Tracking Emotional Process in Relationship Interactions Using Sequences

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This paper will explore the clinical application of tracking sequences in family therapy with a particular focus on Bowen family systems theory. It considers how sequences can be used to track the emotional process occurring in relationship interactions, and the similarities and differences of a Bowen theory-informed approach compared with dialectical behaviour therapy and both classic and contemporary family therapy models. Case examples are utilised from the author's clinical practice to raise ideas about the therapist joining the client as a co-researcher in this exercise and facilitating a process that helps assist the client develop their own self-awareness and problem-solving resources in the context of their relationships.

Keywords: sequences, relationships, interactions, patterns, emotional process, family therapy, Bowen family systems theory, observation, self-awareness, anxiety, system

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Key Points

1 Sequences are used as a therapeutic tool for tracking relationship problems or interactions in a wide range of classic and contemporary family therapy approaches.

2 Most approaches to using sequences aim to replace a problem sequence with an optimal sequence, with the therapist's role to offer alternatives for the latter.

3 A systems approach to using sequences can offer a way to help clients observe themselves and the emotional process that occurs in complex relationship interactions.

4 The use of sequences from a Bowen Family Systems Theory informed approach is underpinned by the idea that when clients are calm enough and able to think, they can discover their own resources to identify and manage emerging problems.

5 The therapist works collaboratively with the client as a co-researcher in a process where exploring sequences together offers the opportunity to observe patterns in their relationship interactions. The client then uses these observations as a basis to increasingly take responsibility for self in their relationship system and make adjustments they may deem necessary to interrupt these cycles.

> The view from the top of the stadium makes it possible to see broad patterns of movement and team functioning that are obscured by the close-up view. It is easier to see the team as a unit from this perspective. This is no way detracts from the value of the individual orientation. In fact, the distant view enhances the close-up view.
>
> (Bowen, 1978, p. 25)

Sequences have been described in the past as the 'common denominator' in family therapy models (Breunlin & Schwartz, 1986, p. 67). Accompanying the emergence of systemic and strategic therapies in the mid-1980s, tracking sequences of interactions between family members featured as part of either the assessment or intervention in a

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wide range of family therapy approaches (Haley, 1976; Hoffman, 1981; MacKinnon, 1983; Breunlin & Schwartz, 1986, MacKinnon & James, 1987). Gathering information from sequences as a way of understanding the patterns that occur in family systems still features strongly in family therapy approaches, including the post-Milan approach (Wallis & Rhodes, 2011), Karl Tomm and associates' IPscope (2014), and integrative systemic therapy (IST) (2018), among others.

Part of the durability of using sequences appears to be that focusing on interpersonal patterns helps simplify overwhelming complexity (Tomm, St George, Wulff, & Strong, 2014). As Hoffman (1981) put it, 'How is one to know which patterns to look for, let along identify, when one is in the presence of a strange family, peering into the gloom of its manifold transactions?' (p. 50). As an anxious, emerging family therapist I remember the relief of learning to use sequences in my post-Milan training for this very reason.

Studying Bowen family systems theory and thinking about its clinical application has enriched my own use of sequences in the past few years. I now reflect on how, starting out as a therapist, I found sequences to be a useful assessment tool to bind my own anxiety when starting work with new families. This was followed by some years of using sequences as a way of gathering information to confirm or challenge a hypothesis I may have had about a family system. More recently, I have been compelled to think that regular use of sequences is an important way of helping clients take a 'top of the stadium view' (Bowen, 1978). What I have observed in my own practice is that from this vantage point, most clients are more easily assisted to make their own assessments about the presenting problem, their role in the recurring pattern of interaction around the problem, and come up with ideas about what they could do differently.

In part, this article is an effort to contribute some thinking in what appears to be an absence in resources about using sequences in contemporary family therapy practice. In addition, it aims to describe a fresh approach to using this classic intervention. Rather than working from a deficit model where the therapist's effort is to replace a problem sequence with an optimal sequence, a Bowen theory-informed approach promotes the strengths of the clients in facilitating their self-awareness in the relationship system and promoting their own resources for problem-solving. Part of this approach is helping to facilitate a process of self-observation in relationship interactions, with a focus on each person managing self in this context rather than emotional or other efforts going into trying to change the other person or people they are in relationship with.

