Hedges. F (2005) An introduction to Systemic therapy with individuals. Palgrave

HYPOTHESISING AND SYSTEMIC STORY CREATION

Just as it is impossible not to communicate, it is also impossible not to have a hypothesis

Cecchin et al. (1992)

When we impose our own view of the world upon those we invade (we) inhibit the creativity of the invaded by curbing their expression

Freire (1972)

We usually tell our students, 'You should keep in mind 24 hypotheses, 50 stories'
Cecchin (1992)

'Hypothesising is the most important aspect of systemic work' says Lang (2003). This is because the explanations we connect with and the descriptions we use as we work with each client will profoundly influence how we respond to them. The ability to do systemic hypothesising requires a through understanding of the systemic principles (neutrality/curiosity, positive connotation, and circularity) described in the preceding chapters. These concepts provide the foundation for developing hypothesising skills.

We all create hypotheses in our daily life: we constantly make conjectures, have hunches, and create meanings and stories in order to make sense of the world. When we do any kind of therapeutic work with people these ideas affect how we respond to the client. 'As we shifted our focus to ourselves', Cecchin et al. (1992: p. 90) write, 'we became aware that we always had a hypothesis in mind'. And 'whenever we say something to the client we reveal our own ideas.' These ideas, assumptions and so on powerfully influence what we notice and what we ignore in the conversation. And this affects our mannerisms and gestures, tone of voice and the words we use, which in turn will affect the way the client comes to describe themselves and their life.

De Shazer (1991, 1993), the solution-focused therapist, has famously questioned the ethics of hypothesising saying that if he feels a hypothesis coming on he lies down until it goes away. But Lang and McAdam (1995) say that we always have hunches and ideas that we follow and explore, whether we admit to doing this or not. 'We would say that his whole approach to therapy is based on a series of global hypotheses or stories – namely that the solution predates the problem and exceptions to the problem are open to view' they say (p. 78).

Andy was one of four therapists who were co-creating hypotheses about Brenda, a 33-year-old white British woman after Brenda's first session with Nilu, her new therapist. Her previous therapist at another place had left without explanation and she wanted to continue to explore her relationship with her manager. Andy mused aloud that Brenda must have been feeling angry, distressed and abandoned, especially since her father had died when she was young.

However there was no indication that she was experiencing emotions related to the 'loss' of her previous therapist. 'When we hypothesise we do not seek to fit clients' stories into prescribed stories or theories' write Lang and McAdam (1995: p. 77).

Because Brenda had clearly connected to Nilu we could instead hypothesise about Brenda's ability to be open to her new therapist.

Because the aim of systemic therapy is to work as briefly and elegantly as possible, hypothesising is not something that we should skip, since it 'guides the therapist's activity, keeping it from becoming random' (Jones 1993: p. 14). Lang and McAdam's (1995) term 'systemic story creation' is a more apt description of the hypothesising process and moves us away from the scientific connotation, although 'systemic story *co*-creation' is perhaps better since this acknowledges the way we always co-construct reality in conversation *with* each client. I will use these terms interchangeably.

Systemic hypothesising helps us to articulate and elucidate our meanings, stories, conjectures and so on in a deliberate way. Exploring a working hypothesis helps us to:

- connect more closely to the client's unique stories;
- work with the client's significant relationships;
- see 'everybody as doing the best they can given all the circumstances';

- become more creative and flexible by entertaining many descriptions;
- become more curious and self–other-reflexive;
- prevent meandering conversations;
- do more effective brief work;
- become alert to the danger of imposing our view of the world onto the client.

This last point is important since 'Society', write Lang and McAdam (1995) 'invests a great deal of power in the healing professions . . . (and) taking time to hypothesise before, during and after every interaction with a client gives the therapist . . . time to consider issues of power' (p. 79).

'When we hypothesise we stick to the details and the focus and frame of what the person is talking about; we stick to their language and the things they raise' says Lang (2003).

