the conversation, teaching Ynass  1607:9.9 You should do...	Interferes stepfather's speech and try to let him think about the effect he has on Ynass.  1607:10.1 What do you think she hears when you advising her  Therapist (to mother) 1607:10.3 What do you think Ynass hears when father gives an advise	Ynass responds angry at the therapist and defends her stepfather  1607:10.4 (Angry) You should not interfere with my stepfather all the time. You should let him talk
<b>Inner dialogue</b>	1607:9.8 Stepfather takes a dominant position in the conversation. He leaves little space for the others. I know that Ynass told her individual therapist about her experience of not feeling enough support in family therapy. I should support her to speak out and help parents to listen			

to her.

## **How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

### Therapeutic response

Reactive. I (as therapist) openly support Ynass, knowing that she felt alone before in family therapy.

### Patterns

A paradoxical reactive pattern: Ynass feels safe enough (in individual therapy) to expresses a need for more support to be heard in family therapy sessions. I (as therapist) feel the responsibility to create a safe place for all family members and especially for children. I break in the conversation when stepfather expresses a lot of criticism about Ynass. I (as therapist) asks mother to position herself. The therapeutic invitation brings tension in the system. Ynass probably feels unsafe, protects parents from disagreement and blames me for not letting her stepfather talk.

### Logical forces:

There is a low level of reflexivity. Contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces. Therapist, Ynass and stepfather react on the basis presumptions of each other.

Contextual forces. Disagreements are dangerous, lead to conflict, Ynass seems to protect parents from having a disagreement here.

### Collaborative learning

There is a 0-order change in the learning system we create together.

But I (as therapist) learn a lot in this. My support to Ynass can only work in a context that allows different voices. Too much disagreement destabilizes the family system. The one who causes instability could be excluded. Supporting Ynass affects all relationships and Ynass comment to me is a form of negative feedback, repairing stability in the family system. I wonder if responses with my own family history are contextual forces to my response in this episode.



## Critical moment 6

If connection is a condition for a shared understanding I should talk about our connection too. I brought the ROM and ORS/SRS scores on the table and used these tables to talk with the family members about our collaboration and the effects of therapy. I talked about the SRS scores that are quit low in compare with other clients

### Transcripts, inner dialogue and reflections afterwards

Table LXXXIV transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflection afterwards
Therapist 1607: 12.0		We are caught in a parallel process. If connection comes before correction I need to re-connect. I feel disconnected and notice a lack of influence. Could the evaluation of our relationship and collaboration be an example of taking responsibly about your own role in unwanted patterns?	Theme: Noticing the unproductive pattern the therapist is contributing in.  Theme: learning how to learn
Therapist (to parents) 1607:12.1	(Shows ORS/SRS scores) The red line (SRS) is about your scores that refer to our collaboration. The scores (of parents) went down during the last two sessions. I realise our conversations are heavy by times. I want to know what can I do differently to improve our cooperation. How can I become a better therapist for you all?		Theme: Evaluating the contribution of the therapist
Ynass 1607: 12.2	I don't know. I don't have no knowledge about people like you		
Therapist 1607: 12.3	(Laughs) What do you think about my profession? Something you would like to do later?		
Ynass 12,4	No way!		
Therapist 1607: 12.5	I am curious about your knowledge about people like me. Do you have tips? Should I do something different to become a better therapist for your family?		Theme: Evaluating the contribution of the therapist

Ynass 1607: 12.6	You should allow my step father to talk without inference		Reflection: Again. I didn't explore this further. What are her values here?
Therapist 1607: 12.7		Confusing but interesting. Why is it that so important for Ynass to make this statement again?	Theme: Systemic, triadic awareness
Mother 1607: 12.8	Could you...		
Ynass 1607: 12.9	(Suddenly walks out of the room, she feels a bit sick, needs fresh air)		Theme: Non-verbal expressions might refer to what is difficult to express in another way. Reflection: I didn't question this. Was something expressed here what could not be said in another way?
Stepfather 1607: 13.0	I have no experience with therapy too. I didn't know what to expect. Sometimes I have the feeling that you focus mostly at our contributions. I miss commitment of Ynass. When she tells you that she feels disconnected, I can only interpret that as a lack of respect to her parents. She tells you about missing her biological father. What I see is a girl who misuses her father to get money and presents. I don't see her missing her father.		
Therapist 1607: 13.1	What can I do different to make you score higher about our collaboration on the SRS.		Theme: Evaluating the contribution of the therapist
Stepfather 1607: 13.2	Your contribution is enough. Sometimes we fight in therapy and I feel miserable. But often after therapy everything goes a bit better for a while, without knowing what really happened. I think I learn something every time we are in therapy, but I realise it a little bit later.		Reflection: Could this have been the function of our conversations so far? A 'safe' place to act out and start over again afterwards. Could they do this 'in a safe way' without me?  Theme: Learning how to learn
Therapist 1607: 13.3		Surprised	
Therapist 1607: 13.4	So maybe we...		
Stepfather 1607: 13.5	I only want Ynass to show more respect and commitment		

Mother (to therapist) 1607: 13.6	Sometimes you focus too much on puberty as an explanation for her behaviour.		Reflection: Here mother steps in without asking. This message is important for her. I have to make a 'fit' here.
Therapist 1607: 13.7	Puberty and ADHD as an explanation for her behaviour?		
Mother 1607: 13.8	There is more than puberty and ADHD alone?		
Stepfather 1607: 13.9	I can't explain a lack of respect as an effect of puberty and ADHD		
Therapist 1607: 14.0		They are looking for pathology as an explanation	
Therapist 1607: 14.1	Do you think we (team) under estimate the severity of the problems of Ynass?		Theme: Looking for a yes response to a shared understanding of what happens
Mother 1607: 14.2	Yes I think you do. We learn how to communicate better, but I keep thinking that we miss something in the story about Ynass that I can't explain.		
Therapist 1607: 14.3	I will discuss your question in my team.		
Ynass 1607: 14.4	(Comes back from outside)		
Therapist 1607: 14.5	We evaluate our collaboration. We still have no story we can understand what is happening in your family. I suggested involving your individual therapist to talk about this further. What do you think about this?		
Ynass 1607: 14.6	Pff, that's all right for me		
Therapist 1607: 14.7		Could I summarize some understandings that we all agree on?	Theme: Looking for a yes response to a shared understanding of what happens
Therapist 1607: 14.8	(Points at the tables with the ROM and CDOI scores). Ynass tells us that she experiences not so much problems. We can recognize that, can't we?		

Parents 1607: 14.9	(Nod)		
Therapist 1607: 15.0	On the CBCL you (to mother) scored a very small decrease of problems, The problems are a little bit more serious than average problems, compared with control group. When I look to the OBVL the score, it is really high, compared with control group. This indicates that you experience serous problems but that your parental burden is higher than expected. When I see those scores I am worried about your wellbeing too, loose from your worries about Ynass. I can imagine there is more stress going on in your life.		Theme: Using the diagram as a change indicator. Reflection: I have doubts about this. Do I need an average (a control group) to make this point. What is the message given. 'Not Ynass but you, as parents, act not normal?' I don't want to make a statement like that. What could I have done different here? How could I express worries, referring to the list but not to control groups?
Ynass 1607: 15.1	Yeah, I keep on telling this		
Therapist to parents 1607: 15.2	I can imagine it is important to talk about this without Ynass. Is that an option for you		Theme: Systemic, triadic awareness. This is important here: triadic effects, keeping parents in position
Mother 1607: 15.3	Yes I think this is important		
Stepfather 1607: 15.4	Yes		Theme: Looking for a yes response to a shared understanding of what happens and how to go on.

## Episode 6: Moving towards parents

### Looking for patterns in a context of meaning

Table LXXXV transcript analysed

	Therapist	Stepfather	Mother	Therapist	Ynass	Parents

<b>Society/culture/ professional</b>	Could therapy be useful for this family to act out and argue and feel relieved for a while?	Having a fight might not be so bad, as long as you can start over again	Extreme behaviour can be explained as pathology	Connection before correction/ influence. Explore parallel processes.	?	Parents should not discuss their personal problems when their children are around.
<b>Family culture</b>		Fights, arguments lasted for a long time. We can make a difference together.	No one in my family was so disruptive	-	?	No contact with inner world of their own parents
<b>Relational</b>	Directive and understanding	Acknowledging	Critical	Directive and understanding	Interfering, confusing, her expressions are ignored	Understood and in consent
<b>Subjectivation</b>	A bit more of a directive therapist. Who want to set the agenda, talk about collaboration and high scores on the OBVL	A step father that acknowledges therapy	A mother that speaks out, has a critical opinion about therapy	A therapist that acknowledges criticism, takes responsibility for that	?	Parents that want to talk about their own issues, as grow-ups, without Ynass to witness of interfere.
<b>Episode</b>	Moving towards parents	Moving towards parents	Moving towards parents	Moving towards parents	Moving towards parents	Moving towards parents
<b>Pattern: Reactive, paradoxal or reflexive</b>	<b>Reflexive pattern.</b> Therapist responds after (inner) reflections in both a reflexive and a directive way. There is a fit that opens up space for new understandings and	<b>Reflexive pattern</b> Stepfather acknowledges therapy, introduces a new understanding about doing therapy	<b>Reflexive pattern</b> Mother finds space, speaks out, expresses her worries	<b>Reflexive pattern</b> Therapist acknowledges the worries of mother, takes responsibility for that, values parent's position and agrees with parents on the next	<b>Reflexive pattern</b> Ynass suddenly responds with somatic complaints. She experiences support for her	<b>Reflexive pattern</b> We are able to agree about the next step to take. There is an opening to move toward parent's their own stories.

