

Systemic Hypothesizing Tips: Self Reflection Activity

Things to Consider in Developing a Systemic Hypothesis

In systemic therapy, hypothesizing is an ongoing circular process

– *develop, test, revise* –

aimed at suggesting useful interventions targeting the system and helping clients reach their goals



General Tips:

Hypotheses change & evolve over time.

It's helpful to have many “mini hypotheses”.

A diagnosis can be a temporary starting point.

Systemic Principles:

It does not matter if you are wrong or right - just whether the hypothesis is more or less useful.

The hypothesis should include all members of the system and the system as a whole.

“Never marry an hypothesis ... Just flirt with it” (Ceccin, 1985)

Frame the hypothesis in non-pathologizing language & use positive connotation.

The hypothesis should be an emotional fit with the system.

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Current context:

Consider:

Family (including extended family), individual developmental levels & family life cycle stages, school/work, economic status, community, culture, gender, broader social factors and era in time

The “Dances”:

Patterns & cycles the family or services are stuck in.

The behavioural sequences around the presenting problem.

Structure:

Consider:

Hierarchy & Leadership
Parental Subsystem
Alliances & Coalitions
Boundaries
Roles & Rules

Function of the Symptom:

Is the presenting problem supporting stability?
Does it play a role in keeping the family together?

Is the presenting problem distracting or protecting family members?

Meaning Making:

The meaning attributed to the presenting problem by the client, their family and other services.

Is there a transgenerational family narrative or cultural perspective that is contributing to the meaning in ways that are keeping the client stuck.

Transgenerational Influences:

Consider:

Family Narratives
Interactional Patterns
Family Legacy
Family Strengths
Coping Styles
Intergenerational Trauma
Intergenerational Resilience

Emotions:

What’s the client’s emotion communicating?
And to whom? Who notices/responds to the emotion and who doesn’t?

What emotions is the therapist feeling and what information is this feeling communicating?

If emotions could talk what would they say about the presenting problem?

