HYPOTHESIZING, CIRCULARITY, AND NEUTRALITY REVISITED:
AN INVITATION TO CURiosity

Gianfranco Cecchin
Co-Director
Centro Milanese di Terapia della Famiglia
Milan, Italy
This essay examines the systemic guiding principles of "neutrality," "hypothesizing," and "circularity," historically developed by the Milan Team of Selvini, Boscolo, Cecchin, and Prata (1978; 1980). With the reorganization of these team members (cf, Pirrotta, 1984 for a summary of the distinctions between the work of the Selvini/Prata research team and the Cecchin/Boscolo training team), different reconstructions of the original systemic principles have evolved. New understandings of the ideas of circularity, hypothesizing and neutrality are predictable given the systemic epistemology on which the early Milan model has been developed. It should be emphasized, however, that the ideas presented in this essay are most associated with the systemic work of the Cecchin and Boscolo Milan team.

NEUTRALITY

Numerous discussions over the years have convincingly pointed out that it is impossible to be neutral with language. All behavior, including language, is politically laden. Any particular action helps organize and constrain the possible patterns of social interaction (Watzlawick, Beavin and Jackson, 1967). Stated differently, one's behavior is always in relation to the behavior of others—we "act in relation."

Accepting our inability to "act" in neutral or nonpolitical ways, the term "neutrality" was originally used to express the idea of actively avoiding the acceptance of any one position as more correct than another. In this way, neutrality has been used to help orient the therapist toward a systemic epistemology. The
result however has been that for many therapists neutrality has been seen as the cultivation of a position of noninvolvement, of not having strong opinions and of not taking responsibility when necessary; the cultivation of the cold and aloof position of a relativist.

In order to come out of the trap of oversimplifying the idea of neutrality, I propose the description of neutrality as the creation in the mind of a therapist of a state of curiosity. Curiosity leads to exploration and invention of alternative views and moves, and different moves and views breed curiosity. In this recursive fashion, neutrality and curiosity contextualize one another in a commitment to evolving differences with a concomitant nonattachment to any particular position.

Utilizing some of Maturana's central concepts can help make this linguistic revision of the idea of neutrality. Teaching, training, and therapy are language using contexts that create and orchestrate descriptions (see Maturana, 1984). Sometimes our descriptions suggest a linear explanation taking the form of "cause and effect." These linear descriptions have become the everyday way to look at the world. This is not necessarily problematic, we easily recognize that linear thinking can be useful in the appropriate situation.

For example, each time we try to explain our behavior, we typically find causal descriptions the most satisfying. "I was late for our appointment because I was angry with you." Whether this statement is true or false is really of little concern to most of us in our daily interaction. The criterion we generally
apply in these situations is one of utility. It seems that at a pragmatic level we are usually much more interested in how useful our explanations of behavior are than in their truth value.

Here, utility refers to the potential for an explanation to help our world (interactions) make sense to us, to perhaps help us change or to at least understand change or lack of change. The problem, however, is that we have historically blurred the distinction between utility and truth. What is useful is what a community comes to believe to be true.

As clinicians, we should accept linear explanations as long as we do not believe them because this kind of cause - effect, descriptive orientation to the world does not help us to construct a frame of curiosity. Linear explanations, as Bateson has demonstrated (1972) have the effect of terminating dialogue and conversations. "Why does the apple fall?" "Because of gravity." The description of a falling apple is explained away by constructing the explanatory frame of causality.

When we assume that we have an explanation, we often give up looking for other potential descriptions. Thus, we give up a stance of curiosity because we believe we have "discovered" a description which "fits." So, we see that description tends to help us AVOID a neutral stance in that it does not enhance our curiosity.

One conclusion to be drawn from this observation is that we should avoid descriptions altogether. This, however, is impossible. In practice, descriptions and explanations are repetitively intertwined and confounded. For example, a family
therapist's efforts to EXPLAIN the process organizing a couple's heated argument typically relies on DESCRIBING how the wife acted in one manner while her husband acted in another. Similarly, a behaviorist's DESCRIPTION of human behavior is in terms of stimuli and response which subsequently become EXPLANATIONS for behavior (Harre, Clarke, and Di Carlo, 1985).

An explanation is not necessarily problematic. When we believe our explanations are either true or false, however, we easily drift toward believing that certain causal connections are more correct than others. This, unfortunately, leads to the overarching conclusion that complex human interaction can be reduced and trivialized to a few, very simple procedural postulates.