Had Brenda been reluctant to talk, referred to her previous therapist, or talked about a loss-related theme, then Andy's hypothesis may have been useful. But because he was attuned to abandonment as an important therapeutic story he 'heard' the story of loss, rather than Brenda's main concerns about her job.

Each client 'is going to be different', says Cecchin (Boscolo et al. 1987: p. 164) and 'every time you make . . . a hypothesis, it should be checked and questioned. Otherwise, you create constructs similar to analytic therapy where you look for oedipal complexes, paranoia and so forth.'

Of course the therapist cannot 'not know' the information about Brenda's previous therapist and her father's death, but because these losses are not her current focus, it would be an imposition to work with a hypothesis that foregrounds loss.

We constantly check our hypotheses by asking questions, and observing the client's responses; as soon as one idea does not fit or resonate for the client we must jettison it. However hypothesising can be challenging. Partly, writes Cecchin (1987: 412), this is because 'The history of the western world is characterized by the pursuit for accurate explanations. With such a history, it is no surprise that we all find it difficult to generate hypotheses, which requires suspending the search for one explanation.'

Andy's hypothesis did not resonate with Brenda's major issues or her language (words or manner).

'The refutation of a hypothesis', says Jones (1993: p. 14) 'is not considered a failure, but is seen as furthering understanding' and helps us to avoid the search for an explanation (or truth statement). Indeed, as Cecchin (1992: p. 90) says, 'The value of a hypothesis is not in its truth but in its ability to create a resonance (a combination of body messages, verbal utterances, ideas and hypotheses) with those involved.'

The issues that did resonate for Brenda concerned her career and her relationship with her manager.

We could begin to hypothesise that concerns about her job and her future were currently those she wanted most to resolve. 'When we hypothesise we look for understandings that help us make sense of the coherence of people's actions' (Lang 2003). When we impose our ideas on them we do a great disservice to our clients.

Brenda told Nilu about the competitive ethos of the organisation she worked for and the therapeutic team were curious about the 'logic' that told her 'you must stick things out even if they are unpleasant.' We may notice that Brenda is developing many abilities in this context: tenacity, negotiation skills and so on.

We 'develop a sense of awe, wonder and respect for the uniqueness of the client and their system' write Lang and McAdam (1995: 77).

We may be curious about how the ethos of the organisation manifests in the relationship between Brenda and her manager. We may also wonder about the personal, identity, family and professional stories that Brenda is connecting with in this context.

If we draw these preliminary ideas as a mind map, the connections can be made visually, which can be a more vivid way to carry ideas with us into the next conversation (see Figure 3).

Where do hypotheses come from?

Hypotheses, say Boscolo et al. (1987: p. 163) draw from four sources:

- data (information about, and from, the client);
- theory – our professional theories;

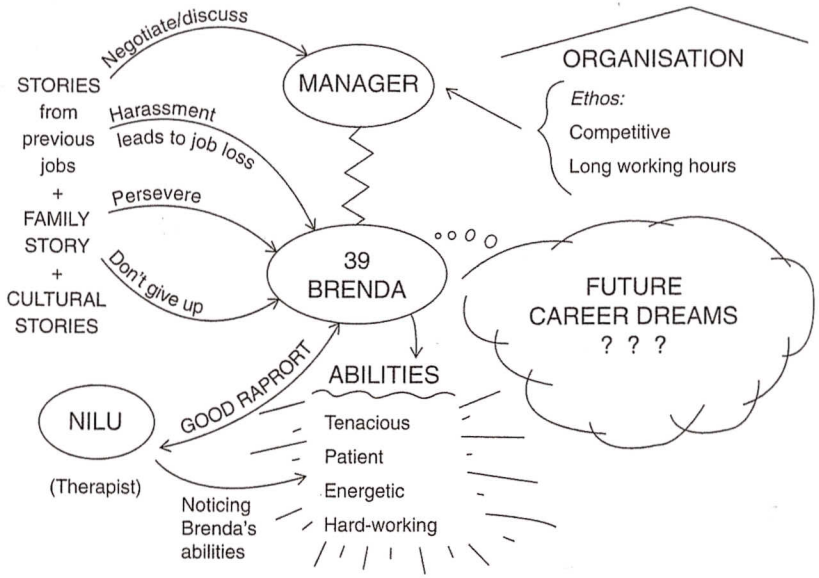

Figure 3 Mindmap: making connections when hypothesising

- our experience of working with many clients;
- personality.

