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ORIGINAL PAPER

Reconceptualizing Strategic Family Therapy: Insights from a Dynamic Systems Perspective

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Abstract As one of the more mature marriage and family therapy (MFT) models, strategic family therapy has a distinguished and colorful history. Part of that history includes an era when strategic therapy was considered by some to be manipulative and even unethical. Recent advances in our understanding of the behavior of complex natural systems via dynamic systems theory may shed new light on the process of strategic family therapy and help us understand more fully the underlying purposes of the preferred therapeutic stance and clinical interventions of this model. We briefly review the theoretical and empirical literature associated with strategic therapy, followed by a detailed description of dynamic systems theory concepts. We conclude by linking the theory and practice of strategic therapy to the science of dynamic systems as a means of understanding why strategic therapy is an effective form of brief therapy.

Keywords Strategic family therapy · Brief therapy · Dynamic systems theory

Strategic family therapy is one of the oldest stars in the constellation of marriage and family therapy (MFT) models. Originally developed in the 1950s by Don Jackson and others belonging to the Palo Alto research group headed by Gregory Bateson, strategic therapy was characterized by therapists' dogged focus on altering family interactions, eliminating client-identified problems, and using sometimes unorthodox or paradoxical directives and homework assignments. The practice of strategic family therapy has since coalesced into two distinct camps, one which favors the approach of the Mental Research Institute (MRI)—the group originally founded by Don Jackson in Palo Alto—which is grounded in the identification and change of problem-maintaining family interactional processes and patterns; the other is based on the work of Jay Haley—one of the original

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members of the MRI group—which emphasizes hierarchy and power, the realignment of which will promote the desired change in families.

During the mid-1980s and early 1990s strategic family therapy was sharply criticized as being covert, manipulative, and even unethical in its practice (Duncan, 1992; Held, 1992; Wendorf & Wendorf, 1985). Noteworthy debates were held during conferences and in the pages of scholarly journals (e.g., Dell, 1989). These contests seemed to have a chilling effect on the research and practice of strategic therapy for a time, and only more recently has it been discussed more frequently (e.g., Robbins, Bachrach, & Szapocznik, 2002; Santisteban et al., 2003), despite the fact that research has repeatedly shown it to be an effective model of therapy for families (Szapocznik & Williams, 2000). We suggest that much of the aversion to strategic therapy may have stemmed from the underlying principles and processes of the model and its practice being miscast, and that recent advances in our understanding of the behavior of complex natural systems may shed new light on the process of strategic family therapy and help us understand more fully the underlying purposes of the preferred therapeutic stance and clinical interventions of this model.

Dynamic systems theory originated in the physical sciences, and is used to explain the emergence of pattern or coherence over time in complex physical, chemical, and biological systems (Granic & Hollenstein, 2003). Scientific fields such as astronomy, meteorology, physics, medicine, and even economics have relied on dynamic systems theory to understand and predict the observable behaviors of systems such as the solar system, the weather, the brain, and financial markets over time.

Researchers in child development have used dynamic systems theory to help them understand how children develop physically, cognitively, and emotionally over time (Fogel, Lyra, & Valsiner, 1997; Lewis & Granic, 2000; Thelen & Smith, 1994). More recently, dynamic systems theory has been used by both child development and couple interaction researchers to describe patterns of change during the real-time study of parent-child (e.g., Granic, Hollenstein, Dishion, & Patterson, 2003) and couple interactions (e.g., Cook et al., 1995; Gottman, Driver, Yoshimoto, & Rushe, 2002; Gottman, Swanson, & Murray, 1999; Griffin, 2003).

The purpose of this article is to promote new insight into strategic family therapy theory and practice by exploring the contributions of dynamic systems theory to our understanding of complex systems. As reviewed below, many scientific fields are moving toward a unifying conceptual framework grounded in dynamic systems science and concepts. In demonstrating how clinical and family change processes may be explained and understood through such concepts, we hope to expose the ''science'' of strategic family therapy. We will first briefly review the theory and research associated with strategic family therapy, followed by a detailed explanation of dynamic systems theory concepts. We will then move into an exploration of strategic family therapy theory and technique using dynamic systems theory concepts.