The first part of the article introduces sequences and considers how tracking relationship interactions with sequences fits with a Bowen theory-informed approach. The second section considers the use of sequences in psychotherapy using dialectical behaviour therapy (DBT) as an example, and both classic and contemporary family therapy approaches examining the similarities and differences of a Bowen theory-informed approach, particularly in the role of the therapist. The final section uses a clinical case study to illustrate using sequences to track emotional process and raises some thoughts about what this opens up for the client.

Part I: Moving Toward an Observer Position Using Sequences

What is a sequence?

Pinsof et al. (2018) describe problem sequences as defining patterns in the system by locating the problem in 'time and space and describing what is happening before,

during and after the problem occurs' (p. 644). The idea that families are patterned is not new, and is described by different models as feedback loops, homeostatic cycle, recursiveness, problem-maintaining behaviour, sequences, system of interaction, and morphostatic and morphogenic processes (Breunlin and Schwartz, 1986, p. 67). The cyclical nature of a sequence is an important feature – families repeat time and again the same interaction patterns. Thus, a sequence is tracked in such a way as to exhaust the completion of a 'round' of interaction. Wallis and Rhodes (2011) suggest this means from one period of calm to the next period of calm with the premise being that the same pattern could then repeat itself again from that moment.

In their early work, Breunlin and Schwartz (1986) identify four time periods in which sequences occur: an S1 sequence occurs between seconds to hours; an S2 sequence covers the daily routine of a family (usually 24 hours); an S3 sequence is weeks to a year; and an S4 sequence spans at least one generation. Most commonly, the interactions tracked with sequences by different family therapy models drew on interactions that occurred in the S1 or S2 class which featured face-to-face interactions of family members in a short period of time. Breunlin and Schwartz (1986) suggest that an S1 sequence is essentially a micro-articulation of the family system's patterns, and that these sequences usually result in one or more members disengaging 'thus completing one round of the S1 sequence'.

Who, what, where, when, how … but not why? Bowen's emphasis

Behaviour that forms a repetitive sequence and includes the presenting problem is of primary interest to models that track interactions between people (MacKinnon, 1983; Wallis & Rhodes, 2011). However, it can be a challenge to separate observable facts from what Bowen (1978, p. 416) describes as a preoccupation by people with 'why' things happen . 'People think about, think about, think about … People have endless ways to explain their existence. If you want to understand human behaviour, watch what they do, not what they say' (Bowen, 1972, in Bowen, 2020, p. 306).

Part of Bowen's reasoning was that while emotional responses (e.g., physiological relationship reactions) are mostly unseen, their effect can be observed by how people are moved to respond and by what they do. This is based on his belief that anxiety/tension[1] is a key driver in relationships that elicits sensitive emotional responses to others in a way that is automatic and reflexive, a trait shared with other creatures. There is, according to Bowen, significantly more happening in the emotional process between people in a relationship system that is best understood by observing what people do. In describing this in application to working with a couple, Bowen (1978, p. 228) says:

> Special attention goes to defining the details of a system of minor-appearing stimuli that trigger intense emotional responses in the other spouse. Both the stimulus and the response operate more out of awareness than in awareness. There are hundreds and perhaps thousands of these stimuli in any intense emotional interdependence … The goal is to define the stimulus–response system in a step-by-step sequence to help spouses regain some control over it.

A Bowen theory approach attempts to define the functional facts of relationships. It focuses on what happened, how it happened, and when and where it happened, insofar as these observations are based on fact (Bowen, 1978). Figure 1 is an illustration of this approach. It is important to note that Bowen himself did not use the

Where did it take place?

What started the interaction?

What were the beginning behaviours (what was said and actioned)?

What was the emotional tone?

> For you? (e.g. anxious, angry, defensive, agitated, distressed, withdrawn, helpless, calm & thoughtful, confident)

> For the other person? (e.g. anxious, angry, defensive, agitated, distressed, withdrawn, helpless, calm & thoughtful, confident)

How stirred up were your emotions? Did you experience any of the signs of stress? (e.g. racing heart rate, tensed up, shallow breathing, shouting or crying, unable to think, shutting off, withdrawing)

What were you thinking?

Who was there?

Who wasn't there?

Where were other family members? How did other family members respond?

What was the next response?

*What happened next? How was that responded to? Then what?

> (*repeat until incident has run out of steam or finishes)

How did things finish up?

What was the leftover tone for each person? What thoughts were you left with?

How common is this kind of interaction?