	an agreement together			step.	story about parent's his or her own problems.	
<b>Speech act</b>	1607:12.1 (Shows ORS/SRS scores) The red line (SRS) is about your scores that refer to our collaboration. The scores (of parents) went down during the last two sessions. I realise our conversations are heavy by times. I want to know what can I do differently to improve our cooperation. How can I become a better therapist for you all?	1607:13.2 Your contribution is enough. Sometimes we fight in therapy and I feel miserable. But often after therapy everything goes a bit better for a while, without knowing what really happened. I think I learn something every time we are in therapy, but I realise it a little bit later.	1607: 13.6 Sometimes you focus too much on puberty as an explanation for her behaviour.  1607: 14.2 Yes I think you do. We learn how to communicate better, but I keep thinking that we miss something in the story about Ynass that I can't explain.	1607: 14.1 Do you think we (team) underestimate the severity of the problems of Ynass?  1607: 14.3 I will discuss your question in my team.  1607: 15.0 On the CBCL you (to mother) scored a very small decrease of problems, The problems are a little bit more serious than average problems, compared with control group. When I look to the OBVL the score, it is really high, compared with	1607:12.9 (Suddenly walks out of the room, she feels a bit sick, needs fresh air)  1607:15.1 Yeah, I keep on telling this	1607: 15.3 1607: 15.4 Yes, I think this is important  Yes

				control group... I can imagine there is more stress going on in your life.		
<b>Inner dialogue</b>	1607:12.0 We are caught in a parallel process. If connection comes before correction I need to re-connect. I feel disconnected and notice a lack of influence. Could the evaluation of our relationship and collaboration be an example of taking responsibly about your own role in unwanted patterns?			13.3 surprised		

### **How do we collaborative learn?**

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

#### Therapeutic response

A reflexive response: The therapist shows the CDOI measurements to the family members and asks how the collaboration together can be improved.

A directive response: The therapist shows the ROM measurements to the family members. I (as therapist) direct the conversation when I ask about the big difference in outcomes between the CBCL (complaints) and the OBVL (parental burden). I suggest that parents burden is not caused by Ynass her behaviour alone and make an agreement to talk about this in the next session without Ynass

### Patterns

Reflexive pattern: Therapist responds after (inner) reflections both in a reflexive and a directive way. There is a fit that opens up space for new understandings and an agreement together. Stepfather acknowledges a positive effect of family therapy. Mother speaks out her concerns about us underestimating the severeness of Ynass her problems. I (as therapist) am able to acknowledge this and promise to talk about their worries in my team. I am able to speak out my hypothesis about parent's their burden loose from Ynass her behaviour. I acknowledge their position and invite them to talk about this without Ynass being present. Parents agree.

### Reflexivity and logical forces:

There is a high level of reflexivity. The contextual and prefigurative forces are low and practical and implicative forces are high.

Prefigurative forces work when we respond less reactive in order to achieve a connection and a shared understanding about what is happening. We achieve this when I agree to discuss parents their worries in our team and when we agree to talk about parents their personal issues in the next meeting.

Implicative forces work when we are able to challenge taken for granted assumptions. I (as a therapist) reframe the understanding of what a successful effect of therapy could be: 'Could therapy be useful for this family to act out and argue and feel relieved for a while?' Stepfather discovers: 'Having a fight might not be so bad, as long as you can start over again'.

### Collaborative learning

This critical moment could lead to a second order change in the system. I think we were able to achieve this change in the next session with parents (see follow up). Ynass often pointed often to the insecurities of parents. But her voice was threatening an unstable system in which stepfather was insecure about his position and sensible to criticism because he gave Ynass so much of what he himself never got from his parents. Mother was able to emphasize her worries and I was able to listen and take it seriously. In this critical moment we were able to allow different voices and still find a way to go on together. It generated something new. In the next meeting parents were quiet open about their own insecurities and I felt more connected and understanding in relation to them. I learn how I can use ROM and CDOI measurements as a conversational tool to find an entrance to a new conversation. In my later reflexions I wonder how the sudden reaction of Ynass (when she got sick) is part of this sequence.



## **Follow up**

During the next meeting (session 9) I talked with parents alone. I used the ROM scores to invite them to talk about their own wellbeing. The scores of the OBVL (parental burden) were so much higher than the CBCL scores (symptoms noticed by Ynass). I had to hold tight to the question 'how are you doing', because there was a strong tendency to keep on talking about the behavioural problems of Ynass. 'So you think we fail as parents', stepfather said. 'No, that's not what I mean', I replied. I told parents that I could see clearly that they are trying to do the best they can, but I also could see that the parents suffer so much from conflicts that happen with many teenagers. This impression fits with the scores on the OBVL, so that's the reason that I am worried about the wellbeing of parents. I also told parents that stress makes you more vulnerable as parent in relation to your 'challenging' child. I asked circular questions. I asked Ed how Miranda was doing and Miranda how Ed was doing. Ed told me that the 'old Ed' returns and the 'old Ed' is a stressful, angry and unhappy character. Parents agreed that their stress was not only the result of behavioural problems of Ynass. Stepfather his mother has Alzheimer. Stepfather had fights with her and don't want to see her anymore. Miranda is still taking care of the mother of stepfather. The whole experience has a big impact on parents. Parents experience financial difficulties. The cost of living is expensive and Ynass asks for clothes and shoes all the time, seems never satisfied. Parents feel very bad when they have to say 'no' to Ynass. The also told met that they have difficulties in relation to the biological father of Ynass. He keeps interfering. Stepfather keeps that information away from Ynass. Parents also told me they have a very small network. They have to carry their burden alone. I offered parents to continue talking about their personal themes. Parents preferred to focus on Ynass. I don't know if the conversation changed opinions, but there was a relief. I felt I was able to understand parents perspective much better because I knew and understand their context.

I asked our psychiatrist and the individual therapist to join the conversation. Together we tried to describe Ynass in way from which we could understand her difficulties. Together we could describe her as a insecure, temperamental girl with ADHD, with strengths and resilience. After session 12 we decided to stop FITS Family therapy. Parents and Ynass had a low frequent follow up (with another therapist). In the last ROM measurement there were lower scores on the CBCL and OBVL.

## **Summarizing reflections on the case of Ynass and her parents**

**How do I navigate on the basis of coordinated improvisations in feedback informed systemic therapy?**

The FITS family therapy with Ynass and her parents was a challenging and interesting experience. We externalized 'tensions' in the family as 'dark clouds'. And often I felt that those 'dark clouds' gathered above us all in family therapy. I strongly felt how I got caught in self re-enforcing loops. I found it difficult to reflect on the invitation and make a difference and a fit that opened up new connections and meanings.

### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning.

Problematic behaviour escalates in repetitive self re-enforcing loops. Ynass, mother and stepfather see their negative perceptions confirmed in on-going controlling, protesting and defensive responses. As a therapist I feel a strong tendency to interfere, but I sustain unwanted repetitive patterns (repetition of the actual) in many of my reactive responses.

I feel an invitation to support Ynass because parents hold high expectations and express criticism to Ynass when she does not meet them. Reactive responses in supporting Ynass do not lead to change. Parents feel that I underestimate the severeness of problems and hold on to their problem-saturated story. Even Ynass is giving feedback in a comment to me. 'Please let my stepfather talk, don't interrupt him'.

We always respond spontaneously in every situation. In episode 3 I stay silent. My silence here was an expression of not knowing what to do next. I felt excluded here, as a not good-enough therapist for this family. I wrote about this silence later in a letter to the family. The family members all recognized experiences of exclusion, being 'not good enough' in the dynamics together.

Some navigation contributed to change. I responded in a directive way when I pointed on the differences between the CBCL scores (complaints) and the OBVL scores (parental burden) and invited parents to talk about their own vulnerabilities in a meeting without Ynass. I stand up for what I think in my inner dialogues and for what Ynass is pointing at (many times). In this episode (6) I listen to parents their worries and maybe because I take their worries serious they agree on the conversation. In this conversation parents tell me about personal troubles that they have to deal with. In this session I could really understand parents, their context. It had a softening effect. Parents in turn were very open about their own lives and challenges.

With reflexive responses I find how circular questions break repetitive patterns and open up space for other voices (mother in episode 2). I evaluate the therapeutic collaboration and in this evaluation we re-connect and find space to talk about parents their own worries and troubles. Another reflexive response 'linking behaviour to a mental state' (episode 1) opens up space for Ynass but closes down the connection with step father, who responds in a controlling way, and when he does Ynass protests.

