The Milan Principles of Hypothesising, Circularity and Neutrality in Dialogical Family Therapy: Extinction, Evolution, Eviction ... or Emergence?

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The primary aim of the three Milan principles of hypothesising, circularity and neutrality was to proffer an effective methodology for interviewing families, with a secondary aim of casting off the stereotypical personal therapist qualities such as intuition, charisma and concern. The progression of the principles from the original Milan model through to contemporary approaches is intriguing. The following article consists of two sections. First it tracks the progression of the three principles through the Milan, post-Milan and postmodern approaches to family therapy. Given their recursive nature, they are revealed as responsive to developments in theory and practice, as well as the influence of the wider societal context. The second section of the article explores hypothesising, circularity and neutrality in the contemporary approach of dialogical family therapy. The relevance of the three principles to the therapeutic process, the therapeutic role and the therapeutic relationship is considered. Such an exploration does not seek definitive answers or 'truths', but seeks to conceptualise a vague 'knowing' that there is continual learning and growth in grappling with the tensions in this field, in remaining ever curious, in asking the questions ...

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Reflections of a Therapist

The original Milan team proposed the three systemic principles of hypothesising, circularity and neutrality primarily 'to aid the therapist in stimulating the family to

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produce meaningful information which is indispensable to the therapist in making a therapeutic choice' (Selvini, et al., 1980, p. 3).These three principles resound in training in systemic family therapy, both in theory and clinical practice. In the theory component they are considered and highlighted as students move through the theoretical developments in systemic therapy. In the clinical components they are techniques that come together to inform therapy and provide grounding for conceptualisations and sessions. Although the three Milan principles are largely explored as separate entities in training, in clinical practice they are revealed as integral parts of a recursive process.

The trajectory of the original Milan model through to contemporary approaches is intriguing, with each stage revealing a shift in its focus on the therapeutic process, therapeutic role and the therapeutic relationship. The progression of hypothesising, circularity and neutrality reveals a parallel process influenced firstly by developments of theory in response to practice, and secondly by the wider system within which theory and practice is situated. Pocock (2007) notes the tendency for proponents of new approaches in family therapy to construct past theoretical movements as 'unworthy of consideration' (p. 1). However Campbell (2003) notes that the developments in the Milan principles over time were largely possible due to the 'solid conceptual foundation' (p. 18) of the Milan model, which allowed for change and coherence in differing contexts. He considers the challenge and advantage of 'the dialogue that emerges' (p. 24) at the interface of past and present ideas.

The following paper consists of two sections that interface the past and present of the original Milan principles of hypothesising, circularity and neutrality as they relate to theory and practice. Firstly, a synopsis of the developments of the three Milan principles throughout the differing stages of systemic family therapy will be provided. It reveals an ongoing critique of the principle of neutrality as the common denominator, with conceptualisations of hypothesising and circularity being adapted as a result of their recursive nature. Secondly, the paper will explore the relevance of hypothesising, circularity and neutrality to the contemporary approach of dialogical family therapy. This exploration does not seek definitive answers or 'truths', but seeks to conceptualise a vague 'knowing' that there is continual learning and growth in grappling with the tensions in this field, in remaining ever curious, in asking the questions ...

Part 1

The Milan Principles – Hypothesising, Circularity, Neutrality

In the first-order conceptualisation of the three systemic principles of hypothesising, circularity and neutrality the primary aim of the Milan group was to proffer effective methods for interviewing families, with a secondary aim of casting off therapist personal qualities such as intuition, charisma and concern (Selvini et al., 1980). *Hypothesising* was conceptualised as the formulation of systemic 'suppositions' that guaranteed therapist activity, gave order to the interview and oriented the questioning. Hypotheses were based on positive connotation, attempted to make sense of the problem in the relational context, but did not seek to access the truth. Hypotheses were only ever more or less useful in facilitating the questioning, which

gathered and put information back into the system. *Circularity* was conceptualised as enabling the ongoing evolution of hypotheses which opened to alternative explanations of the problem. It influenced 'the capacity of the therapist to conduct an investigation on the basis of feedback from the family' (Selvini et al., 1980, p. 7). Such feedback resulted from the family response to the characteristic Milan circular questioning around difference and change in the family system. *Neutrality* was conceptualised as a disposition of the therapist throughout the questioning process so as to be 'allied with everyone and no one at the same time' (Selvini et al., 1980, p. 9). This necessitated that the therapist observe and neutralise any possible attempts by those in the family system towards alliances or coalitions.

In the Milan conceptualisation of hypothesising, circularity and neutrality, the principles were revealed as a methodology primarily aimed at the gathering of information by the therapist in the interview. Thus it could be said that the technique of *circular questioning* in the therapeutic process became the nodal point of the three principles. Circular questioning provided for the *activity* of the therapist as 'conductor of the session' (Selvini et al., 1980, p. 3) from a meta-position outside the family system in order to facilitate *change*. (See Figure 1: Conceptual Map.)

The Interface ...

Selvini et al. (1980) concluded their seminal article by posing a single question — could change occur within the interview as a result of the Milan methodology, without the need for a final intervention? The question alluded to the primacy of the circular questioning in the therapeutic process of the Milan systemic interview, in which difference or definition of relationship was explored. In an ensuing explication of the three principles, Tomm (1984) engaged with this same question of change by proposing that the Milan method of questioning would release information into the family system which could promote the capacity of the family to change itself. As an early proponent of the three principles, Hoffman (1981) recognised and awaited the developments of the Milan model which were as yet to be revealed. Paradoxically it was her view of neutrality in the role of the therapist, as that which 'confers on the therapist the power to be effective' (Hoffman, 1981, p. 304), which foreshadowed the primary catalyst into second order cybernetics. This second order epistemology critiqued the power of the therapist in seeking a co-evolving therapist–family system, while highlighting the inherent power differentials between members of the family system.

And the Practice[1] ...