We would now question the use of the concept 'personality' since put in this way it implies a self with attributes that are fixed (Gergen 1991; Pearce 1994). Harré (1980: pp. 4–5) says that 'personality' involves aspects such as our gender, the family we were brought up in, our society, culture, and religion, as well as our bodily experiences of the world and so on. It is more to do with what we *do* and *the way* we express ourselves with others in public performances and the quality of these performances *im*press other people, who express their perceptions in ways that *im*press us, and so on.

It may seem obvious to say that hypotheses must be drawn from the data, the information that the client gives us, but therapists sometimes go into realms of fantasy that bear no relation to anything overt or even implicit about the client. Hypothesising must be *thoroughly grounded* in factual information. And this process 'is a way of giving attention to the unique details of (the client) and connecting with . . . (their) unique coherence' (Lang and McAdam 1995: p. 76). In the hypothesising process we 'create

connections between stories, different events and different emotions . . . we are always building on information' (Cecchin 2002). Observing Cecchin in a workshop demonstrating hypothesising was a joy, as he made connections in an imaginative, respectful yet irreverent manner (Cecchin 2002).

Our professional theories about people will of course profoundly influence the way we talk about them and with them.

As we have seen, Andy's fascination with the idea of loss, a favourite therapeutic story, attuned him to this aspect of Brenda's story.

Cecchin et al. (1992) write irreverently that therapy models are inventions created by people who are 'brilliant masters at creating elegant and useful approaches . . . based upon some prejudice'. In the family therapy field, they say that amongst others Selvini notices 'plots and conspiracies', Carter and McGoldrick: 'family development', Goldner or Michael White: 'oppressive patriarchies', whilst Virginia Satir's prejudice is 'love conquers all'.

In the extract below Cecchin challenges Boscolo's prejudice as they hypothesise about a family:

> Boscolo: I've noticed that frequently the son and daughter from a previous marriage has more the possibility of developing problems . . .
>
> Cecchin: . . . when he makes a statement like that, I try to say something totally opposite. I'm always aware of how easy it is to make a statement like 'every time you have an adopted child, you have these problems. Every time you have a sister who is beautiful, then the other one goes crazy.' You have to be aware of this danger.
>
> Boscolo: . . . There are infinite possibilities for the hypotheses, but some fit better than others, some connect more of the data.
>
> Cecchin: The hypotheses are better when they are made by therapists who are circular and who respond continuously to the feedback . . . (from the client) in the session. (Boscolo et al. 1987: 163)

Boscolo and Cecchin show how we can use a prejudice then discard it when it is not useful, and be able to juxtapose other prejudices to form hybrids.

Curiosity: or not falling in love with our hypotheses

Chapter 5 showed how 'curiosity' and 'self–other-reflexivity' help us to continue looking for different descriptions even when we cannot immediately imagine this possibility. And hypothesising, Cecchin (1987: 411) says,

is 'what we do in order to maintain our fundamental stance of curiosity'. However, when we are very sure of the veracity of a hypothesis or a particular explanation this is extremely dangerous. 'When hypotheses . . . do not help us to maintain a sense of curiosity, we have very likely stumbled upon a hypothesis that we are too willing to believe and accept (as we usually say, we "marry" our own hypotheses)' (Cecchin 1987: 412). When we 'fall in love with', or 'marry', one hypothesis we have lost our curiosity. This is a troubling sign for a systemic therapist!

