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ADAPTING MILAN TO A TEAM OF ONE AND THE FIFTY MINUTE INTERVIEW

Systemic Ideas for Couple and Individual Therapy

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ABSTRACT

This paper is an attempt to describe and illustrate with case examples the writer's experience of modifying the basic Milan Systemic principles of Hypothesizing, Circularity and Neutrality for working as a single therapist in a private multi-disciplinary therapy centre - where traditionally therapy is based on psychodynamic and behavioural approaches.

Every therapist needs a client and every client a therapist; I, therefore, see the task of the effective therapist is to become a non-therapist to a non-client. The recursive relationship implied by this statement led me to explore more fully the opportunities offered by a circular epistemology (or way of knowing what you know) not only when looking at the client system itself, but the co-evolution of the client/therapist system. As a result, I decided to adopt a more systemic therapeutic stance, moving further from the cause and effect mode of a linear perspective, with the couples and individuals whom I see at the centre. Systems theory, based on the thinking of Bateson (1972 & 1979) and developed by the Milan Team, unlike psychoanalysis, sees human beings, young or old, married or single as elements in a structure of co-creative, interlacing relationships. It does not ignore the autonomy of the individual but rather places it in a wider context of important relationships through which the beliefs and behaviours of that person are understood.

The basic approach and method of conducting interviews by the Milan Associates has been well documented (Papp, 1983; Penn, 1982; Selvini Palazzoli et al, 1978a, 1980; Tomm, 1984b) as have their subsequent developments of theory and practice (Tomm, 1984a and 1984b; Cronen and Pearce, 1985).

This paper is intended to address the practical differences, of working systemically

in a different setting from that of the Milan Associates at the Family Therapy Centre in Milan and, where possible, to assess some of the effects on the process of therapy.

It is important to note that the Milan approach is not simply a set of techniques but a distinctive way of thinking and seeing which is recursively related to and put into practice by the three basic principles of Hypothesizing, Circularity and Neutrality, which are also in recursive relationship to one another; neutrality providing the context for constructing multiple hypotheses, multiple hypotheses in turn providing the context for circular patterns and asking circular questions and this technique of questioning providing a context for neutrality. It is this recursiveness between theory and practice, practice and theory each becoming in turn the context for the other which makes the Milan style of systemic therapy an ever evolving, creative and distinctive practice. As Cronen and Pearce (1985) point out

> *"Taken singly and out of context the procedures used in the Milan method are not necessarily unique...* but that *"it is a mistake to pull out particular interventions and analyze their effect as if they were a specific antidote for a particular virus".*
>
> Cronen V.E. & Pearce, W.B. (1985) p.70.

Tomm (1984b) emphasises that from a training point of view, working as a team member and using the full ritual of the five part session is one of the best ways to develop the perceptual and conceptual skills necessary for this approach but that

> *"once an individual clinician has learned how to think systemically and how to create relevant interventions on his own, he can apply the approach without a team."*
>
> Tomm, K. (1984b) p.257.

The question is how to adapt Milan to a team of one and the fifty minute interview. There are significant practical differences of context at the centre. For example, there is no team working with the therapist. No one way screen. No video recordings for reviewing sessions, and appointments are booked at hourly intervals so there is no time flexibility in the length of sessions. There is no formal assessment of clients at intake and (apart from training requirements or special requests) clients are allotted at random to myself and my colleagues who work with different styles of therapy.

Specifically in the space of a fifty minute interview, how does the systemic therapist

create a pre-session hypothesis, conduct the interview confirming or rejecting and re-formulating that hypothesis, take time out for discussions with him or herself and the creation of an intervention, deliver the intervention, and have time left for post session thoughts and the need to prepare for the next client? In practice it has been necessary to introduce a Time Lag Factor (TLF) to accommodate these processes and I have evolved a pattern of seeing clients at weekly intervals for the first six sessions, delivering an intervention at the end of the sixth session and then taking a longer break of about one month. This is followed by as many weekly sessions as necessary to test out different hypotheses and create a new intervention (maybe two or three interviews) and then again a longer break of a month or more. These are guidelines only and should be adapted to whatever seems most appropriate to each client/therapy situation.

Clearly this pattern of working will create a different therapy from that which would occur between the same client and the same therapist working with a team, with longer sessions and longer intervals between the sessions and the advantage of the several perspectives that those conditions offer.