A mother presented for my first clinical session of training in systemic therapy. Her husband had recently left her and her three young children. She had come in, stating she wanted 'to make sure "my kids" were coping'. Although easily engaged, her young son and twin daughters were agitated throughout the sessions, keenly aware of their mother's pain as she spoke of her anger and disappointment. I managed to remain a 'non-anxious presence' throughout. The children all scaled their worries, and what they did with them — 'keeping them in my head', 'hiding under the bed', 'going to sleep'. The patterns of interaction were evident. I never get a name wrong but a number of times during the first session I called the mother 'Wendy'. As I reflected on my way home, the significance came to me. Her story

was that of Wendy in Peter Pan: 'I wish I had a pretty house, the littlest ever seen ... with roses peeping in you know and babies peeping out'. Her dream had been shattered. Three sessions in all, conceptualised beautifully around recursive patterns related to grief and loss, trust and betrayal and so on. I found myself focusing on circular questions related to these hypotheses, seeking to respond to the family's feedback, trying to maintain neutrality in this needy group. But there were moments. Just a few. Towards the end of the second session the children had clearly had enough of being in the confined space. I asked the mother what the children wanted and she became teary. As she answered, I 'felt' the next question rising within me and in the space opened by her emotion it came forth: 'What is it that *you* need?' The children stopped still. There was a silence — and the space widened ...

Post-Milan – Hypothesising, Circularity, Neutrality

At the interface of the Milan and post-Milan models, theory developed in response to practice and discussion of the concepts of change and power in the family therapy field. As Selvini et al. (1980) and Tomm (1984) posited, change came to be recognised as occurring between sessions, as a result of the input of information into the family system by means of circular questioning (MacKinnon & James, 1987). This understanding came about largely as a result of the development of the practical application of the model itself. However, the major catalyst for progression into a post-Milan approach was the sociopolitical and feminist critique of the Milan principle of neutrality in its relationship to power (Goldner, 1985; Hoffman, 1985; Goldner 1998; MacKinnon & Miller, 1987).

Although the critique was generated from within family therapy itself, it was more profound than a theoretical development in response to practice; it positioned the field in a wider societal context. In a second order epistemology, systemic family therapy was viewed not only as being influenced by this wider context, but as also having a role, and indeed a responsibility of influencing the wider systems. In a sense, the second order recognition of the therapist–family system was mirrored in the recognition of family therapy in the wider systems. Although the recognition of power involved the critique of the Milan principle of neutrality, all three principles were 'recast' due to their recursive nature.

Hypothesising was initially affirmed as giving structure to the session, while serving the additional function of raising awareness of the therapist's own assumptions and beliefs. The primacy of circular over linear hypothesising in systemic family therapy was noted, and the understanding of a co-evolving therapist–family system opened the possibility of questions which tentatively introduced 'heuristic hypotheses' to the family (Tomm, 1987b, p. 176). Under the feminist influence, hypothesising extended out to consider discourses of the family system as influenced by a range of lenses such as power and gender, as well as to facilitate the therapist's awareness of their own assumptions and beliefs in these areas (Brown, 1995).

Circularity involved the therapist's sensitivity to their own responses and those of the family in the session, through which distinctions and then connections were drawn relating to family patterns, behaviours and interactions (Brown, 1997). The technique of circular questioning extended to include family belief systems, premises, and dominant and hidden discourses (MacKinnon, 1988a). It included

the use of therapeutic and reflexive questions (Tomm, 1987b). *Neutrality* in a post-Milan model came to be recognised as including action by the therapist on the family system. Initially, neutrality was recast as the state of curiosity of the therapist towards all that occurred in the session, with it serving to maintain a non-attachment to any idea or position (Cecchin, 1987; Tomm, 1987a). However, the influence of the feminist critique further revealed a twofold stance of the therapist as it related to power in a co-evolving system of therapist–family. It firstly recognised the differential power within the family system in situations such as violence and child abuse, resulting in the therapist's ethical imperative to 'take a stand' (Brown, 1995, p. 134). Secondly, it recognised the possible use of power in the therapist's use of self in 'controlling' or 'empowering' of the family (Satir, 1987, p. 20).

In the post-Milan conceptualisation the principles of hypothesising, circularity and neutrality included raising awareness of the therapist's role and influence. While the therapist's activity in circular questioning came to include sensitivity towards openings in the session that facilitated change, the curious stance of the therapist within a co-evolving system became one in which *power* was recognised and made explicit. This freed the therapist to question their own beliefs and premises as well as those of the family (Cecchin, 1987). Thus, it could be said that *curiosity* became the nodal point for the recursively linked three principles in the post-Milan approach. (See Figure 1: Conceptual Map.)

The Interface ...

Curiosity was a 'radical redefinition' which progressed as a 'practical aid ... to a philosophical orientation' (Furlong & Lipp, 1994, p. 115). This post-Milan stance of the therapist particularly focused on the role the therapist within the therapeutic process as it related to power. The awareness of the power of the therapist in the selection of particular questions was recognised by Hoffman (1990) and Tomm (1987c), who noted an 'enormous amount of influence' (p. 14). Power was recognised in regard to the therapist's hierarchical position and 'ability to influence change' (Flaskas & Humphreys, 1993, p. 36). Satir (1987) recognised the power in the therapist's knowledge and use of self within the therapeutic relationship as having the capacity to either control or empower family members. This increasing focus on the therapeutic relationship foreshadowed the third stage of family therapy, which was to be characterised by collaboration in a co-constructing therapist–family system.

And the Practice ...

A woman presents for therapy, citing concerns about her only daughter's current relationship with a 'controlling' partner who is influencing her daughter to move away from the 'close family'. For the first two sessions the woman sits on the edge of her chair, speaking at full speed, with words tumbling over one another. But at the end of these sessions she does appear calmer. I wait. After a number of sessions I ask my question ... and my hunch is confirmed. The woman looks sideways and discloses that she herself has been in an abusive relationship for over 20 years, with the abuse continuing still. She speaks of the pain she carries from this secret, hidden from all except her two children. She speaks of duty. Emphatically she states, 'I wouldn't ... I couldn't ... I won't leave', even though it seems she is slowly being destroyed.

