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Emotions in the Practice of Systemic Therapy

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Emotions are connected to meaning making in human interactions. This can be seen not just in terms of the immediate participants and their developmental history but also through broader cultural, social, and gender lenses. In times of relational tension, which require system flexibility, some emotional interaction can constrain alternative actions or meanings being constructed. Therapists can hypothesize about these emotional dances (including those that are taking place in the therapist/client system) and such hypotheses can inform interventions aimed at generating different emotional sequences. If participants in therapy experience alternative emotional responses as a result of therapeutic intervention, then change can occur (e.g., a greater sense of agency or hope, or a different perception of the situation).

Keywords: systemic therapy, couple therapy, emotions, relational, dialogical

Key Points

1. Human systems can be conceived as emotional systems.
2. Within a systemic conceptual frame, every time I am together with another person, a relational system is created, which has – among others – emotional characteristics.
3. Emotions are both interactive and dialogical phenomena and can be seen as embedded in relationships.
4. One aim of therapy is to give emotions *relational sense,* through awareness of the systemic nature of the emotions of both therapists and clients.
5. As a consequence of therapy, people will be more able to feel their belonging to complex, interpersonal and intersubjective emotional systems.

Recent approaches to emotions show they can be considered as essentially interactive processes from a philosophical (De Sousa, 1990; Dumouchel, 1995), psychological (Averill, 1974; Laird & Apostoleris, 1996), and even neuroscientific (Damasio, 1994; Gallese, 2001) point of view. Most family therapy practitioners (including systemic ones) today recognize that emotions are relevant to therapeutic change. The ways in which emotions are worked through in the actual practice of therapy, though, widely differ among approaches, and even among therapists within the same approach.

In this article, we would like to outline our approach to emotions in therapy, as it has evolved in our systemic practice.

Systems and Emotions

Before describing our approach to therapeutic practice, we want to review some theoretical ideas about systemic theory, therapy, and emotions.

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The role of emotions and feelings has been widely considered in psychotherapy (Alexander & French, 1946; Greenberg & Pascual-Leone, 2006) as well as in family therapy (L'Abate & Frey, 1981). However the first prominent authors in the systemic and strategic fields either refrained from mentioning them (Watzlawick, Weakland, & Fisch, 1974) or cautioned therapists against the risk of emotions distracting them from a systemic view (Selvini Palazzoli, Boscolo, Cecchin, & Prata, 1978). Jay Haley (1976) openly dismissed the exploration of feeling in therapy, considering the expression and evaluation of emotion as irrelevant to change: '[The therapist] should not ask how somebody feels about something, but should only gather facts and opinions' (p. 28).

Early systemic therapists held such a view because they viewed emotion as something strictly pertaining to the individual, and therefore unrelated to relational and interactional patterns. Krause (1993) in comparing strategic (Haley), structural (Minuchin) and early Milan approaches, observed, 'in traditional family therapy theory emotions were considered to be motivations originating inside individuals. These motivations and their particular content were assumed to be universal' (p. 48). This attitude led to taking empathy and 'joining' (Minuchin, 1974) for granted, as if they aroused spontaneously from some universal human feeling, and to devalue interest in how motivation and emotion may be played out in interaction.

Even when, subsequently, systemic therapists in several orientations gave emotions a more thorough consideration, they tended to downplay their relevance for the therapeutic enterprise. Kleckner et al. (1992), for example, tried to confute the 'myth of the unfeeling strategic therapist', by remembering that strategic therapists (within the Haley, MRI, and Erickson tradition) do pay attention to emotion and feeling in clinical work, but they aim at changing what clients do in everyday life, rather than 'changing emotion' in itself: emotional change is a consequence of behavioral change. Miller and de Shazer, in their controversy with Lipchik (1999) and Piercy, Lipchik, and Kiser (2000) use Wittgenstein's (1953) theory of language games to maintain for solution-focused therapists, emotions are, 'aspects of language games and forms of life' (Miller & de Shazer, 2000, p. 9): to change the rules of such games means to change emotions.

