

## **Circumplex Model of Marital and Family Systems**

David H. Olson<sup>a</sup>

The Circumplex Model focuses on the three central dimensions of marital and family systems: cohesion, flexibility and communication. The major hypothesis of the Circumplex Model is that balanced couple and family systems tend to be more functional compared to unbalanced systems. In over 250 studies using the Family Adaptability and Cohesion Scales (FACES), a linear self-report measure, strong support has been found for this hypothesis. In several studies using the Clinical Rating Scale (CRS), a curvilinear observational measure, the hypothesis was also supported. These two assessment tools, the FACES and the CRS, are designed for research, clinical assessment and treatment planning with couples and families.

### **Overview**

The Circumplex Model of Marital and Family Systems was developed in an attempt to bridge the gap that typically exists between research, theory and practice (Olson *et al.*, 1989). The Circumplex Model is particularly useful for 'relational diagnosis' because it is system-focused and integrates three dimensions that have repeatedly been considered highly relevant in a variety of family theory models and family therapy approaches (see Table 1). The model, and the assessment instruments which have been developed from it, is specifically designed for clinical assessment, treatment planning and research on outcome effectiveness of marital and family therapy (Olson, 1993, 1996).

Family cohesion, flexibility and communication are the three dimensions in the Circumplex Model. These three dimensions emerged from a conceptual clustering of over fifty concepts developed to describe marital and family dynamics. Although some of these concepts have been used for decades (for instance, power and

---

<sup>a</sup> Family Social Science, University of Minnesota, 290 McNeal Hall, St Paul, Minnesota. Mailing Address: Life Innovations, PO Box 190, Minneapolis, Minnesota 55440, USA.

roles), many of the concepts have been developed by family therapists observing problem families from a general systems perspective.

A variety of other family models has focused independently on variables related to the cohesion, flexibility and communication dimensions. Table 1 summarizes the ideas of a number of family theorists who have worked on describing marital and family systems. Most of these models have been developed in the past twenty-five years by individuals who utilize a family systems perspective. The value and importance of these three dimensions is underlined by the fact that these theorists have independently concluded that these dimensions were critical for understanding and treating marital and family systems.

#### *Marital and family cohesion (togetherness)*

Family cohesion is defined as *the emotional bonding that family members have towards one another*. Within the Circumplex Model, some of the specific concepts or variables that can be used to diagnose and measure the family cohesion dimensions are emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests and recreation. The focus of the construct of cohesion is how family systems balance the separateness of their members versus togetherness.

There are four levels of cohesion ranging from *disengaged* (very low) to *separated* (low to moderate) to *connected* (moderate to high) to *enmeshed* (very high) (See Figure 1). It is hypothesized that the central or balanced levels of cohesion (separated and connected) make for optimal family functioning. The extremes or unbalanced levels (disengaged or enmeshed) are generally seen as problematic for relationships over the long term.

In the model's balanced area of cohesion (separated and connected), individuals are able to experience and balance these two extremes and are also able to be both independent from and connected to their families. Many couples and families that go for therapy often fall into one of the extremes or unbalanced areas. When cohesion levels are very high (enmeshed systems), there is too much consensus within the family and too little independence. At the other extreme (disengaged systems), family members do their own thing, with limited attachment or commitment to their family.

TABLE 1 *Theoretical models using cohesion, flexibility and communication*

	Cohesion	Flexibility	Communication
Beavers and Hampton (1990)	Stylistic dimension	Adaptability	Affect
Benjamin (1977)	Affiliation	Interdependence	
Epstein <i>et al.</i> (1983)	Affective involvement	Behaviour control	Communication
		Problem-solving	Affective responsiveness
French and Guidera (1974)		Capacity to change power	
		Contrasting	
Gottman (1994) *	Validation	Power	
Kantor and Lehr (1975)	Affect	Dominance	
Leary (1975)	Affection	Submission	
	Hostility	Problem-solving	
Leff and Vaughn (1985)	Distance	Instrumental role	
Parsons and Bales (1955)	Expressive role	Closure	
Reiss (1981)	Co-ordination		

Balanced couple and family systems (separated and connected types) tend to be more functional across the life-cycle. More specifically, a *separated relationship* has some emotional separateness, but it is not as extreme as the disengaged system. While time apart is more important, there is some time together, some joint decision-making and marital support. Activities and interests are generally separate but a few are shared. A *connected relationship* has emotional closeness and loyalty to the relationship. Time together is more important than time alone. There is an emphasis on togetherness. There are separate friends, but also friends shared by the couple. Shared interests are common with some separate activities.