Many more sessions and her capacity for choice starts to grow. She begins to speak of her own experience of power and inequality, of respect and degradation. As she starts to trust, she begins to open to see the value in herself. One day she reveals an understanding from between sessions. She voices the realisation that 'wouldn't … couldn't … won't …' are layers of decision. And there are other layers that offer the possibility of 'would … could … and will'. She begins to see the discourses that have threatened to engulf her. She sees her world and her words as revealing a struggle between constraint and freedom. She recognises options for a different narrative to unfold … and the choice is hers.

Postmodernism – Hypothesising, Circularity, Neutrality

At the interface of the post-Milan and postmodern approaches, engagement with the wider societal context profoundly influenced the developments of theory in response to practice. This was exemplified by Goldner's (1993) concept of 'deliberative discourse' (p. 158), which foreshadowed a postmodern approach in its consideration of the activity of questioning to facilitate change, and the therapist's stance of curiosity in relation to power. But more particularly, it moved beyond previous 'intense curiosity' (Goldner, 1988, p. 17) about feminist critiques of neutrality to reveal the complexity of societal discourses. This recognised multiple competing 'truths' with a capacity to influence meaning and either to include or marginalise.

Among postmodernist approaches to family therapy, the early approaches of Anderson and White were grounded in these understandings, with concepts of change and power being further extended through engagement with a focus on collaboration and multiple realities. Flaskas (2002) notes the 'overlap' (p. 40) of the postmodern approaches of Anderson as influenced by social constructionism, and White's narrative approach as underpinned by the ideas of Foucault. Although both approaches proceeded from differing theoretical bases, their consideration of language, meaning, knowledge and power were encompassed in their focus on discourse (Goldner, 1993; Linares, 2001). There is debate as to whether these approaches represented a third order epistemology (Pocock, 2007). Indeed, in the intensity of the struggle to define a postmodern understanding of family therapy in relation to change and power, Anderson (1992) noted the limitations of a cybernetic paradigm and White defined his narrative approach as separate from systemic family therapy (Flaskas et al., 2000). The postmodern approach of Weingarten (1998) melded both social constructionist and narrative ideas in articulating a development of theory in response to 'work-a-day clinical practice' (p. 3).

Each of these postmodern approaches has continued to develop to include a focus on the orientation of the 'not knowing' therapist in a conversation that is 'collaborative, empathic and reflective' (Flaskas, 2002, p. 43). Such a conversation minimises the expert role of the therapist, with a mutual therapist–family exploration of shared meaning from within a co-constructing system (Weingarten, 1998). The impact of these developments on the original Milan principles of hypothesising, circularity and neutrality is considered below, as articulated from the social constructionist perspectives of Anderson and Weingarten. This constructionist perspective will be seen to influence the progression into the dialogical approach to family therapy, to be explored in the second part of this article.

Anderson (2005) explicates the role of hypothesising, circularity and neutrality and curiosity in relation to her philosophy of not-knowing in which 'listening, hearing and speaking are all equally important' (p. 501), an orientation affirmed by Weingarten (1998). The impact of such a philosophy upon the manifestation of the three Milan principles in the postmodernist approach was profound. *Hypothesising* was eschewed in the understanding that placing the client's situation in a theoretical logic failed to recognise the client's expertise. Entering a session without a hypothesis was recognised as a challenge. When Anderson (2005) was asked about the hypotheses of herself and her colleagues, she 'stated we did not know' (p. 502). In no way did this entail a lack of preparation on the part of the therapist. Indeed, the no-hypotheses orientation was largely dependent upon the therapist's degree of clinical skill and experience. The usefulness of a no-hypotheses orientation was that it opened the space for the practice of 'radical listening ... helping a voice to be heard' (Weingarten, 1998, p. 4).

Circularity negated the Milan's model 'over-reliance on questioning' (Flaskas, 2004, p. 17) and was extended into the notion of hearing, with an enhanced sensitivity to 'openings' (Weingarten, 1998, p. 7). The therapist was open to hearing their own inner conversation, as well as that of the family, and there was an ongoing interaction and influence between these two inner conversations. Circularity involved the therapist responding to feedback resulting from this relational aspect of the co-constructing system which invited dialogue. In this system the Milan principle of circularity extended to the postmodern concept of witnessing, where the family members and therapist listened to and responded to each other. *Neutrality* was anathema to the postmodern therapeutic approach. The therapist could divide time unequally with family members if the listening required it, as exemplified by a session in which Anderson listened to one family member for a whole session (Hoffman, 1998). The therapist's inner conversation could be spoken out in a tentative and respectful way, always from the position of a 'fellow traveller' (Weingarten, 1998, p. 4).

In the postmodern conceptualisation, the principles of hypothesising and neutrality appeared to be largely eschewed in the interests of collaboration. The therapist's activity became more than a focus on the questioning to promote or achieve change, and when questions did occur they were a 'knowing' given back to the family to widen the 'conversational space' (Larner, 2000, p. 76). The stance of the therapist was extended past the curiosity of the therapist, to encompass the collaborative power of both therapist and family in a co-constructing system. In this system family members themselves became curious about their own situation (Anderson, 2005). The original modernist ideas appeared to have been actively cast aside and it could be said that the philosophy of 'not-knowing' (Anderson & Goolishan, 1992; Anderson, 2005) became the nodal point of the three principles of a postmodern systemic therapy. It sought a *collaborative* approach in the exploration of constructed realities of both therapist and family members, as well as of the surrounding discourses. The *orientation* of the therapist to self and to the family involved the opening of knowledge and meaning within a collaborative therapeutic relationship. (See Figure 1: Conceptual Map.)

The Interface ...