Only over the last decade have some systemic authors showed a real interest in emotions in themselves. Bertrando and Gilli (2008) viewed emotional processes in the session as bodily interaction; and Bertrando and Arcelloni (2009) focused on what they called 'unpleasant emotions', i.e., specifically, anger and boredom, exploring their relevance for the systemic therapist. Their position implies a renewed interest in some old systemic ideas (e.g., the emphasis on 'analogical' communication), as well as a dialogue with some currents in psychoanalysis, especially what has been defined as a 'relational' (Mitchell, 1988), 'mutual influence' (Beebe & Lachmann, 2002), or 'intersubjective' (Stolorow, 1994) perspective. The affinities concern the intersubjective view about affects, and the nature of emotional convictions, considered mostly unconscious, and needing to be brought to consciousness through reflection and interpretation (Stolorow, Atwood, & Orange, 2002).

This kind of dialogical integration is even more apparent in the work of authors like Flaskas, Mason, and Perlesz (2005) and Flaskas and Pocock (2009). Pocock (2005, 2009) especially has tried to develop a comprehensive systemic theory of emotion, as did Glenda Fredman (2004) from a slightly different standpoint. Like Bertrando and Arcelloni (2009), Pocock speaks of 'emotional systems' paving the way for

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the possibility of using systemic techniques to deal with emotions. Fredman (2004) develops this position to include the possibility of naming emotions in session, and working on performing emotions, emotional postures, and narratives of emotion.

Such evolutions have led us to propose that human systems can be conceived (also) as emotional systems. This does not mean we consider emotions as the sole relevant feature of a human system, but rather that we take emotions into account every time we deal with interactions within a human system.

Emotional systems

The folk psychology of emotion posits that they are located inside the 'deep interior' of the self, constituting the very core of it. Although as Kenneth Gergen (1991) observed, that metaphor emerged in the romantic period, when emotions were considered as the direct expression of the unseen power that resides within each human being. Such a view is not the only possible way of conceiving emotions. We prefer to locate, albeit arbitrarily, the virtual space for emotion not underneath (or above) individual consciousness, but rather *in between* the people that constitute an interpersonal system. Within a systemic conceptual frame, every time I am together with another person, a relational system is created, which has – among others – emotional characteristics.

This is the aspect of a human system that we define as an *emotional system*. An emotional system, therefore, is not a specific kind of human system; it is, rather, the set of emotional characteristics that we can single out of a human system when we consider it through the lens of emotion.

Before moving on we would like to further clarify our position about the role of emotions in human systems.

Emotions in human systems. Emotions are (also) systemic phenomena. We like to say: every emotion comes from somewhere and goes somewhere, which means that any emotion one of us feels and displays is to some extent a consequence and a response to an emotion displayed by someone else. Other people are usually affected by the emotions we display, and in turn develop their own emotions toward us, and so on. We can see human systems as *networks of emotions*, conveyed partly through discourse; partly through nonverbal interaction (see Bertrando & Gilli, 2008; De Sousa, 1990; Hatfield, Cacioppo, & Rapson, 1993). Gergen (1991, p. 166) maintains that any emotion one feels at a given moment is but part of a more elaborate interaction he defines as an 'emotional scenario': the emotion I feel as being 'my own' is simply the part I play within the scenario.

On the other hand, we do not arrive at an encounter with others out of an emotional void. Our past and recent history plays an essential part in what we feel. But the virtual emotions we may feel become actual only in the encounter: even when we experience feelings with ourselves alone, we are engaged in some inner dialogue (Rober, 2005), that creates an encounter of sorts. Thus we consider emotion as both interactive and dialogical (Bertrando, 2007).

Subjectivity, rationality, and emotions. Emotions are inherently twofold. Even if we consider them as systemic, and, as such, determined by what goes on within the system, the subjective experience of feeling still pertains to the individual, rather than the individual's interaction with others. When we are interacting with our clients, we

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feel emotion as our own, and their emotions as theirs. Thus our emotions are at the same time our personal experiences, and news about the present state of the system we are embedded in.

Emotional processes should not be considered in opposition to rational processes, as has happened in most of the history of Western thought (Averill, 1974). Although we share emotional processes with other animals, as Darwin (1872) put it many years ago, this does not mean that emotions carry no sense. Emotions have a rationality of their own (De Sousa, 1990), which is necessary for the activity of everyday life. As neurosurgeon Antonio Damasio (1994) observed in a series of clinical studies, patients with a lesion in the ventro-medial areas of the cerebral frontal lobe displayed an inability to discriminate their own emotions as well as other people's emotions and a substantial impairment of social skills and decision making: without emotional awareness, they were incapacitated in their 'rational' processes.