## **Coordinated improvisations**

'Under the dark clouds' there is not so much playfulness in our conversations. Ynass named the externalized tension in the family 'dark clouds' and she made a drawing of the clouds on the flipchart. Parents and Ynass used the term 'dark clouds' some times at home. Once it gave them a smile and that broke the tension a bit.

There are always improvisations in our interactions. Improvisations bring a little life in repetitive patterns under dark clouds. Ynass encourages mother enthusiastically to talk about her horse-riding experience in episode 2. Mother tells a personal story and positions herself as a 'experienced and daring' mother. Stepfather's unexpected approval about Ynass not being a horse-riding girl (episode 4) had a paradoxal effect. Ynass reached out to connection and suddenly started to talk about her insecurities at school.

## **Feedback**

Session 5 and 8 were sessions in which we evaluated the collaboration and developments in Fits family therapy. Questions about collaboration helped me to understand that even therapy sessions with many conflicts can bring a relief afterwards. Ynass could give me a comment about interrupting stepfather and take a protective position towards him. I learned to be careful in this unstable system. It was important to listen to mother's worries about underestimating the severeness of Ynass her problems. Acknowledgements of their worries made it possible to open up the conversation and talk about parents their own issues.

## **Collaborative learning**

There are many 0-order learning experiences. Reactive responses sustain self re-enforcing loops. There is no fit, no opening to new connections or meanings. (Episode 1,3,5.)

There is a first order change when parents and Ynass negotiated new arrangements in living together.

I often talk about steps towards a second order change. When parents hesitate, stay silent for a while (episode 2) there could be an opening to something new, 'we are in this together, we are all insecure'. I think that it was too soon to own this understanding yet. Later in episode 6 I can work with it and I talk about it in session 9 with parents alone. When stepfather (episode 4) unexpectedly gave approval to Ynass (about no horse-riding) Ynass could shift her story about het parent's trust towards her.

3e order learning happens when we learn how to learn. Could parents understand the paradox of control, notice that more space and less pulling contributes to a better connection and improved responsibility. I guess not. But I do believe that by evaluation we became a

more reflective collaborative community that we were able to listen better to each other, even when we didn't agree. After conversation 9 the atmosphere was softer. But I think that we couldn't name what it was that worked for us.

And I (as therapist) learn a lot in this challenging case. I learned that my support to Ynass could only work in context that allows differences. Too much disagreement destabilized the family system. The one who caused instability could be excluded and every-one felt excluded once in a while. I also think about themes that I left behind, that stayed unnoticed. What was the meaning of Ynass getting sick in episode 6. Why didn't we talk about the differences in appearances? Ynass is a Moroccan girl in a tradition Dutch family. This is so obvious and at the same times an untold story in this therapy process.

## **(11) FITS case 1608**

The names in document are fictionalized.

### **Code: 1608**

1608 Ian

1608 Mother, Joan

1608 Father, William

### **Introduction**

Ian is an 18-year-old boy. He lives with his parents and younger brother. The brother of Ian is diagnosed with autism. Ian is in treatment for about a year before I get to know Ian and his parents. Ian follows individual therapy, CBT, because of social anxiety. Ian is diagnosed with a Social Anxiety Disorder and an Avoidant Personality Disorder. Ian calls the dominant problem 'fear of judgement'. This 'fear of judgement' recruits him into negative identity conclusions. He avoids going to school because of that. CBT had not enough effect. The therapist and the psychiatrist advised in-hospital therapy. Ian agreed.

During individual therapy Ian mentioned a lack of involvement of his parents. Ian was not talking about his problems with his parents. He wanted to protect them from further worries and disappointments because of the worries they already had in relationship to his

younger brother. But Ian missed involvement and support of his parents and decided to talk with them about his situation. I (Robert) met Ian and his parents during 9 sessions FITS family therapy.

## Quantitative Research

### Routine Outcome Measurement

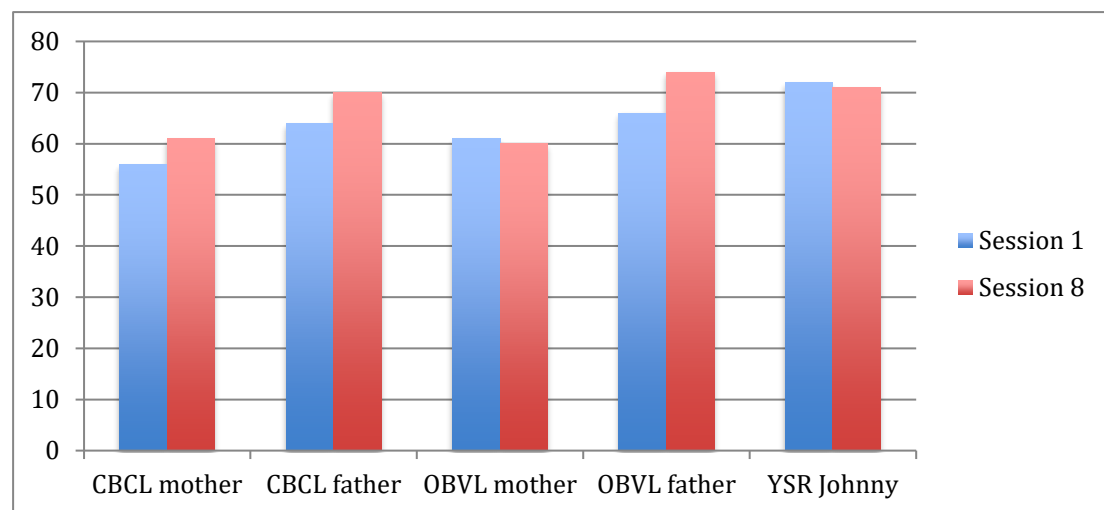


Fig 52 ROM

Table LXXXVI ROM

Test	Session 0	Session 8
CBCL mother	Total: 56	Total: 61 (rci=-)
CBCL father	Total: 64	Total: 70 (rci=-)
OBVL mother	Total: 61	Total: 60 (rci=-)
OBVL father	Total: 66	Total: 74 (rci=-)
YSR Ian	Total: 72	Total: 71 (rci=0)

RCI (Jacobsen & Tuax, 1991) is the reliable change index used to count difference between different measurements are clinical meaningful and reliable. When the RCI is bigger than 1,64 than change is seen as reliable and positive. When the RCI is smaller than 1,64 change is seen as reliable and negative.