Postmodern family therapy opened the possibility of a therapeutic conversation wherein the 'not-yet-known' (Larner, 2000, p. 80) could be voiced. However, an

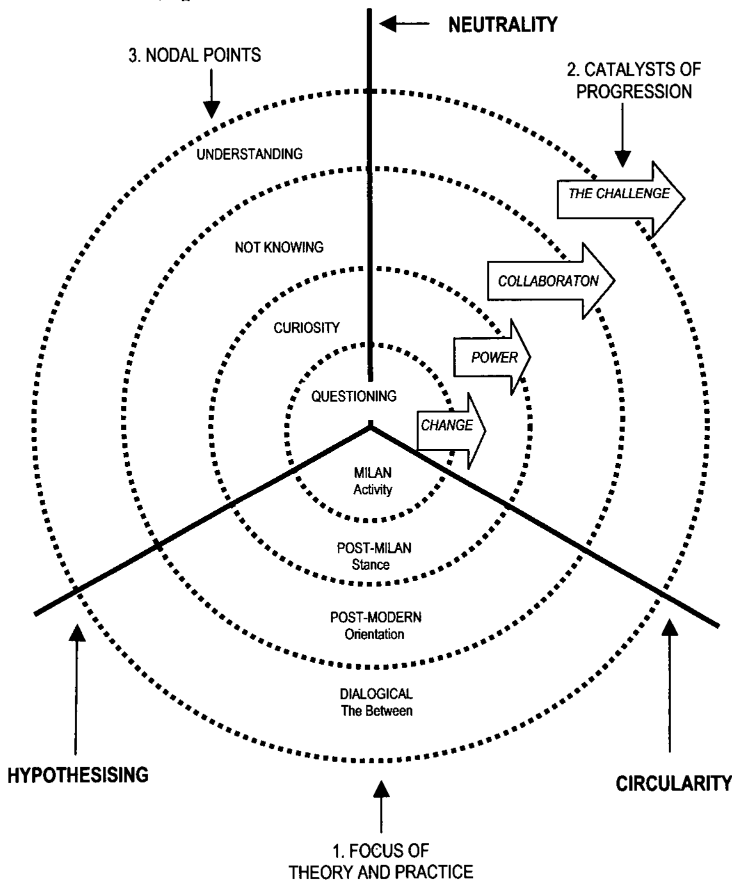

FIGURE 1

Conceptual map: The Milan principles of hypothesising, circularity and neutrality through the developments of systemic family therapy.

Note: The conceptual map images the progression of the original Milan principles through the development of systemic family therapy. The three principles are depicted as lines intersecting with each stage, emanating outward from their central position, as originating from the Milan model. They are thereby depicted as influencing, and being influenced by, the developments in each stage. Each concentric circle depicts a stage of systemic family therapy. The conceptual map moves from the original Milan model in the centre, outwards through the post-Milan and postmodern approaches, to the outer circle of the contemporary dialogical approach to family therapy. Each circle encloses the particular elements which characterise each stage.

1. The stages of development of systemic family therapy and the particular focus of theory and practice in each stage
2. The catalysts of progression which influenced the transition to each new stage. The permeable boundaries depict the interface between the past and present ideas through each transition.
3. The nodal points encapsulate the recursive process of the elements which make up each stage of development — focus of theory and practice, the catalysts of progression, and the Milan principles of hypothesising, circularity and neutrality.

increasing openness to the awareness of moments in the therapeutic process that were beyond 'languaged constructions' (Flaskas, 2002, p. 55), the systemic therapist's role as inclusive of psychoanalytic concepts and ideas (Larner, 2000), and the recognition of the pivotal role of the therapeutic relationship (Flaskas & Perlesz, 1996; Hubble et al., 1999), all paved the way for systemic family therapy to progress beyond the postmodern. This was largely a response to the realities of clinical practice, which recognised the 'realness' (Flaskas, 2002, p. 56) of human experience that quite simply was often held in 'sacred stillness' (Weingarten, 2000, p. 394). Hoffman (1998) noted the welcome addition of recognising human experiences such as 'suffering' and 'concern' (1998, p. 151) and the place for emotions, as affirmed by Linares (2001). This call for the return of the 'real' catalysed family therapy into its next development.

And the Practice ...

A young woman, just turned 21, presents to therapy with depression. She alludes to a history of family and partner abuse. It takes a long time but she comes each week and I sense there is some movement. I ask her if she writes a journal but no, she does not want to do that. One day as I drive home from work, I reflect on her lack of being mothered and I intuit the possibility of reparative mothering. So next session I ask her to describe her idea of a good mother and this becomes the basis for further sessions. We start with attempting to access her memories ... of playing as a child ... 'no' ... having a favourite book read to her ... 'no' ... any book ... 'no' ... how about drawing ... 'no'. But then she recounts that she has recently spent time drawing with her niece and she enjoyed it. So I give her some paper and some crayons and suggest that she may want to draw between sessions. And so she draws what she has as yet not been able to bring herself to voice ... the separation from her family, the emotional and psychological abuse by her aunt with whom she lived, a violent sexual assault when she was 14, her subsequent abusive relationships. She purposefully goes through the four crayon drawings. Few words are spoken as she reveals each image to my gaze. In each, she has drawn herself as a blob with a huge head and no features except slits for eyes. We move to the drawing of the sexual assault. I realise that she has more words with this, but her voice is flat and low. She is not looking at me, but is leaning forward to show me the drawing. I shift forward in my chair, slowly and naturally drawn into the space ... that space where she has placed her pain. She recounts the story from beginning to end, in every detail. The realness of her pain is released into 'the between'. No more words are necessary. We sit, both leaning forward. We sit in silence ...

At the end of the session I ask her if she would like to name these drawings and she does, bringing them back in the next week. And I see that she is different. She has named her drawings from the past week, but she also brings an additional drawing that she has done in the meantime ... entitled 'forgiveness'. It is beautiful. She has drawn herself differently this time. She is no longer a featureless blob drawn by crayons, but she has drawn herself with minute detail in coloured pencil, with all of her facial and bodily features. She has included her heart. She is becoming real in her drawings, she is becoming real in her self. I wish I could describe what that looked like but it was beyond words ... we both just knew ...

