PARENTAL ACCOUNTS OF BLAMING WITHIN THE FAMILY: A DIALECTICAL MODEL FOR UNDERSTANDING BLAME IN SYSTEMIC THERAPY

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The aim of this study was to further understanding of blame in systemic therapy. Five families were chosen by their therapeutic team as engaging in blaming of a kind that the therapists found difficult to work with. Couples from each of the five families participated. A video extract from therapy identified by therapists as typifying blaming within the family was used as a focus for semistructured interviews with each parent. Transcripts were analyzed according to the procedures of grounded theory. On the basis of this inductive qualitative analysis, a framework of understanding emerged from the data consisting of the core category, "dialectical understanding," and an accompanying set of overarching themes. These themes capture the way in which participants oscillated among 13 dialectics in their discussion of blame within their family and within family therapy. The model provides a framework for analyzing the style and content of therapy conversations with a view to helping therapists facilitate therapeutic change in this difficult client group.

Family members often commence therapy with entrenched views about which of them are responsible for family problems (Munton & Antaki, 1988). Thus, an important task for the systemic therapist is to guide the family toward a more flexible understanding of their difficulties. However, negotiation of responsibility for family problems can be so fraught with conflict that even seemingly benign therapist statements can be construed as blaming by family members. This has led some clinicians to assert that blame cannot be defeated in family therapy (Furlong & Young, 1996).

Studies investigating techniques to address blame in family therapy have had limited success. Melidonis and Bry (1995) observed that if the therapist responded to blaming statements by inquiring about exceptions to the problem, a reduction in the number of blaming attributions occurred. However, when the therapist ceased to use this intervention, blaming statements returned to baseline levels. In addition, Alexander, Waldron, Barton, & Mas (1989) found that, once established, parents' causal attributions about their child's behavior were highly resistant to change.

Although negotiation of blame is an important aspect of systemic family therapy, it has proved difficult to monitor levels and types of blame in families. A major problem has been operationalization of the term "blame." To illustrate, Down (1994) found considerable disagreement among observers instructed to code blaming statements from videotaped family therapy sessions. Wolpert (2000) encountered similar

difficulties defining blame and was obliged to create a category labeled "potentially blaming" for statements that remained ambiguous. A fuller review of the background literature is available from the first author.

Functional analyses of dialogue (e.g., Potter & Wetherell, 1987) tap the ways in which language is used to construct versions of reality and may provide an explanation for the inconclusive findings on blame in family therapy. Although some statements may be readily identified as blaming, a function such as blaming is often achieved subtly by way of implication or innuendo. Hence, on the one hand, it may be easy for someone to deny that he or she had intended to blame, while, on the other hand, statements that were not meant to be blaming may be taken as such by others. In this way, the function of a given statement can be a matter of dispute between parties and remain inherently ambiguous or be renegotiated during the on-going discussions. The idea that a particular statement's function can be analyzed and determined objectively is therefore undermined.

With this in mind, we decided that it would be premature to attempt to operationalize "blame" and analyze its occurrence. Instead we took a discovery-oriented approach and intensively analyzed interviews with mothers and fathers from a small but varied group of families in which active blaming could be clearly identified. The objective was to focus their attention on an episode rich in blame and, from an exploratory conversation, create a model to represent stories about this aspect of their family processes. Children were excluded from our study because of ethical difficulties, yet in interviewing both mothers and fathers we did address Furlong and Young's (1996) argument that, in order for the understanding of blame in family therapy to be extended, there is a need to include the views of different family members. Moreover, we followed Down's (1994, p. 108) proposal that family therapy researchers conduct "post-therapy session interviews with individual family members to consider . . . their construction of significant events." The event chosen for discussion in our interviews was a blaming event selected from a video of the couples' most recent family therapy session. This appears to be a novel move, as we could find no previous study in which therapy events had been selected on the basis of their blaming content.

The use of a recorded therapy event to prompt discussion within a research interview has been developed in a procedure called interpersonal process recall (IPR; Elliott, 1986; Kagan, 1975; Toukmanian & Rennie, 1992). One of the strengths of IPR is that it allows the linking of the private experiences of clients and therapists (e.g., intentions and feelings) to observable therapy events. This approach has been refined into a procedure called brief structured recall (BSR), which focuses on significant events that affect therapy outcome and gathers data using a set interview protocol (Elliott & Shapiro, 1988; Llewelyn, 1988). Hilton (1997) applied BSR to assess client- and therapist-perceived significant events in systemic family therapy and found that events affecting interpersonal insight were regarded as the most helpful by family members. As Hilton (1997) recommends, we used a form of BSR to explore the perspective of mothers and fathers toward the same therapy event. However, we extended our research interview beyond the usual BSR format to include open-ended and general questions about blame in the family and within family therapy.

In line with a discovery-oriented approach, we used grounded theory (Glaser & Strauss, 1967) to analyze the data. Grounded theory is a qualitative method articulating a systematic and rigorous procedure for creating themes and categories using a bottom-up analysis of textual material. We selected this method as it would allow us to trace the different ways in which our participants discussed blame. Rennie (1994) has pioneered therapy process research using grounded theory to analyze data gathered though forms of IPR, and this study is a contribution to this literature. In accordance with the principles of grounded theory, the initial literature review served merely to formulate the research objectives. A second literature review was then conducted once the analysis was complete to make more explicit links between our findings and the existing literature. Hence, a detailed consideration of existing theories and research is presented in the discussion section, where the relevance to our emergent theory can be explored fully.