It is only possible to hypothesize as to how the two therapies would be different, to look at some of the effects of this adaptation of method and to answer the question: 'is it useful enough as an effective approach?'

HOW DOES THIS CLINICAL CONTEXT INFLUENCE THE MILAN PRINCIPLES OF HYPOTHESIZING, CIRCULARITY AND NEUTRALITY?

HYPOTHESIZING

Before seeing a client family for the first time the original Milan team gathered information about the family, the patterns of relating between family members and especially how these relational ties may have changed before or after the onset of the presenting symptoms. On the basis of this information, they formulated an hypothesis which became an important framework for the first interview. The information was obtained through skilful telephone conversations between the therapist and one of the family members and this technique has been further developed by Prata, Blasio and Fischer (1986). The Milan therapists believed that an understanding of these relationship patterns was vital in helping the therapist to avoid colluding, from the earliest stages of therapy, with the possible development of dysfunctional patterns in the therapist/client system.

However, this practice developed around clients requesting **family therapy** and

presenting a child as the identified patient who, in many cases, would be displaying severe psychotic symptoms and often where former attempts at treatment had been unsuccessful. This is not so at the centre where I work where clients are presenting as couples or individuals, even though children are, at times, involved, and it is not the practice for therapists to have telephone contact with clients before the first session. Little information is therefore available with which to formulate a pre-first session systemic hypothesis. It is usually restricted to who made the initial contact, whether it will be a couple or an individual presenting and sometimes whether the concern is considered by the client to be of a personal, relational or specifically sexual nature.

So without a pre-first session circular hypothesis concerning the clients' own wider system the therapist may spend more time initially asking specific questions about why this particular agency? why this particular time for seeking help? and what kind of help is expected by whom? And through these types of questions make an initial exploration of the clients' own way of looking at themselves and explaining their various behaviours, belief systems and inter-relationships. For example, a young couple, George and Mary, married for only two years came together presenting a breakdown of their sexual relationship. By asking the kinds of questions mentioned above, it became apparent that George saw the problem as Mary's disinterest in sex and wanted her to be helped to want him sexually even though she had never found him physically attractive. At the same time he was sceptical because previous help had failed and he believed that "things are given and people don't change anyway". He also thought the marriage would continue whatever the outcome of this therapy. Mary, on the other hand, saw the sexual difficulties in the context of their relationship in which she wanted greater freedom to pursue her own activities and other friendships and was resentful of George's "possessiveness". For her, the risks of racing motor bikes was more exhilarating than the risks of making love to George. She had come wanting to resolve these wider issues whether or not it would lead ultimately to the breakup of the marriage.

The effects of the specific problematic behaviour and intentions behind these behaviours are also explored and this process is important in establishing a connection between therapist and client through which the therapist can then more easily introduce his or her own systemic hypothesis. Introducing the TLF gives time for the therapist to be self-reflective, to observe his or her own belief systems, to stand back and think about him or herself in relation to the client system, and this, combined with careful observation of the client belief systems and premises, intentionality and pattern of relating, replaces team discussion in the creation of hypotheses. For example, thinking over the first session with George and Mary, I realised that I was caught in a therapeutic bind. If I proceeded with sex therapy,

I would be colluding with George and negatively connoting Mary and if I continued looking at their general relationship, I would be colluding with Mary. During the next two or three sessions, I continued to explore their different ideas and beliefs about marriage and about sex. We looked at how these beliefs were related to the opposing beliefs of each of their parents, which in turn, presented them both with a dilemma similar to the one I was experiencing with them. That is, the dilemma of how they could simultaneously be loyal to both of their parents' differing views.

Pre-session systemic hypothesizing was introduced by the Milan Associates as one of their many strategies to enable the therapist to cope with the degree of complexity presented by client **families** to avoid being 'flooded' with information and becoming enmeshed in the logic of the family system. Although the practitioner may sometimes still experience a sense of being 'flooded' with information when seeing couples and individuals, the complications of holding several different perceptions and points of view from several different members of a family, is greatly reduced. Nonetheless, hypothesizing remains important as a technique for maintaining the therapeutic stance of neutrality and the ability to re-write stories and descriptions once the client/therapist system is established.

CIRCULARITY

Inviting both couples and individuals to see themselves and their problems as part of the ongoing system to which they belong, helps them to move away from the cause and effect, blame and retaliation, guilt and anger perspective which so often impedes them from finding their own ways of knowing how to change their perceptions and patterns of behaviour.

