1. Family systems resist change. The concept of *homeostasis* explains why a family system perpetually strives to maintain the organizing tenets of its existence (i.e., its identity) through what Nichols calls "a balanced steady state of predictable routine" (p. 10). Because homeostatic forces work continuously in self-correcting ways to maintain the system's identity, the system necessarily resists change. How can the family therapist help families move past the threshold of homeostasis? Throughout the book, Nichols develops two methodological principles (pp. 200-201).

The first principle is *the priority of structure*: lasting change is likely to require some alteration in the way a family is structured. If therapy does not include a consideration of how a family is organized and how that may be problematic, achieving change is unlikely. Nichols clarifies this principle by discussing the concepts of family rules, family structure, and first and second order change. *Family rules* (pp. 90-91) relate to homeostasis and describe the regular and predictable patterns or modes of interaction within the family system. Rules are resistant to change because they are embedded in family structure. *Structure* defines the overall organization of the family in which the processes of interaction (described by rules) take place (p. 92). Once the family is structured, attempts to solve problems by changing rules constitute a *first order change*, a change not likely to result in lasting transformation. Since all regularly recurring patterns within a family system are *isomorphic* (i.e., related to its structure), what is required to achieve lasting change is a shift in the overall structure of the family itself, a *second order change*. In the Salazar case, Sharon could try to resolve her issues with Jason by changing her behavior; for example, by trying to be either more critical or more lenient (a first order change). Neither alternative is likely to produce lasting change, however, because changing the rule fails to address the dynamics of the family's structure that support the problem, namely, the triangle between Jason, Stewart and Sharon. To address the problem at a structural level, Nichols affects a second order change by strengthening the boundary between Sharon and Jason, with whom she is enmeshed. He does this by focusing on other parts of the triangle where boundaries are rigid and relationships disengaged—strengthening Sharon's relationship with Stewart and Stewart's relationship with Jason.

In therapy, therefore, the therapist works with the whole family to assess the system's structure. Two goals of the assessment are: (1) to explore what family members do to perpetuate the presenting problem; and (2) to explore how the family came to its present restricted approach to each other and the problems that plague them (p. 199-200). Several concepts provide insight into family structure, help identify the systemic origins of family problems and thereby influence therapeutic methodology. One concept is the *extended family field* or *Family of Origin* (pp. 51-65). The therapist leads the family in an exploration how the roles, rules, culture and ethnicity of their FOO shape the structure of their own family system. Such an assessment may clarify the origins of patterns of interaction that contribute to their current problems. For example, if one family member is *emotionally cutoff* from her/his FOO (having left home in anger), that unresolved issue may resurface in the current system. The exploration of three additional concepts—*hierarchy*, *boundaries* and *flexibility*—also contributes to an understanding of a system's structure and functionality. The concept of *hierarchy* describes how families organize themselves into various *subsystems* (pp. 11, 81, 97). Three primary subsystems, defined by generation or function, are: *marital* (or *couple*), *parental*, and *sibling.* Each subsystem is distinguished by the members who comprise it as well as by the tasks or focus of the subsystem. In healthy families there is a *hierarchy of power*, with leadership in the hands of the parents, who form a united team. Families can have problems when tasks associated with a particular subsystem become blurred with those of other subsystems or when modes of relatedness between subsystems do not result in sufficient autonomy or support for family members. A related concept is *boundaries*. Based on the system's rules, the behavior of the members of the system impacts the level of information, the amount of influence or the character of the relationship among members of the system and between the system members and the outside world. The term

"boundaries" is a metaphor that describes this impact quantitatively and qualitatively. When boundaries are rigid, the amount of information let into and out of the relationship is limited, relationships are detached and subsystems are independent, but isolated. When boundaries are diffuse, too much information creates enmeshed relationships. Closeness or resentment (fighting) results at the expense of autonomy and initiative. Clear boundaries satisfy individual and group needs, allow system members to achieve personal freedom and enjoy mutual support and help the family balance effectively autonomy and cohesiveness, and separateness and closeness. The result of clear boundary-setting is *differentiation*, which refers to the ability of each family member to maintain his or her own sense of self, while remaining emotionally connected to the family. Finally healthy families have roles and boundaries that are *flexible* enough to be revised in the face of changes in the family life cycle (e.g., birth a child; empty nest; retirement).