In summary, the aim of this study was to gather and analyze parental accounts of blaming within the family to produce a model for understanding blame in systemic therapy. We used a form of brief structured recall and analyzed our interviews guided by the method of grounded theory.

METHOD

Ethical Considerations

This study was approved by the Ethics Committee of the School of Psychology, University of Leeds (UK) and by the Clinical Director of the Leeds Family Therapy and Research Center, University of Leeds (UK). Families attending the Center are routinely asked for consent to use videotaped therapy sessions for research purposes and, further, signed consent was obtained from the parents specifying that they agreed to take part in this study, that they consented to audiotaped interviews and the use of anonymized quotes in reports of this research. Direct quotations from one couple have not been reported here in line with their request, although their data did contribute to the analysis.

The Therapy

The family therapy teams used in this study work with systemic methods derived from the Milan approach (Jones, 1993; Stratton, Preston-Shoot, & Hanks, 1990). Sessions take place at monthly intervals and last 60–75 min. Typically, one therapist works individually with the family while the others observe from behind a one-way mirror but communicate with the therapist and family in various ways.

Participant Families

The therapy teams were asked to identify families in which blaming was a significant component of their interactions. Families had to include two parents, each of whom would be interviewed, and introductions to the researcher coincided with the middle phase of therapy. There was a deliberate sampling of different types of family and a variety of referral problems (child soiling, child with asthma, mother with eating disorder, family bereavement, adjustment to step-family). Overt abuse cases were excluded.

The particular application of BSR used in this study involved showing each participant a video extract from their previous family therapy session that was judged to typify blaming within that family. The therapist and researcher (CB) made a separate note of times when they judged a blaming interaction to have occurred. Following the session, these events were discussed with the rest of the team and one selected that was considered to be most characteristic of the family dynamics. Each video extract was approximately five min long (c.f., Elliott & Shapiro, 1988).

The sampling process yielded five families, and only one family that was approached declined to participate. The analysis was to follow the procedures of grounded theory (Glaser & Strauss, 1967), and a sample of 10 interviews is consistent with practice in this methodology (Turpin et al., 1997). However, to maintain consistency of therapist's judgments, all of the families were recruited within a limited time span from those currently attending the clinic, rather than progressive sampling until saturation of categories was achieved.

Pilot Interviews

A provisional, semistructured interview schedule was devised with a view to exploring blame within the family. The word "blame" was omitted from the interview schedule deliberately so that participants would not be primed unduly to this specific concept. Role plays of the interviews were followed by pilot interviews with an initial couple to refine the provisional interview schedule.

The Research Interviews

Participants were individually interviewed at home. Fathers were interviewed first on three occasions and mothers first on two occasions to control for potential order effects. Interviews were audiotaped and lasted between 60 and 105 min. All interviews were conducted during the week prior to the next family therapy appointment so that participants could discuss with their therapist any matters arising from the research interviews.

Each participant was individually shown the selected video extract to provide a focus for the conversation and the following interview schedule was used to explore the meanings given by the family to events:

1. To begin with, have you any comments about what was going on here, from your perspective?
2. How easy was it for people to say what they were thinking during this particular part of the session?
       Probe: Children versus adults?
3. Have there been times when the therapist has taken a particular person's side?
4. Was anyone being critical during the extract, in your opinion?
    Probes: Self-criticism versus criticism of others
5. What helped?When might someone have a right to criticize another person?
       Probes: Parent➔child/parent➔parent/child➔parent
            Can criticism have a positive effect?
6. Do you feel that if people responded differently in some way during sessions then the situation could be improved?
7. What do you think the main problem is for your family?

Analytic Procedure

The interviews were transcribed and data collection and analysis proceeded concurrently. Each interview was analyzed independently, producing separate categories for each participant that could then be integrated with others in an appropriate manner at a later stage. On inspection of the independent analyses for the 10 interviews, it was deemed appropriate to integrate the analyses as a whole as no distinguishable patterns (e.g. between mothers and fathers) were evident. Categories with similar labels were integrated, and category labels were reinspected for descriptive accuracy. To illustrate, the following quote about an unexpected death in the family was judged to be one meaning unit—"But I know that you know it's . . . it's just time that erm . . . you know these things are sent to try us"—and was originally placed into a category labeled "emotional adjustment to loss." When the independent analyses were integrated, this category was brought together with categories taken from other interviews (dealing with life events, difficulties with apologies, unwanted memories, wish to turn the clock back, reevaluating ideals, loss of meaning in life, dealing with regrets) and placed under the generic category title "reflecting on past events."

Once the category labels and their constituent parts had stabilized, it was discovered that the categories could be arranged into pairs that represented the extreme poles of 13 dialectics (e.g., "negative comparisons—normalizing problems").

Credibility Check

The second author (AM), who was not involved in the original coding of data, provided a credibility check of the categorization conducted by the first author (CB). A cluster of three quotes (three meaning units) was selected at random from each side of every dialectic and presented as 26 clusters, but in a randomized order, to the second author. The second author then had to determine to which side of which dialectic each cluster belonged. This was done with 100% accuracy, demonstrating that, within the limits of this exercise, the first author's categorization was reproducible and hence a meaningful ordering of the data.