> (adapted from Brown, 2018, *Parent Hope Project*)

FIGURE 1

Tracking a sequence – example questions.

term 'sequences'; rather he described using questions that track emotional process. Bowen's careful avoidance of the '[human's] automatic preoccupation with *why* it happened' was considered by Bowen as one of the main differences between conventional and systems theory (Bowen, 1978, p. 261).

Promoting the client as observer using sequences

In his own research, Bowen noticed that the parents who made the most progress in therapy were those who were able to make a project out of themselves rather than their children (Bowen, 1978, p. 96). 'Any effort toward assuming responsibility for one's own distress, toward containing one's own needs a little better, toward blaming the other less, or toward controlling one's own emotional responsiveness to the other is a step toward reduction in [relationship] tension' (Bowen, 1978, p. 234).

Sequences offer the opportunity for clients to do this in a way that is curious, non-blaming, and, because it is based on functional facts, promotes objectivity in their thinking about the problem as they piece together their emotional responses, behaviour, and the effect each person in the interaction has on each other. As Dan Papero (2014) describes:

> You begin to move toward an observer position in it, to try and understand how it works better. Watching the process as it goes on, watching this chain reaction, this ping

> pong ball effect that's going on . . . And once you get some idea of what your part in it is, you take all the energy that you have been dumping in to trying to get that other one to change . . . [and start] putting some of that energy that is getting bled out onto that other person, into your own life . . .

In this way, a person is able to see the way they are part of the system, and the role each person plays in enhancing or undermining each other's emotional functioning (Kerr & Bowen, 1988).

The 'change back' effect

Part of seeing the family unit as a system is anticipating that one person making an adjustment to how they do things is going to affect the whole system. Hoffman (1976) emphasises that, ethically, an important part of the therapist's role includes helping families anticipate what will happen if a repetitive cycle of interaction is broken and the consequences of altering patterns.

I was reminded of this recently when a parent described to me the uncomfortable effect on her, when, after observing her tendency to 'hover' over her daughter, she had made efforts to change what she was doing at home:

> I feel a bit empty. Like I don't know what to do with myself. There's been really big changes, really good changes, but I'm not sure how I am. I don't know what to do with the time I have. I used to hover you see, I would stay downstairs in case she needed me, and just hover and check in with her all the time. But the other night I just took myself off to have a shower and didn't tell anyone, and they were all fine, and I didn't really know what to do. I realised I am nervous about what it means to focus on myself if she doesn't need me in the same ways.
>
> (Client, personal communication, 28 February 2020)

Another aspect of predictability in the system is that efforts by one person to change would inevitably incur 'change back' pressure from other members of the family (Bowen, 1978, p. 216). Part of the ongoing work with sequences is to track these processes with clients and how they are managing the emotional 'pull' to revert back to previous patterns of interaction.

In the next section I share some thinking about the similarities and differences of a Bowen theory-informed approach to using sequences compared with other models that use sequences and pay particular attention to how the therapist is positioned relative to the theoretical approach.

Part II: Who is the Sequence Information For? Distinctives in Approaches

As we think about how the information gathered in sequences is used in family therapy, a different common denominator emerges between models. The primary way sequences are used is in assessment information as a source of interactional data for the therapist (Breunlin & Schwartz, 1986). The therapist gathers information that either confirms or challenges their hypotheses and subsequently guides their next therapeutic intervention. Most often this involves a problem sequence being replaced with an optimal sequence. And the theme that emerges as we consider how different models use sequences becomes a question about how the therapist perceives their role with the client.

Solution sequences in contemporary models

While not a family therapy model, DBT helpfully illustrates the use of a solution sequence in replacing a problem sequence. At its core, DBT is a behavioural therapy that emphasises a skills deficit approach to assessment and problem-solving (Linehan, 1993). The development and maintenance of problematic behaviour are thought to result from a lack of capabilities in various areas. In order to effectively solve problems, the therapist, and hopefully also the clients, must first understand the factors that contribute to the occurrence of the behaviour.

But this is only 'half the battle' (Rizvi & Ritschel, 2014). The other half is a solution analysis, as DBT 'presumes that changes in target behaviours result primarily from the implementation of new, effective strategies' (Heard & Swales, 2015, p. 83). The therapist's role in the solution analysis is to teach the client new skills or behaviours (from the various DBT modules) that serve to either (a) replace the behaviour or (b) disrupt the typical sequence of events early enough such that the behaviour is unlikely to recur (Rizvi & Ritschel, 2014, p. 335).