Nichols' second general principle states that the essence of any transformative psychotherapy (and therefore the role of the therapist in the change process) involves helping clients see their own actions and their consequences (p. 201). The role of clients in the therapeutic change process is to decide what they will do with this information. Nichols states: "The one thing that really does bring about change is self-reflective awareness of one's behavior and its consequences" (p. 50). Throughout the book, Nichols introduces concepts and processes that the therapist can use to help clients better understand the consequences of their own actions. Grounded in the principle of *holism* (the system is greater than the sum of its parts), these concepts and processes refocus the family's attention away from *linear causality*, *the presenting problem*, or *blaming the identified patient/symptom bearer* to those that demonstrate *circular causality* (p. 8) or *reciprocity* (p. 81). Among those that represent dysfunctional patterns of interaction are: (1) *triangulation*; (2) *pursuer/distancer*; and (3) *aversive control*. *Circular causality/reciprocity* is the governing principle of every relationship. It refers to the fact that in family systems, each member's behavior is caused by and causes the behaviors of other family members. A series of moves and countermoves impact each other, in a circular or reciprocal way. According to Nichols, circular causality plays out in most family systems not in a bilateral, but in a *triangular* manner. Whenever two members in the family system have problems with each other, they will "triangle in" a third member or issue as a way of stabilizing their own relationship. Another reciprocal process is the *pursuer/distancer dyad* in which one person seeks out closeness (the pursuer), while his/her partner (the distancer) wants more space or independence and pulls back from the relationship. The more the pursuer pursues, the more the distancer retreats. A related concept, *aversive control*, refers to the attempt of unhappy pursuers to deal with problems by nagging, crying, withdrawing or threatening. Aversive control perpetuates distancing by creating anxiety in the distancer, which leads to further withdrawal.

The exploration of circular causality and its various systemic processes deepens the family's understanding of the consequences of their own actions within the family system. Once a clear picture develops of what keeps the family stuck, the therapist can talk with the family about who needs to change what and who is willing or not willing to change. The role of the therapist at this point is that of a *mediator* (p. 184), who resists an active role and lets the family decide what needs to be done. Further, the therapist can suggest future therapeutic interactions to address problematic structural issues, as Nichols did to detriangle Sharon, Stewart and Jason. The conversation and/or activity could focus on actions whose reciprocal impact could more functionally restructure the system by setting clear boundaries, opening space in enmeshed relationships, detriangling, strengthening hierarchies and subsystems and increasing flexibility. Alternatively, as Nichols suggests, the therapist might stop therapy once the family understands the consequences of their actions, leaving up to family members decisions about what to do with this information. This approach is based on a belief in the resilience of families and in their capacity to be their own best agents of change (p. 201).

2a. A couple's health or dysfunction depends on the ability of their partnership to set clear boundaries that allow for both cohesion and autonomy. The differentiation that results creates a strong sense of personal identity in each partner and fosters the enjoyment and support that comes from intimacy. *Healthy couples* come to understand that their relationship is more than a collaboration between two autonomous people. Coupling creates a new unit, a partnership system, where the principle of reciprocity pertains: if one partner changes, the relationship changes, and the other person automatically changes (p. 49). Each partner comes to understand that s/he can change the other person by changing her/himself, not who s/he is, but what s/he does. Achieving a healthy partnership is a difficult process that must be achieved through the transitions of a lifespan, which healthy couples accomplish with flexibility toward boundaries. This allows them to adjust successfully to changes in themselves, each other, in their partnership/family system and in their environment through time. The relevant skills are compromise and negotiation (p. 47). Boundaries in *dysfunctional partnerships* are either too rigid or too diffuse. Rigid boundaries lead to disengagement and isolation but protect autonomy; diffuse boundaries lead to enmeshment, produce either closeness or resentment (fighting), and stifle autonomy and initiative. Dysfunctional couples focus on linear causes of conflicts. Unaware of the role of reciprocity in their partnership, their conflict is characterized by blaming and attempts to change the other person. There is little understanding or awareness of the consequences of their own behavior, nor is there an understanding of how their own behavior perpetuates dysfunctional patterns that characterized family interactions in previous generations. Moreover, their relationship exhibits modes of interaction that produce self-defeating cycles, including polarization, triangles, pursuer-distancer dyads and aversive control. Faced with significant life transitions, dysfunctional couples also fail to reorganize or show flexibility in relation to the rules or boundaries of their partnership. This failure to accommodate to the exigencies and perturbations of transitions keeps them locked in patterns of behavior that are no longer relevant or useful for their situation in life.