RESULTS

A dialectical model provides the basis for conceptualizing blaming processes during systemic therapy. The model captures the way in which participants made references that oscillated among each of 13 dialectics. Implicit to the model is the assumption that if parents make frequent oscillations between extreme positions, this gives inconsistent messages that can negatively affect communication within the family and family harmony. At any given moment an individual may choose, consciously or unconsciously, to operate from one side of the model rather than the other. For example, there will be times when it seems more beneficial to conceal feelings, rather than to express them. For some dialectics blaming is most consistent with communications characteristic of the left-hand side of model. To illustrate, making "negative comparisons" suggests that something is wrong within the family, and there is an implication about which member is to be held responsible, as opposed to communications that have the effect of "normalizing

problems." For other dialectics, statements that represent either extreme are suggestive of blaming; for example, "confrontational style" and "avoiding confrontation" can both imply blame. Similarly, "locating problems in illness" and "locating problems in the system" are both ways of attributing blame to causal factors that are outside of the family's control. Constructive family communication and negotiation of blame may require an awareness and skillful management of the opposing poles represented in statements made by different individuals.

Each theme and its associated dialectics is described in the following section using verbatim quotes from the interviews to illustrate the analysis (see also Appendix A). Some abbreviations have been used when reference is made to other parties in the therapy situation (e.g. M, F, S, D, and T refer to mother, father, son, daughter, and therapist, respectively).

Theme 1: Beliefs about the Problem

Family members often commence therapy with strong beliefs about the nature of their family problems. Four categories representing two dialectics that focus on how participants described problems are detailed below.

Dialectic 1: Negative comparisons– normalizing problems.

Negative comparisons. Some parents made negative comparisons and these were often directed at one family member, typically the referred person; "His (S) aggressive nature and his nastiness is not normal for a 10 year old. He shouldn't have that much aggression and that much anger at 10—too young to be that nasty." Often, negative comparisons were linked to particular ideals; "You know people think, oh you're a failure as a mother, look he's (S) gone to live with his dad," and beliefs about what is normal; "D has said many times that she wishes we were a more normal family, a more ordinary family."

Normalizing problems. Often, one parent appeared to normalize the family situation more than the other. In the majority of cases this took the form of offering developmental explanations for problem behavior; "S is at the age where he will express exactly what he thinks." Alternatively, parents sometimes reframed the nature of the problem, for example describing problem behavior as ordinary competitiveness; "And if you want a sort of adjective for S, he's a competitor . . . he even used to cry if he didn't win pass the parcel at parties."

Dialectic 2: Belief in a single cause/solution–openness to different opinions.

Belief in a single cause/solution. Statements assigned to this category included those suggesting a single cause of family difficulties. One of the most frequently cited causes was general levels of stress within the family; "'Cause if there's a basic stress thing in the first place you can't talk." Money was also cited as a major cause and/or solution of problems; "Even though M says that . . . she's got this thing about it's going to cost so much."

Openness to different opinions. This position was characterized by a degree of flexibility with regard to opinions about cause and effect; "But it's how you look at it, isn't it? I mean F doesn't think S is that bad and I think sometimes he's terrible. It's everybody's different views on things, isn't it?." Comments also indicated openness to ideas offered by the therapist; "You see things through different eyes. It makes you aware of life in a totally different view to what you've ever seen it before."

Theme 2: Family Relationships

The second theme again contains two dialectics. These concern balancing appropriate independence for individual family members with support available from the family when required.

Dialectic 3: Disappointed expectations– family support.

Disappointed expectations. Parents often discussed their disappointed expectations with family life in general; "It's not the way I wanted it all to be . . . sort of straightforward you know, get married, have kids and everybody live happily ever after (ha), and it's not been at all like that." Comments also reflected disappointment with particular individuals, often the children; "I think they'd like their favorite food all the time and washing to be done, their room to be miraculously cleaned all the time . . . nice clothes with the right labels on . . . perfect parents."

Family support. Other parents talked about the high levels of commitment and support within their

family; "We've all felt that our family unit was important—even more so now because of the experience we've gone through." However, they also indicated having to work at maintaining family cohesion; "Basically we were a family of four and it's like a big bomb has landed in the middle and blown you in three different directions . . .and you can stay down those paths without ever coming back to meet in the middle."

Dialectic 4: Enmeshed relationships–Individual choice.

Enmeshed relationships. Parents voiced anxieties about being overprotective toward their children; "S likes me to go in and sort everything out but I mean he's only got one more year at primary school, he's going to have to go to high school and I can't be walking in all the time. . . .I am overprotective of him." It was suggested that children often lack awareness of the processes implicit in enmeshed relationships; "S can't see that he causes anybody else any problems." There was also an air of resignation to some statements that suggested an assumption of continuing involvement; "But at the end of the day we're still there to pick all the pieces up for them, you know, and always will be."

Individual choice. Parents varied in their respect for personal boundaries and their ability to stand back and tolerate feeling helpless in relation to their children's activities. This was sometimes borne out of frustration with a child's indecisiveness, an aspect of functioning that one mother felt improved with therapy; "Although we notice a difference in D's behavior . . . and in her ability to make decisions and make changes in her own mind." For the family with children of adult age, the temptation for parents to interfere was felt most acutely in relation to their children's relationships with the opposite sex (permission to use a direct quote was not obtained from this family).

Theme 3: Communication Style

"Communication style" describes the ways in which family members express their feelings and negotiate with each other, and is indicated in the two dialectics below.

Dialectic 5: Concealing feelings–expressing feelings.