Unbalanced levels of cohesion are at the extremes either very low (disengaged) or very high (enmeshed). A *disengaged relationship* often has extreme emotional separateness. There is little involvement among family members and there is a great deal of personal separateness and independence. Individuals often do their own thing, separate time, space and interests predominate, and members are unable to turn to one another for support and problem-solving. In an *enmeshed relationship* there is an extreme amount of emotional closeness, and loyalty is demanded. Individuals are very dependent on each other and reactive to one another. There is a lack of personal separateness and little private space is permitted. The energy of the individuals is mainly focused inside the family and there are few outside individual friends or interests.

Based on the Circumplex Model, very high levels of cohesion (enmeshed) and very low levels of cohesion (disengaged) tend to be problematic for individuals and relationship development in the long run. On the other hand, relationships having moderate levels of cohesion (separated and connected) are able to balance being alone versus being together in a more functional way. Although there is no absolute best level for any relationship, many will have problems if they function at either extreme of the model (disengaged and enmeshed) for too long.

### *Marital and family flexibility*

Family flexibility is the *amount of change in its leadership, role relationships and relationship rules*. The specific concepts include leadership (control, discipline), negotiation styles, role relationships and relationship rules. The focus of flexibility is on how systems balance stability versus change.

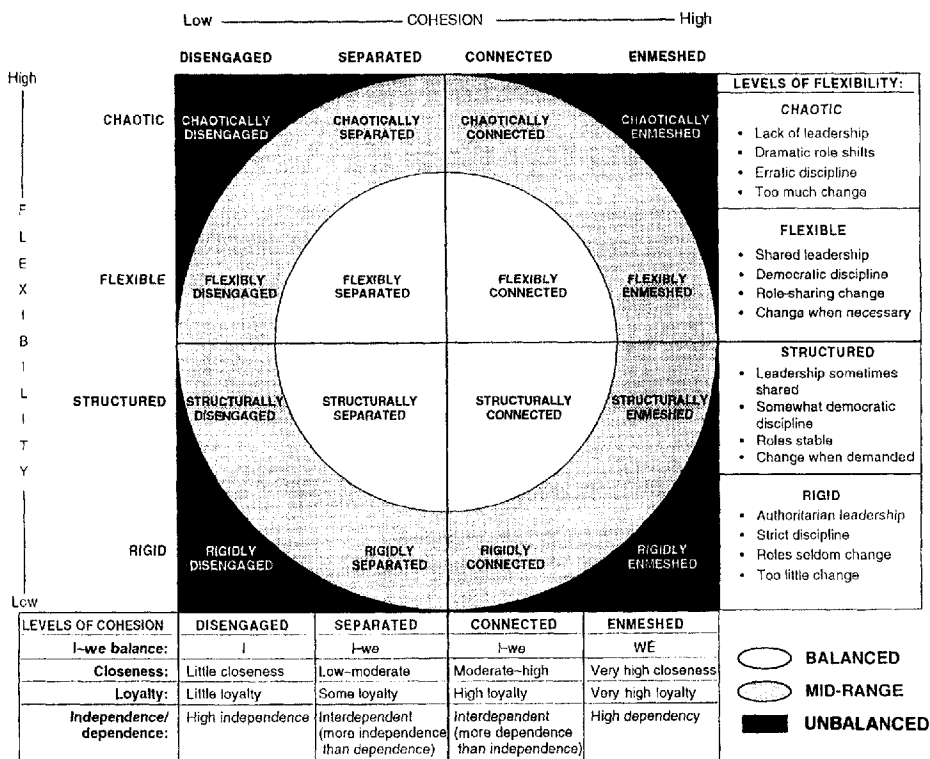


Figure 1 Circumplex Model: Couple and family map

The four levels of flexibility range from *rigid* (very low) to *structured* (low to moderate) to *flexible* (moderate to high) to *chaotic* (very high) (See Figure 1). As with cohesion, it is hypothesized that central or balanced levels of flexibility (structured and flexible) are more conducive to good marital and family functioning, with the extremes (rigid and chaotic) being the most problematic for families as they move through their life-cycle.