The technique of circular questioning as a tool for seeing circular patterns is as easily utilised by an experienced therapist working alone as with a team. The main difference is that initially, without a circular hypothesis as a context for questioning, more time may be spent, as has been said, asking problem definition questions and problem explanation questions such as "who...., what....., when....., where....., and how...?" which generally reflect a lineal perspective and invite a lineal description from the client. For instance, "What are the important issues you would like to talk about today?" (Mother-in-law); "What are your particular concerns about your mother-in-law?" (old age and failing health); "How does it affect you?" (she lives a long way away and I worry a lot); "When did it start becoming such a worry?"; "Does your husband also worry?" (yes). These kinds of questions tend to refine the information down to a probable "cause" with the possible disadvantage, at this stage, of it being seen as the "reality" by therapist and client alike while no new information is introduced to the client. On the other

hand, linear questions help the therapist to reach an understanding of how the client sees the problem. This makes it possible to join with the client system and by using feedback from the client and linking his/her linear ideas, the therapist establishes the circularity of the client/therapist system and through that system gradually introduces the client to a circular perspective.

Linear questions and circular questions are complementary and both are useful in the therapeutic interview. Tomm (1988) explains the differences between them and discusses their dissimilar effects. Difference questions and behavioral effect questions are useful in exploring circular ideas and patterns of connection between people, their thoughts, beliefs, behaviours and emotions and so on. For instance, "Who worries more, you or your husband?" (My husband, he's always been very close to her); "What does he do that shows you that closeness?" (she gets jealous of me and then he protects her); "So who would you say your husband protects more, you or your mother-in-law?" (Don't know. He sometimes supports me but just when we're close, she gets a bad attack); "Who takes more responsibility for her then?" (I do, I worry a lot).

The meaning of a difficulty is often understood in the more extended communicative system in which it occurs. By introducing the idea that everything is somehow connected with everything else and not stemming from a single root cause or reality, the therapist introduces new information and new ways of perceiving, which in turn will lead to the co-development of multiple hypotheses, introducing different meanings, descriptions and realities.

When working without a team and without an initial systemic hypothesis on which to base the questioning, the therapist/client system probably takes longer to reach a circular perspective.

NEUTRALITY

Neutrality as described by Cecchin (1987) is maintained by adopting a stance of curiosity that is based on the idea of each system having its own particular logic with respect to the way it interacts. This logic is neither good nor bad, right nor wrong, it is simply operative. So the therapeutic stance of neutrality is for looking at **how** the patterns of relationships are rather than **why** people behave the way they do. This helps to avoid introducing a judgmental connotation often leading to accusations and blame which is not useful as a context for change.

Neutrality introduces a context of acceptance where everything is **valid** even though

it may not be equally desirable. It is important, however, to distinguish between acceptance and agreement, because as soon as the therapist fails to challenge through further questioning, curiosity disappears and new ideas and creativity are lost. For example, a husband says, "My wife is a depressed person", and the therapist responds "When did you first notice your wife's depression?" With that simple question, the therapist is at once accepting, but also challenging the statement by introducing the idea that there may have been a time when the wife was not a depressed person. Husband: "After she had an affair". The therapist may then ask the wife "Is that how you see it or do you have some other ideas?". Again the question accepts the husbands statement, but challenges the uniqueness of its reality by suggesting there may be others that are also valid. From this perspective, the therapist respects the integrity of the system and attempts to stay with both partners of a couple in an effort to understand how their different descriptions fit together. It is not an attempt to discover the right or correct description or explanation.

The effect on curiosity of working as a single therapist is difficult to assess. Using the techniques of hypothesizing and circular questioning there is little apparent difference in the interview itself, but when continuing to develop new hypotheses, make new connections and re-write the scripts becomes difficult, it is a sign of having lost the stance of neutrality, and of accepting the clients' beliefs and descriptions.

This can be particularly difficult for the therapist working alone and it is important to find ways of generating new ideas. The more complex issues of neutrality towards change, towards therapy, towards pursuing one hypothesis as opposed to another, towards neutrality itself such as may be part of the team discussions, may clearly affect the therapist/client systems but the extent of this effect on the outcome of therapy is beyond the scope of this paper.

WHAT ARE THE PRACTICAL ADAPTATIONS?