Review of Strategic Family Therapy Theory and Research

The clinical model

Strategic family therapy is a brief form of therapy characterized by the clinician's specific focus on changing the family behavior associated with the identified problem. The therapist actively works to promote change in client systems by issuing either straightforward or

paradoxical directives in-session, and prescribing similar tasks as homework for clients outside of therapy. These directives or tasks are intended to help clients modify their existing patterns of interaction that are linked to the problem. Therapy is most successful when therapists and clients can identify the problem, recognize the interactional patterns surrounding the problem, and clients are able to carry out the directives given to them by the therapist. (Griffin & Greene, 1999).

Jay Haley coined the term ''strategic'' therapy building upon the work of Milton Erickson and the Mental Research Institute (MRI), particularly the efforts of Don Jackson and Gregory Bateson. This group's emphasis was on the problematic interactional behaviors and patterns that family members engaged in, and how such behaviors and patterns might be altered. However, in 1967 Haley broke away from the MRI group at Palo Alto and moved to Philadelphia to work with Salvador Minuchin. Haley's work with Minuchin and Cloe Madanes resulted in a strategic therapy that focused on hierarchy and family structure (Thomas, 1992).

Thus, strategic therapists are primarily concerned with the promotion of change in families, particularly in the areas of family interaction patterns, family structure, power, and control. Strategic family therapists assume that while all families have the psychological capacity to change, current family behavior, communication patterns, or hierarchical structure allow the identified problem to persist. Change in the family system will result in problem resolution. Not all behaviors, patterns, or problematic structures need to be altered in order for change to occur. Rather, small amounts of change in families are often sufficient to prompt more dramatic changes in family interactions and structure.

The strategic therapist conducts therapy that is brief and intense in nature; therapist involvement during sessions is extremely important. Less concerned about clients' past and more concerned with the present, the therapist gathers information rapidly to quickly assess and attend to the identified problem. Encouraging family members to talk about the problem allows the therapist to assess the family's typical interaction patterns and hierarchy. This approach alone has the potential to create change, particularly if the family does not typically communicate about the problem. The family may also be asked to act out the problem, thereby providing the therapist with additional information on family interactions as well as establishing the family's commitment to change (Haley, 1963).

The strategic therapy process is highly directive, which places the therapist in a very active, powerful role (Thomas, 1992). The overall purpose of directive therapy is to get the client to act, to do something. The therapist gives specific directions which she or he believes will promote changes in behavior and family functioning. At the same time, however, the therapist must establish a complementary relationship with the family where they trust the therapist and are willing to engage in the directives she or he prescribes (Haley, 1963). Thus, the strategic therapist tends to accentuate the positive and call the family's attention to positive characteristics or any hint of progress the family may demonstrate. Reframing clients' negative beliefs or experiences in a positive light also facilitates the change process.

The strategic therapist provides opportunities for change in a variety of ways including encouraging, discussion, examination of motives, and expression. Strategic therapy is used to produce rapid change in families without spending any time trying to promote insight or psychological awareness of the ''deeper meanings'' that might be associated with the problem. The expectation is that with the changes effected in therapy the family will continue to change in other areas after therapy has ended.

The research

Early investigations of strategic therapy consisted primarily of case studies with distressed families. These studies served the dual purpose of both describing the process of strategic therapy with an illustrative case example and providing preliminary evidence of the model's success (e.g., Framrose, 1982; Haley, 1973). However, more recent research has utilized rigorous experimental conditions to arrive at the overall conclusion that strategic family therapy is an effective model of clinical practice, particularly when working with minority families and families with adolescents. The strategic approach has been found to offer substantial improvement in engaging and retaining adolescent clients and their families over typical community clinical practices (Coatsworth, Santisteban, McBride, & Szapocznik, 2001), and has resulted in considerably higher pre- to post-intervention progress in Hispanic parent and adolescent descriptions of behavior and delinquency problems, marijuana use, and both observer and client ratings of family functioning (Santisteban et al., 2003).

