

SIMILARITIES AND DIFFERENCES BETWEEN INDIVIDUAL AND INTERACTIONAL CONCEPTIONS OF BEHAVIOR AND CHANGE

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Since the emergence of the radically alternative Communication / Interactional paradigm set forth in the 1950s by Gregory Bateson and team (Bateson, 1980; Jackson, 1967; Ray, 2005, in Press, Ray & Nardone, in press; Watzlawick, Beavin Bavelas, & Jackson, 1967; Watzlawick, Weakland, & Fisch, 1974) there has occurred an explosion of models of therapy. In the current zeitgeist in which emphasis on efficacy and outcome driven modalities are in vogue, it has been our experience that the proliferation of models of practice obscures certain profoundly important differences central to, on the one hand, the individual disease orientation that continues to dominate models of clinical practice in western culture, and on the other hand, the Bateson and Team's Communication/ Interactional/Ecological view and related models of strategic therapy. The ever-growing number of models prevalent today can lead to confusion and trepidation when trying to teach and learn fundamental premises upon which both long-standing and new therapeutic models are based. It has been our experience that visual representations of the models of therapy can be very helpful for understanding similarities and differences in the basic tenets of the theoretical frameworks and models of clinical practice.

While not explicitly addressed to the current field of therapy, Gregory Bateson did speak to an eerily isomorphic state of affairs in higher education generally: "current educational processes are a *"rip off"* from the point of view of the student...While much that universities teach today is new and up to date, the presupposition or premises of thought upon which all our teaching is based are ancient, and I assert, obsolete (1979, p.240)."

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With Bateson's sage observation in mind, and in light of a frequently observed capacity on the part of even the most dedicated Interactionally oriented therapists to occasionally find themselves behaving on the basis of a disease/illness conceptualization of human difficulties in living, the authors developed the schematic to be presented in this brief article. The diagram juxtaposes essential tenets of the individual pathology viewpoint with the Bateson Team communication orientation, and four distinct strategic models of therapy most identified as explicitly derived from it. It is our hope that the diagram may be useful for maximizing the understanding of clinicians learning and practicing individual, couple, and marital therapy as they seek greater clarity about conceptual frameworks of the traditional modern and post-modern models of intervention.

The models included in the diagram are the individual pathology, widely known as the medical model, the Interactional/Strategic/Systemic model, the original Mental Research Institute's model and subsequent MRI brief therapy model, the Milan Systemic Family Therapy approach, and the Solution Focused Brief Therapy Model. The schematic highlights several key factors that distinguish each model from the others. The focus of therapy in each approach is depicted, whether that may be an internal pathology as in the medical model, or the interaction taking place in the current moment between someone experiencing a problem and others with whom they live, as is the case with Bateson and Team's Communication theory and all of the strategic orientations derived from it. The implications of each specific focal point are identified, followed by the clinical applications inherent in each particular model. Within these categories are embedded essential characteristics of each model, which are intended to make explicit basic conceptual presuppositions and related intervention techniques and strategies. Placed side-by-side is five widely accepted and used conceptual frameworks:

- The Individual Pathology or Disease model,
- Gregory Bateson and Team's (Don Jackson, Jay Haley, John Weakland and William Fry) Communication or Interactional Theory and derivative Strategic model of intervention,
- MRI Brief Therapy (MRI BT)
- Milan Systemic Family Therapy (Palazzoli, Boscolo, Cecchin, & Prata, 1978; Cecchin, Lane & Ray, 1991, 1994), and
- Solution Focused Brief Therapy (SFBT) (de Shazer, 1994)

Similarities and Difference Between Individual and Interactional Conceptions of Behavior and Change

The focus, philosophical implications, and basic clinical approach of each orientation are listed. Note that a solid line separates the pathology/disease framework from the other four conceptual orientations while a dotted line separates these other orientations from one another. The use of a solid line intends to make explicit the profoundly discontinuous differences that exist between an individual disease/pathology conception and a relationship based conception of human behavior, while the dotted line between the Strategic models serves to remind the viewer that these models all explicitly derive from the earlier contributions of Bateson and Team.

