CHAPTER 1

The Foundational Constructs of Positive Family Therapy

GOAL OF CHAPTER 1

Positive Family Therapy combines systems theory and positive psychology to derive an approach that builds upon the strengths of a family to enhance the growth of each individual member. We believe our approach has some unique aspects; however, the approach is based on research from many sources. This chapter presents the broader theory and empirical basis for Positive Family Therapy.

Family therapy has deep roots in viewing families as systems. Identifying Positive Family Therapy as systemic does not inform the sophisticated systems thinker. The information may be similar to saying we live in the western hemisphere when you ask for our address. Each family therapy theory focuses on the application of some systems concepts.

Similarly, saying our approach is based upon principles of positive psychology only begins the journey. The rich research and theories that historically anchor the current wave of positive psychology activity have taken many different routes from personality and social psychology. Carl Roger’s and Abraham Maslow’s Humanistic Psychotherapy unfolded very differently from Steve de Shazer and Insoo Kim Berg’s Solution Focused Therapy, but each of these inform Positive Family Therapy. We are enriched by their foundational work in positive psychology embedded in psychotherapy. We also have the advantage of Martin Seligman, Sonja Lyubomirsky, Barbara Fredrickson, Shelly Gablel, Shane Lopez, Michael Scheel, and many more researchers and thinkers cited throughout this volume. While we cannot name all of those who deserve credit, we do want to thank our scholarly forebears and colleagues.
Like every field of study, family therapy has a language used by its scholars. The language has the advantages of precision and shared understanding for researchers. Such scholarly languages have the disadvantage, however, of making important constructs inaccessible to learners or novices from other fields (i.e., jargon). The following pages outline the key theoretical perspectives and research results that form the basis of techniques described in Positive Family Therapy. In subsequent sections, these constructs will be presented in everyday language so that practitioners will have assistance in translating complex and nuanced psychological realities to people who are not mental health experts but who need a working knowledge of how to improve their lives.

Key concepts: boundaries, causality, circularity, constructivism, ecology, equifinality, homeostasis, morphogenesis, morphostasis, permeability, physical science metaphors, positive psychology, recursive, similar proposition, social constructivism.

THE MAJOR CONSTRUCTS

SYSTEMS THEORY BASICS

Ludwig von Bertalanffy (1976) devised general systems theory as a universal theory that would allow understanding of all living systems. While, perhaps, not achieving the original intent, his general systems theory was used by scholars and practitioners in family therapy as a way to describe the relationships operating in families. Systems theory grew in application beyond mere biological systems to organizations of many different sizes and structures.

The definition of a human system is people in interaction by some similar proposition (von Bertalanffy, 1976). The key issues are the interactions and similar proposition. The term similar proposition means that the interaction among the people is somewhat predictable or governed by the norms of the system or family. When one person in the system acts, every other person is influenced, which again influences the person who initially acted, and so on and on. This is the recursive nature of living systems. Because the system is living and developing, a constant process of change is always in place, which is called morphogenesis. Yet the change remains small enough so the system remains intact, which is called morphostasis (Keeney, 1983). The mutual influence of systems describes the foundational contribution of the theory to family therapy. A system member can be helped or harmed by the system. Similarly, a system member can help or harm the system. Interaction happens continuously. Because a family
system, however configured, is the most influential system in a person’s life, facilitating the family’s functioning helps each member. Each member is the family change agent who cares more about and is more consistently involved with the family than any family therapist.

The definition of a family system identifies a family as people in interaction by a similar proposition. A family system includes people who historically could be considered extended family, nuclear family, or non-related people who live together intimately. While we will often use examples that do not include larger family units or nonrelated units of people, these constellations are applicable. Family from our systemic definition is not culturally bound but is functionally defined. We wish to work with the system(s) that is/are most influential to the individual’s or individuals’ growth.

Positions in family systems relate to family role or family subsystems (e.g., parent, child, stepparent, parental child), age (e.g., birth order), temperament (e.g., tendencies to compromise versus to demand singular compliance), and to the family’s history and culture. For example, in the U.S. majority culture we expect the father in a family to have greater influence than a child and older children to be more powerful than younger children. We also observe, however, that in many one-parent families or families with a large number of children, a child starts to take on the role of a parent because of the parent’s need for support or help in raising other children. Family therapy welcomes different configurations of families and influence within families. We have worked with families that include grandparents, aunts, and friends who were imbued with great influence within the family.

We also see that family position can be influenced by the temperament of the individuals. Explosive and demanding parents or children may gain inordinate power in a family if the others are submissive to their tantrums or if the tantrums are extreme. Skill differences can play a role in family position if, for example, English speaking children become the translators or culture brokers for their non-English speaking parents. The child can accrue great influence within the family beyond that predicted by their ages or their heritage group.

The more influential subsystem of a family can be thought of as an executive system (preferably the adults). The executive subsystem can promote or mute change with greater power than the other systems. Understanding who belongs to the executive system and how well it functions is important. The executive system can contain a grandparent or religious leader who is not living with the family but may need to be included, even symbolically, in all important decisions.
If not every family member can attend therapy sessions, the members present can be asked to speak on their behalf (e.g., “If your father was here today, what would he say?”). Part of the executive subsystem is the memory of historical family members who communicated the family culture. Their contribution is important to respect. We particularly notice these influences when the family culture is very different from our own or when rapid acculturation is occurring or when immigration experiences have required parting with extended family.

Systems can be thought of as having boundaries (Minuchin, 1974). A boundary determines who is in a particular system/subsystem and who is outside. Systems within families or between families must interact. For example, the subsystem of children should be in communication with the parents. And the family should be in communication with the children’s schools. Boundaries are constructs that allow us to describe the amount or quality of the interactions. These boundaries may be quite permeable, suggesting that, for example, information, affection, and supervision flow easily between parents and children.