Strategic approaches have been quite successful in clinical work with culturally diverse clients. For instance, Soo-Hoo (1999) asserts that strategic therapy is culturally appropriate when working with Chinese American families. The model's brief, pragmatic, and problem-focused emphasis coincide quite well with aspects of traditional Chinese culture. Richeport-Haley (1998) found strategic therapy to be a culturally congruent approach when working with families of Spanish, South American, and Japanese origins. The emphasis on family structure rather than culture allowed therapy to be more brief and more tailored to each family's unique processes and patterns.

Thus, despite assertions that the process and characteristics of strategic family therapy place clients in a low-power position and make them more susceptible to harm *vis-a-vis* the therapeutic relationship, strategic approaches have been shown to be an effective means of assisting families in overcoming identified problems and altering problematic patterns of behavior and interaction. As mentioned above, recent conceptual advances in other scientific fields may shed some light on why strategic therapists take the stance that they do, and why the clinical processes of strategic family therapy are so successful.

Dynamic Systems Theory

Over the past 20 years the scientific community has become much more interested in the study of complex systems (Newell & Molenaar, 1998). Complex systems are systems characterized by a number of independent components or particles that are persistent in their movement, readjustment, and adaptation in relation to each other (Williams, 1997). What is perhaps most interesting about these systems is that scientists have discovered that, despite such complexity and potential for extremely varied behavior, a more constricted pattern or structure of behavior always seems to emerge or coalesce (Nowak & Vallacher, 1998). Scientists from a wide variety of fields have become increasingly reliant on dynamic systems theory to conceptualize and analyze the behavior of complex systems.

According to Granic and Hollenstein (2003), dynamic systems theory is a general, ''metatheoretical framework that encompasses a set of abstract principles that have been applied in different disciplines ... and to various phenomena ... at vastly different scales of analysis'' (p. 644). This framework includes more specific conceptual and mathematical models such as nonlinear dynamics, chaos theory, and catastrophe theory, and is part of a broader movement across sciences that has been referred to as the ''science of

complexity'' (Lewis, 2000, p. 40). Ultimately, dynamic systems theory is a scaffolding for the description of how novel structure (e.g. pattern) emerges and stabilizes through a system's own internal feedback processes (Prigogine & Stengers, 1984). That is, dynamic systems theory provides a means of explaining the spontaneous generation of order in complex, adaptive systems (Granic & Lamey, 2002).

Survey of research from a dynamic systems perspective

Dynamic systems theory has been a method of conceptualizing phenomena and guiding research on the behavior of complex systems in the physical sciences for more than half of a century (Gleick, 1987; Williams, 1997). Scientific fields such as physics (e.g., Abarbanel, Brown, Sidorowich, & Tsimring, 1993), chemistry (e.g., Earley, 2003; Johnson & Scott, 1990), meteorology (Lorenz, 1991; Zeng, Pielke, & Eykholt, 1993), and the specific study of air and water motion (e.g., turbulence; Belosheev, 2000; Pomeau & Manneville, 1980; Read, Bell, Johnson, & Small, 1992) have used a dynamic systems perspective to further understand patterns of motion, elemental interactions, chemical reactivity, and current flow. Astronomers and astrophysicists have also capitalized on the insight a dynamic systems approach provides by using it to describe the evolution and behavior of the solar system and to predict changes in planetary movement (Laskar, 1989; Lecar, Franklin, Holman, & Murray, 2001; Sussman & Wisdom, 1992). Researchers of natural and ecological systems have also relied on dynamic systems methods to predict and explain ecological systems' population trajectories and changes over time (Berryman & Millstein, 1989; May, 1974, 1987).