PART 2

Dialogical Family Therapy

In her latest text, Hoffman (2002) describes the latest developments in family therapy as characterised by 'sensed feelings and emotions' (p. 240). Prosky (2003) believes the desire for an approach that entails characteristics like 'the personal, the mutual, the non-hierarchical, and the heartfelt' (p. 231) is a response to the split between intellect and intuition in systemic family therapy, one which has largely prevailed since the Milan model. We are reminded of the secondary goal of the original Milan systemic principles, that of casting off the therapist's stereotypical qualities of intuition, charisma and concern. An apparent dissonance between these goals and the latest developments in dialogical family therapy is striking. A questioning of the relevance of the Milan principles forms the basis of Part 2 of this article, which includes a brief consideration of the theoretical underpinnings of dialogical therapy, followed by closer exploration of the principles of hypothesising, circularity and neutrality in relation to the dialogical approach.

At the core of the dialogical approach is a movement past the focus on words into the realm of 'the between' as revealed in the therapeutic dialogue. This development could well be considered a *fourth order* of family therapy. Its emergence opens the possibility of the understanding of a family therapy where client and therapist influence each other's experience at the level of both 'being' and 'intellect' (Rober, 2005a; Seikkula & Trimble, 2005). While a dialogical family therapy reveals a constructionist influence, its proponents move beyond this in their search for a way of understanding clinical practice. The early dialogical approach to systemic family therapy of Inger (1993) reveals genuine dialogue as a way of being in relationship. Rober (2005b) perceives dialogue as 'a meeting of living persons' (p. 385). His dialogical perspective develops Tom Andersen's (1992) notion of the inner conversation, while critiquing Harlene Anderson's (2005) concept of not-knowing. Bertrando (2007) integrates systemic and dialogical theory in an epigenetic model that proposes 'new theories built over the old ones' (p. 10). He uses shared systemic hypotheses as the basis for dialogue. Seikkula extends the concept of the reflecting team in an approach informed by developmental, attachment and trauma theories, underpinned by research in neuroscience (Trimble, 2002; Seikkula & Trimble, 2005).

Each of the proponents of dialogical family therapy seeks a new philosophical understanding of the ways in which they experience the complexities of practice, based on the concept of dialogue. In doing so, they recognise that within the field of family therapy the theoretical conceptualisation of dialogue has not yet captured 'the relational and responsively created nature of family therapy' (Rober, 2005b, p. 393), particularly in relation to the social and cultural context. This lack of conceptualisation engenders differing perspectives in the dialogical approaches, as do the differing influences which underpin each approach. Inger (1993) and Seikkula (2005) cite the influence of Buber, and their work maintains a focus on systemic family therapy. Rober (2005b) and Bertrando (2007) cite the primary influence of Bakhtin. Bertrando (2007) seeks to 'bridge the gap' (p. 1) between systemic and dialogical therapy, while Rober (2005b; et al., 2008b) considers both individual and family therapy in his dialogical approach. These differing perspectives influence the understanding of hypothesising, circularity and neutrality in the dialogical approaches.

Hypotheses/Hypothesising

Hypotheses are not addressed by Inger or Seikkula; however, in the dialogical work of Rober and Bertrando they are viewed as a core concept, one which proceeds from and enables reflection and intervention. Bertrando (2007) notes the pivotal role of 'the relationship between hypotheses and therapeutic dialogues' (p. 78) and he is in agreement with Rober (2002) who states that the therapist and client have hypotheses all the time, based on suppositions that are 'tentative, limited and value laden' (p. 475). Dialogical hypotheses never seek truth, but only seek a degree of usefulness. Rober (2002) discerns the usefulness of hypotheses by the 'dialogical value' in opening space for new stories, and the 'ethical value' by which they remain constructive and respectful (p. 475). Similarly, Bertrando views usefulness as dependent upon the degree to which the hypothesis is 'relational' in drawing every voice into dialogue, and 'process' oriented in opening the dialogue (Bertrando & Arcelloni, 2006, p. 374).

The two approaches of Rober and Bertrando, however, differ in how they conceptualise the process of hypothesising. Since Rober (2002) views hypotheses as a method for opening the space for the not-yet-said, his constructive hypothesising is a process to facilitate dialogical understanding. Thus his focus remains on the therapist's reflection in their inner conversation, which guides therapeutic intervention to facilitate the ongoing dialogue. Bertrando views hypothesising as 'the development of knowledge out of experience' (Bertrando & Toffanetti, 2003, p. 9). His dialogical hypotheses aim for a movement towards 'knowing together' (Bertrando & Arcelloni, 2006, p. 379). In his belief that the hypothesis itself may indeed become the dialogue, he posits the shared process of reflection and intervention in a co-evolving hypothesis.

The Therapeutic Process ... The Role of the Therapist ... The Therapeutic Relationship

As in the Milan notion of positive connotation, the dialogical hypotheses of Rober and Bertrando never perceive the presenting problem as a deficit. However, the two approaches differ in relation to questioning in *the therapeutic process.* Rober (2002) views hypotheses as guiding the choice of questioning which is largely informed by the therapist's own reflection. He notes the possibility of the therapist asking a question from a place of 'tacit knowledge' (p. 473) before even being aware of the hypothesis. A lack of responsiveness to a hypothesis by the therapist, or defensiveness on the part of the family alerts to the need to modify the hypothesis since it is suggestive of the move from dialogue to monologue (Rober, 2002). Bertrando considers the dialogue as the basis for questioning, with this dialogue largely ensuing from the joint reflection between therapist and client over the hypothesising process (Bertrando & Arcelloni, 2006). It is during this process that the therapist seeks to develop their own inner dialogue as well as that of the client.