Basically, flexibility focuses on the change in a family's leadership, roles and rules. Much of the early application of systems theory to families emphasized the rigidity of the family and its tendency to maintain the status quo. Until the work of recent theorists, the

importance of potential for change was minimized. Couples and families need both stability and change, and the ability to change when appropriate distinguishes functional couples and families from dysfunctional ones.

Balanced couple and family systems (structured and flexible types) tend to be more functional over time. A *structured relationship* tends to have a somewhat democratic leadership with some negotiations including the children. Roles are stable with some sharing of roles. There are few rule changes with rules firmly enforced. A *flexible relationship* is characterized by egalitarian leadership and a democratic approach to decision-making. Negotiations are open and actively include the children. Roles are shared and there is fluid change when necessary. Rules can be changed and are age-appropriate.

Unbalanced marriages and families tend to be either rigid or chaotic. A *rigid relationship* is where one individual is in charge and is highly controlling. There tend to be limited negotiations with most decisions imposed by the leader. The roles are strictly defined and the rules do not change. A *chaotic relationship* is characterized by erratic or limited leadership. Decisions are impulsive and not well thought out. Roles are unclear and often shift from individual to individual.

Based on the Circumplex Model, very high levels of flexibility (chaotic) and very low levels of flexibility (rigid) tend to be problematic for individuals and relationship development in the long run. On the other hand, relationships having moderate levels of flexibility (structured and flexible) are able to balance change and stability in a more functional way. Although there is no absolute best level for any relationship, many relationships tend to have problems if they always function at either extreme of the model (rigid and chaotic) for an extended period of time.

### *Marital and family communication*

Communication is the third dimension in the Circumplex Model and is considered a facilitating dimension. Communication is considered critical for facilitating movement on the other two dimensions. Because it is a facilitating dimension, communication is not graphically included in the model along with cohesion and flexibility.

Couple and family communication is measured by focusing on the family as a group with regard to their listening skills, speaking skills, self-disclosure, clarity, continuity tracking, and respect and

regard. In terms of listening skills, the focus is on empathy and attentive listening. Speaking skills include speaking for oneself and not speaking for others. Self-disclosure relates to sharing feelings about self and the relationship. Tracking is staying on topic, and respect and regard relate to the affective aspects of the communication and problem-solving skills in couples and families, and it has been found that balanced systems tend to have very good communication, whereas unbalanced systems tend to have poor communication.

### *Three-dimensional (3-D) Circumplex Model and linear scoring*

Both self-report instruments and rating scales were developed to assess the status of couples and families on the dimensions of the Circumplex Model and to test hypotheses derived from the model. These assessment instruments are described later in the paper. An interesting development arose from studies in which self-report assessment instruments (the FACES II and FACES III) were used to evaluate the cohesion and adaptability dimensions of the Circumplex Model. These studies demonstrated that in FACES II and III cohesion and flexibility are linear rather than curvilinear dimensions (Olson, 1991). Because FACES assesses cohesion and flexibility in a linear manner, it was necessary to develop a conceptual version of the Circumplex Model to capture the balanced versus unbalanced aspects of cohesion and flexibility.

The result was a three-dimensional version of the Circumplex Model (Olson, 1991) (Figure 2) which enables the findings from all the FACES studies to be better integrated into the model. High scores on FACES cohesion and flexibility scales are indicative of balanced systems, while low scores on FACES reflect unbalanced systems.

One advantage of this 3-D Model is that it is conceptually and empirically more related to other family models such as the Beavers System Model (Beavers and Hampson, 1990) and the McMaster Family Model (Epstein *et al.*, 1993). This is also demonstrated statistically in that FACES III is highly correlated in a positive manner to the Self-report Family Inventory (SFI) (Beavers and Hampson, 1990), the Family Assessment Measure (FAM III) (Skinner, 1983) and the McMaster Family Assessment Device (FAD) (Epstein, *et al.*, 1993).