**Client Directed Outcome Interview**

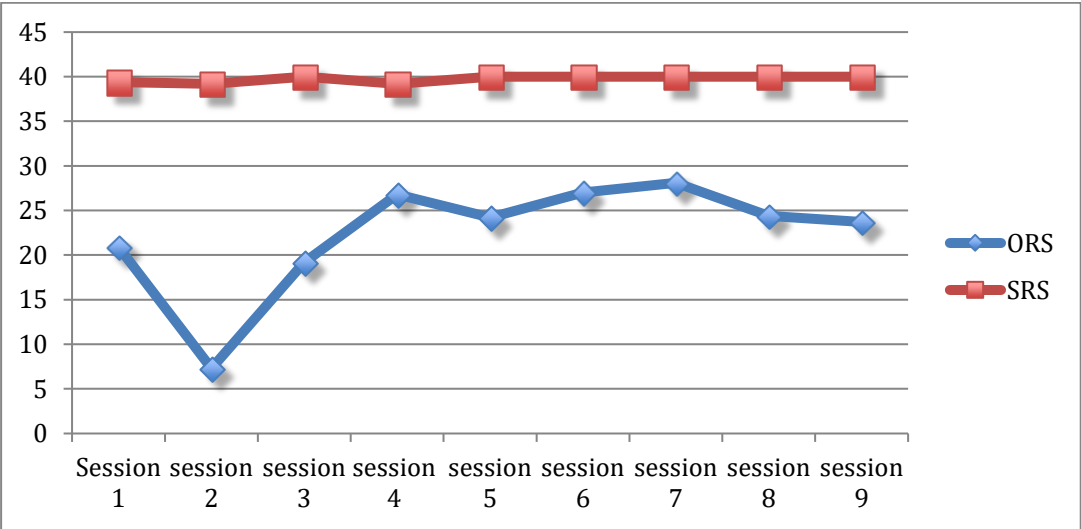


Fig. 53 CDOI Ian

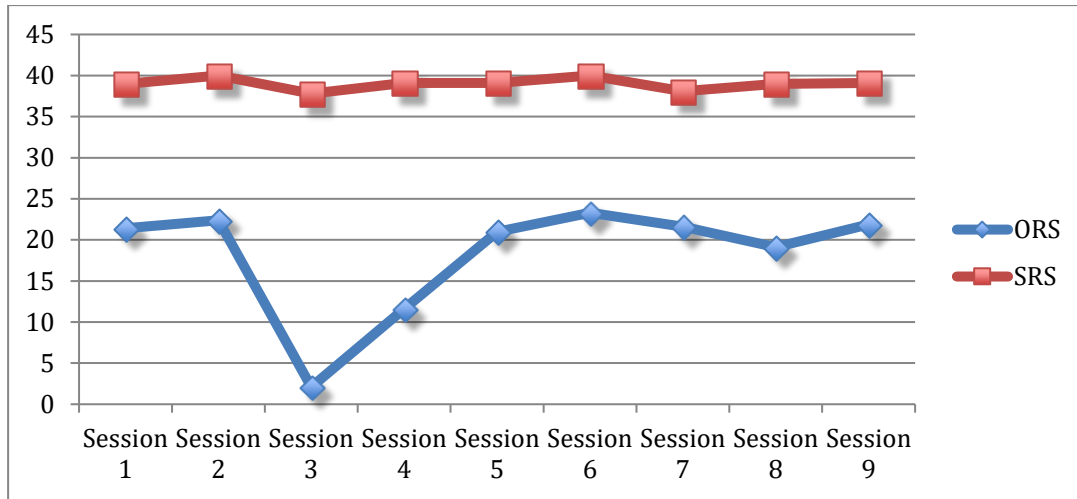


Fig 54 CDOI mother

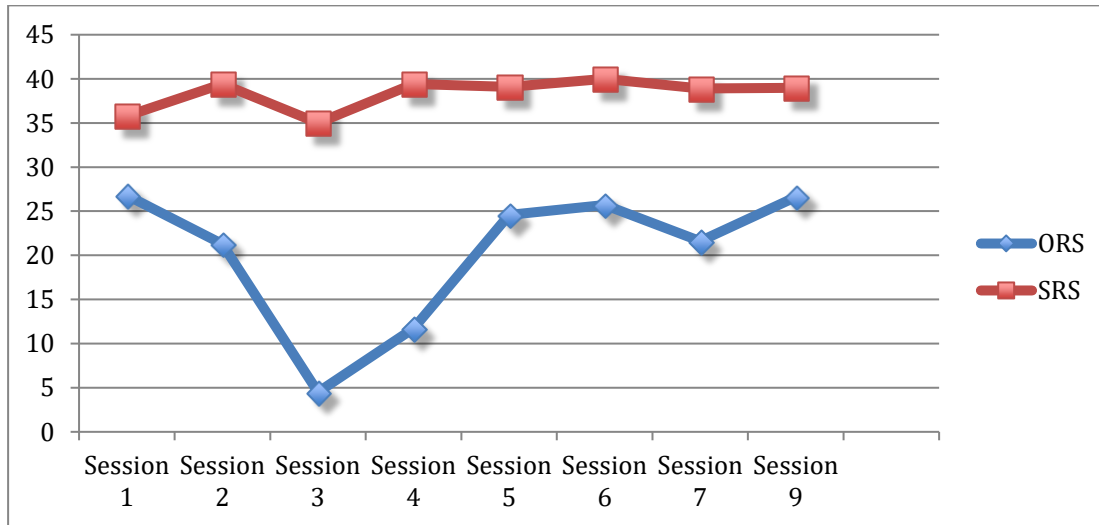


Fig 55 CDOI father

## Family Goals Rating List

(1) Change of the circle.

The family members are caught in a circle in which:

(a) Ian takes a depended position and stays silent, mother interprets what's wrong and takes over Ian's responsibilities, and father keeps a distance.

They want to learn to move over towards a circle in which:

(b) Ian takes initiative, is open, mother asks questions or let go more often, and father gets involved by listening more closely.

We evaluated goal 1 in session in 5 and 8

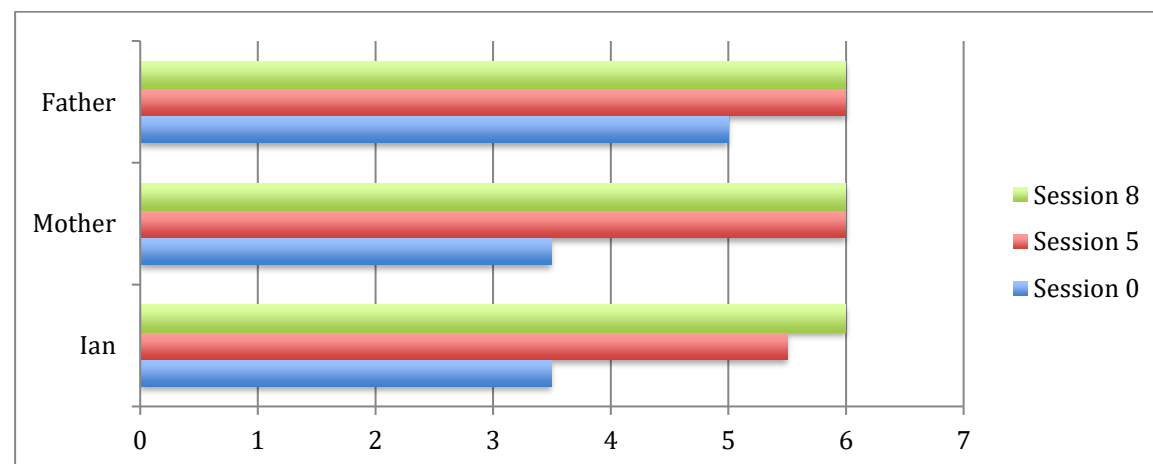


Fig 56 FGRL

Table LXXXVII FGRL

	Session 0	Session 5	Session 8	Preferred in future
<b>Ian</b>	3,5	5,5	6	7
<b>Mother</b>	3,5	6	6	7
<b>Father</b>	5,0	6	6	7



(2) More communication, less conflict.

Family members wanted to learn to have less conflict, to talk and share their experiences more often. This would mean that father and Ian should take more initiative and open up in conversation. Mother wanted to learn to stay calm, not to react out of panic. The more father and Ian open up the less panic mother experiences. If mother stays calm it is easier to open up.

We evaluated goal 2 in session in 5 and 8

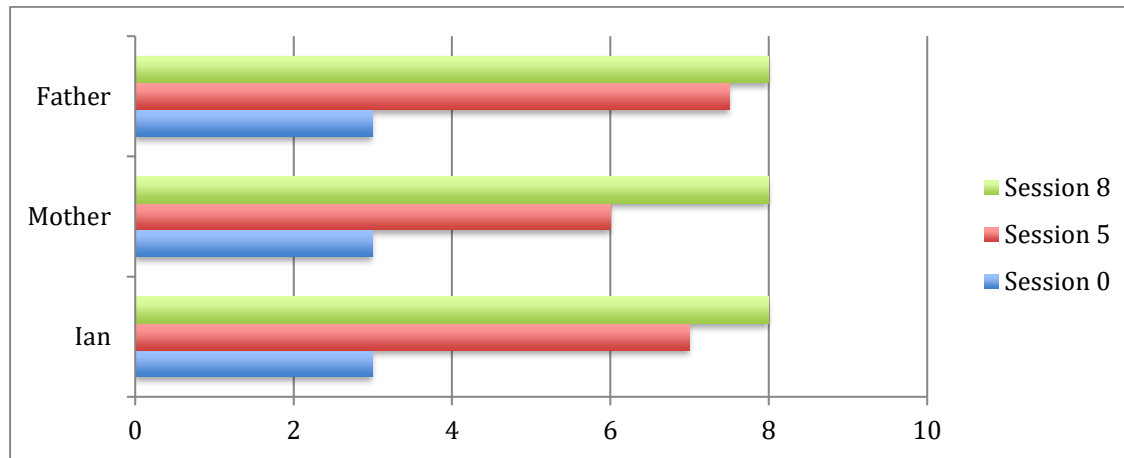


Fig. 57 FGRL

	Session 0	Session 5	Session 8	Preferred in future
<b>Ian</b>	<b>3</b>	<b>7</b>	<b>8</b>	<b>8</b>
<b>Mother</b>	<b>3</b>	<b>6</b>	<b>8</b>	<b>8</b>
<b>Father</b>	<b>3</b>	<b>7,5</b>	<b>8</b>	<b>8</b>

Table LXXXVIII

### Collaboration

We evaluated collaboration in the family in session in 5 and 8

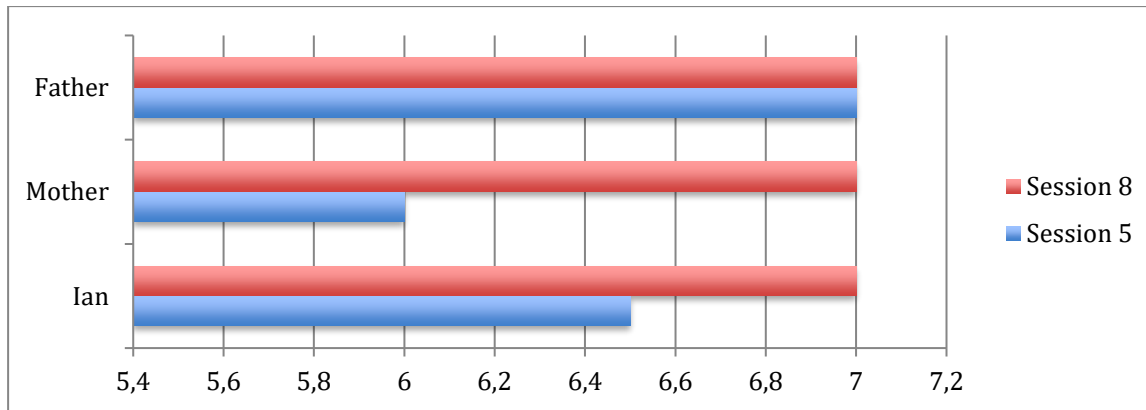


Fig. 58 FGRL collaboration

Table LXXXIX

	Collaboration session 5	Collaboration session 8
<b>Ian</b>	6,5	7
<b>Mother</b>	6	7
<b>Father</b>	7	7

## Conclusion

In the CDOI is shown how parents scored higher than 20 in the first session and lower than 5 in the third session. Ian had told his parents in session 2 how he was doing. This was a shock for parents and a relief for Ian. His score is back up to 19 in session 3.