Concealing feelings. Participants were often uncertain about how other family members felt, with individuals either unable or unwilling to communicate their feelings. At least one parent in each of the five couples mentioned this point, and this sometimes took the form of hiding feelings from oneself. Moreover, difficulty expressing feelings was thought to affect the depth of the conversation in therapy; "I'm not sure whether M is too cerebral about it. And I think I am too . . .I don't really think we can get into it." Parents in four families were also concerned about having little insight into how their children felt; "It would be helpful if S could actually talk about what it is that . . . is upsetting him."

Expressing feelings. Reference to the expression of feelings was primarily concerned with the expression of negative emotion by family members, particularly those of anger and frustration, and in ways that were often destructive; "I daren't pursue a conversation much further 'cause I feel that M will fly off the handle." Parents also offered many descriptions of the ways in which they vented their frustration on their children; "And in the end I've just told D to shut up and go away and then felt dreadful about it afterwards."

Dialectic 6: Confrontational style–avoiding confrontation.

Confrontational style. Parents from each of the five families contributed to both confronting and avoiding categories, demonstrating how family conversations can fluctuate between these two styles of communication. Some parents described how they developed a confronting style to cope with a child's difficult behavior; "F was in the other room and heard it, and he came in and sort of got face to face with S, about that far away (gestures), and said, 'You don't talk to your mother like that you little oik'." Others were more confrontational within the marital relationship (Appendix A). In most cases, therapy was cited as helpful in resolving family arguments; "That's the thing that family therapy teaches you, isn't it? . . .How to talk to each other. That's the benefit that you get at the end."

Avoiding confrontation. Three fathers mentioned how they tried to avoid confrontation rather than argue, and two wives corroborated this. One father justified this in terms of prioritizing the needs of the children; "Well I mean . . . I don't particularly have any difficulty in coming forward and speaking about anything to be honest but I am bothered about S having to listen 'cause . . . I know that he takes it all in and sometimes he gets upset about it." Interestingly, the referred child in two families had actually become a

mediator when parents were avoiding each other; "And D would very, very frequently try and mediate between the two of us because she could see we were upset, and she would go between one and the other to try and . . . calm us both down."

Theme 4: Power Dynamics

This theme contains two dialectics describing the balance of power within the family and within therapy.

Dialectic 7: Exerting authority–treating others as equals.

Exerting authority. Participants described many different ways in which they exerted their authority over the children, from basic boundary setting to instilling values; "I think you're trying to bring your children up as best you can, with certain values. . . . I mean not anything sophisticated." In general, parents were wary about using excessive amounts of criticism; "I'd like to think that . . . with a child you don't criticize them but you try and guide them . . . in the right way to do the right thing but not criticize them."

Treating others as equals. Generally, parents gave vocal support to treating their children as equals; "We talk to them informally and about anything that crops up"—often giving explanations to justify their actions; "I think from my point of view I was explaining to S why I'd done things, why we'd chased him around, why we'd made him turn up for exams. I spent ages trying to explain to S why we do things." Parents also noted the inherent power imbalances; "When a parent criticizes a child, the child may not feel able to defend themselves," and how this may create an artificial democracy within the family; "D was always trying to give you the answer you wanted . . . that she thought you wanted."

Dialectic 8: Feeling disempowered in therapy–battles for control within the family.

Feeling disempowered in therapy. At least one parent from each of the five families mentioned how therapy could feel disempowering and threatening; "At times it feels like . . . it's us that's got a problem and not S . . . especially when we have to go without S." Participants were also sensitive to whom questions were directed, as this was thought to be a possible sign that the person was being held responsible for problems; "If they're talking to me for a long time then may be there's something that I'm doing that is not right."

Battles for control in the family. Both individuals in four couples made statements that were included in this section. Comments either referred to power struggles between siblings; "Part of what started all this is that D was just absolutely utterly frustrated with the fact that S comes in and monopolizes the television and everything," or otherwise between parent and child; "S is very much in control even though he doesn't think he is." Sometimes, battles for control were normalized and phrased developmentally by parents; "In the meantime he'll (S) be growing up and fighting the same battles that all teenagers fight." Parents often viewed issues of control as fundamental to one's parenting style; "I'm not consistent with S and I know that, and I give in at times," with parents at points appearing reluctant to give any control over events to their children; "Well it doesn't do S any good. It doesn't get him his own way or anything."

Theme 5: Awareness of Others

This theme contains two dialectics or pairs of categories, which capture the extent to which family members take each other into account.

Dialectic 9: Internalizing family problems–speaking out

Internalizing family problems. Numerous comments were made by parents about children being sensitive to conflict in the family and taking the blame upon themselves; "Blaming herself for everything. That's what I thought. We spent ages trying to tell D it wasn't her." The data indicated that parents could also be prone to internalizing family problems; "I feel as if I'm a bit of a failure somewhere along the line, that I've done something wrong somewhere to make S the way he is . . . maybe it's something I've done that makes him like he is, 'cause I'm the one he spends more time with."

Speaking out. Parents spoke of using criticism when the behavior of one individual impinges on another family member; "I think anyone has the right to criticize another person if their behavior is causing a problem to that person." It was also suggested that speaking out might actually help raise issues and facilitate discussion; "If you can gain constructive criticism in a discussion erm . . . then you can get good feedback from each other." Of course, speaking out may also affect the receiver in ways that are difficult to

assess; "Well that's one thing you never know, do you? You don't know how a person has taken things."

Dialectic 10: Misunderstanding among family members–empathizing with other family members.