Another advantage of the three-dimensional design is that it incorporates first- and second-order change more effectively into

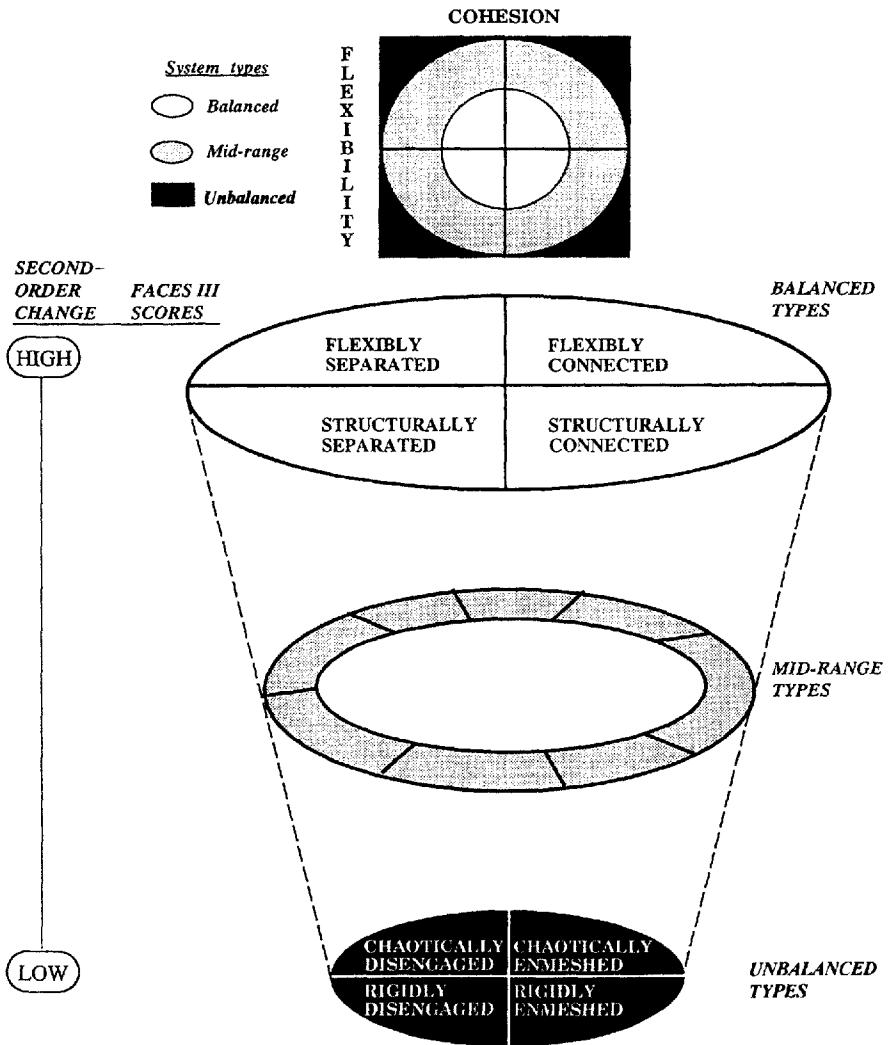


Figure 2 Three-dimensional family Circumplex Model

the Circumplex Model (Olson, 1991), an idea suggested by Lee (1988).

*First-order change* is curvilinear in that too much or too little change is problematic and it relates directly to the flexibility dimension.



More specifically, either too much change (i.e. chaotic system) or too little change (i.e. rigid system) is related to a less functional pattern in families. In contrast, the two balanced types of flexibility are called *structured* and *flexible* because they represent more balanced levels of change.

*Second-order change* is change from one system type to another system type. It is 'change of the system itself' and can only be assessed over time. Under stress, patterns of change become more apparent. Second-order change can occur in times of normative stress, such as the birth of a child, or non-normative change, such as when a parent is injured in a car accident. Second-order change is linear with higher change in the balanced systems and the lowest level of change in unbalanced systems. In times of stress, balanced systems will tend to change to another system type to adapt, while unbalanced systems tend to stay stuck in their extreme pattern, which can often create more stress. Second-order change in this model is thereby similar to Beavers' concept of competence (Beavers and Hampson, 1990).

The three-dimensional model also has the advantage of demonstrating more clearly the *dynamic similarity* within the balanced and unbalanced types. This model more clearly illustrates that the four balanced types are more similar to each other dynamically in terms of second-order change than they are to any of the unbalanced types.

Conversely, the four unbalanced types are similar to each other dynamically in that they are all low in second-order change. This clarifies the dynamic similarities within balanced or unbalanced types that are often lost when looking at the Circumplex Model when it is laid out in the two-dimensional (four levels x four levels) design.