The alternative perspective is one which celebrates the complexity of interaction and invites a polyphonic orientation to the description/explanation of interaction. If we adopt this frame of frames, we abandon trying to determine whether explanations are true or false. Instead, an evolving process of inventing multiple punctuations of a behavior, interpretation, event, relationship, etc. helps build a more systemic view.

What encourages the development of multiple perspectives and voices? We again return to the idea that curiosity facilitates the development of multiplicity and polyphony. In this systemic orientation we generate descriptions within a frame of curiosity rather than within a frame of true and false explanations.

AESTHETICS/PATTERNS. Another idea central to developing a stance of curiosity is the concept of aesthetics. In describing
the artists he was teaching in the California School of Fine Arts, Bateson recognized that they were "responsive to the pattern which connects" (1979, p. 9). An orientation toward pattern, as opposed to an orientation toward discrete entities, is suggestive of the realm of art. Science, on the other hand, has been historically characterized as emphasizing quantitative comparison of discrete entities.

The shift to aesthetics in therapy underscores our sensitivity to pattern. "An aesthetic base . . . requires that we have the courage to construct and encounter difference," (Keeney, 1980, p. 198) and provides "a contextual frame for practical action" (p. 8). This proposal connects with the previous discussion of curiosity. To adopt an aesthetic orientation toward the study of interaction not only shifts our focus toward pattern but emphasizes the multiplicity of possible patterns.

As long as there is a plurality of alternatives, we are able to maintain a stance of curiosity. This curiosity is enhanced by the excitement of entertaining the myriad of applicable "stories" describing one interaction. Through the myriad of stories, we begin to see description, and subsequent explanation, in more neutral ways.

Assume that we are conducting an initial interview with a family who has defined themselves as in need of therapy. If we believe that there is a description of the interaction which will explain the family's problem, we are likely to look for the best description provided by family members. This might mean accepting one member's description over others. Or, it could mean combining
all or some family members' descriptions together to form the
correct description. Finally, it could mean that the therapist
provides his/her own description (perhaps using parts of
one/some/all family members' descriptions). In this situation,
our curiosity centers on which description provides the most
logical explanation. This kind of curiosity might more
appropriately be called "scientific explanation" in the
traditional sense.

On the other hand, if we accept an aesthetic orientation, we
lose interest in discovering the best description and/or
explanation of the family's problem. Instead, our focus on
pattern generates a kind of curiosity about how all these family
members' descriptions fit together. How do they fit with our own
(clinical) descriptions? How is it that these particular
descriptions are similar? How is it that these particular
descriptions are different? Why these descriptions at this point
in time? What descriptions were provided at earlier points in the
family's history? What descriptions might be constructed in the
future? Etc., etc.

Notice the high level of curiosity generated from an
aesthetic frame? Here, we are not selecting the best description.
Rather, we are looking for a pattern of how these descriptions
fit together. The more curious we are about the possible array of
patterning, the more aesthetically pleasing our analysis.

Here we can see that patterns create a state of mind that we
can call "neutrality." Neutrality, in turn, is best described as
a state of curiosity. If we are curious, we act in certain ways
toward the system we are studying. It is this way of acting that has come to be defined as neutral. When we are curious about the patterns or relationships of ideas, people, events, and behaviors we perturb (Maturana, 1984) the system we are interacting with in ways which are different from perturbations based on our attempts to discover a correct description/explanation (i.e., causal connections).

Specifically, drawing on the work of Maturana (1984), the kind of curiosity produced from a causal frame incorporates the notion of "instructive interaction;" curiosity within an aesthetic frame does not. Instructive interaction can be described as acting "... as if some individuals 'instruct' other individuals about what to do and how to do what they do" (Gustafson, 1986, p. 246).

If we believe in instructive interaction, we attempt to change people by directing them. This can only be accomplished once we have an "accurate" description of a problem. This is the orientation of traditional, linear science and engineering. An aesthetic science, on the other hand, with a focus on curiosity, "gives up" the attempt to direct people.

In addition, we might note that curiosity and an aesthetic concern for pattern generates RESPECT in much the same manner as respect generates a sense of curiosity and aesthetics. In everyday life, most people are not very curious (in the neutral sense) about people, events, ideas or behaviors for which they have no respect. And, recursively, we typically do not have respect for people, events, ideas or behaviors of which we are not
curious.

Certainly it may be possible to identify ourselves as curious about the behavior of a person we do not respect. However, here we have curiosity in the linear sense where our curiosity is directed toward "discovering" and consequently "explaining" why this person acted in such a way. In these types of situations we are typically interested in "discovering" more and more evidence that our lack of respect is "correct" and "well-founded."