Misunderstanding among family members. Most participants commented on some difficulty understanding one or more members of their family; "I think if I had a better understanding of what, you know . . . I mean what was going on with M. . ." and were often left speculating about the reasons behind misunderstandings; "Whether M is at a different level of grieving than I am." Parents also speculated about the reasons behind a child's problem behavior; "I don't know. Well . . . I think at times that S is erm . . . that busy doing things that if he goes to the toilet he's frightened of missing something." In some cases, misunderstandings between family members were attributed to factors external to the family (e.g., the generation gap).

Empathizing with other family members. This category summarizes parental comments that suggest similarities between some aspect of their own personality or behavior and their child. In total, eight of the parents commented on empathizing with their children to some degree. For some participants, empathic forms of understanding and communication were along gender lines; "If something has gone wrong D will go and talk to her mother. They'll have a girl talk. Me and S's version of it is to have an argument." Other parents empathized with a particular characteristic of their child; "I know S kicks against it like all the time. . . . I recognize the stubbornness that is in S. I was that stubborn, and my brothers were that stubborn."

Theme 6: Negotiating Responsibility

This theme groups together two dialectics around ways in which responsibility for problems is negotiated within the family and within therapy.

Dialectic 11: Locating problems in others–exploring own contribution

Locating problems in others. Participants readily attributed responsibility for family problems to their children; "S will not listen erm . . . nor will he realize that he can actually tell me things if only he would do it in a way that is far less aggressive." Hence, many parents felt inappropriately implicated in family therapy; "We felt that we were being . . . I don't know, not blamed but, you know, they (the therapy team) were just asking us about our lives and about us and not about S." Moreover, some parents were absolutely clear that they did not consider that they contributed to family problems; "I don't think I'd be any different to be honest."

Exploring own contribution. The degree to which participants could, or would, examine their own contribution to family problems varied. Some were willing to explore their own contribution; "With me being doo-lally all the time M didn't know what she was coming home to every night, she finished up the same." Moreover, this process appeared to be catalyzed by the systemic therapy; "I mean the times when they've said things to me . . . because we were in that setting, that sort of formalized setting, I bit my tongue and listened hard."

Dialectic 12: Locating problems in 'illness'–locating problems in 'the system.'

Locating problems in "illness." This category concerns references to an illness as central to family problems; "Although the friction between us wasn't of that nature because it was upset over particular incidents . . . that were to do with the illness." Sometimes the illness was that of a parent, although for two couples, the illness of a grandparent was mentioned as a contributory factor; "I just don't like to see my mum in hospital."

Locating problems in "the system," Three couples voiced complaints about the National Health Service; "'Cause at the moment you know they're reorganizing the mental health services, and we're caught right in the middle of this. . . . The counseling that M was getting stopped dead." Others were critical of society in a more general sense; "It's always amused me things like the erm . . . what was it, 1968, from one week being a homosexual went from being a . . . certifiable abnormality, a disease if you like of the mind, to being considered normal." Hence, this pair of dialectics have in common some reference to causal factors that are outside of the family's control; one personal (the implications of an illness), the other impersonal (the impact of social institutions).

Theme 7: Orientation in time

This theme includes statements that reflect on the past or the future, with blame possibly implicated when individuals within the family have a preoccupation with the past that is not shared by other members.

Dialectic 13: Reflecting on past events–looking to the future

Reflecting on past events. Parents from each of the five couples contributed to this category. Some participants talked about aspects of the past that they found difficult to come to terms with, for example, the unexpected death of a child. In particular, there were references to sleeping problems, unwanted memories, lack of motivation, and a loss of meaning. The grief was also expressed on a number of occasions; "You've always got the sadness of what's happened underneath erm . . . that you know, you're going to carry through the rest of your life." Other parents spoke of the importance of forgiveness, but also of the difficulty accepting apologies for past behavior, particularly if they are thought to be insincere; "S will come down and say he's sorry that he's upset me but . . . I sometimes wonder if it's just to smooth it over."

Looking to the future. A wide range of statements was included in this category and contributions often varied both within and between couples in terms of demonstrating a positive orientation towards the future. For example, the following quote illustrates parental pessimism about one particular relationship; "I think S might be right, that there will be no communication between us, which is a disappointment." On the other hand, the next example strikes a more positive note with the parent identifying a need for the family to move forward; "The family life we had with S has completely gone erm . . . and we've got to establish a new family life." Unfortunately, this parent felt unsupported in her attempts to build for the future and felt that her husband was still dwelling on the past.

DISCUSSION

The aim of this study was to gather and analyze parental accounts of blaming within the family in order to produce a model for understanding blame in systemic therapy. A dialectical model was produced from a grounded theory analysis of interview data collected from five sets of parents. Participants often made references that oscillated between extreme ends of the 13 dialectics, and sometimes parents within the same family differed in their style of blaming. It is perhaps the degree of fluctuation and unpredictability that is most problematic for individual family members in terms of blame.

Family therapists are committed to understanding the ways in which families communicate, and so mapping the parameters of blame in terms of a set of dialectics has clinical relevance. The model provides a framework for analyzing the style and content of therapy conversations, which may help therapists facilitate a therapeutic shift within the family. Furthermore, monitoring change over the course of family therapy using the dialectical model may provide a way of assessing the success of interventions. We shall now discuss each of the identified dialectics in more detail.

Dialectic 1: Negative Comparisons–Normalizing Problems

The redressing of negativity is, arguably, the major premise behind many of the ideas and techniques that stem from the narrative school of family therapy (White & Epston, 1989). In particular, there is a strong emphasis on the importance of focusing on positive narratives, unique outcomes, and exceptions to the rule (White, 1991). Hampson and Beavers (1996) also cite evidence in support of a link between family negativity and poor family therapy outcome. Overall, it seems likely that families who are particularly negative in their outlook are predisposed to blaming, will encounter difficulties in therapy, and be most challenging to services (Melidonis & Bry, 1995). Hence, the balance between negative and positive comparisons voiced within the family can be an indication of the level of family morale and how empowered individuals feel in relation to their problems.