Cultural and gender issues. We attach a value to what we feel, depending on our cultural heritage. Following the path originally traced by Darwin (1872), Ekman, Sorenson, and Friesen (1969) have demonstrated that the recognition of basic emotional expression is mostly independent of culture and can be considered as a species-specific human trait. At the same time, the expression of emotions (especially the more complex, social ones) is valued differently by different cultures, and this can have a deep effect on emotional exchange (Lutz, 1988).

Gender, too, is relevant both to emotional expression and emotional understanding. This does not support the naïve view that women are more emotional than men; rather 'the differential expression of emotions for the two sexes is adaptive for the successful fulfillment of gender roles' (Brody & Hall, 2000). The relationship between gender and emotion is complex, manifold, and influenced by cultural and social factors as discussed above.

The role of emotions in dialogue. Any emotion is an important clue about what is going on within a human interaction, but this does not mean emotions 'unveil' some 'deep reality' of that encounter – i.e. in being with a client or a family *what we feel* tells a lot about our relationship with them, but does not necessarily reveal what is actually happening to them.

In other words therapists should be wary of their own emotions. Any emotion any of us shows/feels commences in some interaction, and is aimed at somebody. Since we see emotions as ways of signifying and communicating, albeit in most cases inadvertently, our understanding of them is neither 'internal' nor 'private'. Rather it considers the wider system, the emotional interchanges that we assume happen in it, and the way in which emotions circulate within this space.

To see emotions as embedded in relationship, of course, is an epistemological choice. We do not mean to diminish other facets of emotion (biological, evolutionary, developmental, intrapsychic, etc.); we simply consider them in a way that is useful for therapy.

Emotions in therapy. Our concept of emotional systems is consistent with our definition of therapy. What we 'see' or conceptualize depends on our position in the systems in which we are embedded, including the therapeutic one (Cecchin, 1987) and this may be true of emotions as well. They change according to what changes

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within the therapeutic system, within a therapeutic setting, the emotional tone colors any behavioral interaction: any display of feelings sends a message to others, and this emotional sequence can be singled out from the complex interweaving of sequences happening within the system. Sometimes it may be more helpful to focus on this type of sequence to encourage change.

Our view also challenges the idea of Kleckner et al. (1992) that change of behavioural patterns may be sufficient to change emotions. We have observed there is no necessary relationship between a sequence of actions and the emotions attached to it and the latter should be considered in themselves. We also challenge Miller and de Shazer's (2000) contention that emotions are mere language games. We believe that *descriptions* of emotions can be seen as language games, but emotions in themselves are largely pre-linguistic, and therefore impossible to consider only through the lens of language.

Our basic therapeutic aim, as far as emotions are concerned, is to give them a relational sense, through our awareness of the systemic nature of therapists' and clients' emotions, i.e., of their complex itinerary through the social and micro-social systems clients and therapists are embedded in.

Emotional Systems in Therapy

We would like now to describe some of our specific ways of working with emotional systems. We prefer not to call them 'techniques', since they refer to a general attitude on the therapist's part, rather than to a set of moves in a game. These ways of working reflect the following:

- Attention to the *emotional tone* of the session
- Consideration of the therapist's *emotional state*, together with that of the client: this implies the therapist should be constantly aware of the emotions she observes and feels and of the state of emotional relationships throughout the session.
- *Wariness* toward the therapist' own emotions: this means she should always try to understand what is happening in the system that contributes to how he or she feels.
- *Emotional positioning* in the therapeutic system: this considers the reciprocal stances of therapist and clients in regard to emotions.
- Making *hypotheses* that take emotions into account: this includes both hypothesizing about emotions, and being aware if and how emotions influence the therapist's hypotheses
- *Communicating* about emotions: this includes the possibility of meta-communication with clients about what they, or the therapist, are feeling.

For a more comprehensive description of these attitudes or ways of working we now discuss a case example.