2b. Healthy parent-child relationships follow a blueprint, which begins with *clear boundaries* (p. 96). Effective boundaries balance closeness and separateness between parents and children and satisfy individual and group needs for personal freedom and mutual support (p. 96). A healthy parent-child relationship also requires a *hierarchy of power*. Parents lead children and form a united team. Hierarchy includes clear generational divisions: parents have more authority than children, and older children have more responsibility and privileges than younger ones. Clear boundaries exist between the subsystems (couple, parents, and children), allowing for a private relationship between the couple and increasing levels of autonomy for children as they grow older, which helps them develop confidence and initiative. Parents are in control, and work together to support the same set of rules. Discipline is measured and balanced with affection—children learn from the consequences of their own behavior. Finally parents and children reorganize the system to adjust to changes in the life cycle. This is particularly relevant when a new child is born, when children begin school or when parents deal with a teenager's growing autonomy. What happens to the parent-child relationship when the blueprint is ignored? *Dysfunctional parent-child relationships* have rigid or diffuse boundaries within subsystems, between subsystems and with the outside world, which violate the essential role of hierarchy in family health. A rigid boundary between parents, for example, may stimulate enmeshment in a parent-child relationship and create a triangle to diffuse anxiety within the couple subsystem. This forces the child to carry the burden of the parent's moods; suppressing their own emotions, they feel bored, anxious and apathetic. A rigid boundary between parents may keep them from discussing options about how to discipline the children, leaving the task to one parent, thereby decreasing parental authority and depriving the child of the opportunity to learn how to relate to it. Detached parents may not provide enough emotional support for children to develop self-esteem, which requires expressions of appreciation and modeling from both parents.

Finally inflexibility during family transitions creates dysfunction. For example, when parents underestimate the circularity of their relationship with an adolescent, and ignore her/his need for autonomy by continuing to enforce the same rules that were in place when the s/he was younger, the teenager may rebel, threatening the stability of the family that the rules were originally meant to preserve (p. 169).

2c. Conflict is natural in healthy sibling relationships. Siblings want the exclusive love of their parents; they fight because they're jealous. The rivalry begins when the sibling is born. With the new baby getting most of the attention, the older child regresses to infantile modes of behaving to gain attention for her/himself. There is significant value to be gained for children through a healthy sibling rivalry: the fighting teaches them how to win a place for themselves in the world, makes them more resilient, teaches them how to assert themselves and how to keep their aggression within safe limits. How parents handle the rivalry, however, determines whether or not the sibling relationship will achieve this healthy outcome. Again clear boundaries between parents and children are essential to create health. On the one hand, parents must maintain enough distance to allow children to settle their own disputes. On the other hand, parents must allow children access to them to get comforted when they're upset (p. 128). Parents should leave the resolution of the conflict to the children, but through access and empathy, help them understand their feelings. Through parental empathy, the child comes to see their emotions as natural and is able to release resentments and jealousies toward the other sibling. Parents foster dysfunction in children when they interrupt squabbles before children have a chance to settle them, foster competition which flames rivalry and resentment, or typecast children by labeling or placing them into roles that favor one child over another (e.g., the big girl/the baby). Both enmeshment and disengagement play a role in depriving siblings of the value of their fighting. Enmeshment, a too diffuse boundary between parent and child subsystems (p. 124), causes parental interference in children's fights. By trying too hard to teach children to get along, parents cheat them of the opportunity to learn to get along themselves. Disengagement, too rigid boundaries, creates emotional distance between parent and child and deprives siblings of the opportunity for the emotional development fostered by parental empathy.