Or the boundaries may be impermeable. Parents may keep secrets from each other or from their children. Or a parent may be distant or unapproachable to children, thus representing a disengaged or rigid boundary. Families that are pressured by illness or economic distress may withdraw from others as they attempt resolution and, thus, inadvertently be deprived of important resources. Some boundaries must exist for there to be an entity that can be defined as a family or a person. The most adaptive amount of boundary permeability is complex to estimate. The functionality is determined by the attributes of the individuals, their developmental tasks, and their culture. These metaphorical membranes influence the family system’s resilience in the face of stress. For example, during a crisis these membranes may be too open or too closed. Family members can experience negative feelings because others seem too intrusive or too distant, resulting in an experience of being abandoned, exposed, or controlled.

Another essential prediction from systems theory is that the totality or whole of the system is more than the sum of the parts (von Bertalanffy, 1976). Knowing the individuals in the system does not tell us everything about the system’s functioning. For example, well-meaning people can develop very poor relationships within families—an outcome that may not be readily predictable from knowing each person individually. Conversely (and more happily), troubled or troubling people can blossom and thrive in a facilitating system or family. A massive research tradition from social, community, and developmental psychology illustrates the power of the
setting and group on the behavior of the individual, which gave rise to a school of ecological psychology (Bronfenbrenner, 1999). This theoretical and research tradition is closely related to systems thinking and explains the importance of developing healthy physical, social, emotional, and cognitive environments to support developing individuals. The ecological perspective also provides explanations for the long-lasting effects of trauma and deprivation on human development. Ecological approaches to physical and mental health goals are informed by general systems theory (Bronfenbrenner, 1999).

Equifinality. This principle in systems theory emphasizes that there are many ways a final state can be reached by an open living system (von Bertalanffy, 1976). The final state could be a goal, signifying that there are many ways to reach a goal. By extension, there are many ways that we could arrive where we are today. The principle of equifinality has direct implications to psychotherapy. Understanding that there are an infinite number of ways for us to reach our goals opens up a great deal of flexibility and optimism. Alternately, people with the same problems or strengths can have very different early life experiences.

Recursive Interaction, Causality, and Change. The interactional patterns of a family system are recursive rather than linear (Bateson, 1972; Becvar & Becvar, 2003). In this context, linear interaction implies the existence of a first and definite cause. Imagine kicking a rock. Knowing the force of the kick and the size of the rock will predict the outcome. In contrast to linear interactions, recursive interaction describes people’s actions as reverberating reactions to other people, situations, memories, and perceptions. In such circular systems, certainty about causality is illusive. For example, instead of imagining kicking a rock, imagine kicking a person. Reactions to such an event are unpredictable. How was the kick interpreted? Was the kick initiated to kill a snake about to bite my leg? What prior relationship existed between the perpetrator and the victim? Speaking of initiation, what initiated the kick? What is the reaction to the reaction of the kick? The range of consequences emanating from the kick and preconditions to the kick is vast. Possibilities vary from mumbled regrets, to dangerous brawls, to a teasing return kick, to a kiss. Recursive interactions among humans defy exact prediction. Only a known history of interactions and the prevailing propositions of the relationship give us limited predictive power. For example, do the older children in a family bully the younger one with impunity? Or are the older children held to higher standards of behavior because of their age and expected to bear the slings and arrows (or kicks)
coming from their baby brothers and sisters? We need to know the
propositions that bind the system to make an educated guess. The guess
is always an incomplete description because it cannot include the begin-
ning or the end, only a snapshot of the cycle of interactions. A better
description contains more cycles of interactions but all description is
incomplete.

Causality is a very popular idea for humans. Cause and effect is how we
imagine the world works. We are drawn to figure out why things happen
and tend to seek singular causes to events we witness or experience.
Identifying causes and their effects is a basis of modern physical science.
Physical science is the most powerful paradigm or metaphor we have to
understand many of the mysteries of our universe. Close investigation of
the most basic lawful behaviors and constituent elements is the path we
equate with the scientific method. Psychotherapy has been influenced by
the power of the physical science metaphor. The link between psycho-
therapy and physical science can be traced back to psychotherapy’s
development in Europe and in the United States by physicians trained
in the physical science model of causality. In the same way that particular
germs, disease processes, or trauma events could be linked to human
misery, certain historical or current psychological events or biological
vulnerabilities could explain mental illness. Close ties between psycho-
therapy and medicine are also explained by the medicine’s high status in
the twentieth and twenty-first centuries. Although there are strong benefits
associated with understanding humans as singular physical entities (i.e.,
we are not mind and body—just body), the predominance of the physical
science metaphor has some unfortunate influence on the practice of
psychotherapy.

A physical science metaphor misleads psychotherapists because the
logic leads us to assume that human characteristics (e.g., values, desires,
feelings, sense of self) are governed by the same causal principles of change
associated with mechanical objects. Translating cause-and-effect reasoning
to psychotherapy creates expectations of a straightforward causality. If the
engine of a car does not start, the most important step is to identify the
source of the problem. What critical part is failing? There is an identifiabile
cause. After an accurate assessment of the problem the dysfunctional part
can be replaced. The car is functional once more! Simple cause-and-effect
reasoning leads us to believe that understanding the cause leads inevitably

1. Often the historical metaphor of psychotherapy has been termed the medical model.
We think that using the term physical science more clearly depicts the theoretical
issues.
to a cure for the problem. In fact, the very useful psychological field of *functional behavior analysis* is closely modeled on this approach with specific strategies to identify presenting problems, their antecedents (i.e., causes), their consequences, and the contexts in which they appear (O’Neill, Horner, Albin, Storey, & Sprague, 1997). As useful as this approach can be in certain circumstances, it is not the most effective strategy to support positive change for whole families. The central concern of the approach is on problem behavior and the problem of an individual. Also, the perspective is typically linear in cause-and-effect reasoning.