Medical researchers have used the theory to provide new insight into disease processes such as cancer (Azzone, 1996; Schwab & Pienta, 1996), and physiologists have used dynamic research methods to identify complex patterns in biological systems (Peng & Buldyrev, 1994), such as the beating of healthy hearts (Kanters, Hojgaard, Agner, & Holstein-Rathlou, 1996; Storella et al., 1998). Neuroscientists have even conceptualized the brain as a dynamic physical system (Hopfield, 1994; Kelso, 1995; McKenna, McMullen, & Shlesinger, 1994), and more recently have identified dynamic patterns in brain activity (Stam, 2003). Indeed, dynamic systems approaches to the analysis of electrical brain activity have even allowed for the prediction of epileptic seizures (Lehnertz & Elger, 1998; Le van Quyen et al., 2001).

In the realm of the social sciences, dynamic systems theory has recently seen broad use. Dynamic systems concepts and methodologies have been applied to such varied fields as criminology, where it has been used to identify patterns and cycles of crime in certain geographic locations (Walters, 1999); political science, where it has assisted with the explanation and modeling of the break-up and reorganization of the former Soviet republics (Luong, 2000); and addictions, where the approach has allowed researchers to predict relapse (Hufford, Witkiewitz, Shields, Kodya, & Caruso, 2003). Dynamic systems theory has also been used to reconceptualize the non-random behavior of financial markets throughout the world, to detect more chaotic (e.g., non-random) and less visible patterns in stock market behavior, and has allowed economic and financial researchers to develop new and more predictive models for understanding cyclical patterns in both consumer and corporate behavior (Abhyankar, Copeland, & Wong, 1995; Clyde & Olser, 1997; Hommes, 2001; Jarsulic, 1993; Trippi, 1995).

In all of the fields discussed above, dynamic systems approaches and concepts ''have proven essential for providing process-level accounts of the structure and organization of behavior'' in complex systems (Granic et al., 2003, p. 607). Similar advantages have been

recognized in the behavioral sciences as well, albeit more recently. Over the past decade dynamic systems theory has made significant inroads into the field of developmental science (Fogel, 1990; Fogel, Lyra, & Valsiner, 1997; Lewis, 2000; Lewis & Granic, 2000; Newell & Molenaar, 1998), where researchers have relied on the theory to inform their study of infants' and children's progression through theoretical stages of development, the emergence of new behavioral forms and patterns during development, and changes in parent-child relationship patterns across developmental time (e.g., Dumas, Lemay, & Dauwalder, 2001; Thelen & Ulrich, 1991; van Geert, 1991).

Conceptual introduction to dynamic systems theory

Dynamic systems theory shares many concepts with von Bertalanffy's (1968) general systems theory. These include the role of feedback loops in understanding reciprocal exchanges of behavior, the use of filters such as belief systems and perceptions in interpreting and processing information, and the importance of considering the ecosystemic context within which systems are embedded (Steinglass, 1987). However, there are also many concepts that may be unfamiliar to general systems theorists. These concepts include state space, attractors, and self-organization, and are reviewed below.

State space, attractors, and multistability

Conceptually, every complex system has a broad range of possible behavior (or any other observable variable of interest) patterns that can be attained. Granic and Lamey's (2002) research provides a helpful visual example. Consider a dyad consisting of a parent and a child, engaged in a problem-solving conversation about the child's behavior in a child development laboratory. Even if one were to consider a fairly small range of only four general behavioral states—imagine a 4×4 grid with ''parent'' along the x-axis and ''child'' along the y-axis, with the possible behavioral states for each being hostility, negativity, neutrality, and positivity—and track the dyad as they moved into and out of the various combinations of those states over time, there could be up to 16 different states that the dyad could experience at any given time. This range of possible behavioral states is defined as a system's state space.

Despite this wide range of possibilities, however, every system also tends to stabilize within a fairly limited or constricted range of preferred behaviors or states (Granic & Hollenstein, 2003). These more stable or preferred patterns are referred to as attractors. Attractors are essentially absorbing states that draw the system away from other possible states. Continuing with the above example, while tracking the parent–child dyad during the hypothetical problem-solving discussion, one might notice that the system repeatedly returned to a state of parent-hostility/child-negativity, and spent more time in that particular state or grid square than any other. This suggests the possibility that the pattern of parent-hostility/child-negativity was a fairly stable or even preferred pattern for this particular dyad, or an attractor.