2d. The health and dysfunction in family of origin relationships depends on the couple's ability to separate from and structure a new relationship with parents, siblings and in-laws. The process involves shifting loyalty to the partnership and setting clear boundaries that resolve what the couple will allow into its relationship and what it will keep out. This process can be inhibited by unfinished business with parents (the past) and conflict with the FOO and in-laws (the present). First, extended families exist as *introjects* (p. 53), internal images of the way family life should be. Couples who experience healthy FOO relationships explore the extent to which each spouse was *fused* with her/his own FOO and how the blurring of boundaries that occurred in past family relationships could potentially create dysfunction in the present family system. Through the process of differentiation they learn to master unresolved emotional reactivity, achieve a mature autonomous identity and create a more functional structure for their marriage, without putting distance between themselves and their FsOO. Couples that fail to explore their fusion with their FsOO, will likely carry its dysfunction (e.g., triangulation, emotional cutoff, distancing, enmeshment) into their marriage. Second, couples maintain healthy relationships with FsOO and in-laws through effective conflict management and thereby increase their network of support. They understand the power of past loyalties and are patient with spouses when old triangles surface that involve a parent; they diffuse the energy of the triangle by strengthening their own relationships with in-laws, rather than pressuring their spouse, which in a circular manner would tend to intensify its functioning. Newly married couples are patient with the process of accommodation by which in-laws come to accept the new spouse. In the face of criticism from the FOO, the son or daughter should gently but firmly defend the partner and thereby assert the priority of the marriage.

3a. The transition from courtship to a functional partnership (p. 42). Most couples begin their relationship in ignorance. Beneath the surface of conscious consideration, we move toward the other with deep yearnings and a sense of urgency to have our needs met in relationship. We come to know the other based on a *projected image* (p. 30), seeing in them what we need them to be, rather than who they actually are. Underlying the projected image is the process of *idealization*. With unfulfilled childhood needs (Freud: ego ideal/reaction formation; Kohut: mirroring/identification, p. 41), we grow into young adults who are hungry for compensation and seek it urgently in relationship with a partner. Outside of awareness, we create an idealized image of the other, resulting in an initial coupling characterized by a translucent blend of the person's real qualities and our own projected longings. As time passes and the projected image of the other confronts reality, each partner finds the other progressively different, fascinating and finally frustrating. The posed self of courtship gives way to the real self; differences become conflicts exaggerated by the effects of *polarization* (i.e., pressure to change the other leads to resistance, which escalates arguments). The disillusionment and resentment each partner feels at discovering flaws in the other moves the couple into a period of *adjustment,* in which they attempt to transition from an idealized courtship to a functional partnership. The goal of this early stage of the marriage is for each partner to understand that they are two different people, with different pasts, styles and expectations, who must *accommodate* to each other to form a successful partnership. The process of *accommodation*, most of which is done outside conscious awareness, sets the rules (patterns of interaction), healthy or dysfunctional, which will characterize the family system going forward.

A healthy transition makes the unconscious conscious. It requires hard work which begins with each partner's ability to recognize how their own past shapes their idealized expectations of the other, shapes their own current patterns of interaction, and impacts the relationship for better or worse. As discussed above this may require an exploration of FOO *introjects*, which shape our image of the way family life should be (e.g., patterns of enmeshment and detachment in a FOO are likely to resurface in the new relationship). Important here is the recognition of the *reciprocal nature of interactions* within the new partnership system. In therapy or on their own, each partner comes to understand that trying to change the other only escalates problems and that successful accommodation begins with changing oneself. Also essential throughout the process of accommodation is the setting of clear behavioral and emotional boundaries for the partners individually and for the couple. Behavioral boundaries determine the amount of togetherness and separateness appropriate for the relationship; differentiation of behavioral boundaries ensures that each partner will have enough space to maintain and nurture their self-identity and enough closeness to meet each other's needs for intimacy and support. Emotional boundaries refer to a partner's ability to distinguish her/his own thoughts, feelings and hopes from those of the other partner; what one assumes the other partner thinks may not be what they think. Through struggle, compromise, negotiation, flexibility, boundary-setting and focus on one's own actions, the couple begins to achieve accommodations in large and small routines and develops healthy patterns of interaction, which come to organize family structure.