We evaluate therapy during session 8. There is no significant change in the ROM and CDOI scores. There is a positive change for father, mother and Ian in the FGRL. This implicates that family members can step out of unwanted repetitive circles and that they experience less conflict together. Unless positive changes in the family dynamics there are still worries about the individual functioning of Ian.

## Qualitative Research

## Session 5

### Situation:

We evaluate the developments and our collaboration in FITS family therapy. It was Ian his initiative to ask for family meetings. He was afraid parents didn't know how bad he felt. Ian wanted to improve the culture of talking together at home. Family members are involved with, care for each other, but find it hard to discuss feelings and differences. Parents were not aware Ian felt that badly. In the CDOI is shown how parents scored higher than 20 in the first session and lower than 5 in the third session. In the fifth session things go a little bit better. We talk and evaluate the goals we have for FITS family therapy.

## Critical moment 1: changing patterns

### Transcripts, inner dialogue and reflections afterwards

Table XC transcript

Voices	Outer dialogue	Inner dialogue	Themes and reflections afterwards
Father 1608:0.1	Ian told us about how he is feeling. We didn't know he had such a difficult time. Ian wants to talk more often about what is going on. Now he is more open, but this raises more conflict with his mother. Joan is worried, interferes and Ian doesn't want to hear that. I jump in between. Both Joan and Ian complain about that. Joan asks me to support her. Ian complaints that I always support his mother.		Theme: Noticing unproductive patterns
Therapist 1608:0.2		Father excludes his own influence on what is happening here. How can I invite him to talk about his own contributions to change? I notice that he much more emotionally involved in compare to the first sessions family therapy.	Theme: Theme: inviting to see circular patterns and contributions to those patterns by asking systemic/ circular questions
Therapist 1608:0.3	I wonder if I am right with this. I notice more emotional involvement with Ian. You told me before you are rational problem-solving man. What has changed?		Theme: Inviting to talk about contributions to change

Mother 1608:0.4	(Nods) In his family nobody talks about feelings.		
Therapist 1608:0.5		Mother emphasizes the lack of emotional responses. My question was about a possible change.	
Therapist 1608:0.6	I thought I noticed a small difference		Theme: Invitation to talk about unique outcomes, positive differences.
Mother 1608:0.7	Yes there is a change. Ian and his father talk more often with each other.		
Therapist 1608:0.8		Does mother feel excluded here? A change of positions and relations might threaten the special relationship she has with her son Ian. Parents and Ian look for different connection in a developmental phase of separation.	Theme: Dilemma of change Theme: Systemic, triadic awareness Reflection: Father again is excluded in this episode
Therapist 1608:0.9	If Ian connects more often to his father what than happens in the relationship you and Ian have.		Theme: inviting to see circular patterns and contributions to those patterns by asking systemic/ circular questions
Mother 1608:1.0	Ian is more open to me too, but I am not allowed to say something about it. When I give a comment he withdraws.		
Therapist 1608:1.1	Could you give an example?		
Mother 1608:1.2	He went to the cinema, but his friend was not there, forgot the appointment. Ian was sad. I gave my opinion about this friend and Ian ran away.		
Father 1608:1.3	You respond to emotional. He feels judged by that.		
Mother 1608:1.4	(Looks away, is emotional)		
Therapist 1608:1.5		This resonates with personal experiences. I remember a situation when my daughter felt rejected by a girlfriend of hers. I wanted to protect her by judging this girlfriend. She defended this girlfriend and I got angry.	Theme: Inner dialogue, resonance with personal themes of the therapist
Therapist 1608:1.6	I think about a situation with own daughter. If I judge her friends she defends them. I got angry on her once while I intended to support her. I have to		Theme: Sharing inner dialogue

	learn how to help her to make her own opinion.		
Mother 1608:1.7	I recognize that. I respond too emotional too		
Ian 1608:1.8	But it is also me. I feel easily judged by most people. I care too much about opinions of others.		
Mother 1608:1.9	But you protest more often against advises of mine than those of your father. And if you care about opinions why not listen to what I have to say to you?		
Therapist 1608:2.0		This is confusing. Ian asks help and wants help on his own terms. Mother wants to Ian to be less depended but feels rejected when her help is not heard. Can we meta-communicate here?	Theme: Double bind, paradoxical communication
Therapist 1608:2.1	There seems to be two forces at work. One is about needing and seeking help and another one about independency and doing it alone.		Meta communication to escape a paradoxal pattern.
Ian 1608:2.2	Last week my mother responded to me and made a strange sound with her nose. I thought she doesn't take me serious. I felt rejected and decided to ask what was going on. Joan told me she was distracted, it had nothing to do with me		
Mother 1608:2.3	You didn't believe me		
Ian 1608:2.4	I still don't believe you		
Therapist 1608:2.5	Do you say what you think to Ian?		Theme: Inviting family members to talk about important items ,worries and personal needs
Mother 1608:2.6	(Silence) I am afraid to tell it, that he will get hurt or angry, or that he can't handle worries about him.		
Ian 1608:2.7	This is important. If you don't tell me about your concerns I feel it and I fantasise the most terrible things to could think about me. I want you to calmer and clearer to me		

## Looking for patterns in a context of meaning

### Episode 1: Changing patterns

Table XCI Transcript analysed

	Father	Therapist	Therapist	Therapist	Mother	Therapist	Mother	Ian
<b>Society/culture/professional</b>	A rational approach helps best in solving problems	Vulnerable responses strengthen connections	It is important to share and talk about emotions	Vulnerable responses strengthen connections	Parents should protect their children	Escape paradoxal communication through meta communication	Parents can help children and support in a way that they can help themselves	Assertivity. Speaking out is good.
<b>Family culture</b>	There was no permission to talk freely with parents and about emotions	Needed his father's presence in his adolescence	Felt unseen by parents, had to do all her best to get some attention	-	Felt unseen by parents, had to do all her best to get some attention	-	Criticism of parents can hurt	We are careful for each other but should learn to confront each other to escape the pattern we sustain.
<b>Subjectification</b>	A concerning, rational father, but on the side	A therapist that connects	A mother that problematizes fathers role a bit	A therapist that challenges	A mother who feels rejected	A therapist that challenges	A careful mother	A son who can handle a confrontation
<b>Episode</b>	<b>Changing patterns</b>	<b>Changing patterns</b>	<b>Changing patterns</b>	<b>Changing patterns</b>	<b>Changing patterns</b>	<b>Changing patterns</b>	<b>Changing patterns</b>	<b>Changing patterns</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reactive/ Reflexive</b> Father points at a problem,	<b>Reactive/ Reflexive</b> Invitation to focus on	<b>Reactive/ Reflexive</b> Interfered by mother, who	<b>Reactive/ Reflexive</b> An invitation to reflect	<b>Reactive/ Reflexive</b> Accepted by mother who	<b>Reactive/ Reflexive</b> Invites to meta-communicate	<b>Reactive/ Reflexive</b> Mother recognizes her	<b>Reactive/ Reflexive</b> Ian recognizes his share in the

	excludes himself	contribution to change	points at her own experience		expresses her needs	about a paradoxal interaction.	share in a repetitive pattern	repetitive pattern
<b>Relational</b>	Father points at differences in the relationship between Ian and mother	Therapist invites father to notice his contribution to change.	Mother points at a lack of emotional responses and emphasizes what happens between Ian and father	Therapist invites mother to reflect on the impact of change on the relation she has with Ian.	Mother feels rejected and unheard	Therapist invites to meta-communicate	Mother realises she is afraid to harm the relationship	Ian sees the pattern
<b>(Speech) Action</b>	1608:0.1 Ian told us about how he is feeling. We didn't know he had such a difficult time. Ian wants to talk more often about what is going on. Now he is more open, but this raises more conflict with his mother. Joan is worried, interferes and Ian doesn't want to hear that. I jump in between. Both Joan and Ian complain about that. Joan asks me to support	1608:0.3 I wonder if I am right with this. I notice more emotional involvement with Ian. You told me before you are rational problem-solving man. What has changed?	1608:0.4 (Nods) In his family nobody talks about feelings.  1608:0.7 Yes there is a change. Ian and his father talk more often with each other.	1608:0.9 If Ian connects more often to his father what than happens in the relationship you and Ian have.	1608:1.0 Ian is more open to me too, but I am not allowed to say something about it. When I give a comment he withdraws.  1608:1.2 He went to the cinema, but his friend was not there, forgot the appointment. Ian was sad. I gave my opinion about this friend and Ian ran away.  1608:1.9 But you protest more often against advises of mine than those	1608:2.1 There seems to be two forces at work. One is about needing and seeking help and another one about independency and doing it alone.  1608:2.5 Do you say what you think to Ian?	1608:2.6 (Silence) I am afraid to tell it, that he will get hurt or angry, or that he can't handle worries about him.	1608:2.7 This is important. If you don't tell me about your concerns I feel it and I fantasise the most terrible things to could think about me. I want you to calmer and clearer to me