We must remain constantly vigilant about information that contradicts our favourite hypothesis, so we can avoid 'falling in love' with it. Being curious when we hypothesise before, during and after conversations, means:

- staying alert to our own emotional responses;
- questioning any strong explanations;
- noticing when we take one position to the exclusion of all others.

We cannot help being moved by some clients' stories and being aware of our emotional responses to what the client tells us is vital. Lang and McAdam (1995) write 'Systemic story creation provides a way of managing your own forms of self-consciousness and emotions.' But these 'powerful emotions tend to create a uni-verse rather than a multi-verse', which means that 'you get more easily stuck in the belief that there is only one reality or story' (p. 77). 'The conceptualisation of reality as a multiverse of meanings created in dynamic social exchange and conversation interaction moves us away from concerns about issues of unique truths and into a multiverse that includes a diversity of conflicting versions of the world' say Anderson and Goolishian (1988: 378).

If I were Brenda's therapist I may notice how strongly I want to protect Brenda from her 'nasty' manager. But this may prevent me being curious about other ways of seeing things. Exploring neglected voices (such as her colleagues', friends' or family's) and asking what they would say about her relationship with her manager would expand my hypothesis.

Pearce (1989) writes, 'Whatever language is spoken around us contains in it the plot lines of a thousand tales and semantic connections between some ideas and not others.' And 'I believe that there are literally, an infinite number of stories that fit any set of facts' (p. 71). 'No matter how many stories you already have to explain why human beings are born and die you can always come up with one more' (p. 69). This is perhaps more challenging to do when we work with a client who has been abused or tortured or someone who wants to die. We can be passionate about a particular story, but these are the very times in which other voices can help us develop multiple stories and find different ways to respond. 'The more stories you have before meeting (a client) the greater the number of ways we can make sense of the stories which we are hearing and co-creating' say Lang and McAdam (1995: 96). However, it is not simply a matter of 'the more stories the merrier'; these hypotheses must make a good fit with the *details* of the client and their life, be systemic (not linear) and bring forth the client's abilities. Unfortunately, as Boscolo and Cecchin write, 'we are surprised how easily and naturally we can think of unhelpful hypotheses'. But, 'nobody changes under a negative connotation' (Boscolo 1987: p. 15).

Hypotheses must be circular and appreciative

Cecchin (1987: 412) says that 'When hypotheses stop helping us to construct circular questions . . . we have very likely stumbled upon one that we are too willing to believe and accept . . .'. In order to avoid doing this we:

- seek to understand the 'logic' of the client's (and others') meanings and actions;
- notice the significance of their relationships;
- notice similarities and differences between the client's stories and those of all the important people in their life;
- make connections between their present and past difficulties and their future dreams;
- make connections between their present difficulties, future dreams and their past stories;
- identify the client's (and others') GRRAACCCES: gender, religion, race, age, abilities, culture, class, colour, ethnic and sexual orientation stories;
- bring forth the strengths and competencies of the client and all those important people in their life;
- frame hypotheses in appreciative language.

As may be imagined, this process requires both rigour and creativity. It does not come 'naturally', even for therapists doing specific training in which they work in systemic teams, since it requires a particular kind of openness: the ability to simultaneously make multiple connections and to reject those that do not fit for the client. Continually re-evaluating and revising

our hypotheses in an ongoing process throughout the therapeutic conversation as the client responds to our questions requires tremendous agility. Partly this is because we inevitably have only a limited number of personal and professional discourses on which to draw.

The Milan team develop hypothesising

The Milan team used the term 'hypothesising' as one of their three interrelated guidelines (hypothesising, circularity and neutrality). 'If "neutrality" was the basic stance and "circular questioning" the tool, "hypothesising" offered a rough scaffolding on which to hang the masses of information' (Hoffman 1981: p. 294). Hypothesising is meant to be 'a starting point for the investigation', not a statement of truth (Selvini et al. 1980: p. 4). Cecchin (in Boscolo et al. 1987: p. 163) says 'if we believe there is only one right hypothesis we go crazy trying to find it. The main thing is to experience how stuck the family is. So first we brainstorm . . . It is too easy to move to solutions if you don't have the experience of being stuck.'