The idea that a problem sequence needs to be replaced by a solution sequence is not unique to DBT. In the field of family therapy, this same idea is a feature of Pinsof et al.'s (2018) IST, which fosters change through a focus on changing sequences. They describe the IST approach as a 'metatheoretical perspective for family therapy' (p. 644) which focuses on the context in which a presenting problem is embedded. It establishes an initial, partial understanding of that context by defining the sequence/s of interaction in which the problem is embedded. It attempts to solve problems, drawing on a range of therapeutic techniques, by introducing a solution sequence that replaces part or all of the problem sequence.

Another contemporary family therapy model that poses a solution sequence is Karl Tomm and associates' (2014) IPscope, where pathologising interpersonal patterns (PIPs) are tracked and then alternative interactions in the form of wellbeing interpersonal patterns (WIPs) or healthy interpersonal patterns (HIPs) (amongst others) are promoted to experiment with. It is the 'therapist-as-participant-observer' who determines the positive or negative valence of the pattern and creates and names the pattern of coupled interactions that mutually reinforces the problem, for the 'pragmatic purpose of orienting the process of therapy' (Tomm et al., 2014, p. 33). It is worth noting that a key difference between IST and the IPscope compared to DBT is their belief that part of the therapist's role is to search out a family's own healing behaviours and draw out their positive initiatives as part of the change process.

Classic family therapy use of sequences

Classically, sequences have functioned as a source of data about family interactions for structural, strategic, and post-Milan models. For Minuchin (structural) and Haley (strategic), observing interactional sequences provided a way to map out the family hierarchy. Minuchin (1974) saw the therapist's role as breaking the symptomatic cycle in orderto throw the system into disequilibrium and change it dramatically enough that the original sequence could not reoccur (in Hoffman, 1981). Similarly, Haley (1977) perceived the therapist's role as intervening in the sequence so that it could not continue in the same pattern that had been playing out by changing the hierarchy of the family. Lyn Hoffman (1981) observed the challenge of breaking rigid cycles in families, and apart from direct advice or structural moves, proposed interventions that

required prescription of the symptom and a ritual as an alternative. A unifying ingredient in the structural and strategic approaches is the therapist's role in being pragmatic in their description and prescription of the problem and change in the sequence pattern.

While sequences offer the post-Milan therapist information about the interactions that occur around the problem, the therapist is less likely to try and interrupt the cycle explicitly. In the post-Milan model, information is the most significant aspect of the inter-relational process. While the sequence explores behaviour, the intentions behind behaviour and the meaning construed in actions and responses are a central focus (Wallis & Rhodes, 2011). The post-Milan therapist invites family members into a conversation using circular questioning to explore their concerns; the carefully crafted questions aim to explore the relational effect of the problem and draw out the multiple explanations and stories from a family rather than determining one definitive explanation (Evans & Whitcomb, 2016). In this conversation the therapist searches for differences in behaviours, relationships, and events over time and differences between family members in individual characteristics or around particular issues. It is through the release of new information in the system that family members adjust their thinking and role in the interactional patterns. The family is said to find its own solution, as each person partially adapts to the news of difference (MacKinnon, 1983; MacKinnon & James, 1987). The therapist's task is to introduce new information into the system through the interview process and an opinion delivered or ritual prescribed at session's end.

Therapist and client as joint researchers

In the examples above, the information gathered from the interactional sequence essentially serves the purposes of the therapist. While most family therapy models would agree there are pre-existing competencies within the family system to be drawn on, the therapist is frequently positioned in such a way as to be the key person using the sequence information to draw the threads together – to create an alternative solution sequence or offer a summary that highlights particular features of the sequence which they deem worth amplifying.

A Bowen theory-informed approach offers an alternative to this, where the sequence information is equally for the client and therapist to research the problem collaboratively. Here, the therapist's role is to join with the client as a joint researcher in observing the problem sequence. In doing this they facilitate a space for clients to increase their self-awareness about their role in the interaction and bring their own thinking about how to problem-solve. The therapist is essentially a 'clinical investigator' where the focus is always on questions, and as the list of curiosities and questions grows, the therapist leaves the impression that 'if these questions are to be answered, someone in the family will have to become a better observer' (Bowen, 1978, p. 225).