### *Hypotheses derived from the Circumplex Model*

The most basic hypothesis derived from the Circumplex Model is that *balanced types of couples and families will generally function more adequately than unbalanced types.*

Balanced types of couples and families on cohesion allow their members to experience being both independent from and connected to their family. On flexibility, balance means maintaining some level of stability in a system with openness to some change when necessary. Extreme behaviours on these two dimensions might be appropriate for certain stages of the life-cycle or when a family is under stress, but it can be problematic when families are stuck at the extremes.

The Circumplex Model is sensitive to ethnic and cultural diversity as reflected in the following hypothesis: If a family's expectations support more extreme patterns, families will then operate in a functional manner as long as all the family members like the family that way.

Unbalanced types of couple and family systems are not necessarily dysfunctional, especially if a family belongs to a particular ethnic group (i.e. Hispanic, Southeast Asian) or religious group (i.e. Amish, Mormon) that has normative expectations which support extreme behaviours on these dimensions. Ethnicity is a central trait of families and needs to be seriously considered in assessing family dynamics. What might appear to be an 'enmeshed' family of colour to a white outsider may be functional for some ethnic groups. This hypothesis necessitates measuring family satisfaction for each family member. A Family Satisfaction Scale has been developed for this purpose that is based on dimensions from the Circumplex Model.

An important hypothesis linking communication and the Circumplex Model states: Balanced types of couples and families will have more positive communication compared to unbalanced systems. In general, positive communication skills are seen as helping couple and family systems facilitate and maintain a balance on the two dimensions. Conversely, poor communication impedes movement in the unbalanced systems and increases the chances that these systems will remain extreme.

#### *Changes in couple and family systems over time in response to stress*

The Circumplex Model allows one to integrate systems theory and family development theory, a proposal made more than two decades ago by Reuben Hill (1970). Building on the family developmental approach, it is hypothesized that the stage of the family life-cycle and composition of the family will have considerable impact on the type of family system (Carter and McGoldrick, 1988). A hypothesis related to change is: Couple and family systems will change to adapt to developmental needs and situational stress.

The Circumplex Model is dynamic in that it assumes that changes can and do occur in couple and family types over time. Families can move in any direction that the situation, stage of the family life-cycle or socialization of family members may require. The model can be used to illustrate developmental change of a

couple as they progress from dating to marriage, to pregnancy, childbirth and child-rearing, raising and launching adolescents, and moving into life as a couple again.

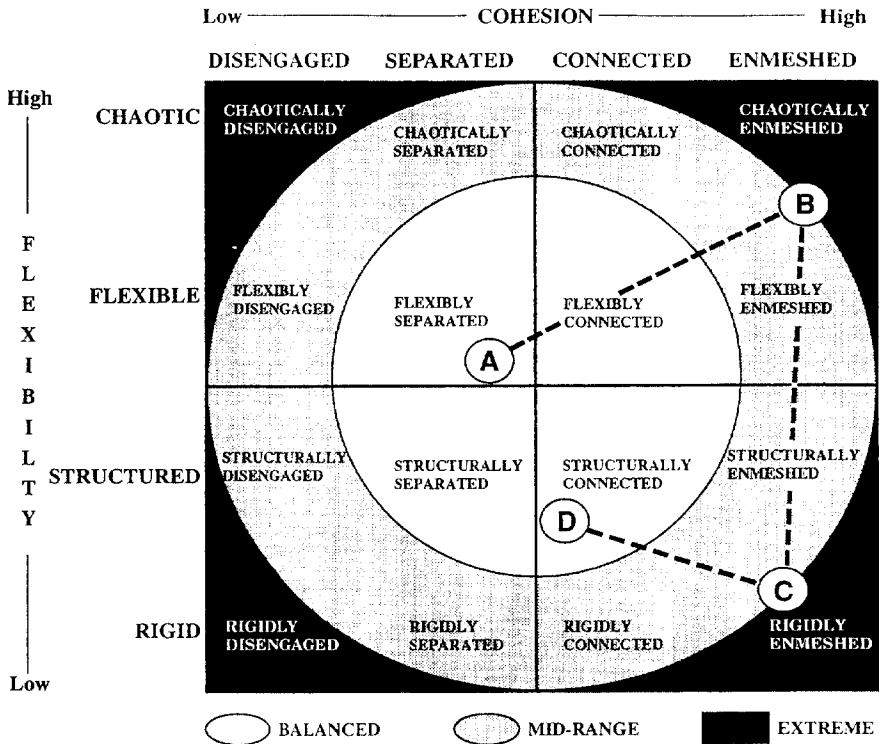
When one family member's desires change, the family system must somehow deal with that request. For example, increasing numbers of wives want to develop more autonomy from their husbands (cohesion dimension) and also desire more power and equality in their relationships (flexibility dimension). If their husbands are unwilling to understand and change in accordance with these expectations, the marriages will probably experience increasing levels of stress and dissatisfaction. Another common example of changing expectations occurs when a child reaches adolescence. Adolescents often want more freedom, independence and power in the family system. These pressures to change the family system by one member can facilitate change in the family, despite the resistance of the family to change.