Dialectic 2: Belief in a Single Cause/Solution–Openness to Different Opinions

When family members arrive at therapy they will often have entrenched views about the problem (Munton & Antaki, 1988), and for many, a referral to family therapy will have been sought in the belief that there is an expert who can provide the solution. Given the prevalence of impaired communication in blaming

families (see theme 3), the views of different family members may never have been discussed and the sharing of perspectives will typically be a component of the therapy (Hilton, 1997). This creates cognitive dissonance for family members depending on the similarity of views held (Buttny, 1990). Progress requires that individuals accommodate the views of others, acknowledge the subjectivity of their perspective, and tolerate the sense of loss and frustration that this may entail. Definitive solutions tend not to be provided in some approaches of family therapy (Anderson & Goolishian, 1992) and, although they are supported in their efforts to find resolution, the family can feel this task to be overwhelming. Within the model, it is proposed that the ability to move toward a position of accepting different opinions not only reduces the blaming of others but also self-blaming.

Dialectic 3: Disappointed Expectations–Family Support

Individuals have expectations for family life and at any one time will perceive these as being met to a greater or lesser extent. In their discussion of blame in family therapy, some therapists made the observation that criticism is often used by family members to communicate unmet expectations and needs (again, a review of this further study is available from the first author). Therefore, it is likely that the balance between voiced expectations and perceived support affects levels of criticism and hence family members' experience of being blamed for problems.

Dialectic 4: Enmeshed Relationships–Individual Choice

The concept of family enmeshment has been helpful in understanding family problems since Minuchin (1974) posited the enmeshed–disengaged continuum. However, Green and Werner (1996) argue that Minuchin implies two meanings of the term "enmeshed": As a lack of self–other differentiation and to describe a family style of extreme closeness and caregiving. According to Green and Werner (1996), "individuated" is a more helpful opposite to "enmeshed" (as in the dialectic identified here), with "closeness" a possible opposite of "disengaged." In this way, a distinction can be made between intrusiveness (psychological coercion and possessiveness) and closeness–caregiving (warmth and physical intimacy). Hence, a relationship could be characterized as both intrusive and disengaged; an option that is not available using Minuchin's scheme.

Gilbert (1989) uses the term "identity abuse," which also seems relevant here. Gilbert argues that this can occur when parents lack self–other differentiation or empathy skills and, consequently, view their children as extensions of the self. Such parents often make elaborate plans for their child's life independent of the child's own desires and needs. Gilbert (1989, p. 192) acknowledges that "There is of course, no guarantee that freedom leads to happiness," but goes on to say that "the degree to which the life of one person is controlled and dictated by another must be a cause for thought at least." Providing sufficient independence in family relationships for individuals to pursue their own goals while feeling adequately supported is a dilemma faced by most parents. It is perhaps not surprising then that the tensions between possible enmeshment and respect for individual choice can be the source of much blaming within families.

Dialectic 5: Concealing Feelings - Expressing Feelings

Furlong and Young (1996) suggest that one role of the family therapist is to be able to talk about blame without blaming (see also Stancombe & White, 1997). This requires that the therapist encourage family members to express their feelings and manage the ensuing dialogue in a constructive way. For example, expressing one's feelings about unmet needs can help others to acknowledge and perhaps even meet those needs. However, as others may take such revelations as criticism, family members may often conceal their feeling to avoid conflict.

Difficulties finding a constructive way in which to express feelings were highlighted in this study as most instances cited by parents were of negative emotions directed at children. Diamond and Liddle (1999) identify this pattern of communication and have developed a "shift intervention" to improve hostile interchanges between a parent and child. They propose that in therapy situations where there is an impasse, conversations can be usefully redirected onto the underlying rupture of the attachment relationship (see

Bowlby, 1969, 1977). Thus, the intervention encourages the expression of true feeling and a shift away from the allocation of blame for specific negative events.

Dialectic 6: Confrontational Style–Avoiding Confrontation

Whereas the previous dialectic concerns the articulation of feelings, this dialectic relates to the articulation of opinion or cognition. Blaming may most readily be identified in communications in which individuals are in direct confrontation. Confrontations allow for the possibility that grievances are aired and compromises negotiated. However, high-conflict families are also associated with a greater incidence of defensive behavior and unhelpful, dispositional attributions of blame (Mas, Alexander, & Turner, 1991). Hence, as with the expression of feelings, family members may find it difficult to express their opinions in a constructive manner and often resort to avoidance tactics in order to maintain a semblance of family harmony.

Dialectic 7: Exerting Authority–Treating Others as Equals

A study by Kerig (1995) illustrates how the distribution of power and authority in families can affect the level of conflict and blame experienced. Kerig (1994) used the Family Cohesion Index to classify families as cohesive (all close), separate (all distant), triangulated (cross-generation coalitions), or detouring (child excluded from parental subsystem). Multivariate analyses of variance showed that those parents in triangulated families scored higher on measures of marital conflict and dissatisfaction than cohesive and detouring parents. Furthermore, children in triangulated families reported greater conflict between parents and more negative affect in the family.