A physical science metaphor relies on identical inputs always predicting identical outputs. While it is clearly true that installing the correct part in a car or using the right fuel predicts better performance, such certainty is rare with humans. For example, successful family routines such as shared dinner times or family vacations may become distasteful based only on the changing ages of the children. Almost every parent has had the experience of doing the same thing with a child and getting a very different reaction sometime between the ages of 11 and 16 years old. While many physical systems are best cared for by providing unchanging contexts (e.g., salinity of water, temperature ranges, titration of drugs), human systems have developmental trajectories, contexts, and moods that are quite complex to predict.

System theorists explain this complexity as exemplifying the many internal developmental and micro-, meso-, and macro-systemic variables that interact to produce every human behavior. Humans have a developmental trajectory in physical, cognitive, emotional, and social dimensions. As noted by the humanists of the last century, humans are driven to greater levels of complexity and more advanced forms of judgment across their life cycles. This internal development takes place in interaction with many other developing systems (e.g., other people, schools, work places, neighborhoods).

In addition to the sheer number of interactions that characterize family life, humans also create meaning from their experiences. They make interpretations about their own and others’ behaviors. These vast networks of meaning interact as people make life choices. Perhaps more simply, philosophers and religious leaders point to human free will as a “wild card” in the process of predicting behavior. Cars do not make meaning and so they can be repaired based on presenting problems. People’s behaviors challenge this assumption. Effective psychotherapy requires that our metaphor for human change/repair be more flexible. Basically, we must consider that positive human change can occur even when the “cause” is unknown. In fact, the “cause” may be irrelevant and relentless pursuit of
root causes of family presenting problems may be harmful. If family interaction is recursive or circular, linear investigation strategies may be ineffective and become part of the problem. Beyond very simple reflexes, it is difficult to think of a human response that occurs every time a specific stimulus is presented (von Bertalanffy, 1976).

**Structural Determinism.** The determining factor of change in a system is the structure of the system. This is called *structural determinism* (Maturana, 1974). If a change attempt occurs in a manner that a family system cannot assimilate, the family does not change. For example, we may ask a parent to give his child a dollar every time the child cleans the kitchen. If, however, the parent believes that giving a dollar is bribing the child, the parent will not engage in the assigned intervention. A different system could have found the same intervention successful. The influence of the change is determined by the system not the intervention. We cannot blame the family because our interventions do not help them. Just as it is not reasonable for parents to blame each other for not behaving in accordance to the other’s plan.

Therapeutic cooperation with structural determinism is achieved by selecting interventions that build on a family’s strength. Helping a family grow by building upon strengths makes use of existing abilities and attitudes that are readily available for use in new areas of growth (de Shazer et al., 2007). Constructivism and social constructivism provide a critical perspective in understanding why the system or family determines what will be helpful.

**Constructivism and Social Constructivism.** Two other metaphors (models or theories), in contrast to physical science, provide some direction. These are constructivism and social constructivism. Focusing on the intrapersonal, constructivism describes the creation of meaning about the world occurring within each person’s reasoning. From this perspective, an objective reality cannot be known; only a representation or subjective understanding created by our cognitive processes is available for shared discussion (Rudes & Guterman, 2007). Each of us creates our own reality based on our current perceptions interacting with our past experiences and our processing abilities.

Imagine the kick again. Upon being kicked, I could perceive that I am in a great deal of pain. Additionally, I could remember past experiences of being taunted by neighborhood bullies who enjoyed humiliating me by making me cry in public. And finally, my processing of the information could be influenced by my autonomic nervous system ramping up to a
fight-or-flight response. With this snapshot of my internal processes, my reality of the kick becomes somewhat clear. Because of all the meaning associated with receiving the kick, you might understand my reacting with a bigger kick toward my constructed assailant.

Social constructivism, on the other hand, focuses on the interpersonal realm. Social constructivism describes knowledge existing through our interactions with each other, especially through language (Bruner, 2004; Gergen, 1985, 1997, 2000). Reality is cocreated through shared interactions. As we discuss issues, our beliefs about the issues emerge and congeal. We influence the reality of others and others, in turn, influence our reality. A negotiation of what is known or believed occurs during the conversations. Through our interactions with each other we discover our beliefs and others know us. The negotiation of reality makes recursive influence even more evident.

Another visit to the exemplar kick! Before you kick me, you shout, “Watch out for the snake crawling up your leg!” Then you kick me and exclaim, “Wow that was close!” If I enter into the construction built on your statements then my reaction is very different than before. Even if I never see the snake, I thank you for kicking me. Our interaction created another reality of the kick.

Constructivism and social constructivism are theories about how we create meaning—how we create reality. One very important creation is the self. How do I know who I am? Am I actually able to determine who I am? A basic contrasting question is, am I able to define myself or do my relationships define me? (Gergen, 2000; White & Epston, 1990). The definition of self highlights a difference between constructivism and social constructivism. A part of the psychological community has been moving toward the answer supplied by social constructivists: Self is a story that is created and recreated through stories (Bruner, 2004; Gergen, 2000). Internal and external conversations about our characteristics create who we are.

Shared conversations among people—who they are and what they believe—form cultures. Many things can influence these conversations—for example, prevailing religious convictions or historical developments. Social constructivists focus on the power of human interaction to create the realities in which people live (Gergen, 2000).