Case example: 'Why are you so bleak?'[1]

Patricia and Max are both 35 years old. They have been married for over 10 years and have been together since they were 16. At the first therapeutic encounter Max is the one who tells the story: two children, a strong social and religious commitment, a continuous tension to create the marital relationship 'I've been dreaming about all my life', i.e., 'based on respect and dialogue'. There is no regret in coming to therapy,

just the necessity of 'seeing where we stand, like when you take your car to the mechanic to see whether you should substitute some parts...'. He talks in a quiet, erudite way, thinking every word through. Patricia, on the contrary, talks little, but she counterpoints her husband's words with ironic glances and amused smiles that Max hardly notices: he is turned toward the therapist, with an expression of suffering, holding his head in his hands.

The couple's second child, Luca, now two years old, was born with a cleft palate that caused a malformation in his upper lip, with both aesthetical and functional consequences. Both of them were deeply affected by this, especially Patricia, whose reaction was considered 'too emotional' by a psychiatrist friend, who then suggested couple therapy. Speaking about her son, Patricia gets nervous, saying that Max had fainted when he saw Luca in the delivery room; she herself could not believe the baby was really hers.

What the therapist sees in this first encounter is a peculiar emotional balance between the two: initially, Max appears to play the part of the rational half of the couple, whereas Patricia seems, on the one hand, restless and dissatisfied and, on the other, playful and seductive. It is impossible for the therapist to discern to what extent these are their roles in their everyday life, or how much they are played out for the therapist's own benefit. Patricia's restlessness is directed towards her husband, but perhaps also towards the therapist, a woman like herself. Max's rational stance may also be a request to the therapist, to maintain the conversation within the boundaries of professional detachment. At the same time, the referring person is involved, too. He is a psychiatrist, like the present therapist, and he has been instrumental in defining Patricia as the emotional part of the couple. Possibly, for the couple, he represents the social sanction of their respective positions.

Patricia then says, with a somewhat childlike grin: 'I think couple therapy is an experience you've got to have in life, a moment of growth... and Max has suffered so much in his life, and psychotherapy already helped him a lot...' In uttering these words, with a slightly fatuous attitude, she looks tenderly at her husband, smiles again, and gently strokes his knee, like she were fondling a kitten.

Patricia, here, is both casting doubt on Max's quiet rationality, and being seductive toward him. The therapist takes notice, but there is no time to make this hypothesis explicit, because suddenly the rhythm of the conversation becomes faster.

The shared story is summarized in a few words: Max's difficult life, with an eccentric father never accepted by the bigoted and rigid maternal family, a childhood tyrannized by his maternal grandfather, who forced him to do exhausting soul searching, prayers, and repentances; and Patricia, a wife committed to heal her husband's wounds, but never up to his past suffering. For some unfathomable reason, Patricia and Max are both beginning to feel uncomfortable in their lives.

The therapist feels at ease in the fluent flow of the conversation: she is legitimized to step in, but she is also aware that her working hypotheses tend to stick to the couple's usual relational pattern. Is it the case that, for example, that Luca's birth opened a path of struggle and pain? Maybe now Patricia must assist her son in his hospital career, and Max feels he is not cared for as he used to be. And is this why therapy should bring the family engine back to its initial condition?

During the conversation, Max nods thoughtfully at the words 'struggle' and 'pain'. Patricia contradicts her initial presentation, by remarking how beautiful Luca is now, she plays with him, would do this all the time, whereas Max cannot. The more she

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becomes light-headed, the more he lectures on life and doom. Here Patricia's fatuousness seems to change its meaning, as it were directed to play down Max's problem-saturated narrative.

At this point, the therapist begins to feel uncomfortable, caught between the risk of comforting him and, at the same time, of colluding with her, accepting the light emotional tone of her conversation, replete of winks and jokes. She feels even irritated, now.

At a certain point, Max is talking about money arrangements: 'She doesn't think about it. She earns more than me, but she would throw away everything. I'm careful… we talk about it all the time…'. The therapist asks abruptly if he sometimes would prefer to act rather than talk, maybe do something unreasonable, just to give vent to his feelings. For the first time Max seems annoyed and a little surprised, as he asks: 'Are you talking about sex?' It is the therapist's turn to appear amazed, and she responds: 'Is this what you would like to talk about? Is sexuality your area of transgression?' Now Patricia is not smiling anymore, and sits stiffly in her chair, looking into the void. The therapist asks: 'Why have you suddenly become so bleak?'