In effect the first three weekly interviews could be seen collectively as an equivalent, in terms of the information gained, of the initial telephone call and first five part Milan style session except that there is no intervention by this stage and much longer 'intrasession' intervals (of a week) have been introduced between the sections of questioning. During these time intervals not only is it possible for the client perceptions and definitions to have changed in response to the questioning process alone, but also those of the therapist, so it is important at each new meeting to re-define the situation and assume it is constantly evolving.

The First Session is to explore problem definition and clients' explanations, problem ranking and time sequencing, any previous help to resolve the difficulties, information about the referral and the clients' hopes and expectations of the outcome of this particular therapy. At the end of this session, if appropriate, it is my practice to make a contract for five more weekly sessions and then to review the situation when I will share some of my conclusions. I do not, at this stage, introduce the idea of the longer break or the possibility of further sessions. Immediately post session, initial hypotheses and future areas for questioning are noted.

The Second and Third Sessions, after checking for any differences of perspectives or attitudes of the clients towards the presenting problems, are used to gain further useful genogram information and ideas of relationship patterning before and after the onset of the problems which have not already emerged. If after the first session where an individual presented it was agreed to invite the partner to join therapy, I sometimes see the partners separately in these two sessions to help maintain neutrality.

At this stage it is important to develop systemic hypotheses based on the information now gathered and to be used as a future basis for checking and challenging beliefs, aims, intentions as well as feelings and emotions.

CASE EXAMPLE: CHRISTABEL AND PHIL - The First Three Sessions

Referral: *Phil found the centre through Yellow Pages and telephoned for an appointment after an angry row when Christabel had kicked him in the face.*

Christabel, aged 49, and Phil, aged 40, had been living together for 9 months. They complained of frequent, angry rows, sometimes violent, mostly her attacking him.

Expectations: *She wants Phil to communicate his feelings to her more openly . He wants to feel less like an outsider in her home.*

Christabel now keeps 'open house' with Phil her sexual partner; Saul, a Bulgarian celibate, her spiritual guru and a young couple who met each other in one of her meditation and spiritual groups. She has no children.

Christabel's 12 year marriage to Matthew, a priest, ended in divorce 3 years ago. She is still very upset about that. He was a student when they met and she supported him financially. "I wanted to be a perfect wife and mother" she said. After her mother died, she became very close to her father, and looked after him for 16 years which spanned the whole period of her marriage. Her father had been a missionary in West Africa.

She feels a great need for closeness and panics now when Phil threatens to leave her.
Phil had an unhappy childhood, his mother being left mute and paralysed from a stroke when he was 7 years old. He left home aged 16 and went to sea. He lost touch with his two sons from an early marriage which lasted only a year. That wife he describes as my "ideal partner".

He would like to be more confident. To have more time alone with Christabel. He sees himself and Saul as "House Husbands" and the others in the household as "in-laws" who would naturally take Christabel's side. After one of the fights, Saul is usually brought in to arbitrate. Phil remains independent but craves closeness.

Inter-session Thoughts: It became clear that Christabel wanted an alliance with me to "sort Phil out" and that she had a strong idea possibly from her father of her need to "save people". Phil's dilemma was being told that he must express his feelings, but that anger and jealousy (about feeling excluded) are forbidden in this Christian household. I wondered why Christabel had no children. At the end of the third interview, I developed the following hypothesis:

Matthew, to whom she was both wife and mother, is still very important to Christabel. She hasn't really let him go and by deciding not to commit fully to another relationship, she keeps herself free for him. Saul and Phil were brought in as replacements about the time her father died and the marriage ended. Phil is still looking for his "lost" mother and "lost" wife and the family life he wanted, but never managed to have. By deciding to stay on the edge of this relationship he remains free and loyal to these earlier important relationships and to his sons.

The Fourth and Fifth Sessions are for checking out these hypotheses; discarding, refining and reforming them, looking for new connections to be made, new stories to be discovered.

During the "intrasession" week after the fifth session I work out an intervention linked with the hypothesis or hypotheses that seem most useful.

Case Example: Christabel and Phil - Fourth and Fifth Sessions

Based on my hypotheses, my intentions for these interviews were to explore with Christabel and Phil and define their relationship more clearly. They were difficult sessions with a great deal of anger and pain expressed.

What became clear was that Phil wanted a more complete relationship and for Christabel to choose between himself and Saul, an issue they had not previously been able to discuss. Christabel was angry at the thought of having to choose, saying they were both equally important to her. She saw Saul as the more mature man, "able to welcome Phil to join us at the breakfast table" once he had discovered she and Phil were having a sexual relationship. Phil thought Saul was slightly more important but added that "together we probably compensate for the loss of Matthew".