The diagram of these differences and similarities is in complete accord with the contributions of Don Jackson, who writes:

“It might appear, then, that the language and concepts for describing an individual are different in nature from the family description which is needed, and the twain shall never meet. Fortunately, this is not quite so. We feel that those who hope they can bridge from the individual to family study by using individual concepts are going to be disappointed. A bridge is possible but it would seem to be a one-way bridge. We must first develop a description of the family and then return with a new point of view about the individual (1967/1977, p. 196).

No attempt is made to include many of the nuances that exist that differentiate each of the selected models, differences in conceptualization and intervention relevant to each orientation, mainly because it is beyond the scope of this brief presentation. And yet brief elaboration of basic differences between individual/pathologic and communication/Interactional perspectives are called for. From an Interactional perspective the data under analysis are qualitatively different from the individual perspective, leading to vitally important ethical and pragmatic differences in how problem behavior is conceptualized and in the actions taken by the therapist to evoke constructive change. To succinctly articulate these primary differences we once again turn to Don Jackson:

“...descriptions of individuals, by definition, ignored the context in which the individual functioned, whereas family studies must focus upon context. ... The language of individual study is largely about processes assumed to be occurring within the individual. Families cannot reasonably be said to

have “drives”, “attitudes”, “perceptions”, “motivations”, or the like. These can only be construed as the characteristics of individual family members, not of the family as a unit. ... The language of individual pathology provides a family description that is distorted by its very nature. One cannot say a family is “phobic” when only one member has a phobia. Not only the specific terms for the individual cannot be used, but the concepts on which these are based must be questioned as well. The medical model of “mental illness” – which considers pathology a property of a sick cell, a sick organ, or a sick person – is entirely unsuited to the study of transactional processes within a family (1967, p. 195).

From the Communication or Interactional perspective, Jackson continues, focus of attention is on:

“people’s typical reciprocal responses to one another in all their variability ... [with] an emphasis on the present; not how the person got to be the way he is, but how the system he inhabits maintains itself. Not linearly causal relations but circular ones in the present context and relationships. ... Behavior in the widest sense is the subject of family study, whereas individual study provided not so much a description of behavior as of the processes assumed to be occurring within people that led to behavior (Jackson, 1967/1977, p. 195-6).

Following in the tradition of Jackson, Bateson, Weakland, Haley, Fry, Watzlawick, and Fisch it is our contention that some differences are of such profound importance they warrant emphasis, otherwise teacher and student alike can find themselves blissfully unaware they may be behaving on the basis of what Bateson terms “obsolescent” premises. This diagram is an effort to address this potentially disastrous epistemological folly.

Similarities and Difference Between Individual and Interactional Conceptions of Behavior and Change

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Conceptual Frameworks	Interactional / Strategic	MRI Brief Therapy	Milan Systemic FT	Solution Focused FT
<p>Individual Pathology</p> <ul style="list-style-type: none"> -Individual / internal -Genetic/Past causal -Disease / Illness framework 	<p>Focus</p> <ul style="list-style-type: none"> - One cannot not communicate -Current Interaction recursive causal -Nature of relat. (report/command) 	<p>Focus</p> <ul style="list-style-type: none"> -Id. Prob. from Clients perspective -Id. ineffective attempts to solve the prob. that inadvertently perpetuate it 	<p>Focus</p> <ul style="list-style-type: none"> - One cannot not communicate -Current Inter. recursive causal - Nature of relationships 	<p>Focus</p> <ul style="list-style-type: none"> -Id. exceptions, access under-used solutions -Future focus
<p>Implication</p> <ul style="list-style-type: none"> -Genetic, biochemical or past trauma -Diag. cause, Assign blame -Therapist not (Objective Reality) 	<p>Imp.</p> <ul style="list-style-type: none"> -Comp. pattern of interaction -Non-blame -Therapist pre-conceptions are part(1st & 2nd order) 	<p>Imp.</p> <ul style="list-style-type: none"> -Complementary patterns connecting the behavior of all -Non-blame -Therapist pre-conceptions a part (1st & 2nd order) 	<p>Imp.</p> <ul style="list-style-type: none"> -Comp. pattern of interaction -Non-blame -Therapist pre-conceptions a part (1st & 2nd order) 	<p>Imp.</p> <ul style="list-style-type: none"> -Ripple effect -Non-Blame -The therapist pre-concept a part (1st & 2nd order)
<p>Clinical Approach</p> <ul style="list-style-type: none"> -Accept illness & adjust to it -Medicate -Cognitive Behavioral Modification 	<p>Clin. App.</p> <ul style="list-style-type: none"> -Contextualize & Pos. Connote -Interrupt Pattern -In & between session tasks & Reframing -Paradoxical prescriptions 	<p>Clin. App.</p> <ul style="list-style-type: none"> -Contextualize, Non-blame -Interrupt Interlocking attempted solutions -Reframing, -In & between session tasks -Paradox. Prescript. 	<p>Clin. App.</p> <ul style="list-style-type: none"> -Hypothesizing -Circular Quest -Neutrality -Curiosity -Pos. Conn. Paradoxical solutions -Irrelevance -Cybernetics of Prejudices 	<p>Clin. App.</p> <ul style="list-style-type: none"> -If ain't broke don't fix it -If ain't working do something different -In & between session tasks -Reframing