	her. Ian complains that I always support his mother.				of your father. And if you care about opinions why not listen to what I have to say to you?			
<b>Inner dialogue</b>		1608:0.2 Father excludes his own influence on what is happening here. How can I invite him to talk about his own contributions to change? I notice that he is much more emotionally involved in compare to the first sessions in family therapy.		1608:0.8 Does mother feel excluded here? A change of positions and relations might threaten the special relationship she has with her son Ian. Parents and Ian look for a different connection in a developmental phase of separation.		1608:2.0 This is confusing. Ian asks help and wants help on his own terms. Mother wants Ian to be less depended but feels rejected when her help is not heard. Can we meta-communicate here?		

### How do we collaborative learn?

How do therapist and family members collaboratively learn how to learn in feedback informed systemic therapy?

#### Therapeutic response

I (as a therapist) invite father to reflect on his own contribution to change in the family. When I do mother interferes. Mother points at a lack of emotional responses in father's family and emphasizes what happens between Ian and father



As a response to my inner dialogue I ask mother about the effect of a stronger relationship between Ian and his father on her relationship to Ian. Mother expresses that she feels unheard and rejected. This is painful because she works hard to raise her children well. It resonates with a lack of attention she experienced in her own family of origin. I notice paradoxal communication. Ian asks help but only accepts it under his conditions. Mother wants Ian to be independent but feels rejected when he doesn't accept her advice. I invite to meta-communicate and mother realises she protects her son by being too careful with him. Ian recognises the pattern. The more mother is careful, the more he thinks he is unable to stand up for himself. The more he withdraws the more mother is concerned and interferes.

### Patterns

Paradoxal pattern: when help is conditional and mother feels rejected by his son who wants to do it alone

Reactive pattern: When I invite father to talk about his contribution mother interferes and asks attention for her difficulties changing the pattern. Father stays out again in this episode.

Reflexive pattern: Mother and Ian are able to see the pattern, find out that avoiding confrontation keeps worries and mistrust in each other on going.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Prefigurative forces work when I invite father to talk about his contribution to change and mother points at a lack of emotional responses. She emphasizes what happens between Ian and father and asks attention for her difficulties in relationship to Ian. The focus is back to mother and Ian and father is out.

Contextual forces work when father describes himself as the mediator. He sees himself as rational, a problem solver and outsider in the family. This is sustained by gendered discourses about problem solving and positions in family-life.

Practical forces are at work when I (as a therapist) feel confused, triangulated in a paradox, and invite family members to meta-communicate (1608:2.1). Mother realises she is afraid to harm the relationship and Ian can see the pattern.

Implicative forces work when mother in (1608:2.6) realises that she avoids a confrontation because she is afraid to harm the relationship. We can co-construct a different frame about helping. Parents can support children to support themselves instead of protecting them.

Collaborative learning:

2-order learning when we escape paradoxal patterns, meta-communicate (1608:1.5) and recognise a pattern with unwanted relational effects.

## Session 8

Situation:

We evaluate developments and our collaboration during session 8. I show the ROM, CDOI and FGRL scores. There is no progression shown in the ROM and CDOI. Family member do score progression in the Family Goals Score List. Parents and Ian wanted to break repetitive patterns and learn to talk and discuss personal issues together. Father is not present in session 8. He joins us in the last session 9. Mother just came back from a holiday in Italy. We'll end FITS family therapy. Ian start an in-patient treatment in a therapeutic hospital.

## Critical moment 2

### Transcripts, inner dialogue and reflections afterwards

Table ICII transcript

Voices	Outer dialogue	Inner dialogue	Reflection afterwards
Therapist 1608:2.8	Looks to the scores in the FGRL. What was the circle you wanted to change? What was the circle you wanted to co-create? The circle in which Ian takes initiative, father shows involvement and mother calm support.		Theme: Using the diagram as indicator for change
Mother	I shouldn't chase so much (laughs)		

1608:2.9			
Ian 1608:3.0	And do not think for me		
Therapist 1608:3.1	Score on the FGRL is higher, a 6 for all of you, but not the 7 you wished for.		
Ian 1608:3.2	My father is much more open		
Mother 1608:3.3	And involved		
Therapist 1608:3.4		I remember (session 5) that mother felt excluded when we emphasized a closer relationship between father and son. I feel an invitation to ask mother about this. I ask Ian.	Theme: Systemic, triadic awareness
Therapist (to Ian) 1608:3.5	And what about the relationship between you and your mother?		
Ian 1608:3.6	I know she tries to do her best. We have fewer conflicts together. But, I think, it is difficult for her to let go		
Therapist 1608:3.7		Mother phoned me when she was in Italy. She asked me to contact Ian because she thought he was not well.	
Therapist 1608:3.8	Your mother phoned me about you when she was in Italy. What happened?		
Ian 1608:3.9	I didn't want her to phone you		
Therapist 1608:4.0	So what happened?		
Ian 1608:4.1	My mother was in Italy and my father was away for two days because of his work. I didn't feel too well and called my mother about it. I told my mother that I just wanted to have a chat, no extra help. I can arrange my own help if I want to. But she called my father and you and I felt bad about that.		
Mother 1608:4.2	I responded calm to you, didn't I. But you are not always so clear. You tell me you don't feel too good. When I ask questions you withdraw. After		

	that I am worried and therefore I asked for some help. I am not always sure what is going on for you Ian. You don't talk that much.		
Therapist 1608:4.3		This is the repetitive circle	
Therapist 1608:4.4	This is the old circle, isn't it? Father was not there. Mother experiences you as not open, panics, and you withdraw. But you sometimes also find entrance to the new circle, with your father present, Ian opening up and mother giving calm support.		Theme: Noticing unproductive patterns. Theme: Noticing productive patterns, positive developments. Reflection: The focus on a positive contribution to change works here.
Mother (to Ian) 1608:4.5	Can you see that, that I can support you without panic? Before I immediately reacted with an oooo or aaaa. I don't do that anymore. Can you see that?		
Ian 1608:4.6	Yes I can see that		

## Episode 2: 'Entrance to a new circle'

Table ICIII transcript analysed

	Therapist	Ian	Therapist	Ian	Therapist	Mother	Ian
<b>Society/culture/professional</b>	Focus on what people already are doing, what might contribute to change?	Fathers don't talk that easy	Triangulation. Change in one relation affects the other relation in the triangle.	Mothers sometimes are over-protective	Focus on what people already are doing, what might contribute to change?	Mothers can be protective, supportive and calm	Mothers can be protective, supportive and calm

<b>Family culture</b>	-	My father can be open	Supporting one parent could mean distance towards the other one.	My mother thinks for me, takes over.	-	We can change, have trust, let go a bit	We can change, have trust, let go a bit
<b>Subjectification</b>	Encouraging therapist	Acknowledging son	Caring therapist	A more independent son, who wants to take care of himself	Encouraging therapist	Learning mother	Acknowledging son
<b>Episode</b>	<b>Entrance to a new circle</b>	<b>Entrance to a new circle</b>	<b>Entrance to a new circle</b>	<b>Entrance to a new circle</b>	<b>Entrance to a new circle</b>	<b>Entrance to a new circle</b>	<b>Entrance to a new circle</b>
<b>Pattern: Reactive, paradoxical or reflexive</b>	<b>Reflexive</b> Invitation to focus on change	<b>Reflexive</b> Accepted. Focus on relation with father.	<b>Reflexive</b> Questions the effect on mother	<b>Reflexive</b> Ian points at difficulties	<b>Reflexive</b> A focus on change	<b>Reflexive</b> Is accepted by mother, who asks acknowledgement	<b>Reflexive</b> And acknowledged by Ian
<b>Relational</b>	Invites to focus to and talk about their goal together.	Ian point at a better relationship with his father	Curious what the effect of a better contact with father is on mother	Ian points at difficulties	Therapist invites to focus and talk about positive change	Accepted by mother who asks an acknowledgement to her son	Agrees and recognises changes made.
<b>(Speech) Action</b>	1608:2.8 Looks to the scores in the FGRL. What was the circle you wanted to change? What was the circle you wanted to co-create? The circle in which Ian takes initiative, father	1608:3.2 My father is much more open	1608:3.5 And what about the relationship between you and your mother?	1608:3.6 I know she tries to do her best. We have fewer conflicts together. But, I think, it is difficult for her to let go.  1608:4.1	1608:4.4 This is the old circle, isn't it? Father was not there. Mother experiences you as not open, panics, and you withdraw. But you sometimes	1608:4.5 Can you see that, that I can support you without panic? Before I immediately reacted with an oooo or aaaa. I don't do that anymore. Can you see that?	1608:4.6 Yes I can see that

	shows involvement and mother calm support.			My mother was in Italy and my father was away for two days because of his work. I didn't feel too well and called my mother about it. I told my mother that I just wanted to have a chat, no extra help. I can arrange my own help if I want to. But she called my father and you and I felt bad about that.	also find entrance to the new circle, with your father present, Ian opening up and mother giving calm support.		
<b>Inner dialogue</b>		-	1608:3.4 I remember (session 5) that mother felt excluded when we emphasized a closer relationship between father and son. I feel an invitation to ask mother about this. I ask Ian.				