The four therapists always worked in a team (usually a male and a female therapist in the room with the family and two others behind a one-way screen). This helped to prevent the therapist from getting caught up in one set of responses. Before meeting the family they would start with a number of 'linear' (causal) explanations based on whatever information was available about them, then create a provisional hypothesis, neither true nor false, but more or less useful. The therapist would then explore each idea, discard it and develop other ones as they learned more information about the family, their relationships, the evolution of their concerns and desires and so on, building up multiple explanations, systemic descriptions to 'track relational patterns' (Selvini et al. 1980). When one systemic hypothesis did not resonate or produce 'news of difference' (Bateson 1972) and therefore change, they would co-create another one, and so on until things had changed and therapy was no longer needed.

This continuous process of trial and error through asking questions helped the therapist to join the family and include all the relevant extended relationships and contexts. They aimed to produce an overarching systemic hypothesis. However, 'We could . . . work for half an hour to develop a beautiful hypothesis which included all the elements in the system . . . and then discard it in a few minutes if it revealed itself to be useless' writes Cecchin (1992: p. 90).

The five-part session, which they created, helps systemic therapists to avoid falling in love with one hypothesis, by involving others in the process

of exploring hunches, observations, connections and hypotheses before, during and after each session (see Appendix 1 to this volume). 'Live supervision' (when the supervisor is behind a one-way screen or even in the same room) is a powerful way to help trainee therapists develop hypotheses during the session. Indeed Cecchin (2002) said that he always works with a colleague or a team. However, there are many ways that a therapist working alone with an individual can adapt this model by using systemic principles.

Developing hypothesising skills

Systemic hypothesising is much easier to learn with other systemic thinkers. It is akin to brainstorming: other voices making connections and contributing with ideas that generate more imaginative hypotheses. 'You need to confront your own linear thinking' Cecchin says (in Boscolo et al. 1987) 'with the linear thinking of someone else . . . (as each) tries to add something that *appears* totally unconnected, although it is of course connected in some way' (p. 165).

I was demonstrating systemic interviewing with a group of therapists who were not familiar with these ideas but I had neglected to describe the purpose and process of hypothesising. Dawn volunteered to be interviewed, and role-played a 39-year-old female client. She said (in role) that she had come to therapy because her boyfriend had recently ended their relationship. She had had several broken relationships and called this 'a pattern'. I drew a genogram/family tree with her help and noticed that she was the only unmarried sibling, and was closest to her mother and began to develop one hypothesis that perhaps she was keeping herself free (for the time being) for this stronger relationship. One of the things I was curious about was whether she chose men who were not 'free' themselves, or did not want a long-term relationship. However, I had not 'married' my hypothesis, so I turned to the group for help.

Being used to working with systemic colleagues I expected a joyous brainstorming of ideas that connected with and extended my developing hypothesis. I hoped that they would have noticed her language, my responses and what we were co-creating together through our verbal and non-verbal communication. I expected them to build on these observations in a respectful, yet playful and creative way, developing multivariously rich, sometimes contradictory, stories. Suddenly someone said 'But, it's obvious; she's upset because her relationship has ended.'

At the time I was silenced by the general consensus that this was the end of the story. In retrospect I realise that I could have used the opportunity to explain hypothesising and taken this idea as a starting point. I could have said 'Now let's create some stories (hypotheses) about how she decided to come to talk now.' 'What do you think most upset her about the relationship ending?' 'Who else was upset that the relationship had ended? Or conversely, 'Who do you think might be pleased or even relieved that the relationship had ended?' In this way we could have begun to make systemic connections with significant others in her life, identified our prejudices and begun to question them.