Therapists have observed that family conversations create the systems that describe problems and solutions (Anderson & Goolishian, 1988). The agreement and energy surrounding a problem as the topic can create a system that is organized around a particular definition of a problem. Perhaps when a family first enters therapy this is the structure. At least some powerful part of the family (and perhaps people outside the family as
well) seems inflexibly engaged in conversation about a definition of "the problem." Often a major difficulty in family therapy involves moving the conversation from the problem to an ongoing conversation about the goal. The perspectives provided by both constructivism and social constructivism offer important therapeutic wisdom. People surely have the power of internal and independent constructions of self and others based upon history, present perceptions, and personal abilities. In addition, it is equally obvious that people construct meaning based upon the stories they build with others or the stories they are mandated to accept. Both constructive processes are important in understanding reality and change. As subsequent chapters will illustrate, the ability to think using the technique of both/and reasoning as opposed to a singular reliance on either/or reasoning serves family therapists well. The reality of either/or reasoning requires a right and wrong perspective. Either my way is correct or your way is. Embracing both/and reasoning means that both can be helpful perspectives for growth and high functioning.

Two principles of communication should be continuously on our minds. The first one is that we cannot not communicate. The second is that communication can never be taken back (Stuart, 1980). By writing that we cannot not communicate, I mean that we are always communicating, even when we say nothing and twitch not a muscle. If a father sits quietly while the rest of the family is celebrating Marla’s good grades, he is communicating. As newcomers to the family system we may not know what his noncelebratory behavior means, but the family knows that he is making a statement. If we suspect child abuse but do nothing, we are making a statement about the power of the perpetrator to bully even the therapist.

The principle that many people overlook is the axiom that communication cannot be taken back. "You really look awful in that sweater!" "Oh, I didn’t mean it! I take it back." Once you think I do not like your sweater, the issue is clearly in front of us. This principle makes therapists work hard in family therapy. Allowing or encouraging angry, hurtful communication in a therapy session damages relationships further. Clients often view family therapy as an invitation to release all pent-up frustrations on another family member. Cruel communication harms relationships in session or out.

This concludes the systems theory presentation. Next we introduce positive psychology.

**Positive Psychology**

‘Positive psychology is the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and
institutions’’ (Gable & Haidt, 2005, p. 104). Helping families achieve conditions and processes that contribute to their optimal functioning or flourishing is an ideal addition to family therapy. Every family can embrace wanting to function optimally. The current research in positive psychology has given new vigor to the intersection of research in psychotherapy and optimal human functioning. Positive psychology research reveals how our ordinary strengths and virtues lead to functioning well psychologically (Sheldon & King, 2001).

The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom.

At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Seligman & Csikszentmihalyi, 2000, p. 5).

The study of positive psychology moves us even further away from a physical science metaphor for psychological intervention. Positive psychology clearly focuses psychotherapy outcomes beyond the goal of “no problem” or maintenance of a status quo. Mental health is not simply the lack of mental illness. Positive psychology investigates the paths that lead to happiness, fulfillment, and flourishing. These lofty goals provide a transformative understanding of psychotherapy that is particularly useful with families. Families are charged with facilitating each individual’s capacity for love, vocation, sociability, forgiveness, and so on. Helping families know how to better perform their role as a system is an ideal fit for family therapy.

The critical research findings in positive psychology that translate directly to psychotherapy involve the importance of choosing a goal, focusing upon the goal, employing positive emotions, persisting in change strategies, maintaining change, using strengths, and the significance of attending to the better side of our humanity as the best strategy to transcend the human dilemmas that confront us all. Psychotherapy based on these research findings is a radical departure from the prevailing models of psychotherapeutic change.

**Problem versus Goal Focus.** The most fundamental flaw of the physical science metaphor of psychotherapy centers on the importance of the
problem in psychotherapy. Historically, psychotherapy is based upon the 
premise that diagnosing or interpreting the meaning of the person’s problem 
is central to treatment. Progress is based upon the clarity of the problem. The 
more exact the diagnosis the better the psychotherapy. Within a physical 
science metaphor, when problems are fixed, the machine operates again. 
This perspective makes sense because a problem cannot be fixed that is 
unknown or inaccessible in the physical science metaphor.

The psychological research on humans rather than machines reveals 
theory-shattering results! Focusing on the problem rather than the goal is 
detrimental to growth. The benefit of focusing on a positive goal in the 
approach- and avoidant-motivation literature unequivocally supports the 
superiority of focusing on a positive goal over a problem focus. Approach 
motivation means a focus on achieving a desired state. For example, a positive 
goal is: “I want to have a warm relationship with my son.” Avoidant motivation 
focuses upon keeping the problem from occurring: “I do not want to fight with 
my son,” or, “I don’t want to think about my relationship with my son.”

The approach-motivation research strongly supports the benefits of a 
positive goal orientation. Focusing on a positive goal, rather than avoiding 
a problem, increases a person’s motivation and energy for actively achiev-
ing his or her goal (Goetz, Robinson, & Meier, 2008). Research participants 
under goal-focused conditions (in comparison to participants in problem-
avoidant conditions) approach tasks with greater optimism as well as a 
greater commitment to learn new things, start something new, and try new 
and challenging activities.2 The increased activity level and willingness to 
take risks directed toward a positive goal is essential in psychotherapy.

Focusing on a goal versus avoiding the problem is also accompanied 
by higher persistence toward an achievable goal (Dweck, 1999; Elliot, 
McGregor, & Gable, 1999). Pursuing positive goals facilitates novel and 
creative solutions instead of repetitive solutions that do not work. More 
solutions are generated and attempted with approach goals (Crowe & 
Higgins, 1997; Friedman & Forster, 2001).