**Individual Pathology Model or Communication Theory:
a difference that makes a difference?**

Some have posited that any either / or division of perspectives is not “truly” systemic in that system thinking encompasses individually oriented, lineal causal thinking as part of a larger whole and to emphasize such differences indicate a naive understanding of Interactional/systemic theory that is disrespectful toward the dominant, medical model perspective. To blur this distinction however fails to give due consideration to the profoundly distinct implications that derive from these two fundamentally different points of view. Leaving aside for the moment Gregory Bateson’s often repeated emphasis that the very survival of our species hinges on waking up to the realization that adherence to epistemologies that separate the individual from the nexus of which he/she is part invariably leads to drastic consequences and that a “more correct” epistemology is both possible and necessary to the survival of the species (for elaboration on this his rather unequivocal view on the subject refer to Bateson, 1972, p. 309-337 or p. 478-486). Keeney (1983, p. 15) concurs with Bateson, positing that operating from one frame of reference makes it impossible to see the world from the point of view of the other perspective, emphasizing the two perspective lead to very different approaches to intervention: “Although many schools of therapy maintain that conscious insight, understanding, and direct logical persuasion are required tools of change, Bateson, don Juan, and Erickson often proceeded differently. Their methods of inducing change involved such techniques as encouraging problem behavior, amplifying deviation, suggesting a relapse, emphasizing the positive aspects of a symptom, and introducing confusion” (1983, p. 7). These two fundamentally alternative causal explanations demand very different, mutually exclusive ethical and practical courses of action on the part of therapists. Another of the founders of system theory, Murray Bowen, said it took him twenty years to be able to hold both the individual perspective and system perspective simultaneously without becoming confused. It seems to the authors that if a career long effort was required on the part of these creators of Interactional/systemic epistemology to consistently understand, “see” and “act” from a contextual perspective, then to fail to try to understand and teach the implications of these two radically different perspectives render teacher and learner alike blind to the consequences of our own actions – a failure in personal accountability for the consequences of our own actions that, for the authors is not acceptable, moral or ethical.

Conclusion

In this essay an intentional decision was made to juxtapose only the individual pathology orientation with Bateson and team's Communication/Interactional theory and explicitly strategic models of practice directly derived from it. The rationale for this choice derives from our belief that most currently popular practice orientations are based upon or are reactions to either the individual pathology perspective or the Interactional approach of Bateson, et al. Subsequently, many currently popular models of practice are not included in the diagram, such as Anderson and Goolishian's (1989, 1990) or Lynn Hoffman's (1993) post modern views, Michael White's Narrative approach (1989), Keeney's Cybernetic / Improvisational Therapy (1983, 1991, Keeney & Ross, 1986, Ray and Keeney, 1993), Emotion-Focused Therapy (Greenberg, 2002), or Gottman and colleagues marital therapy perspective.

This is not to claim or imply other perspectives and influences do not exist and warrant study. The value and pervasive influence, for example, of Milton Erickson's hypnotherapeutic orientation (Haley, 1963, 1967; Rossi, 1980), Harry Stack Sullivan's Interpersonal Theory (1953), or Murray Bowen's System Theory (1978), are humbly acknowledged, but with the exception of Erickson's inescapable presence by virtue of his intimate involvement with the Bateson Team members, and Sullivan's thinking through his equally relevant influence on Don Jackson, these lie outside the scope of this diagram. Rather, the diagram was created as a kind of quick reference resource, for the purpose of setting side-by-side and visually depicting fundamental differences between the disease model, which remains the dominant perspective within western culture, and the major strategic models derived directly from the Bateson team.