Hypothesising when working alone

Unaccompanied therapists can adapt the five-stage model when they work with an individual by using reported supervision before and between each conversation. It is useful to make an audiotape or videotape of the conversation to review afterwards and/or with a supervisor or colleague.

Between sessions we can:

- do a 'mindmap' immediately after the session;
- write verbatim notes of the session, articulate and reflect on our hypotheses;
- ask colleagues what hypotheses they think we have been using;
- attend workshops about difference;
- read widely, literature and biographies as well as theory/practice texts;
- have conversations with people from a different culture, class, gender or religious background and so on to our own;
- watch other systemic therapists at work;
- see films, theatre plays and television plays and documentaries about people who live different lives from our own.

During the conversations we can explore our hypotheses by:

- asking circular (relationship) questions to bring in other voices from the client's life;
- asking the client what ideas and theories *they* think we are using;
- oscillating between observer and therapy positions during the session;
- taking a short break away from the client to talk with an imaginary other;
- deliberately turning a story on its head to create an opposite hypothesis.

In order to question my 'favourite story' that Dawn's 'disastrous' choice of partners is related in some way to the idea that she is showing loyalty to her relationship with her mother, I can ask 'Whom did you first tell when Tim told you the relationship was over?' If she says 'I rang my mum right away' this would verify one aspect of the hypothesis. But I would not accept this as 'proven', and would continue to explore this idea by asking further circular questions such as 'How did she respond?' Then (depending on her answer) 'What did you say/do then?' and so on and on to build up a picture of these feedback loops. I could also ask her what ideas she thinks are guiding my questions and responses.

We can turn a story on its head. It is 'better to have two competing hypotheses, then you can see if they confirm each other' (Cecchin in Boscolo et al. 1987: p. 166).

I might hypothesise that Dawn had not told anybody about the split because she was protecting somebody from her sadness. Or on the other hand she could be protecting herself, from possible derogatory remarks about her ex and the unsuitability of the relationship. Or maybe this is how she typically responds, or maybe she is trying something different. I could ask 'What made you decide to keep it to yourself?' If she says 'Because I didn't want to upset anybody', I could ask 'If you were able to tell somebody, who would it be?' She may answer that she would like to tell both her parents but did not want to bother them 'because they were already upset about my sister'. This gives us valuable information about the family. I might hypothesise that she had decided to be the 'good daughter'.

As the client responds to the questions we ask they will inevitably give us new information that modifies, extends or disproves our hypothesis. In this way we will form a second, third and even fourth hypothesis, until enough change has taken place for therapy not to be necessary.

Perhaps, taking a different tack altogether, I might notice that Dawn is 39 and wonder if she (or others in her family or peer-group) believes that time is running out for her to have children. I may be curious about whether there is a connection between her distress at the ending of the relationship and stories about procreation. Parents can wish for a grandchild. This is seen as sign of 'success' in many cultures (including our own). A woman may refer to her 'body clock' whilst a man has much longer to decide whether to have children. There may be a class story that links with family and professional stories and children and her age.

We could wonder if her career was her passport out of the prescribed future of becoming a wife and mother. Maybe Dawn had been struggling with a dilemma about whether to do further professional training or have a child?

In this way we constantly extend our range of ideas and stories, become more creative and curious, making *systemic* connections. And this enables us to avoid reaching for favourite explanations (as Boscolo did above), automatically noticing a 'familiar pattern', or becoming very sure that we know what is going on. 'The more stories you have before meeting (a client) the greater the number of ways we can make sense of the stories which we are hearing and co-creating' say Lang and McAdam (1995: 96).

Hypothesising from the outset

We make connections the moment we hear about a client. If we are able to speak to a person when they make an appointment, their tone of voice and accent, as well as what they say, will connect us to various stories and ideas that may or may not be 'accurate'.

The phone rings, a young woman with a hesitant voice asks 'Can I, er, I'd like to, er, can I, er, can I talk to somebody?' Everything about her words and tone makes me think she is unused to this context. But this may not be the case.