This is not an entirely comfortable process for the client, or the therapist, whose effort is often one of restraint in managing their own urge to intervene and offer solutions or ideas. In one session, a parent explicitly told me how cross she was with me for not solving a given incident for her, which made me feel very anxious about the restraint on my part in resisting problem-solving the situation. Four weeks later she returned and said she had realised she could make the effort to resolve the issue herself, which she did. Further, she observed that there was a parallel process with what had occurred in our sessions to what was happening with her daughter, and her own

efforts were increasingly in restraint on her own part in her pattern of rapidly inter-vening when her daughter expressed feeling anxious.

The final section of this article will use a case to illustrate the use of sequences from a Bowen perspective in practice – where my efforts are to join with my client as a joint researcher and work to raise her own thinking and problem-solving in the process.

Part III: Case Example – 'I Think I've Seen this Film Before … and I Didn't Like the Ending' (Taylor Swift, 2020)
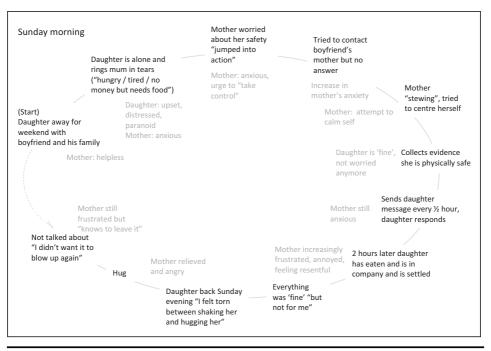
In this section I aim to illustrate the application of tracking sequences from a Bowen-informed approach using an example from my own clinical practice. The case demon-strates the way regular use of sequences in sessions can help clients observe themselves in the unfolding emotional process in their relationship interactions. When the mother in this case was able to do this, she was able to predict the chain reaction in other interactions and act to interrupt the cycle based on her own observations and decisions to do things differently.

The case involved a parent who had spent many years in not only mental health services for her daughter (17), but also hospitals for the treatment of her daughter's chronic health condition. The mother defined the problem as feeling anxious about wanting to maintain a relationship with her daughter, but not knowing how to sup-port her when her own efforts continued to be rejected. I introduced sequences as the way we were going to explore this issue by unpacking a recent example of when this had occurred.

While a sequence can be tracked verbally, I like to use a whiteboard as it aestheti-cally supports the approach that the client and I are researching this problem collabo-ratively. I also find that visual tracking provides a structure to the session, which keeps the sequence on track. In addition, having a visual image serves as a reminder that all events are connected and do not happen at random (Rizvi & Ritschel, 2014).

A large proportion of the sequence is tracked by asking repetitive questions – *What happened next? How was that responded to? What did you do next? Then what happened?* – to continue to gather facts of what happened. At first, the repetition of such questions can appear awkward, but it is surprising how quickly the client comes to anticipate the next familiar question and is ready with their response, and a rhythm is created in the process.

After eliciting the facts of the interaction, which ends once the sequence is exhausted, we then go back over it and map the 'emotional tone' (Brown, 2018, p. 9) of the sequence in a different colour (shown in light grey in Figure 2). This can be done throughout the sequence, but because of the rhythm of the questions above I prefer to do this separately. Questions about the emotional tone include asking about what the client observed about their experience at different moments and how they were affected by different responses, including questions about what made them aware of this emotion or how they experienced it physiologically. Questions are also explored about what they noticed about the emotional tone of others in the interac-tion, not as a mind-reading exercise, but to bring into awareness Bowen's idea that there are 'hundreds and thousands of emotional stimuli' being responded to all the time (Bowen, 1978, p. 228).

FIGURE 2

This figure illustrates the sequence the client and I tracked in the first session around an incident that occurred when the daughter was away and became distressed, and the mother struggled to work out how to help her from afar. The sequence begins by tracking where and when it began, and then often going back a step or two before for information about the context of the interaction.

At the end of the sequence, I ask the question, *'How similar or different is this to other times this issue comes up?'* The answer is almost always 'This is what it is like all the time.' This is an important step in raising the client's awareness about the patterned nature of the problem. Part of the effort of the therapist at this point is to refrain from being pulled into problem-solving the content of the sequence, and instead to remain focused on the emotional process of the interaction.