Many complex living systems are characterized by multistability (Kelso, 1995), which suggests that a system's behavior is governed or influenced by multiple attractors, with contextual factors being perhaps the most significant influence that determines which attractor is the strongest at any given time. In the parent–child example above, if one were to notice that in addition to the parent-hostility/child-negativity pattern the system also spent significant time in a pattern of parent-neutrality/child-hostility, then one might speculate that this was a system that had multiple attractors, or was multistable. However,

most systems do not change states or move from one attractor to another in a random manner; there tends to be some significant force or influence exerted (either external or internal) that has the potential to push the system out of one attractor and toward another.

Perturbations, phase transitions, and self-organization

Forces or influences that have the potential to push or ''bump'' a system to a different attractor or pattern of behavior are called *perturbations*. Perturbations only have the potential to create abrupt changes in a system's behavior. It is possible that a particular perturbation does not exert enough force on the system to push it towards a different attractor, in which case the system stabilizes and remains operating as before, in its current preferred state or pattern. However, if the perturbation does exert enough force to push the system to a new or different attractor, then a phase transition occurs. Phase transitions are characterized initially by an increase in the behavioral variability—that is, an increase in what appears to be random, non-patterned behavior—of the system that eventually settles into a new pattern as the system becomes more stable (Granic et al., 2003).

Continuing with the example used above, a perturbation during the parent–child problem-solving discussion could be a researcher signaling to the dyad that their time is nearly finished, and that they need to try and finish their conversation on a good note (Granic & Lamey, 2002). This signal ''bumps'' the system, or increases the pressure the system is experiencing, and it is likely that the behavioral pattern that immediately follows might look very disorganized or chaotic. If enough emotional pressure is experienced by the parent–child dyad, an observer might notice that the system settles into a new pattern of behavior during those final minutes of the discussion. However, If the perturbation does not create enough of a force to push the system to a new behavioral pattern or attractor, an observer would likely see the dyad fall back into the preferred pattern that had been observed previously. This restabilization of the system's behavior—either into a new behavioral pattern or back into the earlier pattern—is a characteristic of self-organization. Self-organization refers to the emergence of order or structure from disorder in a system's observable behavior, and is the hallmark of a complex system (Lewis, Lamey, & Douglas, 1999). Self-organization is the process whereby observable pattern or structure emerges or is spontaneously generated through the interactions of two unique individuals (or unique elements of a system), even with their own distinct preferences and agendas.

Recently, behavioral scientists have conceptually and empirically identified interpersonal relationships—particularly familial or couple relationships—as self-organizing complex systems (Gottman, Swanson, & Swanson, 2002; Lyra & Winegar, 1997; Ryan, Gottman, Murray, Carrere, & Swanson, 1997; Schmidt & O'Brien, 1998). Thus, couple, marital, and family relationships can be thought of as having multiple preferred ranges or patterns of behavior, emotional expression, and communication. From a dynamic systems perspective, contextual factors will often determine which attractor is operating for a particular family.

Exploring Strategic Therapy from a Dynamic Systems Perspective

The family as a dynamical system

Strategic therapists—like most other family therapists—clearly view families as complex, dynamic systems. Again, complex systems are defined as having multiple components which

are in constant movement in relation to one another. Thus, strategic therapists typically spend time in-session observing how family members interact and communicate with one another—particularly at the beginning of therapy—and also request that family members engage in, or reenact, discussions about the problem (Griffin & Greene, 1999; also referred to as an enactment; Davis & Butler, 2004; Minuchin & Fishman, 1981) over the course of the therapeutic experience. Such an approach allows the therapist to get a feel for the family's interactional behaviors and dynamic patterns around their identified problem, and to begin to develop directives or interventions that may create change in the family system.