### Therapeutic response

I (as a therapist) invite to focus on contributions to change. Ian accepts this invitation and emphasizes positive change in relation to his father. I remember that mother (in session 5) felt excluded when we focused on their relationship between Ian and his father. I feel an invitation to ask her about the effect of this changing relationship on her relationship with Ian. I decide to ask a circular question and ask Ian about this. Ian points at difficulties. I invite to look for contributions to change. Mother asks acknowledgement for her learning. Ian gives acknowledgement to his mother. They both confirm that they are able to step out the old circle and find entrance to a new one.

### Patterns

There is a reflexive pattern. We are able to stay out of critique and acknowledge learning and differences in relationship to each other without excluding one family member.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical and implicative forces are high. Unless critique and a focus that earlier led to a feeling of exclusion, we are able to stay out the 'old circle' and acknowledge change. We co-create a new frame in which fathers can be open and mothers can be protective, supportive and calm at the same time.

### Collaborative learning:

1-order learning. However we are able to reframe and consider change as possible. Change here is in line with expectations and therefore mostly a first-order learning.

## **Critical moment 3**

Table ICIV transcript

<b>Voices</b>	<b>Outer dialogue</b>	<b>Inner dialogue</b>	<b>Reflection afterwards</b>
Mother 1608:4.7	I hope you know you can be more honest to me and tell me when you are not feeling too well		
Therapist		This seems a bit paradoxical. There is a risk that	Theme: Paradoxical communication

1608:4.8		mother gives two conflictual messages: You can take care of yourself if you still need me.	
Therapist (to Ian) 1608:4.9	Is it easier for you to be open, when you feel there is less pressure and trust you can do it yourself?		
Ian 1608:5.0	I am not sure		
Therapist 1608:5.1	What is your hesitation about?		Theme: Focus on non-verbal expressions. Hesitation as an entrance to something different.
Ian 1608:5.2	I'd rather find my own solutions before asking for help.		
Therapist 1608:5.3		Ian has a brother with autism. Ian once told me he wanted to be the successful son and meet the expectations from his parents.	
Therapist 1608:5.4	What is difficult for you when you ask for help? I don't know but I can imagine it has to do with your brother.		Theme: Sharing inner dialogue to introduce hypothesis
Ian 1608:5.5	I don't know (looks down)		Theme: Focus on non-verbal expressions, difficult to express verbally
Therapist 1608:5.6		Is this shame?	
Therapist 1608:5.7	Are you ashamed?		
Ian 1608:5.8	I feel the fear of judgement in the relationship with my parents too, Yes I am ashamed, mostly with my father		
Mother 1608:5.9	Why?		
Ian 1608:6.0	I am not very man-like		
Mother 1608:6.1	What do you mean?		Theme: Discussing discourses
Ian 1608:6.2	When I talk that much about my problems and not solving them. That's not a very man-like thing to do. I know he doesn't show emotions. What does		



	he think of me when I keep on doing that all the time?		
Mother 1608:6.3	Yes I know, he says things like: men don't cry. He is a bit a macho		
Ian 1608:6.4	He makes jokes, that don't help me. I think I disappoint him. He wants a son with muscles that make jokes and say 'fuck you' to life. I am not like that.		
Therapist 1608:6.5		It is a pity that father is missing. Would they talk about this when he was present? How can I invite father to the conversation?	Theme: Systemic, triadic awareness
Therapist 1608:6.6	If you look through the eyes of your father, what kind of son do you see?		
Ian 1608:6.7	A weak son, I guess		
Mother 1608:6.8	No, that isn't truth. You should ask him. He is proud of you		
Ian 1608:6.9	I think I know that too		
Therapist 1608:7.0	What kind of son would he see if you ask him about this?		Theme: Focus on background voices. Reflection: Giving father a voice as an internalized other.
Ian 1608:7.1	I think a son who is not afraid to ask this kind of questions.		
Therapist 1608:7.2		Ian is afraid of judgements. What about his own judgement. How can I invite him to take a position?	Theme: re-positioning
Therapist 1608:7.3	Do you agree when your father says: men don't cry?		
Ian 1608:7.4	No, I think being a man can mean something else too		
Therapist 1608:7.5	Like being a man who is not afraid to ask difficult questions		Theme: Inviting to identify with contributions to change
Ian 1608:7.6	(Smiles) yeah.		

### Episode 3: 'Men don't cry'

Table ICV transcript analysed

	Therapist	Ian	Therapist	Ian	Mother	Therapist	Ian	Therapist	Ian
<b>Society/culture/professional</b>	One can get stuck in paradoxal patterns		How to understand behaviour from a context that makes it meaningful.	Men don't ask help, are strong, not so weak.	Men don't talk about emotions easily.	Triangulation. Don't talk about someone who is not present.	Asking difficult questions is also a tough thing to do.	Men can talk about emotions.	Men can talk, are not afraid to ask difficult questions.
<b>Family culture</b>	-	My parents don't trust me being independent	-	How to be proud on a weak son?	Father is a macho but cares of his children	Exclusion of the voice of the father.	We can challenge each other	-	Maybe my father can see me as a man otherwise.
<b>Subjectification</b>	Understanding and confronting therapist	Uncertain son in doubt	Supporting and suggesting therapist	Not much of a men-like son, a disappointment to father.	Understanding to both sides	Connecting to father	A son who is not afraid to ask questions.	Acknowledging therapist	A man who is not afraid to ask questions.
<b>Episode</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>	<b>Men don't cry</b>
<b>Pattern: Reactive, paradoxical or</b>	<b>Reflexive</b> Open up to get out of a	<b>Reflexive</b> Hesitation	<b>Reflexive</b> Trying to understand,	<b>Reflexive</b> A fit with the word 'shame'.	<b>Reflexive</b> Understands both perspectives	<b>Reflexive</b> Giving father a voice	<b>Reflexive</b> A fit and a connection to	<b>Reflexive</b> Broadening the story	<b>Reflexive</b> Confirmed

<b>reflexive</b>	paradox.		exploring meanings, contexts	Points at the relationship with father			a new way of seeing yourself		
<b>Relational</b>	Open up to get out of a paradox.	Hesitation, invites for support	Helping, giving suggestions	A fit, points at uncertainty in relationship with father	Supporting father, supporting Ian	Giving father a voice, invite to see a different perspective	Seeing yourself differently through the eyes of the other	Broadening a story about appreciation	Confirming, identifying
<b>(Speech) Action</b>	1608:4.9 Is it easier for you to be open, when you feel there is less pressure and trust you can do it yourself?	1608:5.0 I am not sure  1608:5.5 I don't know (looks down)	1608:5.1 What is your hesitation about?  1608:5.4 What is difficult for you when you ask for help? I don't know but I can imagine it has to do with your brother?  1608:5.7 Are you ashamed?	1608:5.8 I feel the fear of judgement in the relationship with my parents too; Yes I am ashamed, mostly with my father.  1608:6.2 When I talk that much about my problems and not solving them. That's not a very man-like thing to do. I know he doesn't show emotions. What does he	1608:6.3 Yes I know, he says things like: men don't cry. He is a bit a macho  1608:6.8 No, that isn't truth. You should ask him. He is proud of you	1608:6.6 If you look through the eyes of your father, what kind of son do you see?  1608:7.0 What kind of son would he see if you ask him about this? 1608:7.3 Do you agree when your father says: men don't cry?	1608:7.1 I think a son who is not afraid to ask this kind of questions.  1608:7.4 No, I think being a man can mean something else too	1608:7.5 Like being a man who is not afraid to ask difficult questions	1608:7.6 (Smiles) yeah.

				think of me when I keep on doing that all the time?					
<b>Inner dialogue</b>	1608:4.8 This seems a bit paradoxical. There is a risk that mother gives two conflictual messages: You can take care of yourself if you still need me.			1608:5.3 Ian has a brother with autism. Ian once told me he wanted to be the successful son and meet the expectations from his parents.  1608:5.6 Is this shame?					