REFERENCES

- Anderson, H. & Goolishian, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about implications for clinical theory. *Family Process* 27, 371-393.
- Anderson, H. & Goolishian, H. (1990). Beyond cybernetics: Comments on Atkinson and Heath's "Further thoughts on second-order family therapy". *Family Process*, 29: 157-163.
- Bateson, G. (1972). The cybernetics of "self" – Toward a theory of alcoholism, *Steps to an Ecology of Mind*, NY: Ballentine, p. 309-337.
- Bateson, G. (1972). Pathologies of epistemology, *Steps to an Ecology of Mind*, NY: Ballentine, p. 478-486.
- Bateson, G. (1979). Appendix: Time is out of joint, *Mind and Nature: A Necessary Unity*, NY: E.P. Dutton, p. 240-248.
- Bowen, M. (1978) *Family Therapy in Clinical Practice*, NY: Aronson
- Cecchin, G., Lane, G., & Ray, W. (1991) *Irreverence – A Practical guide to Therapists' Survival*, London, UK: Karnac.
- Cecchin, G., Lane, G., & Ray, W. (1994). *Cybernetics of Prejudices*, London, UK: Karnac.
- deShazer, S. (1994). *Words were Originally Magic*, NY: Norton.
- Gottman, J., Murray, J., Swanson, C., Tyson, R. (2002). *The Mathematics of Marriage*, MA: MIT Press.
- Greenberg, L. (2001). *Emotion Focused Therapy*.
- Haley, J. (1963). *Strategies of Psychotherapy*. NY: Grune & Stratton.
- Haley, J. (1967). *Advanced Techniques of Hypnosis & Therapy – Selected papers of Milton H. Erickson*, MD, NY: Grune & Stratton.
- Hoffman, L. (1986). *Exchanging Voices*, London, UK: Karnac Books.
- Jackson, D. (1967). Schizophrenia: The nosological nexus. In *Excerpta Medical International Congress, The Origins of Schizophrenia. The Proceedings of the First International Conference*. 151 (pp. 111-120). Rochester, New York. In P.

*Similarities and Difference Between Individual and
Interactional Conceptions of Behavior and Change*

Watzlawick & J. Weakland (Eds.) (1977). *The Interactional View – Studies at the Mental Research Institute 1965-1977*. NY: Norton, pp. 193-207.

Keeney, B. (1983). *Aesthetics of Change*, NY: Guilford.

Keeney, B. (1991). *Improvisational Therapy*, NY: Guilford.

Keeney, B., & Ross, J. (1986). *Mind in Therapy*, NY: Basic.

Ray, W., & Keeney, B. (1993). *Resource Focused Therapy*, London, UK: Karnac.

Ray, W. (Ed.) (2005). *Don D. Jackson – Essays from the Dawn of an Era, Vol. I*, Phoenix, AZ:

Zeig, Tucker, Theisan, Ltd.

Ray, W. (Ed.) (In press). *Don D. Jackson – Essays from the Dawn of an Era, Vol. II*, Phoenix, AZ: Zeig, Tucker, & Theisan, Ltd.

Ray, W., & Nardone, G. (Eds.) (In Press). *Paul Watzlawick – Insight may cause Blindness and other essays*, Phoenix, AZ: Zeig, Tucker, & Theisan, Ltd.

Rossi, E. (Ed.), (1980), *Collected Papers of Milton H. Erickson, M.D., Vol. I-IV*. NY: Irvington

Selvini Palazzoli, M., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Aradox and Counter-Paradox*, NY: Aronson.

Sullivan, H.S. (1953). *The Collected Works of Harry Stack Sullivan*.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change*, NY: Norton.

Watzlawick, P., Beavin-Bavelas, J, Jackson, D. (1967). *Pragmatics of Human Communication*, NY: Norton.

White, M. (1989). *Selected Papers*. Adelaide: Dulwich Centre Pub.