From a strategic perspective, small amounts of change are often all that is required for significant—and sometimes dramatic—change in family dynamics and relationships to be realized. This is consistent with the dynamic systems view of nonlinear influences in complex systems where small—even miniscule—changes or differences can result in a substantial difference in outcomes. This idea has come to be known as the ''butterfly effect,'' where, conceptually speaking, an influence as small as the fluttering of a butterfly's wings in South America can influence weather patterns weeks later in Chicago (Ward, 1995). Parenthetically, while there may be some debate as to the accuracy of this specific statement, experiences with actual data (see Gleick, 1987 for some easy-to-read examples) suggest that subtle differences in values as small as three or four decimal places—specificity that some may regard as ''unattainable'' in the social/behavioral sciences—eventually results in very different behavioral outcomes within complex systems. Thus, strategic therapists rely on a principle of nonlinear change, often focusing on creating a subtle change in one family member—usually the most willing—in order to generate more dramatic changes throughout the family over time.

Directives and interventions as perturbations

It could be said that the difficult, unusual, and/or paradoxical interventions utilized by strategic therapists are designed to perturb a family's—and its members'—typical or preferred patterns of interaction, coping, and problem solving in the hopes that they will move to another pattern or attractor that does not maintain the identified problem. This is consistent with Haley's (1984) use of ''ordeals'' in his clinical work.

According to Haley (1984), ordeals can be used to promote significant change within a brief amount of time. In using this technique, therapists

> impose an ordeal appropriate to the problem of the person who wants to change, an ordeal more severe than the problem. The main requirement of an ordeal is that it cause distress equal to or greater than that caused by the symptom, just as a punishment should fit the crime. Usually, if an ordeal isn't severe enough to extinguish the symptom, it can be increased in magnitude until it is (p. 6).

Haley's conceptual motivation for such an approach is that

> people are participants in a homeostatic system and the governors of that system must be reset to bring about change. When reset, either by amplifying a small change or by disorganizing the system and forcing a new system, the problem behaviors of the participants will change (p. 20).

Haley's rationale for the use of ordeals closely parallels the processual description of the effect a perturbation has on a dynamic system. The increase in stress or pressure

caused by the ordeal (perturbation) results in a significant change (phase transition) from one pattern of behavior (attractor) to another. Whitaker was another great ''perturber'' of family systems. For instance, his therapy sessions were often designed to prevent families from being able to rely on their typical interaction patterns and, at times, to require the family to accommodate his presence as part of the family system (Minuchin & Fishman, 1981; Wetchler & Piercy, 1996). Such experiential approaches to therapy often necessitate substantial changes in a family's typical relational patterns, potentially moving them out of a pattern that retains the problem and into a different pattern that, while uncomfortable, may allow the family more latitude or freedom during interaction.

Indeed, Haley (1984) wondered if all therapy was essentially an ordeal intervention. That is, the effort required to visit with a therapist, discuss difficult issues, think about uncomfortable or distressing thoughts or feelings, and/or talk to family members about such things ultimately serves as a therapeutic ordeal that exerts pressure or stress on individuals and/or families and promotes change. Some preliminary evidence suggests that, for non-clinic couples, a simple invitation to move from a more conflictual discussion about recent hurts in the relationship to a more positive discussion about instances when partners felt cared-for or supported is enough to significantly alter the affective climate of the conversation and move couples from one pattern of affective experience to another (Gardner & Wampler, 2005). This underscores the importance of context which, from a dynamic systems perspective, is perhaps the most influential factor in determining what attractor a system will tend to prefer at any given time (Kelso, 1995).

Other types of strategic interventions attempt to alter contextual factors in order to bring about change. For instance, a strategic therapist may work to change how, when, or where the problem occurs in what is commonly referred to as ''manipulating the system'' (Griffin & Greene, 1999). Such an approach, while serving to weaken the perceived power that the problem has in the system, ultimately perturbs the family's perception of the problem. Similarly, reframing also serves to alter perceptions as to the context or meaning associated with family problems.