Couples who don't learn to accommodate will most likely either divorce or live "unhappily ever after" (p. 43). Most people react badly to disappointments in love. They adopt linear explanations for their problems, blaming them on the flaws of the other. They fail to explore or recognize how their own personal histories and FOO issues contribute to the dysfunction in their relationship. The two most common alternatives to accommodation are fighting and distancing. Nichols describes enmeshed couples who fail to accommodate as "boxers in the late rounds—they're worn out but keep punching anyway" (p. 43). Disengaged couples develop patterns of detached coexistence—a domestic version of cold war.

Health and dysfunction are relative terms. The best we can do is approach health; the adjustment is never perfect. As Nichols say, "You can't change everything, but you can change plenty" (p 50).

3b. While the transition from couple to family is relevant and sometimes anticipated in the months leading up to the birth of the first child, the period of adjustment begins in earnest for new parents when the baby comes home. The birth of a baby requires a radical shift in family organization (75). The entry of the baby into the couple system introduces *perturbation* (73), which destabilizes it and forces reorganization into a new arrangement. Perturbation takes many forms. Foremost is the difficult job of taking care of the baby. Feeding, changing, bathing and loving the baby put all-consuming time constraints on both mother and father and raise questions about their respective roles. A mother may feel guilt, self-critically blaming herself when a fussy baby isn't easily comforted. A couple's time together alone suffers. Threatened by the attention the mother gives the baby, the father may develop jealousies that cause him to distance himself from parenting responsibilities and escape to work or other diversions. With more anxiety in the system, the normal differences between husband and wife may be polarized, again resulting in increased fighting or distancing.

As the infant develops, the family requires development. If the parents do not reorganize the family system, they may get stuck in old patterns of interaction that worked well enough when only two people were in the system, but no longer function well given the system's new realities. How then can parents work through this period of adjustment and reorganize the family into a new or better functioning system? Nichols' blueprint for family health provides a guide (pp. 96-99). For the first time the concept of hierarchy is relevant for the couple. Previous to the baby's arrival, the couple's partnership itself constitutes the family system. Only their rules, boundaries and structure count toward healthy interaction. The birth of the baby creates two additional subsystems, which join the couple in a tripartite structure: couple, parents and children. Now relevant to the system's functionality are the rules and boundaries that govern not only couple interactions, but also interactions within and between all three subsystems and interactions between the three family subsystems and the outside world. The boundary considerations of this reorganized three-part system now expand to include considerations related to how the partners can continue to foster closeness and autonomy now that the couple is a part of a three-part system, how they can do this in their roles as parents, how they can do this in relation to this infant and future children and how individually and together all parts of the system can stay connected and separate from the outside world. Obviously there are many things to think about and many accommodations to be made. Through compromises and negotiations, roles are revised, new rules (patterns or interaction) are developed and new boundaries are set that help the new family function well. These work to relieve the stress (perturbations) that previously destabilized the system. A couple that has successfully moved through this transition will have developed ways to maintain intimacy as a couple while fulfilling parenting and outside-the-family responsibilities, ways to share parenting responsibilities so that each parent enjoys a level of separateness and closeness with the child, ways to respect and enlist their differences in the service of the family, ways to involve grandparents and other extended family members in the family's support system, and ways to provide support when the other feels inadequate. A failure to reorganize the family in the light of the new hierarchy and its need for new boundaries keeps the family dysfunctional with no answers to these anxiety-producing problems. The results are predictable: fighting and withdrawal.

Finally, Nichols recognizes several characteristics of families that are successfully able to complete the transition from couple to family. They are flexible, demonstrating a willingness to revise or abandon modes of interaction that are no longer relevant for the current situation. They understand the traps and opportunities of circular causality and reciprocity. They avoid blaming, are quick to consider how their own behavior influences the system for good or for bad, and are skilled at making the moves that influence the system toward better functionality. Finally they are patient with the process. Understanding that no one accomplishes this transition perfectly, they forgive, regroup and refocus on what creates health/