Christabel turned her anger into an attack on the way I work and yet continued to seek an alliance with me to "get Phil sorted out".

She arrived late for one session and angrily admonished me for awaiting her arrival before starting the interview. "I fully expected you to see him alone, if necessary for the whole time. I would have understood that" she said.

The next week she arrived an hour early and spent the time locked in the lavatory, finally emerging dressed as if for a party and was especially warm and friendly towards me. I understood this as yet another attempt at making an alliance. She said things were better, they have had fewer protracted rows, but then continued with a list of complaints about Phil, like a mother discussing her difficult child. This time she asked for individual sessions for herself so that she could learn to cope better with Phil's outbursts.

Phil, on the other hand, thought their relationship was "stuck" and that he only gets her positive attention by threatening to leave which he said was his way of manipulating her.

Inter-session Thoughts: It was clear that the more Phil was able to define his uncertainties about staying in this relationship, the more Christabel showed her fear by attempting to diffuse the situation with angry attacks directed at either him or me in the hope that things not articulated would not be recognised. At times, Phil protected her in this by admitting that "it's better she talks for me because I'm not very good with words".

Christabel sees herself as a victim of circumstances and is, therefore, not responsible for her own suffering. Her parents were always caring of **other** people; she received the message that putting others first is loving but she was never the 'other'. I wondered how best to avoid going symmetrical with Christabel and why it is hard for me to recognise her suffering and insecurity.

The Sixth Session It is important in this session to check out carefully how the client sees things now and to make sure that the intended intervention is still applicable.

If the client has already moved spontaneously towards creating a new description for himself or herself, as a consequence of new connections already made, the intervention could inappropriately re-create the problem areas. In this case the whole or parts of the intervention no longer relevant should be discarded. The intervention which emphasises useful new connections from preceding sessions is a co-creation of the client/therapist system and the meaning given to it depends on the relationship the therapist constructs with the client. The timing of the delivery of the intervention in a fifty minute interview is both important and difficult; too soon and there is too much time left at the end for further discussion which may result in a loss of impact and disqualification; too late and it may also lose impact by being rushed, or leaving the client with hostile feelings when there is no time for comment or clarification.

Case Example: Christabel and Phil - The Sixth Session

For various reasons this session was postponed twice, each time Christabel requesting an individual session: once while Phil was away, the next when Phil 'forgot' to come. The first part of the session was for questioning around ideas in my proposed intervention.

Christabel confirmed much of my hypothesis on which the intervention was based. For example, that she sees Phil in some ways as the child she never had.

"I often have to hold back my own feelings and be patient and let him develop".

"I don't think I could have done this without Saul's support".

Phil and Saul had an explosive row on Christmas Day. It took me about four days before I could get them talking again. I'm more cross with Saul, because he is more mature and should know better".

"Phil has said he'll stay another year, but is not committed after that".

Phil also confirmed most of the ideas that he is the "son" of the "family".

"If I valued myself I'd get away from this woman and get into a more satisfactory relationship".

In reply to a question for clarification he said: "A threesome relationship is **not** very satisfactory but it **is** what we have and whenever it comes to the crunch, it is Saul who is more important". He added that, "I strongly object to the fact that whenever we have a row, my partner goes off and sleeps with another man - albeit a celibate. And I object to Saul being brought into our arguments".
Christabel agreed that Saul was like a father figure to her and that he had advised her to leave the scene when Phil loses his temper so that is why she goes to him in the living room where he sleeps. He manages to calm her down.
At this point, I felt enough was confirmed for me to deliver the intervention.

THE INTERVENTION

"Shortly after I last saw you I had this kind of "vision" and began to understand more clearly some important things about the way you have decided to relate to each other and to other people who are also important to you. And I could see that you have understood some things much more clearly than I have about the way you need to be together.

For example, I realised that both of you are very sensitive to each others' needs. Phil, you seem to have recognised what a good - and almost 'Holy Mother' - Christabel can be and how she needs to keep her important position at the centre of the family. So from time to time you decide to have tantrums and sulks - just like any six or seven year old might. If you behaved like an adult when you are frustrated and angry, then Christabel would not have the satisfaction of exercising her skills as a mother. So you decide to provide her with the child she never had.