On the other hand, curiosity from an aesthetic perspective (which is the kind of curiosity we are interested in from a systemic approach) is based on the notion that each system has a logic to its interaction. This logic is neither good nor bad, right nor wrong. It is simply operative. From this perspective, we respect the integrity of the system. And, recursively, our respect of the system enhances our curiosity about how ideas, behaviors and events participate in creating and maintaining the integrity of the system. Respecting a system means adopting the attitude that you act toward a system with the recursive understanding that the system is simply doing what it does and that this doing is the it that does it.

It is also necessary to recognize the limits of what we know about human systems. Specifically, social situations and family life styles change over time. We only know what has happened in the past; we do not know what future cultural patterns will be. Therefore, we can not teach, for example, a couple how to be a couple; a parent how to be a parent; and a child how to be a son or daughter.
As family therapists, we can not invent a family. What we do best is the bringing forth of pattern through interacting with a family. We can not think of ourselves as teachers instructing families in better scripts for being families. Yet, because we do not know what specific script will be successful for a specific family, we are left to interact in a way that will perhaps perturb the system such that it finds its own new (or rewritten) script. Again, the need for an aesthetic frame where curiosity is enhanced can be seen.

From this perspective, systemic respect is not a position of social control (although we certainly should recognize and accept our LEGAL obligation to play such a role) but a position lacking in social control, lacking in instructive interaction. Rather than focus on teaching, we can focus on learning in the sense that, through interaction (interviewing, in the clinical context) we generate more curiosity which, consequently, is learning.

RESPONSIBILITY AND SOCIAL CONTROL. Unfortunately, most of us have been raised in a social context where responsibility becomes confused with social control. In therapeutic practice, we are often met with a request to focus on behaviors which are deemed immoral and/or illegal by society. For example, if we suspect or know of incest in a family we are treating, it is our social responsibility to be organized by this information and act as a social controller. Accepting a request to serve as a social controller puts us in a position where it is difficult to remain neutral because we too easily lose our sense of curiosity. We lose our aesthetic perspective. We stop looking for patterns and
we stop entertaining a multiplicity of patterns. We regress to seeing discrete behaviors with lazy explanations of bad, wrong, immoral and so on.

Unfortunately, we can not fully ignore the social constructions imposed by legalistic, societal and cultural systems. Incest is connoted as a crime. When we are limited to working with the social construction of crime, we must recognize that we can not act therapeutically, but rather, we are constrained to act legally. We are in a different position vis a vis the system.

If we accept the legal position, how can we address the need to be therapeutic? From the previous argument, we must co-develop a sense of curiosity that is different than a sense of linear morality. In many cases, working with a therapeutic team can help us simultaneously act legally and therapeutically. The team, being removed from direct family interaction, is free to hypothesize and question the family’s premises and beliefs. In conferring with his/her team, the therapist’s curiosity can be developed. For those of us who do not have the luxury of working with a team, friends and colleagues become important characters in constructing a neutral therapeutic context. Friends, colleagues, and team members can help free the clinician to act in multiple ways that include being legal, moral and that enhancing his/her curiosity.

SOME SYMPTOMS OF NON-NEUTRALITY

When the therapist drifts from being systemic, s/he
experiences less curiosity. Fortunately, there are several warning symptoms that indicate slippage from an aesthetic, systemic, polyphonic frame to a linear, monophonic frame. The following discussion presents two classes of symptoms: boredom and psychosomatic experience.

**BOREDOM.** Boredom often occurs when we feel like we too readily know what is happening. Clinical cases become cliches, rather than exhilarating metaphors. In other words, there is no new information that makes a difference to the therapist.

For example, imagine playing a simple card game with a child. As an adult, it is quite easy to become bored with the simplicity of the game because we already know all the strategies. In addition, children often expose their cards to their opponents when they are learning a game, not having learned the strategies of concealment. Thus, there is no new information being offered to the adult. The game only becomes interesting when the child tries to make up new rules as s/he plays. We feel less bored at this point because there is new information introduced into the system.

A similar situation is often produced in the clinical context. We often feel like we "know" what a family is doing, how they think, or how they got to be in the situation they are currently experiencing. At such a point, we feel that any information being provided in the stories and descriptions family members give is redundant. We stop listening. We identify ourselves as bored with the family and, if we are bored with the family, it becomes natural to feel worthless in our profession and
consequently, with our lives. Sometimes the persisting fantasy-symptom takes the form of, "How nice if I were a plumber," or "How nice if I were a waitress."