Again, the translation to psychotherapy is straightforward. Achieving 
new accomplishments in life requires persistence and creativity. When 
something is not working, it is important to back away in order to attempt 
something else. The skill of knowing when to hold (i.e., persist) versus when 
to fold (i.e., find a new strategy; Lench & Levine, 2008) is enhanced when 
pursuing a positive goal rather than focusing on the problem. A signature 
quote of strategic therapy is that, “if at first you don’t succeed, try

2. The reported research in positive psychology is primarily based upon laboratory 
research rather than therapy research.
something else” (Watzlawick, Weakland, & Fisch, 1974). In business circles, managers are urged to “work smarter, not just harder.” Surprisingly, however, many people and therapists are unrelenting in using “more of the same” tactics. A problem-reduction focus seems to invite this rigidity. For example, if the family problem is defined as a rebellious daughter, no progress can be made until the daughter stops rebelling. If, however, the family goal is to have fun together, there are many ways for the daughter to participate in family attempts at reaching the goal of mutual enjoyment (remember equifinality).

People can, of course, manage their lives by avoiding problems. Surely, in some measure avoidant motivation is present in everyday life. There are consequences, however, that arise from a problem-avoidant focus. For example, even when successfully avoiding a problem, a person is left at best with feelings of relief and at worst with the negative emotions of anxiety and anger (Dweck, 1999; Lench & Levine, 2008). In contrast, a person who successfully achieves a positive goal feels good about the accomplishment (Carver, 2004; Elliot & Church, 2002; Higgins, Shah, & Friedman, 1997). This means that, if I manage to get through dinnertime without an argument with my son, I may feel relieved but also anxious about the next encounter and perhaps a bit angry that my dinnertimes are so tense. If, however, my son and I search websites together and have fun finding films and music to have on hand for a family reunion, I feel great about accomplishing the goal of increased closeness with him. Consider the energy, creativity, positive feeling, and willingness to re-engage in the web-search process that occurs in the latter example.

The positive feelings associated with goal attainment facilitate psychotherapy success. Feeling good after achieving a goal leads to more energy for achieving additional goals. On the other hand, the feeling of relief upon successful avoidance of the problem does not provide energy to pursue more goals. I might engage in the intervention once but what keeps me using this skill?

Neither type of motivational style is always successful. Those who tend to use approach rather than avoidant strategies feel disappointed when they fail. Avoidant individuals experience more anger and anxiety when they are unsuccessful. This difference has some therapeutic implications. It is easier to maintain a relationship with someone who is disappointed than it is to maintain a relationship with an angry, anxious person. The disappointed person may be easier to approach and support. The angry person may not invite such connections. Because shared stories and conversations create family realities, approachability and support are vital ingredients to building new system strengths. The impressive research on the importance of having
a positive goal to focus on clearly makes sense as we apply the results in psychotherapy. The attention focused on the positive goals of family therapy creates an environment favorable to good feelings and sociability.

**Positive Affect.** The experience of positive affect or emotion is a global indicator of how well we are doing—that is, our subjective well-being. The balance of positive to negative emotions we experience across a day is a marker of mental health functioning (Diener, Sandvik, & Pavot, 1991). Much of the extant literature in psychotherapy and psychology, however, has been focused on negative affect or negative emotions—for example, research on how to reduce fear and anxiety. Although it is clearly important to build interventions aimed at the direct reduction of negative emotions, very little attention has been paid to building positive affect as a psychotherapeutic strategy. A growing research base supports the powerful effects of positive affect.

Most people understand that success leads to positive emotions. Few know, however, that the converse is true as well. Research indicates that positive emotions, such as happiness, cause successful outcomes (Fredrickson, 1998; Lyubomirsky, King, & Diener, 2005). Success leads to happiness and happiness leads to success. Therefore, positive family therapy includes positive emotions as a process as well as an outcome goal of psychotherapy. Many clients seen in family therapy come with marital, parenting, and work challenges. Finding that happiness leads to success in all these areas makes positive emotions a vital building block for a new approach to family therapy. Consider the following examples.

Happiness in marriages, measured by the ratio of positive to negative interactions, predicts long-lasting relationships (Gottman & Levenson, 1999). This means that couples who manage an interational style that is characterized by caring, attentive, supportive statements to each other are unlikely to divorce and highly likely to report being happily married. The quality of the conversation between the two people creates a shared reality that defines their marriage as successful.

People who describe themselves as happy (i.e., high in positive affect and relatively low in negative affect) are socially more attractive to a wide variety of people (Kashdan & Roberts, 2004). They report being and are seen as more socially expert (Isen, 1999). Happy people are more sought after as friends and more likely to receive assistance from others when they are in need (Salovey, Rothman, Detweiler, & Steward, 2000). Positive affect

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3. Joseph Wolpe’s (1990) systematic desensitization is a notable exception where a positive affect, relaxation, is used to counter anxiety.
invites social interaction through smiles and laughter (Frijda & Mesquita, 1994; Keltner & Kring, 1998; Ruch, 1993). In marriage and friendship, happiness promotes successful relating. The research results outline an important circularity or recursive quality. Good marriages and friends make people happy, and happy people make good marriages and good friends.

Strong relationships or social support contributes to a person’s subjective well-being, physical health, and emotional adjustment as well as creating more social acceptance and positive emotions (Argyle & Martin, 1991; Cohen, 1988; House, Landis, & Umberson, 1988; Myers, 1992). These findings reflect a long tradition of research. For example, Wilson reported in 1967, “Perhaps the most impressive single finding lies in the relation between happiness and successful involvement with people” (p. 304).

In 1962, Eric Fromm asserted that part of being a good mother was being a happy person because of the facilitative influence of happiness on healthy child development. More contemporary research supports the important role of positive affect in the parent-child attachment process. A smiling infant influences mothers to feel and act more positively (Fredrickson, 1998, 2001; Tomkins, 1962). Mothers who express more positive affect facilitate infant expression of positive affect (Haviland & Lelwica, 1987). Again, notice the circular influence of attachment and positive affect.