Up to this point, the change in Max's emotional tone was lost for Patricia, who had been showing the same restlessness, fatuousness, and sensitivity, both when Max was showing his detached rationality, and when he started revealing all his frailty. Possibly it was Patricia's adamant tone that nurtured the therapist's irritation. When Max shows some interest in transgression and sex, Patricia and the therapist seem free to show a different emotional side. Patricia suddenly appears lost, the therapist alert and interested.

Patricia begins weeping, and, sighing, she answers: 'He is the bleak one, if he weren't like that I would never have come close to him. I need security, I don't need transgression!' A new dimension opens. Max is actively doing something for Patricia, he is not the timid kid that used to sit on Grandpa's knees in the church. Max is revived, smiles, looks at his wife, who is talking about her fears, her wishes, her fantasies.

The therapist feels that this new story came to the fore after her small challenge to Max's rationalism. Initially, she had felt the husband was boring, and the wife was seductive. In other words, she was accepting her own prejudices ('he is boring, she is seductive') as truths. The emotional system, thus, remained blocked within the polarity boredom/seduction, and the alternative stories the therapist was proposing were all framed by those emotions, without allowing different emotions to emerge, and leaving the three interlocutors stuck to their prejudices. The therapist's initial hypotheses were just rational reasoning.

The crucial point in opening the new narrative happened when the therapist managed to give some emotional sense to her growing uneasiness toward them, which in turn allowed her to give a new emotional sense to their malaise: it could be the (poisoned) fruit of repetition within their rigidly complementary relationship. Through the idea of 'transgression', Patricia and Max could feel free to go out of repetition.

Patricia and Max's therapy terminated after three months and five sessions. Although the events in the first sessions could not be considered as 'the cause' for therapeutic change, they were instrumental in changing the emotional tone of their couple life. During the last session, Max and Patricia were satisfied, even euphoric. They said they had found again each other, becoming much closer. Actually, little had changed factually between the two of them, but their tone was very different. To

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greet the therapist, Max hugged her, and Patricia kissed her enthusiastically on both cheeks. While Patricia went on thanking her, Max observed: 'Maybe we are embarrassing you, aren't we?'

The therapist took refuge in some polite phrase. Only afterwards she thought that, through that question, Max had emphasized one of the effects of therapy, his new ability to ask somebody else about the meaning of her emotions.

Working within the emotional system

This case exemplifies at least some features of our present therapeutic practice. We will now try to summarize them, although we must take into account that, as this is an actual clinical experience, rather than a purely fictional example, it cannot embody exactly all characteristics of our way of working.

Emotional tone. To think about emotion requires a marked attention to nonverbal interaction. The therapist observes minimal acts, attitudes, and expressions, listening for the tone of words as well as their meanings, deciphering their congruence or incongruence with the emotional content of discourse (Ekman, 1993). This reminds us of the analysis of analogical communication practiced in the early years of the systemic model (Watzlawick, Beavin, & Jackson, 1967), but with a different emphasis. Today we are not looking for moments in which clients 'betray what is really happening' in their interactions, we rather look for untold, and maybe unspeakable, aspects of those interactions. The therapist should always ask – first of all, to herself – *what is the prevailing tone of any session, and how it fluctuates in time?*

In the case presented, the therapist's attention is directed toward the variations in the emotional tone during the session, which often appear independent from the content of discourse, or loosely connected to it. She also tries to link such emotional tone to emotional systems in the life of clients, seeking to understand the emotional network they are embedded in.

The change in tone happened when the therapist asked her question about transgression, and Max answered with a reference to sex, changing his tone from detached to embarrassed and ambivalent (swaying between attraction and repulsion). After this, both the therapist and Patricia appeared free to feel something different: Patricia got angry and sad, the therapist interested. The tone of the first part of the dialogue confirmed the idea of the referring psychiatrist (Patricia is 'too emotional', Max perhaps is 'too rational'), preventing any new reading of the couple situation. The change in the emotional system cast some doubt on the referring psychiatrist's description, thus allowing a possible new feeling of their relationship to emerge.

Wariness of emotions. The very immediacy of the emotions we feel and we see and feel in others leads the therapist to perceive them as true, almost concrete, so that she feels they could not be any different. Such a sensation, that we usually feel in our practice, hides a risk, because it tends to prevent change in the emotional tone and climate of the session.