Christabel, you are also very sensitive of Phil's needs and, as you have told me, you understand very well that he lost out on a lot of the mothering he needed from the age of seven when his mother had a stroke. So I have this idea that you have decided to make this up to him as best you can and provide him with a good mother and family life. I am beginning to see that you have both decided to provide essential needs in each other and it is important that **for the time being** you, Phil, continue to have occasional outbursts of tantrums and sulks like a child and Christabel, you continue to try to be patient as any good mother would. **But things don't have to go on like this forever,** although it is important that you don't attempt to change too much too soon because it takes a long time for a six year old to become adult and it might be dangerous to your relationship to pass over any of the developmental stages too quickly.

Also I have this idea that Saul has a kind of "Spiritual Father" position in the family - you have told me that he is the "leader of thought and instigator of intellectual ideas" and it could be difficult, as it often is when sons reach maturity, to have two dominant males under the same roof - there is often conflict, mother tries to mediate, and one of them, quite often the son, eventually moves on. Some sons choose to stay with their mothers and look after them all their lives, but in the natural course of events most sons on reaching an appropriate stage of development and independence leave home and seek to build a new relationship and a new family.

Christabel, I have the idea that something like this happened in your relationship with Matthew. You nurtured him, stood by him, provided for him through his training, giving him everything you had to give and making sacrifices as mothers do. You helped him to grow up. But then he found himself a girlfriend and left home. I have seen that you are both very aware of the suffering this caused you Christabel, and that you are finding your own ways to avoid this happening again and to keep the new family you have created together, with Christabel as the all important Mother at the centre and Saul there as the caring and guiding Father, and I think you should continue to work these things out slowly and carefully in your own special way as you have been - and on no account make any decision to change things too quickly. The time when things will be different may come but it is not yet the time for major alterations. Since I don't want to interfere too much with your own natural way of doing things, I would like to see you in a month's time".

For a while they sat in shocked silence. Phil then said he was appalled to realise he behaves so much like a child. Christabel thanked me profusely and agreed with everything I had said. She tried hard to get an earlier appointment: "How am I going to cope? I feel like a single parent and I get no support from Phil."

Phil responded: "But you have Saul as the Father".

I decided to stick to the one month interval.

Christabel refused to leave the building for a further half an hour despite Phil's various attempts at persuasion and threats.

Post Session Hypothesis: Phil will either stand up to her now, be the man she says she wants and throw Saul out or he will leave the relationship.

The Seventh Session: After the one month break, this session is for checking how the client sees things **now**, a re-definition of problems, if any, noting any symptom relief, re-formulation or escalation. Where there is marked symptom relief, future hypothetical questioning is introduced often as a preliminary step to ending therapy.

Case Example: Christabel and Phil - The Seventh Session

Both reported that the first week was bad but everything much better since then.

Phil realised he needed more space, he wanted a place of his own and to have more responsibility but he didn't see himself breaking the relationship with Christabel.

It sounded like a creative solution for staying in the relationship while at the same time preserving his own self esteem. Christabel, although much calmer than usual, was unsure about this arrangement and attempted to disqualify these new ideas, but this time Phil stood his ground. He saw it as a move out of the mother/son situation, giving him the possibility of either leaving altogether or, at some stage, to return as a proper husband.

The young couple had moved out of the house.

Before the eighth session, Christabel telephoned to say Phil had left home, the relationship had ended and he did not want to continue therapy. She wanted to come alone to the next session and I agreed to that.

The Eighth Session: At least this session is needed and possibly one more for the formulation of new hypotheses and creating another intervention, followed by another break of a month or possibly longer, always dependent on the evolving pattern in the therapy.

Subsequent sessions, where necessary, now follow on in this general pattern.

CASE EXAMPLE: CHRISTABEL AND PHIL - THE EIGHTH SESSION

Christabel came alone. She was calm and different in this session from how I had ever seen her before. She had found help from a 'mothering' female friend, now realises that this was what she was wanting from Phil and that it was not possible. She said things had so far been better since Phil had left and for the first time talked openly about her fears and worries and what she saw as shortcomings in herself. She seemed to be working so many things out for herself that we mutually decided to terminate therapy.

Follow - Up After One Year

Christabel said she now has a platonic friendship with Phil, which is good for them both. She has students living in her house but is not involved with them as before and that is better. Saul moved out last year. She has been learning to let go of many things, most of all her marriage to Matthew. She is coping better and her worst fears have not been realised. She is now considering applying for a job in Canada.