Positive affect influences success at work. Workers with high positive affect receive higher performance ratings from their supervisors and are viewed as more reliable and productive (Cropanzano & Wright, 1999; Staw, Sutton, & Pelled, 1994; Wright & Staw, 1999). Employees expressing more happiness receive higher ratings in goal emphasis, work facilitation, and teamwork (Wright & Staw, 1999).

In a comprehensive review of the literature on the influence of positive feelings such as happiness, Lyubomirsky, King, and Diener (2005) summarized the impressive results. Specifically, they found that happiness facilitated social relationships, healthy behavior, coping ability, and immune systems. Frequent feelings of happiness decreased stress, accidents, and suicide rates as well as enhanced our commitment to values or character development. Happy people are more altruistic, kind, and charitable. Positive emotions prevent drug abuse (Wills, Sandy, Shinar, & Yaeger, 1999) and problem drinking (Peterson, Seligman, Yurko, Martin, & Friedman, 1998).

The persuasive research on positive emotions demands center stage in psychotherapy. Positive emotions influence growth and sociability and are themselves worthy goals. Global research investigating levels of subjective well-being across nations supports the universal importance of happiness, but it also suggests that how different groups label or interpret happiness
has some variation (Tov & Diener, 2007). For example, pride is a positive emotion in Australia and the United States, but more negatively viewed in China and Taiwan (Eid & Diener, 2001). Families are embedded in the macro-systems of culture and are themselves each different. Families create unique cultures requiring continual sensitivity.

**Broaden and Build Model of Positive Emotions.** Barbara Fredrickson (1998) developed a model of how positive emotions influence human development. A wide range of research has supported her model, the *Broaden and Build Theory*. Most importantly for us, her work directly supports the processes used in our approach to psychotherapy and is consistent with our theory of how change occurs.

The *Broaden and Build Theory* describes two primary functions that positive emotions serve. First, positive emotions broaden a person’s thinking and behaviors. When experiencing positive emotions we are more likely to engage our world in a creative manner (Bryan & Bryan, 1991; Carnevale & Isen, 1986). Creative engagement broadens our behavioral repertoire, which gives us more ways to cope, and facilitates greater social involvement and knowledge. The second step, build, describes the expansion of social and intellectual skills that increases our array of abilities and social contacts supporting future growth. Finally, the outcome of broadening and building abilities results in our experiencing more positive feelings, which in turn leads to more broadening and building. This positive cycle of personal development with positive emotions escalates in a productive manner throughout our lives.

Fredrickson’s model (1998) grew out of research in experimental personality psychology. Note the parallel of her findings with experimental research about approach motivation. Motivation to approach a goal increases personal resources of energy, motivation, and creativity. Positive affect increases personal resources in ways that attract additional resources. Applications to therapy are very promising. The consistent findings that positive affect facilitates growth as well as increasing cooperation and caring overlap with therapeutic goals for most families. For example, children involved in positive play experiences increase their physical, intellectual, and social resources. Therapy assignments that direct parents and children to play together begin a positive spiral of experiencing more positive emotions that in turn provide them with greater resources to accomplish a wide variety of family goals.

Research in positive psychology has underscored the importance of positive emotions on several important variables that influence child development including levels of prosocial behavior (Isen, Horn, & Rosenhan, 1973; Kenrick, Baumann, & Cialdini, 1979), cognition (Bryan &
Bryan, 1991), and memory (Bartlett, Burleson, & Santrock, 1982; Bugental, Lin, & Susskind, 1995; Duncan, Todd, Perlmutter, & Masters, 1985; Forgas, Burnham, & Trimboli, 1988). Happy children are more successful in all these arenas than are children with high levels of negative affect.

**Hope.** Positive psychology research has led to an increased focus on hope/optimism and other human virtues (e.g., McCullough & Snyder, 2000; Park, Peterson, & Seligman, 2006). Hope has received a great deal of recent empirical investigation. Results underscore its fundamental relationship to well-being (Snyder, 2002). Higher hope enhances mental health, recovery from major illnesses and injuries, academic performance, and athletic performance. Hope seems important in all aspects of life (Snyder, Lapointe, Crowson, & Early, 1998).

Successful family therapy must instill hope in family members. In therapy, hope is the belief that a person can accomplish her or his goals. A person who believes in her or his ability will initiate a plan and persevere through obstacles until reaching the goal. People with confidence in their abilities to succeed engage in more self-supportive statements such as, “I know I can do this” (Snyder et al., 1998).

Hope counters the pervasive demoralized feeling that is central to clients’ pain (Frank & Frank, 2004). Snyder (1994, 2002) found that hope consists of believing that ways of accomplishing a goal can be discovered and the person has the ability to carry out the plan. Having multiple routes to attaining a goal increases a person’s hope of accomplishing the goal because if one approach becomes blocked, another route is available—another parallel with the general system theory prediction of equifinality in open social systems.