Cultural, social, and gender prejudice sometimes can bewitch the therapist, making her deaf and blind to other feelings: the therapist could have felt that Max's rationality was a 'male' characteristic, complementary to Patricia's 'female' vibrant sensitivity. A trap that closes possible evolutions and transforms people in rigid and predictable characters.

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We said previously that the therapist should be wary of her own emotions. We actually think that the therapist should be watchful about any emotion she feels during the session, on her or the clients' part. If, according to Cecchin (1987), the therapist should only flirt with her hypotheses, rather than marry them, from this perspective, the therapist should not get too tied up with her emotions, as well. The fact is, though, this is much more difficult. In the case presented, the therapist asked herself: *Am I sure that the emotions I feel in them are the only ones? And what am I feeling? Am I sure of this?* At the same time, she began making hypotheses about emotions that could be there, but were apparently absent: *Why is Patricia so quiet and ironic, in a complex situation like this, without any hint of distress?*

The therapist should, of course, make good use of herself in the process. Being wary of emotions means, for us, being sensitive to them, only without considering them as absolute. The therapist's own intolerance toward predictability led her to disqualify the couple's way of relating to each other, but this very same intolerance allowed her to see the emotional change in Patricia, when she appeared 'bleak'. She, thus, shifted from total reliance on her own intuition to putting it in parentheses, trying to construct, together with her clients, a shared emotional meaning of what happened. The therapist shifted, in other words, from a monological to a dialogical position (Bertrando, 2007). In order to do that, she had to exert distrust over what she felt as an absolute emotion. Through wariness, the therapist gave room to a dialogue that is both a dialogue about emotions and an emotional dialogue: she tried not only to know something about her clients, but also to give a relational sense to their emotions.

Emotional hypothesizing. Hypothesizing is one of the key practices in systemic therapy. Usually, systemic hypotheses tend to focus on some cognitive aspect of human systems (see Bertrando & Toffanetti, 2003). We think they can focus on emotional aspects as well: what can be the origin of an emotion? Who is the target of the emotion that emerged? And what are the consequences of the emotional interplay on all the actors within the system? Such a way of hypothesising is close to what Fredman (2004) developed in amore narrative fashion, under the label of 'emotional presupposition'.

For a systemic therapist, making hypotheses is also a way of changing emotional interaction. In our case example, the therapist was made alert by the role of the referring psychiatrist, who saw Patricia as 'too emotional', but had referred the couple, rather than Patricia alone, to therapy. She began hypothesizing about his role in the couple relationship. This hypothesis, though, although having emotions as a subject, was mainly cognitive. In order to shift toward emotional hypothesising, the therapist should ask questions that pertain directly to emotions, such as: *How are you feeling, now? Why do you think you are so moved? How did you feel when this happened in the past?* and so on.

A different kind of hypothesizing emerged when the therapist was surprised at Max mentioning sex. As any therapist, she was ready to deal with sexuality in couple therapy. What struck her was Max's sudden change of tone: he became less serious, almost coy, in referring to their intimate life. At this point, the therapist could have asked a number of questions about the couple's sexual life. She chose, instead, to follow another lead, hypothesizing that the mention of sex was changing their emotional presentation to each other and to the therapist. The focus on this hypothesis, which

was rooted in the here and now of the emotional interchange, had the effect of changing the tone and also the impact of the whole session. The therapist was now able to connect what was happening in the session to what she knew about the rest of their lives, including their relationship with the referring psychiatrist.

From the beginning, they were telling a story, but the story did not generate any difference. Rooting hypotheses in the emotional interchange, instead, opened new stories, related to different emotions, stories where Max could be coy and Patricia could be bleak. At this point, the clients saw the therapist becoming more optimistic and empathic, and the emotional interaction changed. Having a hypothesis was useful to the therapist, because it allowed her to recover her agency, rather than feel subjected to her own emotional state of the moment. If emotional hypothesizing allowed the therapist to root her intervention in the here and now of the session, it opened, at the same time, the possibility of considering the wider emotional network in which clients live which, in cases different from the one presented, could encompass families, institutions, other clinicians, and so on (Anderson, Goolishian, & Winderman, 1986).