When we meet the client we will develop ideas based on their gender, physical appearance, colour, clothes, hair, demeanour, gestures and so on even before we hear their words. When they speak their voice, accent, tone and pace will give us further information.

A tall black woman in her late 20s strides into a therapy centre reception and says 'I've come to arrange counselling.' The word 'arrange' and the way she says it make me wonder if she has done this before.

A white man in his mid 30s comes to meet me for the first time. I notice his hesitant smile, his slight build, casual clothes, earring, closely shaven head, unshaven face (some call this 'designer stubble'). Maybe he is in some branch of the creative arts? The way he perches on the edge of the chair makes me think he is a bit nervous.

We create stories about a person based on even small amounts of information. Pearce (1989: p. 69) writes, 'None of us is thrown completely on our own resources to make the world coherent.' Experience of previous clients, professional stories from colleagues or stories from our own personal experiences, stories told in our community or culture, stories from literature, cinema and the theatre also create our hypotheses. In some contexts we will know something about a client before we meet them.

I receive a referral letter from a GP who writes 'Ms Sunita Patel is suffering from depression.' I immediately wonder if she could be sleeping a lot, or not sleeping very much or if she is neglecting her physical needs. She could have financial problems that are making her 'depressed': she may be unemployed, having a struggle to keep her job. Maybe Sunita is taking 'time out' to contemplate her next step in life? Any number of things may have affected the referral to me.

The contexts in which we work are extremely important. I wonder what brought her to the surgery and what she communicated to the doctor so that he came to refer her to me. I may know that this particular GP uses the term 'depression' very loosely. Maybe Sunita has enlisted the GP (a respected authority figure) to witness her distress about something important?

Sunita is 18 and my ideas about the needs, expectations and tasks of an 18-year-old woman living in Britain will affect how I respond. Her Asian name makes me wonder whether her parents came from another culture whilst she was brought up in Britain. Does she have dilemmas about identity? I am reminded of recent news stories about arranged and enforced marriages. If Sunita says that indeed her parents have begun to choose a husband for her, I may leap to the cliché that she wants to marry for love, rather than accept her parents' wishes to have a hand in choosing her husband.

Before I even meet Sunita I will have many hypotheses to work with based on very little information: some may fit, others may immediately become irrelevant. In practice we 'usually begin with a linear causal statement about one or two people' Boscolo et al. (1987: p. 170) write. Exploring one or two ideas gives direction and focus to the work. As we have seen, just by focusing on the description 'depressed', Sunita's age and her name we still have a rich vein of stories to explore.

In order to create some useful hypotheses I could ask Sunita:

- What did she say/do to the GP so that he described her as 'depressed' (and referred her for talking therapy)?
- To whom does she 'show' 'depression'?
- When (in which contexts) does she feel sad/low/miserable?
- What does she *do* that makes people describe her as 'depressed'?
- For how long has she acted in these ways?
- Who has noticed?
- What are other people's hopes, wishes and dreams for her future?
- What sense does she make of her own behaviour, thoughts and feelings?
- What stories are being told about her in the family, with her friends, in her community?
- What are Sunita's own hopes, dreams and wishes for the future?

Our systemic stories may initially be rather simple, then rather like a jazz player improvising on a riff, we can develop the themes until they become more complex systemic stories.

Jake was a young homeless man living in a night shelter who talked about the guilt that he felt towards his mother about 'running away' from Scotland. I began to hypothesise on the theme of running away; was that something young men in his family/community did? Or was he unusual? I wondered about guilt and his relationship with his mother. We explored the meaning of running away and I learned about his difficult relationship with his father.

I turned this idea upside down, wondering aloud what was he running towards? He became animated and talked about opportunities 'down South' that he had always dreamed of.

Rather than using an either-or, I worked with a both-and perspective.