### Therapeutic response

We can get stuck in a paradoxal pattern in which Ian shows to take care of himself when he needs his mother for help. I (as a therapist) invite to meta-communicate and ask Ian if it is easier to ask for help when he feels no pressure and trust (1608:4.8)? Ian hesitates. Hesitation can be an entrance to something new. I ask myself (in my inner dialogue): What are good reasons to hesitate? I share suggestions (1608:5.4). Is it because of your brother? Ian's brother is diagnosed with autism and Ian once told me he thought he had to be successful and meet parents expectations as compensation. There is no fit for that in this conversation. I think he might feel shame and I ask Ian. There is a fit with the word 'shame'. Ian tells about uncertainty in relationship to his father. He is afraid his father is not that proud on him because he is not very man-like. Mother gives credits to both Ian and father. She encourages Ian to talk about this with his father. Because of father's absence I'll give him a voice by asking circular questions. Ian knows when he talks from an insider other-position that his father is proud of him and that it can be man-like to dare to ask difficult questions. I ask Ian to take a position about this subject himself.

### Patterns

Reflexive pattern. We are able to escape a paradoxal pattern and reflect on the pattern and the frame of reference. Hesitation is an entrance to something new. Ian starts talking about uncertainty in relation to his father. Mother encourages Ian to talk with his father at home and Ian challenges 'taken for granted' opinions about talking, emotions and being a man.

### Reflexivity and logical forces:

High reflexivity: when contextual and prefigurative forces are low and practical and implicative forces are high.

Low reflexivity: when contextual and prefigurative forces are high and practical and implicative forces are low.

Practical forces work when we are able to step out of a paradoxal pattern and when, after Ian's hesitations, we find a way to talk about uncertainty in relation to father. We do not talk about father but with him (as the internalized other and later at home).

Implicative forces work when Ian talks about gender issues from an 'insider-other perspective' and when he takes a position himself about the subject. 'Men can talk about emotions, it can be men-like to dare and ask difficult questions'.

### Collaborative learning:

2<sup>e</sup> order learning. In the conversation we learn to change the pattern and frames. Hesitation is an entrance to talk about an unexpected difficult issue. Ian talks about uncertainty in relation to his father. He's encouraged to talk about this with his father, give father a voice (from an internal-other position) and take a position himself. We co-create a different frame of reference about father-son gender issues.

## **Follow up**

We evaluated FITS therapy during session 8. There was no significant change in the ROM and CDOI scores. There is a positive change for father, mother and Ian in the FGRL. This implicates that family members can step out of unwanted repetitive circles and that they experience less conflict together. Unless positive changes in the family dynamics there were still worries about the individual functioning of Ian. The psychiatrist was worried about severe complaints of fear and paranoia. She advised Ian to start therapy in a in-patient hospital.

After session 8 we did session 9 with father present. Ian had talked with his father about his uncertainty because of father's judgements. Father was quiet open and told Ian about his social anxiety when he was young. Ian was surprised by this story. Later that month he started therapy in the in-patient mental healthcare hospital.

## **Summarizing reflections on the case of Ian and his parents**

### **How do I navigate on the basis of coordinated improvisations in Feedback-informed Systemic Therapy?**

We evaluated FITS Family Therapy during session 5 and 8.

#### **How do I navigate?**

I navigate in therapy based on improvisations, feedback and collaborative learning.

Problematic behaviour is sustained in repetitive self re-enforcing loops.

In episode 1 I (as a therapist) invite father to reflect on his own contribution to change in the family. When I do mother interferes. Mother points at a lack of emotional responses in father's family and emphasizes what happens between Ian and father. As a response to my inner dialogue I ask mother about the effect of a stronger relationship between Ian and his father on her relationship to Ian. Mother expresses that she feels unheard and rejected. This is painful because she works hard to raise her children well. It resonates with a lack of attention she experienced in her own family of origin. I notice paradoxal communication. Ian asks help but only accepts it under his conditions. Mother wants Ian to be independent but feels rejected when he doesn't accept her advice. I invite to meta-communicate and mother realises she protects her son by being too careful with him. Ian recognises the pattern. The more mother is careful, the more he thinks he is unable to stand up for himself. The more he withdraws the more mother is concerned and interferes.

In episode 2 I (as a therapist) invite to focus on contributions to change. Ian accepts this invitation and emphasizes positive change in relation to his father. I remember that mother (in session 5) felt excluded when we focused on their relationship between Ian and his father. I feel an invitation to ask her about the effect of this changing relationship on her relationship with Ian. I decide to ask a circular question and ask Ian about this. Ian points at difficulties. I invite to look for contributions to change. Mother asks acknowledgement for

her learning. Ian gives acknowledgement to his mother. They both confirm that they are able to step out the old circle and find entrance to a new one.

In episode 3 we can get stuck in a paradoxal pattern again. Ian shows to take care of himself when he needs his mother for help. I (as a therapist) invite to meta-communicate and ask Ian if it is easier to ask for help when he feels no pressure and trust (1608:4.8)? Ian hesitates. Hesitation can be an entrance to something new. I ask myself (in my inner dialogue): What good reasons are there to hesitate? I share suggestions (1608:5.4). Is it because of your brother? Ian's brother is diagnosed with autism and Ian once told me he thought he had to be successful and meet parents expectations as compensation. There is no fit for that in this conversation. I think he might feel shame and I ask Ian. There is a fit with the word 'shame'. Ian tells about uncertainty in relationship to his father. He is afraid his father is not that proud on him because he is not very man-like. Mother gives credits to both Ian and father. She encourages Ian to talk about this with his father. Because of father's absence I'll give him a voice by asking circular questions. Ian knows when he talks from an insider other-position that his father is proud of him and that it can be man-like to dare to ask difficult questions. I ask Ian to take a position about this subject himself.

### **Coordinated improvisations**

There is not so much playfulness in these conversations. The tone is serious. But we do improvise by times in the conversations we are having. I listen to my inner dialogue and make a small difference when I respond. In episode 2 I feel an invitation to ask mother about the effect of this changing relationship on her relationship with Ian. I decide to ask a circular question and ask Ian about this (1608:3.5). In episode 3 Ian expresses hesitation. Hesitation can be an entrance to something new. I ask my self, in my inner dialogue, about good reasons to hesitate and make suggestions based on that. There is a fit when I use the word 'shame'. Ian starts to talk about something new in conversation, his uncertainty in relationship to his father. We play when I ask Ian to give a voice to the internal-father inside. This opens up space to co-create a new frame of reference. Afterwards Ian talked with his father and was very surprised when he told him about his own social anxiety when he had the same age as Ian.

### **Feedback**

We used ROM, CDOI and FGRL to evaluate FITS during session 8. There was no significant change in the ROM and CDOI scores. There was a positive change for father, mother and Ian in the FGRL. This implicated that family members can step out of unwanted repetitive circles and that they experience less conflict together. Unless positive changes in the family dynamics there were still worries about the individual functioning of Ian. The psychiatrist was worried about severe complaints of fear and paranoia. She advised Ian to start

therapy in an in-patient hospital. We stopped FITS family therapy and Ian started a new treatment in another mental healthcare institution.

## **Collaborative learning**

There is a 1-order learning in episode 2. However we are able to consider change as possible and challenge frames of reference, change here is in line with existing expectations and therefor mostly a first-order learning.

There is a 2-order learning happening in episode 1 and 3. In episode 1 we are able to escape from paradoxal patterns, meta-communicate (1608:1.5) and recognise a pattern with unwanted relational effects. I (as a therapist) feel confused, triangulated in a paradox, and invite family members to meta-communicate (1608:2.1). Mother realises she is afraid to harm the relationship and Ian can see the repetitive unwanted pattern. In episode 3 we learn to change the pattern and frames in our conversation. Hesitation is an entrance to talk about an unexpected difficult issue. Ian talks about uncertainty in relation to his father. He's encouraged to talk about this with his father, give father a voice (from an internal-other position) and take a position himself. We co-create a different frame of reference about father-son gender issues.

There is no clear 3-order learning. I wrote parents and Ian a letter after therapy and used the analysed transcripts in the text. There was no time to discuss these reflections together. Ian started a new treatment in a hospital far from home. This is a pity I think.

I think a 3-order learning could have been evoked if we reflected on the process together. How did family members learn how to learn when they escape old repetitive circles and contributed to new ones? How do father and Ian keep their conversation about father-son-gender issues alive? I'd wish we had to work on that a bit longer.

I (as a therapist) learn about the importance of inner reflections on triangulation and my own position in the system. In episode 1 and 3 I experience triangulation and paradoxal communication. In the triangle between mother, Ian and father, father often is excluded. When I invite father to contribute more, mother feels excluded. I can get triangulated myself in between parents here. When we are able to meta-communicate, see the pattern and everybody's needs we could have been able to de-triangulate. But do we? I invited father to connect and respond to mother's feeling of exclusion. With the focus on the relationship between mother and son father keeps his outsider position. We repeat patterns of inclusion and exclusion and I am part of that.

In episode 3 we are able to give father a voice without excluding another. Mother encourages Ian to talk to him. I think this is an important 2e order change.



I also learn that change in family dynamics do not always lead to an individual improvement of mental health. There were severe psychiatric problems that needed specific care in another institution.