We can also define boredom as a symptom of non-neutrality. If remaining neutral means maintaining a stance of curiosity and delighting in the invention and discovery of multiple patterns, then lack of neutrality implies abandoning our curiosity, believing we have discovered a correct interpretation and ignoring the alternative patterns to be known.

In this scenario, we act like trivialized workers in a factory. We sacrifice the aesthetics of therapy on the altar of one simplistic view of the human condition.

PSYCHOSOMATIC SYMPTOMS. The second class of symptom is that of psychosomatic experience. These again are related to non-neutrality. Headaches are probably the most common expression, although perspiration, high blood pressure and back pain are also frequent complaints. Each therapist should learn how to recognize his/her style of psychosomatic responses. A typical sequence might include conflict between the therapist and the context in which s/he works. If a therapist works for an agency which is legally mandated to treat only families who need social control (e.g., incest, substance abuse, etc.) it is easy for a therapist to lose his/her therapeutic position, thus becoming a non-entity in terms of what s/he has been trained to do.

If a therapist feels that s/he can not be therapeutic, s/he most likely will feel worthless. At the same time, however, s/he must by virtue of his/her job defend the family against society and
often against itself.

In such a context, the agency is in direct contradiction with the idea of an aesthetic frame. The therapist's sense of curiosity easily becomes smothered. Colleagues and/or friends sometimes help regenerate the therapist's curiosity in these cases by simply asking why s/he looks so awful. Such questions, when experienced as concern, help a therapist initiate new questions and a renewed curiosity to find new patterns.

One strategy for dealing with this symptom of non-neutrality is to do what the context demands—that is, act as a social control agent. But, simultaneously, avoid taking all the responsibility for controlling the problem. To take total responsibility for controlling the family's problem is to assume that the therapist's job is to instruct. Taking full charge of the problem is limiting; it masks the ability to be curious about the context. Taking charge and acting therapeutically responsible are not the same thing. Therapeutic responsibility begins with seeing your own position in the system. Many times this simply means recognizing what little power you have while, at the same time, maintaining respect for the system. Curiosity, again, helps in straddling these distinct recognitions.

Consider the position of trying to take full charge of a problem. Too often this carries with it a feeling of moral indignation. In order to have the right to control people, we must feel morally superior. That is, we must feel like someone who knows best, who knows good from bad and who can indicate the right way.
Families often expect us to act that way (e.g., families who are austensibly in treatment for incest expect a therapist to frown upon such behavior). Yet, by feeling morally indignant, we take on the responsibility of intervening in such a way that this immoral behavior will not be repeated. It is not unusual at this point for a therapist to look for ways to deter further immoral actions. Instead of looking for resources (which is what a therapist traditionally attempts to do) we spend our time trying to control the family. We stop looking for resources because we are too busy seeing the pattern as wrong or incorrect.

We are still confronted with a dilemma. If we do not deter the behavior in the family, who will? One way to deal with the issue of social control is to begin from the assumption that we live in a world full of violence. This is, obviously, a moralistic position. On the other hand, if we begin from a perspective of curiosity we make two important observations: (1) the system we are dealing with is alive and therefore something must be working; and (2) if there is violence in the family, it does not necessarily mean that the therapist has the right to be violent towards the family in return. Violence may not be aesthetic in and of itself but it certainly is a pattern. Not all patterns are aesthetically pleasing.

The therapist's job is to evolve patterns toward more aesthetic forms through interaction with the system/family. Our job, as therapists, includes helping systems appear logical. First of all, this requires accepting them the way they are. This does not mean that we do not hope for change - particularly in
patterns identified as immoral or illegal by our culture. We must remember that expecting change is an inevitable consequence of living in a culture which creates the profession of "therapist."

Change, from an aesthetic perspective, is more likely to take place when a system is not directly instructed but given different options. Demonstrating the logic of a system, including those that are violent, can only be achieved through a stance of curiosity and an aesthetic approach to observing a wide variety of patterns. Confirmation of a system's logic, based on neutrality, is a different strategy than rigid judgment and subsequent efforts of correction.

**HYPOTHESIZING**

Curiosity helps us continue looking for different descriptions and explanations - even when we can not immediately imagine the possibility of another one. In this sense, hypothesizing is connected to curiosity. Hypothesizing has more to do with technique. While curiosity is a stance, hypothesizing is what we do to try to maintain this stance.