Positive emotions consistently bolster immediate levels of hope and over time serve to establish higher long-term hope (Gallagher, 2008). Even watching a brief humorous film that makes us laugh out loud can increase our immediate feelings of hope (Fredrickson & Branigan, 2005). Research on interventions that bolster positive affect such as laughing out loud has direct translation into family therapy. When we engage with the family members with humor and positive visualizations of the family, positive affect is elicited. Even though the feelings of hope are transitory in the initial therapy session, the early experiences of progress contribute to the reciprocal nature of confidence and hope and positive emotions. After the family members begin to have confidence in their abilities to strategize together and accomplish their plans, hope replaces despair. The broaden-and-build process begins as positive feelings help clients initiate more activities that further build capacities and resources (Fredrickson, 1998; Gallagher, 2008).
For example, we could ask the family to tell us about a good time they had together. As they tell the story, we facilitate each person telling what was nice about it so as to increase each member’s involvement in the experience. As the family members become more involved in the reporting of good times they have more positive feelings. The positive feelings increase hope. Hope means that they have more confidence in their ability to create this kind of family experience again. As therapists, we are excited and interested in their reports. Our interest and attention facilitate their talking more about the enjoyable family experience as well as promoting their positive feelings. We also ask about how the experience came about and if it can be recreated. We remind them about how each member contributed to the experience and how each can contribute to initiating a similar event in the near future. This kind of interaction reflects the model of social constructivism—a story is being constructed that creates a positive reality for the members to enjoy. Enjoying time together predicts they will be able to think more broadly about their experiences of being together and increases the chances they can build future positive interactions. Very specifically, assigning this conversation as a task in family therapy does the following:

1. It helps the family remember or discover multiple ways to reach their goal because each member of the system contributes.
2. It gives the therapist multiple opportunities to remind the family of how actions are linked to goals and why goals are important.
3. It gives the therapist opportunities to point out how the family has been able to accomplish part or all of similar goals/behaviors in the past.

How Change Occurs: The Basics

All psychological theories of change are reductionistic because to be helpful they must oversimplify the complexity of life. The ecological, historical, developmental, biological, and psychological complexities of people, especially people in relation to other people as in a family, present an overwhelming number of possible change targets, strategies, and levels to a therapist. Therefore, each psychological theory takes a part of the human picture to focus upon with the understanding that the particular perspective is likely to be helpful in supporting change. However, the means to the end is important as well. We appreciate that theoretical support for Positive Family Therapy means using positive emotions, sociability, and virtues to achieve an end.
The change theory consistent with systems thinking and the positive psychology broaden-and-build model has been called *escalation*, *deviation-amplifying*, or *positive feedback theory* (Maruyama, 1963). *Escalation theory* describes the process of how a small change can lead to a much larger change in the system. Many major systems theorists have made use of escalation theory as a way to understand change (i.e., Watzlawick et al., 1974; de Shazer, 1982; Bateson, 1972; Sluzki & Beavin, 1965; Maruyama, 1963; Wender, 1968; Boscolo, Cecchin, Hoffman, & Penn, 1987).

Escalation sequences assume that wittingly or unwittingly people respond to each other in a manner that is met with a response of greater emotional intensity. The response is based upon each respondent’s understanding of the situation—his/her beliefs or attributions or constructions. Beliefs, attributions, past history, and constructions are encapsulated into the term *meaning system*. Each person responds from his or her own meaning system as the escalation occurs. Because people act within their own personal meaning system, each feels reasonable or justified in their actions because it makes sense to them. It is quite common for people to misunderstand each other’s motives.

We do not propose that escalation theory describes how a problem develops (although it could). Escalation theory’s strengths lie in its ability to describe the process of change in a manner that is inclusive and mutually beneficial. The theory allows for different constructions of the solution toward a mutual goal. Escalation theory describes how a system intensifies its processes over time. Escalation can lead to by-products that are experienced as enjoyable or terrible. An escalating interaction results in heightened intensity of feelings, behaviors, and/or beliefs based upon deeply entrenched attribution (meanings) held by the participants.

For a clearer understanding of escalation at work, imagine a couple sitting together on the couch. Person A smiles warmly at person B. B returns the smile and pats A’s hand. A kisses B’s hand. B leans over to kiss A on the cheek. And on goes the interactions that increase in positive intensity from the perspective of both A and B. The process, which started with a smile, could end with passionate intercourse. The escalation process was maintained by a mutual construction of the process as communicating caring and desire to feel close to one another. Both persons understood each communication as information consistent with a welcomed and increasingly intense message of love.

A family system will have many complex issues and interactions occurring simultaneously. The assessment and change process is complex. The pattern of escalation is not exactly predictable in a family—we must deal with probabilities.
Research Support of Escalation Theory. The research on the accuracy of how escalation describes change is not as convincing as we would like. The support for escalation theory is based upon the reported effectiveness of therapeutic approaches based upon escalation theory, research on reciprocity of communication, and conceptual helpfulness of escalation theory. Techniques derived from escalation theory have case and best practice clinical support (e.g., de Shazer, 1982; Fisch, Weakland, & Segal, 1982).

Research on reciprocity of action between people grew from Thibaut and Kelley’s (1959) social exchange theory of social relationships. Social exchange theory represents relationships in economic terms. The satisfaction or worth of the relationship is a function of the benefits received and the cost incurred. Patterson (1982) developed a similar description through his behavioral orientation. Of special importance to family therapists are Patterson’s evidence-based descriptions of problematic escalation patterns called reciprocal coercion.

Studies on marital interactions revealed interactional sequences with characteristics predicted by escalation theory. A positive or negative behavior is likely to be followed by a behavior of the like kind from a spouse (Billings, 1979; Gottman, 1979; Gottman, Markman, & Notarius, 1977; Margolin & Wampold, 1981; Raush, Barry, Hertel, & Swain, 1974; Hahlweg, Revenstorf, & Schindler, 1984; Schaap, 1984). Also, these studies indicated that negative interactional sequences are more likely to occur with distressed couples than with nondistressed couples. Revenstorf and colleagues’ (1984) study found that nondistressed couples were more likely to reciprocate positive behavior.

Jacobson and colleagues’ (1982) and Gottman (1976) found distressed couples more likely to react immediately with negative communications toward each other. Partners were more likely to respond negatively to each other to begin escalation cycles when they were distressed.