Although Rober and Bertrando see hypothesising as facilitating the session, they differ in their view of *the role of the therapist.* Rober (2002) focuses on hypothesising as the activity of the therapist, which enables an oscillation between the therapist's knowing and not knowing in their inner conversation. Hypothesising is seen as helping the therapist to track the 'chaotic stream of information' (Rober, 2002, p. 470), while enabling the therapist to continually monitor and order the multiple voices of their own inner conversation. In an alternative perspective, Bertrando considers a shared activity of the 'interplay' (Bertrando & Toffanetti, 2003, p. 13)

between therapist and client around the hypotheses, which allows for the presence and acceptance of multiple discourses of both client and therapist. The ordering of the client's ideas and explanations is perceived to pivot around the 'unveiling of the whole hypothesising process' (Bertrando & Arcelloni, 2006, p. 372).

The influence of hypothesising on *the therapeutic relationship* is clear in a dialogical approach. Both Rober and Bertrando theorise hypothesising in relation to the therapeutic relationship, in their attempts to express their clinical understandings of change. Rober (2002) notes that in the past, hypotheses gave the therapist an 'illusion of mastery to survive in the chaos of the family session' (p. 474). In his dialogical approach he affirms Larner's (1998) view of change as 'what happens between theory and practice', to be met with humility and astonishment (Rober 2002, p. 474). In practice, Bertrando (2007) understands dialogical hypotheses as 'unpredictable' (p. 157), with their role in influencing change relating to the possibility of therapeutic impasse as a result of therapist or client being 'stuck on a hypothesis' (p. 77).

Circularity

Although not explicitly stated, circularity is an overarching theme in the dialogical approaches, with Inger, Rober, Bertrando and Seikkula perceiving the therapist and the client as engaging in an ongoing metaphorical recursive dance. This is revealed in increasing complexity in the differing conceptualisations of dialogical family therapy. In the early dialogical framework of Inger (1993), circularity relates to a dance of closeness and distance of therapist and clients in genuine dialogue as they encounter each other's similarities and differences. Bertrando (2006, 2007) broadens this perspective to include the possibility of a twofold circularity, with his focus on a harmony of the outer dialogue of therapist and client around the shared hypothesising, which influences the meeting of the different monodic inner dialogues of therapist and client (Bertrando & Arcelloni, 2006; Bertrando, 2007).

Rober et al. (2008a) deepens the idea of circularity in his understanding of a subtle dance of responsive interactions, which is choreographed by the polyphonic inner conversation of the therapist and the client. Each inner conversation is viewed as a dialogical self that involves multiple voices in ongoing dialogical relationship. Thus it could be said that Rober's threefold circularity includes the circularity in the inner conversation of the therapist and client, the circularity of constructive hypothesising, and the circularity of the dialogue between therapist and clients (Rober et al, 2008b). Circularity is further developed in the dialogical approach of Seikkula in his use of the reflecting team, which reveals the possibility of a four-fold circularity. This involves a dance akin to the mother/infant emotional attunement, which actively encourages all participants 'to be present in the moment, adapting their actions to what is taking place at every turn of the dialogue' (Seikkula & Trimble, 2005, p. 467). Circularity is evident within each individual dialogical self with its multiple internal voices; within the reflective team as it engages together in reflective dialogue based on their inner conversations; within the outer dialogue between the team and family members; and in the moments of reflective dialogue where the inner conversations of both team and family members meet (Seikkula & Trimble, 2005).

The Therapeutic Process ... The Role of the Therapist ... The Therapeutic Relationship

In a dialogical approach the capacity of the therapist to respond to feedback increases exponentially as the layers of circularity increase. Each dialogical approach recognises that the *therapeutic process* is dependent upon the feedback from the family, as well as their own experiencing self (Rober et al., 2008a). This involves sensitivity to verbal and nonverbal communication and emotions (Seikkula & Trimble 2005; Bertrando, 2007). It also includes the therapist's awareness of their own 'biases' and 'prejudices' (Rober et al., 2008a, p. 407). Attunement is seen as crucial, in monitoring the tension between monologue and dialogue, which fuels a responsive process of knowing and not-knowing, 'a holding on and letting go of ideas and explanations' (Rober, 2002, p. 476).

Curiosity is a primary activity in *the role of the therapist*, in order to maintain the circularity by which they can shift in the therapeutic conversation in responding to unpredictable changes in direction (Bertrando, 2007). Words and ideas are never accepted at face value and their contradictory natures are held in tension, as 'an opportunity to enhance the creativity and the resourcefulness of the therapist' (Rober et al., 2008a, p. 415). Such areas are explored respectfully and compassionately to open the space for the not-yet-said. Words and feelings of each family member are drawn into the therapeutic space through responsive circular questioning (Seikkula & Trimble, 2005). These seek to move the family to confirmation of the differing perspectives of both therapist and clients (Inger, 1993). In the approach of Seikkula (2005), the team has a role in recognising, drawing out, resonating with, and tolerating difficult emotions, thereby modelling to the family that such emotions can be given voice.

Circularity in *the therapeutic relationship* is the core of change in a dialogical approach whereby 'meanings and feelings intersect in the deep basic human values'(Seikkula & Trimble, 2005, p. 472). For Bertrando (2007) change occurs when the dialogue becomes fully therapeutic through the client and therapist accepting each other's discourses. Seikkula (2005) seeks this change through the experience of each family member being heard and their acceptance of the experience of other family members. There is a sense in the dialogical literature of a circularity of slowness, a listening, pause and then action. Seikkula (2005) speaks of 'small surprises that open up new directions' (Seikkula & Trimble, 2005, p. 469), Rober (2002) notes the 'attitude of waiting' (p. 471) and Inger (1993) notes that healing takes place through 'mutual inclusion, authenticity and genuine connectedness' (p. 307).