WHAT ARE THE EFFECTS OF THE WEEKLY SESSIONS AND LONGER BREAKS?

The Time Lag Factor

1. Hypothesising and Circularity: the weekly interval gives the therapist time to examine information, belief systems and premises of the clients, and develop multiple hypotheses and related areas of questioning for the next interview. The decision on **which hypothesis** to pursue and which not, or even evolving a new hypothesis is made in response to the clients' position at the start of each new session.

2. The first six sessions at weekly intervals provide a context for engagement between the therapist and the client and it is through this relationship that the intervention gains meaning. It enables a "teamless" worker to "risk" introducing an intervention based on systemic hypotheses which are plausible yet fairly far removed from the clients' own linear explanations.

3. Neutrality: the weekly time lag between the first sections of questioning gives more time for the therapist to take a self reflexive position without the pressure of doing so while the client waits. By looking at the process and deciding to accept some and ignore other aspects of the clients' belief system, the therapist is able to disengage and maintain a stance of neutrality This is important when not working with a team who, by taking a different perspective, can help the therapist avoid over enmeshment.

4. When the client is aware that there will be some kind of message or intervention from the therapist at the end of the sixth week, there is often increased anticipation, which adds to the impact and effectiveness of the message. As one client put it: "I've been tense all week knowing you were going to give us your conclusions tonight". This is important when working without a team who simply by their presence give additional impact to the message as perceived by the client.

5. It is more difficult to remain creative, continuously renewing, modifying and discarding hypotheses when working without a team. The Time Lag enables the therapist to consult colleagues, supervisors or case discussion groups between sessions when there is difficulty developing new hypotheses and maintaining the stance of neutrality. Colleagues working in different disciplines can be an important source of new ideas to the systemic therapist working alone.

6. The prescription of a one month break after six weekly sessions becomes a dramatic intervention in its own right. When carefully presented by the therapist it is usually construed by the client as a positive reinforcement of the positive connotation of the logic of their system as presented in the message.

7. After an intervention designed to disturb the client system a longer break of about a month is important so that the clients can re-write their story in their own way and the therapist avoids imposing his or her own ideas and intervention on the client. As Cecchin (1987) says:

> *"Giving time allows families to re-invent their own map and to do something original. If you're always there telling them what to do, you interfere with their self-healing process".*
> Cecchin, G (1987) p. 237

8. The longer break after the sixth session has been found particularly important when working with individuals. With a single client, forming an alliance cannot be avoided. However, if the client and the therapist become too engaged, there is a danger that partner relationships or other family relationships will diminish and that the therapist becomes more important than the other most important relationships in the client's system.

9. It sometimes happens, especially after an effective intervention and the introduction of a one month break, that symptoms will escalate and clients may seek an earlier appointment or one member of the partnership tries to create an alliance with the therapist through letter or telephone contact. This can be a difficult situation to manage therapeutically when the therapist working alone may feel particularly vulnerable. Again, a supportive context which enables consultation with colleagues or supervisors between sessions is helpful.

10. The TLF enables the therapist to become an observer to him or herself in relation to the client system which is especially useful for the therapist working without a team. However, it is an important question whether or not this reduces the therapist to an observer role in relation to the client system; someone who moves in and imposes a change programme (in the form of a pre-conceived intervention) on the client in a way that is inconsistent with systemic thinking. It is my contention that, since relationships between human beings continue to co-evolve across time and across space, at each new client/therapist meeting, new information and understanding about their relationship is introduced by both client and therapist so that new meanings may be continuously constructed together.

In conclusion, behaviour patterns of individuals and couples both flexible and rigid, healthy and pathological, are based on epistemologies developed in relation to those of parental and often grandparental generations. By looking for ways of disturbing these epistemologies directly, that is, for the clients to re-write their stories and find new ways of resolving these most important extended relationships (be they dead or alive), new or modified ways of seeing and being are created, leaving both the

therapist and client free of an enmeshed client/therapist system where the therapist is an essential part of the logic of that system. Put more simply, this means enabling the client to become a non-client and the therapist to become a non-therapist in this particular therapist/client system.

Encouraging results have so far been obtained by introducing the Time Lag Factor in adapting Milan to a team of one and the fifty minute interview, although more clinical experience is still needed.

Further study is also needed in the economic and practical implications for both therapist and client. In particular, the problem of continuously finding ways to stimulate new ideas and maintain curiosity for the systemic therapist working alone would benefit from further exploration.

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