To achieve a balance in relation to this dialectic, parents in the current study advocated a flexible use of authority, which gradually encourages children to take more responsibility for their actions. If parents pool their resources to encourage responsible behavior from the child and avoid triangulated situations, then individual choice for the child may be compromised. Conversely, if a child is treated as an equal at a developmentally inappropriate age, or is perceived as a rival to a parent's affection, then this child may be unreasonably held to account. Power and authority can be communicated in more or less direct ways, and it may be particularly necessary to consider the role of language. A transparent use of language by therapists may help parents adopt the same stance with their children (Andersen, 1987).

Dialectic 8: Feeling Disempowered in Therapy–Battles for Control in the Family

There were numerous references to individuals feeling disempowered, partly because of the specific nature of problems, but also because of the experience of asking for help and coming to therapy. Perceived power differentials between client and therapist have been found to influence the process of therapy, with client deference being a particular problem (Rennie, 1994). Parents did describe how they sometimes felt blamed by the therapist while feeling unable to defend themselves. Yet parents would often describe aspects of family life that need to be challenged by the therapist, such as controlling behavior in relation to their children. To summarize, parents can experience a tension between their position of authority within the family and feelings of disempowerment within therapy, with a perception that both roles lay them open to blame.

Dialectic 9: Internalizing Family Problems–Speaking Out

If there is conflict within a family, then there may be a tendency for some members to internalize this and take the blame on themselves. Some parents in this study were particularly aware of the potential for their children to blame themselves for family problems. Kerig (1995) has linked this to family style and shown that children excluded from the parental subsystem ("detouring" families) rated themselves high in self-blame for their parents' conflict, with their parents rating them highest in internalizing problems. It is likely, however, that the tendency to internalize is linked to many aspects of a complex family system. Speaking out may be one way to redress this problem, but parents were aware of the potential hazards of this in terms of increasing family tensions if this was not done skillfully and tactfully. Hence, blaming can occur at either extreme of this dialectic and constructive communication requires skillful management of the opposing poles.
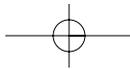
Dialectic 10: Misunderstanding Among Family Members–Empathizing With Other Family Members

Hastings and Grusec (1997) found that positive family functioning, including the reduction of overt blaming, is promoted by parents' ability to perceive accurately their child's thoughts and feelings during conflict situations. Hence, an increased ability to empathize with other family members, including the referred person, should aid the reduction of misunderstanding and blaming communications. However, a balance must be struck so that empathy does not become overidentification, which would be more characteristic of an enmeshed relationship. The child is likely to experience such a relationship as constraining. Moreover, parental overidentification interferes with true empathy in that the child's individual needs may be misperceived as merely a reflection of those of the adult.

Dialectic 11: Locating the Problem in Others–Exploring Own Contribution

Locating the cause for a problem in someone else rather than in one's self is a convenient method of relinquishing responsibility (Schutz, 1999). Therapeutically, a parallel can be drawn with the psychoanalytic concept of projection and how dynamic therapy encourages a reowning of projected aspects of the self (Malan, 1979). Similarly, parents in this study reported that systemic therapy encouraged them to recognize their own contribution to family problems. However, processes of self-blame may be counterproductive if one blames stable aspects of the self (Janoff-Bulman, 1979). Hence, the family therapist might need to foster self-reflection, which focuses on changeable aspects of behavior. Within the model, it is anticipated that instances of blaming others should decrease as family members become more self-reflective.

Dialectic 12: Locating Problems in "Illness"–Locating Problems in "'the System"

Both extremes of this dialectic position the family's problems, or aspects of their problems, in circumstances that are outside the control of its members. Referrals to family therapy clinics frequently cite one child as the identified client. Hence, a common utilization of this dialectic would be to position the family problems within the pathologized, or "ill," child. Alternatively, problems might be framed on the other side of the dialectic, for example, as a consequence of a lack of child day-care facilities for working mothers. One implication of such understandings of family problems is that the blame, and hence the responsibility, for these problems is shifted away from the family as a unit so that the family loses a sense of being able to effect positive change.

In families with a strong investment in this dialectic, therapy would need to work to reduce the investment of thought and emotion in causal attributions outside of the family's control and focus their energies on achievable ways of dealing with the problem. In abusive families, this involves reducing the number of attributions made by parents to behavior which is deemed under the child's own personal control (Silvester & Stratton, 1991), an aspect of family functioning that affects parental ability to provide appropriate childcare (Stratton & Hanks, 1991). Hence, communications at either pole of this dialectic can interfere with family progress in therapy.

Dialectic 13: Reflecting on Past Events–Looking to the Future

Psychological models of loss (e.g., Worden, 1991) invariably incorporate a series of stages through which people pass when grieving, while allowing for some degree of variation between individuals. Hence, it can be assumed that family members occupy different points on this spectrum in terms of their acceptance of past events and that this process affects family functioning, given that acceptance lessens the need to find a culprit to blame. Moreover, if some family members are more preoccupied with past events than others, then it may be difficult to engage all parties on the one task in therapy. Hence, the family therapist needs to be aware of the different orientations that family members may have in time and the different stages they may be at in coming to terms with the past. This model of blame suggests that psychological integration may require family members to develop the capacity to flexibly switch between reflecting on the past and considering the future. The Milan approach has always recognized that families can be constrained by their beliefs about past influence, and assumptions about the future, and this aspect has been further developed by Boscolo and Bertrando (1993).