Neutrality

Neutrality receives the least attention in the dialogical therapy literature, possibly since it has received so much focus throughout the history of systemic family therapy. Guilfoyle (2003) calls for a theorising of power in dialogical therapy however, power is explicitly recognised in the dialogical approaches. Although Bertrando (2007) states that neutrality is impossible, debate has surrounded the attempt to address the power and expertise of the therapist through the concept of not-knowing (Rober, 2002; Anderson, 2005). Rober (2002) states not-knowing does not entail that the therapist knows nothing, but rather that it facilitates making room for the other in the dialogue. In this sense, the dialogical approach

moves beyond consideration of the power of the therapist, to include the power of the client in the dialogue in which both therapist and client are equally engaged.

The Therapeutic Process ... The Role of the Therapist ... The Therapeutic Relationship

Each proponent of dialogical family therapy recognises *the therapeutic process* as involving a dialogue of persons with their own experiences, expertise and stores of knowledge. For Rober (2005b), the recognition of the multiple stories in the inner conversation of the therapist and the client involves a choice of what they each bring to this dialogical process. Both are active participants in knowing 'how to go on together, in calling forth a new dialogue' (Rober, 2005b, p. 388). Bertrando (2007) describes himself as an opinionated partner who brings his own views to the dialogical exchange. The struggle through the simultaneous perspectives of both therapist and client in the dialogue is the process by which new knowledge and meaning comes into being (Bertrando, 2007). For Seikkula (2005) the therapeutic process involves team members modelling reflective dialogue which affords feelings of safety, allowing family members to move past existing monologues into their own reflective dialogue.

The role of the therapist within the therapist–family co-creating system is clear in the dialogical approaches; however, the concept of the therapist being outside the system is also emphasised. Rober (2002) perceives 'outsideness' (p. 408) as being necessary for an enriching dialogical process since it guarantees curiosity related to difference. He warns that curiosity is necessary to guide the therapist, rather than the power and knowing which are inherent in the dialogical context. Bertrando (2007) particularly notes the value of the outside position in enabling the sharing of different world views, perceptions, prejudices and feelings that are interfaced with those of the client. The approach of Seikkula (2005) extends the notion of outsideness by including the action of the reflecting team as a separate entity in the system.

Bertrando (2007) notes that *the therapeutic relationship* has historically been 'the great absentee' (p. 58) in systemic therapy. In dialogical therapy change is inextricably linked with the positioning of the therapist and the client in the therapeutic relationship. Inger (1993) notes that the enquiry about beliefs from the position of the other reconciles systemic and dialogical approaches. Rober (2005b) considers the therapist's positioning in individual and family therapy, citing Flaskas (2002) who articulates an empathy which joins in individual work, and a curiosity which opens difference in family therapy. Bertrando (2007) notes that 'therapeutic action happens' (p. 61) where the opinions, ideas and emotions of the therapist and the client meet. The work of Seikkula, which appears to entail each of these positions simultaneously, is described as 'the purest form' (Bertrando, 2007, p. 61) of dialogical therapy.

The Challenge

Throughout this exploration of the original Milan principles in dialogical family therapy, the tendency for the dialogical approach to veer towards work with individuals is apparent. Perhaps the challenge in the future direction of the dialogical approach is to ensure its continued development within family therapy. The original Milan principles were borne from research and perhaps the answer to this challenge will also emerge from research in the form of case studies. Josselson (1995) used a dialogical approach in her research on lived experiences and spoke of a dual dialogical process.

She noted a 'potential space … where the boundaries of self as knower and other as known are relaxed' (p. 31), perhaps akin to the healing at a relational level in systemic family therapy. She also spoke of the 'dialogical moment' (p. 37) where 'the self is most clearly in dialogue with itself', and it is to ponder if this is similar to the healing at the level of self in individual systemic therapy. I reflect on the tension between the two — the individual and the family. Perhaps both are needed in a truly systemic dialogical family therapy.

In a sense, the dialogical approach appears to provide an opening for moving past the dichotomy of the either/or, past the continuum of the subjective/objective, past the inclusion of the both/and, to the nodal point of the three Milan principles in dialogical family therapy, that of the realm of 'the between', which is vast. The between is revealed, as emerging from beyond theory and practice. Although the therapist can prepare for it, the therapist or the client individually 'cannot make it happen' (Inger, 1993, p. 303). Its occurrence in family therapy is referred to by Satir (1987) when she speaks of the 'deep level of communication … the utmost in honesty, congruence and trust' (p. 22). Seikkula (2005) describes it as 'a whole-hearted encounter in which one engages with the other with all of oneself … we access the feelings that hold us together as human beings and that make us truly human' (p. 473). It seems that the future development of a dialogical approach to family therapy may be replete with potentialities for both individuals and families.

> In the most powerful moments of dialogic, where in truth 'deep calls unto deep', it becomes unmistakeably clear that it is not the wand of the individual or the social, but of a third which draws the circle around the happening. On the far side of the subjective, on this side of the objective, on the narrow ridge, where I and Thou meet there is the realm of 'between', the knowledge of which will help to bring about the genuine person again and to establish genuine community. (Buber, 1962, p. 55)

Final Thoughts … or a Beginning

In her seminal work *Foundations of family therapy* (1981), Hoffman enthusiastically expounded the three Milan principles of hypothesising, circularity and neutrality. However, she also recognised that her chapter on the Milan systemic model might be 'obsolete' (p. 304) by the time it was published. It is a trenchant reminder of the ongoing development of theory and practice in family therapy and of the ongoing necessity for family therapists to keep challenging themselves and keep questioning …

So I ponder. Where am I left following my 'exploring'? It appears that this process of writing has fuelled a sensitivity to my own inner conversation, revealing a tension between the 'knowing' of theory and the 'experience' of clinical practice. I am left with more questions than answers. For a while I sense I should stay with this concept of questioning as it relates to a dialogical family therapy. I recall the words of an experienced therapist: 'For each question you ask, another is not asked', and I find my inner conversation moving to struggle *against* this tension in a bid to place control upon it. Almost, but not quite concurrently, I am reminded of Bateson's (1980) concept of questioning: 'You see, I am not asking another question each time. I am making the same question bigger' (p. 236). My inner conversation now engages *with*

this tension in a bid to create from it. Many questions or one question, struggling against or engaging with ... further dichotomies? Or perhaps not.