Use of a ''clandestine'' therapeutic stance

Some have criticized the covert or opaque approach suggested by strategic therapy as being manipulative and even unethical (Duncan, 1992; Held, 1992; Wendorf & Wendorf, 1985). Such concerns should not be taken lightly or dismissed as invalid, as some research suggests clients may prefer a clinical process that is more inductive and accommodative and less directive (e.g., Butler & Bird, 2000; Butler & Wampler, 1999). Haley (1977) himself engaged in a lengthy discussion of the ethical ramifications of therapist behaviors perceived as untruthful or manipulative, and seemed to believe that such concerns had more to do with individual therapists rather than specific models or approaches to therapy.

What may be overlooked—both by those critical of strategic therapy and those who prefer it—is the quality of the therapeutic relationship that exists between the strategic therapist and her or his clients (Coyne & Pepper, 1998). Indeed, one of the most common findings in the psychotherapy effectiveness literature is that the most important component of successful therapy is the therapeutic alliance (Bachelor & Horvath, 1999; Wampold, 2001). Strategic therapists' ability to develop interventions and/or directives that are, at the same time, capable of evoking the desired change and in-line with their clients' sensitivities and values suggests careful consideration of the therapeutic relationship. Thus,

despite little formal discussion of the nature of the therapeutic alliance in strategic therapy, the circumstantial evidence of client-identified goals/objectives, positive outcomes in brief time periods, emphasis on client strengths, and little concern with issues such as ''resistance'' or ''noncompliance'' suggests ''a well-developed, even if quickly developed, and sometimes unusual therapeutic alliance'' (Coyne & Pepper, 1998, p. 159).

As such, the strategic therapist is primarily tasked with (by the client) moving the family out of what tend to be fairly rigid patterns of interaction and into a pattern which allows the family to eliminate the problem. Many families have become rigidly entrenched in such problem-maintaining patterns or attractors, and may require a substantial push to help them make that move. This may especially be the case when the therapy offered is understood to be ''brief.'' Thus, in line with client expectations, and for the purpose of alleviating client-identified symptoms, strategic therapists may employ directives or interventions designed to ''shake-up'' or perturb the complex dynamic family system. It is reasonable to expect that—as long as they can be supported by the therapeutic relationship, and are appropriate to the identified problem and the clients' values—such interventions (or ''blows,'' if you will) are best delivered and most effective when the family knows not what to expect.

Summary and Conclusions

When viewed through a dynamic systems lens, the paradoxical, curious, and sometimes extraordinary directives and interventions employed by strategic therapists appear to have substantial conceptual merit, and even indirect scientific support. If couple and family relationships are indeed self-organizing complex systems as some have suggested, strategic techniques designed to ''bump'' or ''push'' a distressed family from a relational or interactional pattern which maintains their identified problem to a pattern which allows the family to divest themselves of the problem seem appropriate.

While a therapeutic stance that resembles ''holding one's cards close to one's vest'' may be disconcerting to some, such an approach may be necessary in order to maximize the potential for directives and interventions to perturb the dynamic family system. That is, from a strategic perspective, full disclosure of what interventions the family can expect from the therapist and what the underlying intent of those interventions is may be counterproductive to the clinical process of a brief therapy (Shoham, Rohrbaugh, & Patterson, 1995). Indeed, a strategic therapist may regard such an approach as pushing ethical limits, as it may result in less-effective and protracted treatment.

Thus, while strategic family therapists may not characterize themselves as ''dynamic systems therapists,'' the clinical processes and positive outcomes associated with strategic therapy are easily explained via dynamic systems concepts. From our perspective, dynamic systems theory provides a scientific understanding of why strategic therapy is practiced in the manner in which it is, and why such a practice works. Why does strategic family therapy work? Perhaps it is because families are complex, dynamical systems which sometimes need assistance in exiting cycles and patterns which reinforce and maintain problematic family processes, and a strategic approach is principally focused on disrupting such cycles and helping families establish—or move to—alternative interactional and relational patterns.

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