Using the running away/running towards themes connected us with frustrations and dilemmas experienced by men such as his father who lived in a small fishing community. Jake began to describe himself as both an adventurer and a loyal son. This was a pivotal moment for both of us in the work.

Systemic hypothesising with an individual

Before the first session the therapist

- has a conversation with a supervisor or colleague if possible;
- notices their own reactions to any information about the client;
- considers who may be included in the 'system in focus';
- develops ideas, stories and a provisional systemic hypothesis;
- prepares circular questions to check out their hypotheses.

During the conversation the therapist

- tapes the session so that they can review the details of the conversation;
- follows an idea or hypothesis by asking circular questions;
- explores communications between people in the client's life;
- follows the client's grammar and language;
- notices the effect of their own stories on the conversation;
- abandons an idea/hypothesis as soon as it does not fit for the client;
- explores a new idea and story to create a new hypothesis;
- turns their hypothesis upside down or finds an opposite hypothesis;
- asks the client what they think of the therapist's ideas;
- notices when strong emotions make them 'fall in love' with their hypothesis;
- notices if there is a strong story that obliterates all others;
- constantly reflects on the effect of their language (gestures, attitudes, expressions) on the client;
- asks the client at the end of the conversation if they have developed any new ideas or new connections.

Other ways to develop new hypotheses during the session

- Take a short break away from the client to connect to new ideas.
- 'Ask Teddy' – imagine an unusual but wise onlooker who offers a new or even a naïve perspective.

Immediately after each session the therapist

- makes brief notes (and/or draws a mindmap);
- writes verbatim notes;
- reviews which of their hypotheses are now redundant;
- creates new hypotheses for the following session;
- reflects on the effect of their ideas and feelings on the client;
- reviews questions/responses that have been most/least useful;
- considers what they are still puzzled about;
- celebrates their work.

Between sessions the therapist

- reviews their work by listening to the audiotape or viewing a videotape;
- writes verbatim notes of a section of the conversation;
- explores their hypotheses in supervision and/or with colleagues;
- reflects on the way their ideas and hypotheses have shaped the conversation;
- reflects on how their attitude/behaviour shaped the conversation;
- reflects on how the client responded to their ideas and questions.

In developing hypotheses or systemic stories the therapist

- is always curious (not certain);
- sees the client as the expert in their life;
- works with the connections and communications between the client and the important others in their life (not an individual in isolation);
- tries to make sense of everyone's actions;
- is appreciative of the position of everybody involved;
- sees that everyone is doing their best given all the circumstances;
- uses the verb 'to show' (not the verb 'to be');
- makes connections between present difficulties, future dreams and past stories;
- closely follows the client's language;
- works creatively with the client's language;
- is open to multiple (even contradictory) ways of describing things;
- notices how their language and their hypotheses affect the client;
- discards favourite ideas as soon as they do not 'fit' or resonate for the client;
- asks questions to explore their hypothesis/systemic story;
- is alert to relevant political, societal and gender stories;
- is alert to relevant race, culture, ethnic and colour stories;
- is alert to relevant religious and ethical stories;
- is alert to relevant family and personal identity stories;
- is alert to stories related to age, size and so on;
- is alert to their own relevant professional stories;
- has conversations with colleagues from different cultural, race, colour, gender and class backgrounds;
- reads widely, sees films, plays and so on about people who are very different from ourselves.

A systemic hypothesis

- is based on *what the client tells us* (verbally and non-verbally) about themselves and others;
- includes the voices of important others in their life (as well as any referrers);
- makes connections between important people in the client's life;
- positively connotes all their important relationships;
- positively connotes the 'symptoms' for example, if a person is making themselves sick, how is this sometimes useful?;
- makes connections between events in the client's life;
- works with past, present and future;
- has *at least* two opposing ideas;
- involves multiple descriptions;
- includes the concept of time;
- takes into account what is being co-created between therapist and client;
- is seen simply as a temporary explanation/description;
- avoids linear, causal and individualistic explanations.