One way to generate useful hypotheses is to use a metaphor of story telling. Families are wonderful story tellers because they have such interesting scripts to describe. They come to therapy with these scripts tightly written. Their problem is that their scripts do not help them function in a way which THEY find useful.

As clinicians, we offer the family new scripts (which are based on our hypotheses) to which the family responds by adjusting their script which, in turn helps us alter our scripts, etc. etc. When
we feel unable to develop hypotheses, we know we have accepted the family's script and thus have lost our sense of curiosity.

Yet clinical treatment of families is not the only context in which some find it difficult to generate hypotheses. We notice that it is often difficult for students to grasp the idea of hypothesizing and/or to hypothesize about a system. This is probably because we have been raised in cultural contexts where the common belief is that teachers know more than students. We tend to have respect for "what is." It is difficult to develop a stance of curiosity within this kind of context. Respect for authority, to the extent that we feel incapable of influencing or questioning the authority's position, is a sign of linear thinking which is additionally marked by believing what a family says. It is impossible to be curious when we are "true believers."

The history of the Western world is characterized by our pursuit for accurate explanations. With such a history, it is no surprise that we all find it difficult to generate hypotheses which require suspending the search for one explanation. In the work of the earlier Milan Team (1978) the "tyranny of linguistic conditioning" was suggested as part of this heritage. Avoiding the use of the authoritative verb "to be" has been suggested to help us in overcoming linear explanations. When we describe people, events, beliefs as "being" we tend to stop looking for hypotheses. In fact, what we actually want to be doing is acting in a dialogical manner: constantly challenging the family's stories/hypotheses and our own previous stories/hypotheses.
CIRCULARITY

Circularity, along with hypothesizing, is a technique which is nurtured by curiosity. It is a technique used in the development of hypotheses and the sustaining of neutrality.

There are many fine discussions on the circular questioning technique and types of circular questions (Tomm, 1985; Penn, 1982; 1985; Keeney and Ross, 1985). From the present discussion, circular questioning is understood as a method by which a clinician can create curiosity within the family system and therapy system. There are interesting consequences of constructing a context through a questioning process, where the family may, itself, become somewhat neutral toward their own hypotheses.

Circular questioning provides the possibility of undermining the belief system of the family based on truths and the heavy use of the verb "to be" (e.g., My son IS lazy; My daughter IS stubborn; My father IS alcoholic, etc.). Circular questions undermine the family's belief system by using the language of relationship, not of "what is." This may be done by "if" questions and by future-oriented questions (e.g., "If your mother decided to stop worrying about you, what would your father do?, etc.). These questions imply patterns, not facts. In the moment a question undermines the belief system, it creates opportunities for new stories.

In summary, these three principles of hypothesizing, circularity and neutrality can be seen as recursively interlinked such that neutrality provides the context for constructing
multiple hypotheses. Multiple hypotheses, in turn, provide a context for seeing circular patterns (as opposed to linear, cause-effect relations) and asking circular questions. The technique of circular questioning is used to develop, refine, and discard hypotheses about the family, which helps construct a context of curiosity/neutrality.

Seeing the relationships among these guiding principles suggests that when circular questions do not help generate hypotheses, we have moved to the realm of technique and lost our sense of curiosity. Similarly, when hypotheses stop helping construct circular questions or do not help maintain a sense of curiosity, we have very likely stumbled upon a hypothesis that we are too willing to believe and accept (as we usually say, we "marry" our own hypotheses) – a troubling sign for a systemic therapist! And finally, when our neutral position ceases to help us generate hypotheses, we have, no doubt, lost our curiosity and become social controllers.

If we are curious, we question premises – both our own and those of the family we are treating. A family's interactions with us should facilitate questioning our own premises. Not only are we intervening in their systems; families are intervening in our systems – helping us to become better systemic thinkers. The idea of a recursive relationship among neutrality, hypothesizing and circularity, as guiding principles, proposes a framework which invites us to be more curious about symptoms in therapy—those of families as well as therapists.
FOOTNOTES

1 From this perspective, therapeutic violence is defined as the therapist's attempt to instruct the family in his/her pattern. This is consistent with Maturana's (1984) definition of violence: holding an opinion to be true such that another's opinion is untrue and must change.
REFERENCES


Keeney, B. P. AESTHETICS OF CHANGE. New York: Guilford Press, 1983.


Maturana, H. Bringing forth of reality. Presentation at Construction of Therapeutic Realities Conference, Family Therapy Program, University of Calgary Medical School, April, 1984.