Emotional positioning. Another task for the therapist is to reflect on her own emotional position. This means not only her metaphorical location within the emotional system, but also her emotional stance toward clients and how it interacts with their emotional reaction. We define this as a work on *emotional positioning* (Bertrando, 2009). Following Harré and Van Langenhove's (1999) positioning theory, every person participating in an interaction, positions herself towards others, and in so doing positions others in relation to herself. Emotional positioning is a subset of this process: in our example, the therapist positioned herself as irritated and slightly bored, positioning the couple, at the same time, as emotionally static and inauthentic. After her questions, she positioned herself as alert and interested, positioning them as authentic and looking for change.

When the therapist's positioning changes, her emotions change, too. Since we posit that emotions are modified by any change within the therapeutic system, if the therapist's emotions are different, the whole emotional system is different, and any participant in the interaction can feel free to change.

Metacommunicating on emotions. Although emotions are primarily nonverbal, we are also attentive to emotions embedded in words, and to how emotions can be put into proper words. In the example, the therapist fostered change, first of all, by asking an 'uncomfortable' question, about areas of transgression, which in turn was based on the hypothesis that Max's seriousness and commitment could hide some other affective qualities of his. They appeared more involved in the subsequent exchange, with Max keen to talk about sex, and Patricia mysteriously hurt. At this point, the therapist looked at Patricia, and asked a question that explicitly named an emotion, i.e., Patricia's supposed bleakness. By doing so, she not only noticed that Patricia's tone made a difference beyond the words that were exchanged, but also chose to metacommunicate about it.

In our present-day practice, we feel entitled to ask both questions about emotions, and questions that help clients reflect on the emotional aspects of our communication and their story. We hear ourselves asking more and more questions like: *How do you feel now?* Or: *Did I hurt you by saying this?* Such questions are not new in themselves.

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What we consider new is the relevance we give them. Through metacommunication, the therapist makes explicit she is attentive to the tone of the dialogue, and, at the same time, becomes active in favoring a change of tone. Here, probably, we are trying to articulate what therapists like Salvador Minuchin or Luigi Boscolo regularly did in their practice, albeit in a more intuitive fashion.

Concluding Remarks

In the end, we have to consider the final effect or outcome of the work on emotions we have outlined. We want to remind the reader that we do not consider the expression of emotions as a healing factor in itself. Rather, a different understanding of one's emotional position within the system may lead to a different emotional state (a different way of feeling one's own emotions). The awareness of one's position within the emotional system is not the same as the 'raising to consciousness' of one's emotions, a concept that Gregory Bateson (1967) already defined as useless – and, anyway, impossible. What we think should happen to clients is to become more aware of the process through which emotions happen, are felt, and are shared in a relational context.

In our opinion, this would lead clients to re-locate emotional events within their relational network. In so doing, the therapist does not lose her interest toward interactional patterns, stories, or discourses. She adds to these the dimension of emotional understanding: understanding emotional positions within the system. Change, in this view, is neither simply a change in behavioral or interaction sequences, nor a change in discourses, nor even a change in the sense of increasing the conscious awareness of emotions. We think that relevant change involves the prevailing emotional tone, both in therapy and in clients' everyday life.

In the case we presented, during the course of therapy little change happened in terms of 'objective' facts. The therapy ended, though, with a general agreement of success, mostly because of a difference in the couple's emotional tone. Behavior can vary without varying the prevailing emotions within the system, and, in our experience, this frequently leads to transient and unstable change. Possibly, the change of emotional tone is not simply a precondition for 'real' change, but it is the relevant change in itself. Or, it can be variably related to other forms of change. Of course, the clients' emotional tone is connected to that of the therapist.

Probably, these phenomena are ubiquitous and act in any therapeutic model. However, in contrast with common factors theorists (see Hubble, Duncan, & Miller, 1999), we believe that different models may lead to different kinds of emotional understanding. In the case of systemic therapy, the specificity lies in the contextual value we give to emotions, which are influenced by – and, in turn, influence – the context and the systems in which they happen. Our expectation, which is rooted in our theoretical and clinical premises, is that, as a consequence of therapy, people will be more able to feel their belonging to complex, interpersonal and intersubjective emotional systems. For us, this is a desirable outcome.

Endnote

[1] The therapist, in this case, was the second author, Teresa. All details that may render the people recognizable have been either deleted or substantially modified.

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