CONCLUSIONS

As a dialectical model, processes of blame are set within a series of extreme positions within which family members construe, negotiate, and argue about their problems. Hence, our model is particularly compatible with constructionist forms of therapy (e.g., Anderson & Goolishian, 1988) and the notion of competing narratives (White & Epston, 1989). The model captures the way in which blaming is often associated with extreme and rigid ways of communicating and of construing the world, which may be why attempts to address persistent family blaming can prove futile (Melidonis & Bry, 1995). The spread of themes in the model also demonstrates the wide range of contexts in which blame is pertinent within families. In our discussion, we have made suggestions about which position represents optimum family adjustment for each dialectic continuum. For most dialectics, this position is represented by the right-hand side of the model, although for others, the management of blame appears to require a careful balance between extremes or a reduction of emphasis on oscillations between poles.

The spread of themes in the model suggests strongly that it is important to consider context when investigating blame in families, and that blame cannot be understood in terms of blaming statements alone (see also Furlong & Young, 1996). Qualitative analysis of the interview data allowed full consideration to be given to the context in which statements were made. However, even when the blaming nature of statements was unambiguous, being aware of the family history, therapist style, and the dialogue that preceded and followed allowed the research team to gain a more complete understanding of the meaning behind blaming.

The dialectical model of understanding blame from the perspective of parents has been derived from an intensive qualitative analysis of a small sample of families in therapy. In its present form it will help to enrich therapist understanding of one of the most intractable aspects of family functioning, while also indicating how therapeutic dialogue can be used to work with blaming discussions. The model forms the basis for further research, such as qualitative investigations to refine and extend its properties, and quantitative studies to determine the emphasis to be placed on each dialectic when working with different kinds of family. Although the therapists in this study were operating within a post-Milan framework, the dialectics may be readily interpreted and used within other therapeutic approaches.

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APPENDIX A
A Dialectical Model for Understanding Blame in Systemic Family Therapy

	Theme 1: Beliefs about the problem	
Dialectic 1	Negative comparisons "I must admit I didn't treat . . . my mother like he (S) treats his"	Normalizing problems "I don't know what to make of it to be honest 'cause I know a lot of other kids who are exactly the same"
Dialectic 2	Belief in a single cause/solution "I think that's the only point at which we touched on the thing that was . . . close to the truth"	Openness to different opinions "I don't think there is a main problem. I think it's a multitude of small problems"
	Theme 2: Family relationships	
Dialectic 3	Disappointed expectations "I'm not looking for utopia or anything like that, I don't expect that...you can't expect that in life"	Family support "I don't think D wanted to put pressure on us. . . . She's quite a caring lass in her own way"
Dialectic 4	Enmeshed relationships "I came away that day with the impression that they (the therapy team) thought I didn't want D to grow up, that I didn't want to let go of her"	Individual choice "And I have to let them make their own mistakes and learn from them"
	Theme 3: Communication style	
Dialectic 5	Concealing feelings "F always finds it difficult to say how he feels about something. He doesn't always know himself"	Expressing feelings "I think M finds it easy when she starts talking . . . you know when she's getting it off her chest"
Dialectic 6	Confrontational style "There's a fundamental problem between us whereby we do like to stretch each other to a certain extent—well quite a way actually—to the point where . . . one of us breaks"	Avoiding confrontation "So now F usually tends to avoid S by going in another room to avoid the hassle"
	Theme 4: Power dynamics	
Dialectic 7	Exerting authority "There is a big difference between being an adult and a child, years of experience	Treating others as equals "We try to be quite open with the children and . . . you know, if they've got a problem to tell us"
Dialectic 8	Feeling disempowered in therapy "It isn't easy somebody sitting there asking you all sorts of questions about how you lead your life and then people behind the mirror looking and listening"	Battles for control in the family "Here the issue for me in some ways with S is very much about power and the fact that he's . . . kind of how he's wanting power without responsibility"

APPENDIX A
A Dialectical Model for Understanding Blame in Systemic Family Therapy (continued)

Theme 5: Awareness of others		

Dialectic 9	Internalizing family problems
	    "S was having a go at himself because he couldn't draw which is not true 'cause he's quite a good drawer"
		Speaking out
		    "S . . . made a perfectly justified comment...that felt critical at first impact erm . . . but it was a perfectly justified comment"

Dialectic 10	Misunderstanding among family members
	    "S has got every chance every time we go but he chooses just to sit there and not say anything. And I don't know why?"
		Empathizing with other family members
		    "I think D would still find herself out on a limb to a great extent erm . . . I did myself when I was at school"

Theme 6: Negotiating responsibility		

Dialectic 11	Locating problems in others
	    "I mean I can handle S. I don't particularly have a problem. The problem seems to be when erm . . . when I'm not here"
		Exploring own contribution
		    "Hopefully there's a bit more awareness as an adult to be able to look at yourself and say, 'this is how I am', you know, 'do I want to be this way, or do I want to change?' "

Dialectic 12	Locating problems in "illness"
	    "I mean to be fair erm . . . I get depressed with depression and anxiety and I get my migraine attacks so I'm not always the easiest of people to live with"
		Locating problems in "the system"
		    "Had D not been at the asthma clinic we wouldn't have found it (family therapy). None of the psychiatrists had mentioned it. None of the hospitals had mentioned it. We didn't know it existed"

Theme 7: Orientation in time		

Dialectic 13	Reflecting on past events
	    "And this is going back . . . I think this was only in the discussion that we had with yourselves, it came out that erm . . .she once threw my bags at me"
		Looking to the future
		    "It wasn't the sorting her out now that mattered, it was sorting her out for the future"