The post-sequence research effort

The data on the whiteboard offer an opportunity to step back (metaphorically and literally) with the client and observe how the relational interaction plays out around the problem. It affords the space for observation, and it is the therapist's job to facilitate the client's own observation and curiosity about what they see. *'What do you notice?'* I ask as I sit in a chair next to the client looking at the whiteboard with them. *'What stands out to you when you look at this?'*

The mother in this case observes a few things very quickly – 'She's fine all the way back there, but I'm not fine at all!' What she notices is that for all her energy trying to solve the problem for her daughter, the daughter recovers from her distress fairly quickly, but the mother carries strong emotions about the incident right through until, and even after, her daughter gets home. And it annoys her – 'Why am I the one left reeling from this when she just gets to carry on like nothing happened?'

This mother also observes how quickly she jumps in to try and help her daughter and recognises this as a way of trying to manage her own anxiety about the situation, alluding to a long history of doing the same.

I am struck that the more I do this work,most of the time the observations clients make are precisely the same as my own. They might not be described using the theoretical sophistication I can offer from my therapeutic training, but does it matter? This mother would not describe herself as, with a Bowen lens on this, 'overfunctioning' for her daughter who reciprocally 'underfunctions,'[2] but she can see the effects of this every time she is pulled in to 'fix' something that is not her problem. Nor would she consider the dyadic pattern through the lens of pursuing/distancing (Gottman, 1999; Tomm, et al., 2014), but she knows what rejection feels like and is constantly worried about being ostracised again when she tries to help. The fact she has made her own observations about these things, based on clear, factual information laid out in front of her, and using her own frames of reference, means she is developing the self-agency she needs to take responsibility for the problem herself.

Interrupting the cycle

Twelve months after working together I met up with this parent again. I was struck by how much the visual process of tracking sequences was live for her so that she was continually able to take her observations into current situations and interrupt an interaction she anticipated was not going to end well:

> I can honestly and genuinely say that the whole whiteboard process of mapping out a situation has stayed with me. I map that out in my head all the time. I have a physical representation of that whiteboard in my head and I talk to myself, and say where is this going to lead to? … In one example, the whiteboard popped into my head, and I thought, where are we on the cycle? We've been through this before, we know exactly where it is going. Is it too late to stop it? And I realised it was not too late to stop it. It went against my grain, but I really stopped and thought, well, if I disengage, then it can't escalate, it has nowhere to go. Whereas if I engage, it's going to get bigger and bigger, and none of us need that right now. And it worked, it didn't escalate, because there was nowhere for it to go.
>
> <div align="right">(Client, personal communication, 20 August 2020)</div>

When a person is able to observe and predict the chain-reaction events in the patterns of interaction, they are able to take responsibility for their own role in the system and make the adjustments they deem necessary to interrupt the cycle.

Conclusion

This paper has presented an overview of the value and different emphases of sequences as a clinical tool. In particular, it has highlighted how Bowen's ideas of tracking the stimulus–response system with clients can be a way of opening up their awareness of themselves in their relationship interactions. Sequences offer a unique opportunity to observe emotional process in relationship interactions with clients in a way that promotes their own thinking and problem-solving abilities. Joining with clients as co-researchers in this effort is an important feature of a Bowen theory-informed approach to using sequences in this way.

My work with clients in developing their own self-awareness in this way has challenged me to consider discomfort as an important part of the change process, for the

client and the therapist. The insights I hear from the observations my clients make continue to highlight that, when given the opportunity to be calm, think clearly, and observe, clients can draw on their own resources to effectively manage many of their own relationship challenges and the discomforts that come with trying to do things differently in relationships.

In turn, this ongoing learning is helping me become clearer about what my own role as a co-researcher therapist with my clients looks like, respecting their resourcefulness and all the while working to tolerate my own discomfort of not needing to be the 'expert' in the room.

Endnotes

1   It is helpful to note here that Bowen talked about 'anxiety' as the stress arousal that every human experiences when perceiving threat and challenge. It may not be experienced as mental health anxiety symptoms. When stress undermines our feeling of emotional wellbeing, we act, mostly not even consciously, in ways that will reduce the anxiety (Kerr & Bowen, 1988).

2   'Overfunctioning' and 'underfunctioning' are descriptions in Bowen theory of a reciprocal pattern in relationships that is anxiety-driven. Kerr (2019, p. 30) describes it as follows: 'The overfunctioning-underfunctioning reciprocity between the parents and a child, like the case between spouses, is anxiety driven. Parents do more for the child than the child's reality needs require, and the child plays out the opposite of the process.'

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