Rilke's (1994) notion of questioning comes to mind when I open the reflective space within myself: 'Have patience with everything unresolved and try to love the questions themselves.' And paradoxically it now becomes clearer. The role of the therapist in dialogical family therapy is to facilitate the questioning which has the possibility of opening the 'between'. This realm allows for the dynamic tension of the inner and outer conversations of both the client and the therapist, in which is revealed their knowledge of realities as well as their realness of experience. Indeed, this dynamic between realities and realness in dialogical therapy fuels its own recursive pattern of influence. And I am left with yet another question. Is it possible that a further development of dialogical family therapy may come to reveal a new phase in family therapy? Perhaps this is linked to the recent findings in neurobiology on implicit communication, the importance of emotional attunement, and the capacity of the therapeutic process to change brain structure and functioning. Perhaps experience, rather than time, will tell — although from the following words of Satir (1987) it appears that nothing is new, perhaps just in the process of being 'rediscovered'.

And the practice (Satir, 1987):

> I have learned that when I am fully present with the patient or family, I can move therapeutically with much greater ease. I can simultaneously reach the depths to which I need to go, and at the same time honour the fragility, the power, the sacredness of life in the other ... The theories and techniques are important ... But I see them as tools to be used in a fully human context. I further believe that therapists are responsible for the initiation and continuation of the therapy process. They are not in charge of the patients within that process. The whole therapeutic process must be aimed at opening up the healing potential within the patient or client. Nothing really changes until that healing potential is opened. The way through is the meeting of the deepest part of the therapist with the deepest self of the person, patient or client. When this occurs, it creates a context of vulnerability — of openness to change. (p. 24)

Endnote

1 In the practice reflections contained in this article all client details have been altered for the purposes of confidentiality.

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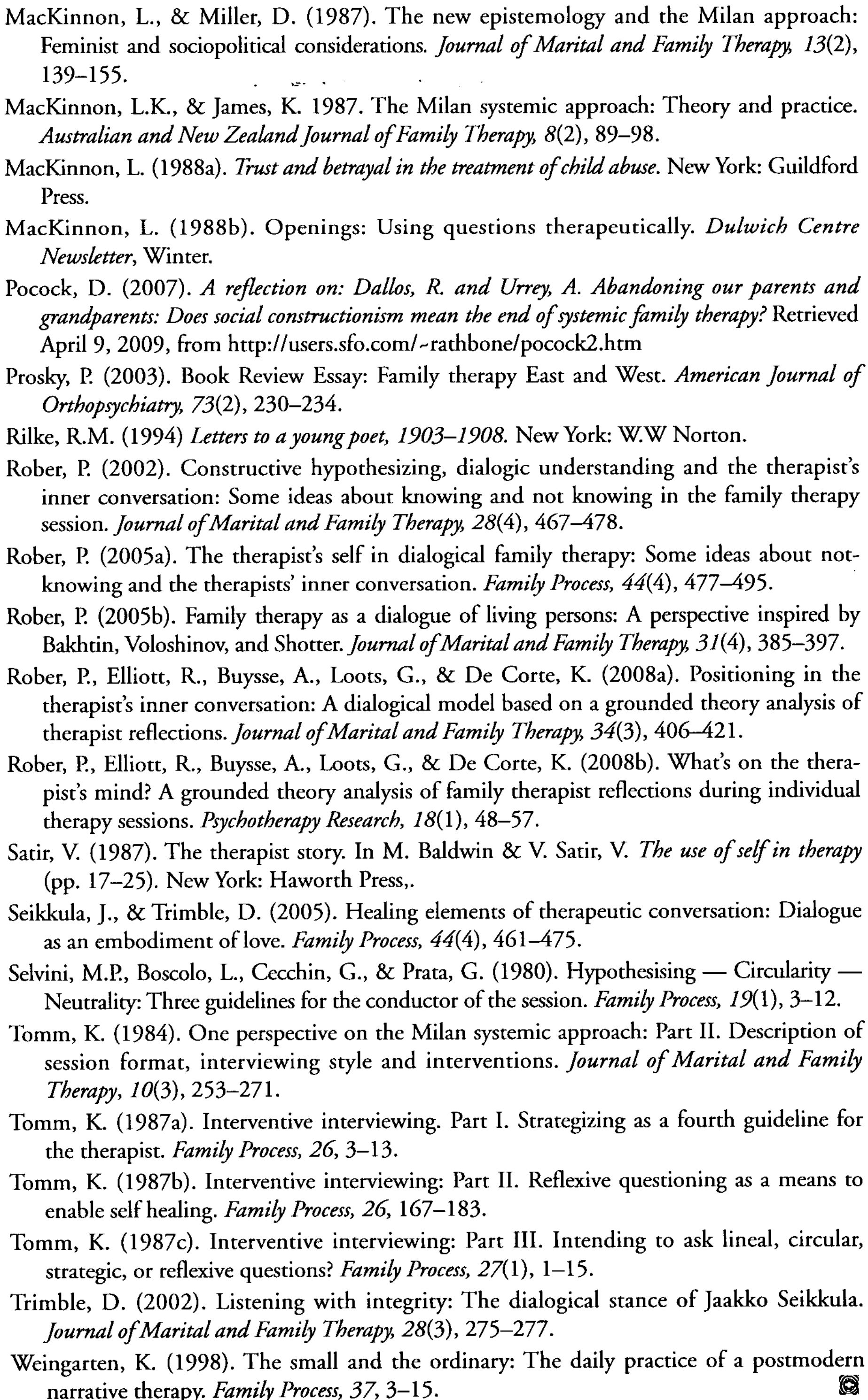

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