Hahlweg and colleagues (1984) examined the type and number of escalation sequences of couples in therapy. They found that negative escalation was decreased after therapy. Positive escalation (he called this attractive escalation) occurred more often and with more sequences in nondistressed couples than with distressed couples. After therapy, positive escalation was more frequent and had a greater number of sequences. The posttherapy improvement surpassed even the nondistressed comparison group.

The Shortcomings of the Escalation Model. Escalation as a metaphor of the change process in people’s interrelationships has dangers. Because escalation originates from the physical sciences, there may be a tendency to
mechanize our application with people. For example, people will not escalate every time, nor will they do so in identical ways over time. No exponential curve can be plotted that describes the typical escalation sequence, but some patterns do emerge. Most adult children can identify how visiting their aging parents elicits old patterns of behavior—some pleasant and some not. These patterns have been called *dances* (Lerner, 1985, 1989) and can revolve around anger or intimacy, dependency or independence, criticism or valuing. While predictable, they are not inevitable and are open to adjustment.

Further, it is important to know that escalation does not reduce responsibility for the abusive or dangerous behavior of a particular family member. Aggression is not “caused” by lower intensity prompts from others. The escalation metaphor helps us look for a systemic understanding but it does not relieve aggressive members of accountability for their actions. If an abusive situation is presented, we expect to find an interaction that prompts the aggression (e.g., often alcohol intake by the abuser or some small “transgression” from a child or spouse). We expect this interaction to be described differently by each member of the system. These descriptions of interrelated events allow for an uncovering of many sources of influence that prevent the family from reaching satisfactory levels of security. An exploration can uncover a host of issues and influences that may be useful in moving a family toward safety. In these situations, family members may be engaged in a dangerous, escalating “blame game.”

Escalation theory can help along the road to systemic thinking but it is not the end point. Many ways of understanding systemic thinking facilitate our abilities to help our clients. Also, we find that concentrating on the escalation of positive emotions and sociable goals avoids inadvertent misuses of the theory.

*Escalation Theory and First- and Second-Order Change.* Consider a child making poor grades. Initially, the parents scold the child for making the low grades. The child makes poorer grades. The parents demand that the child study in the evenings with no television. The child’s grades worsen. The parents do not let the child play with friends after school. The child quits completing any schoolwork. The grades plummet further and the parents find new punishments. The parents’ best attempts to focus the child’s attention on academic success, while somewhat reasonable, are unsuccessful. Their very common escalating change dilemma introduces us to the concepts of first- and second-order change.

Notice that a compelling aspect of the escalation sequence described between the parents and their homework-avoidant child is that each
intensified move by the parents is more-of-the-same and is met with an intensifying more-of-the-same response from the child. Like many humans, these parents have followed a well-known dictum that, if the desired reaction is not gained by the first change attempt, then “try, try, again.” Watzlawick, Weakland, and Fisch (1974) describe this as a first-order change attempt. That is, when a desired outcome is not accomplished our tendency is to try harder within the same problem-solving model.

When the parents from the previous example report on their efforts, they are likely to say that they have tried “everything.” But an attentive therapist will realize that all the attempts are actually derivatives of one or two themes. Perhaps the parents believe their parental job is to introduce children to the consequences of the real world—bad things happen to people who fail to live up to their responsibilities. The punishment sequence is designed to be sure the child will eventually achieve success as a responsible adult. Although the parents imagine they have used many strategies, they have used just one strategy at increasing levels of intensity. “Negative consequences will change behavior” was the only strategy. They have used a first-order change logic.

Second-order change implies a fundamental or significant break with past and current practices. Second-order change requires new knowledge and skills for successful implementation (Fraser & Solovey, 2006). Continuing the example of the child with poor grades, imagine a change strategy that disrupts the parents’ (and the child’s) view of responsibility and the demands of good parenting. In our first example, the parents became the present transmitters of the cold cruel world their child is doomed to face.

What if their understanding of poor grades and homework completion was not based on irresponsibility, but on the child’s inadequate skills or their child’s motivation to be noticed for other skills? What other strategies might they attempt? Perhaps their first intervention would be to set up an after-dinner parent and child homework club during which both child and parents read, did paperwork, and discussed any challenges they faced. If unsuccessful, another nonincremental strategy would be to focus on the child’s strengths and accomplishments. Although the homework club might continue, the parents would carve out time to pay attention to the child’s athletic, artistic, or social accomplishments. A third attempt might be to include other young people in the homework club—increasing social support for attention to work.

Instead of relying on escalating levels of discomfort to teach responsibility, the parents could use increasing levels of social support and attention to illustrate useful strategies in surmounting difficult life challenges—
ask for help, compensate with strengths, seek other avenues to increase motivation. This approach has the added advantage of providing the child with a view of his or her future that is based on a build-and-broaden strategy. When faced with a challenge, seek strategies that increase positive affect.

The use of first-order change—that is, the one-solution set that escalates with continually worsening outcomes—was seen as the hallmark of human difficulty by Fisch, Weakland, and Segal (1982). Fisch and colleagues developed a change procedure that defined the client’s solution as the problem. Their goal was to get the client to stop the current solution attempts because the attempts were escalating the situation. Pathology occurred when clients made two mistakes: selecting an unhelpful solution activity and then sticking with it (Fisch et al., 1982). We have noticed that most successful second-order change interventions would fit with the predictions from the positive psychology literature. For example, a favorite intervention of Fisch and colleagues is to have the parents buy the child a dog because the presence of a pet very often leads to positive affect.

SUMMARY

Chapter One introduced historical and current research and theory in systems theory and positive psychology. The selected information supports the model of Positive Family Therapy that follows in the next chapters. Now that the foundation formed by theory and constructs has been laid, the techniques and applications follow. We sense your growing positive emotions such as curiosity, hope, and laughter. You should know that every subsequent chapter creates more positive feeling. Really!