An example of how the Circumplex Model can be used in both understanding and graphing the changes in a family system over time is a family where the husband, Peter, aged 53, had a heart attack. His wife, Martha, was a homemaker and they had three teenagers living at home, one of whom was attending college.

The changes in this family system are illustrated in Figure 3. Before the heart attack the family was *flexibly separated* (point A) which was generally appropriate for that stage of the family life-cycle. Once the heart attack occurred, however, the family quickly shifted to becoming more *chaotically enmeshed* (point B). Very high levels of closeness, characterized by enmeshment, occurred because the illness brought the family closer together emotionally. It also created chaos among family members because they needed to dramatically shift many of their daily routines.

From about the third to sixth week, the family became *rigidly enmeshed* (point C). In an attempt to stabilize the chaos by reorganizing some of the routines in their family system, the family became rigid. Six months later, the family was functioning as a *structurally connected* family (point D). Some of the rigidity and extreme cohesion decreased, but it remained a close family with a more structured system because of Peter's disability.

In summary, because of Peter's heart attack, this family's system changed several times over the course of the next six months as it adapted to this crisis. It started as a balanced system (flexibly separated), moved to two unbalanced types (chaotically enmeshed and



A = Before family crisis

B = First and second week

C = Third to sixth week

D = Family currently

Figure 3 Family change before and after husband's heart attack

rigidly enmeshed), before ending up once again as a balanced system (structurally connected).

It is expected that family systems will change in response to a crisis. As hypothesized in the Circumplex Model, it is the balanced families that would have the resources and skills to shift their system in an appropriate way to cope more effectively with a crisis. In contrast, it is hypothesized that unbalanced families will not have

the resources that are needed to change, and therefore will have more difficulty adapting to a crisis. Balanced families are higher in second-order change because they are able to alter their family system to adapt to family crises.

## **Research validating the Circumplex Model**

### *Balance versus unbalanced families*

A central hypothesis derived from the model is that balanced couples and families will function more adequately than unbalanced couples and families. More than 250 studies using FACES (Olson, 1996) have supported the major hypothesis that balanced systems are more functional than unbalanced systems. These studies have generally compared families with a variety of emotional problems and symptoms compared to non-clinical families. Almost all of these studies have been done using the FACES self-report scales, which measure cohesion and flexibility in a linear way. These findings should be interpreted using the three-dimensional (3-D) Circumplex Model with high scores on cohesion and flexibility representing balanced systems.

Strong support for the curvilinear nature of the Circumplex Model has been found using the Clinical Rating Scale (Olson, 1990, 1994). The findings using the Clinical Rating Scale have also provided support for the major hypothesis that balanced families are more functional than unbalanced families (Thomas and Olson, 1993).

A pioneering study by Clarke (1984) focused on families with schizophrenics, neurotics, families who had completed therapy sometime in their past and a no-therapy control group (See Figure 4). He used FACES II, a self-report scale that assesses family cohesion and flexibility. He found a very high level of unbalanced families in the neurotic and schizophrenic groups compared to the no-therapy group. Conversely, he found a significantly higher level of balanced families in the no-therapy group compared to the other groups.

Figure 4 illustrates the flexibility between these groups. While the percentage of unbalanced family types decreased dramatically from the symptomatic to no-therapy groups (neurotic, 64%; schizophrenic, 56%; completed therapy, 38%; no therapy, 7%), the percentage of balanced families increased (neurotic, 8%; schizophrenic, 12%; completed therapy, 38%; no therapy, 48%) as hypothesized.

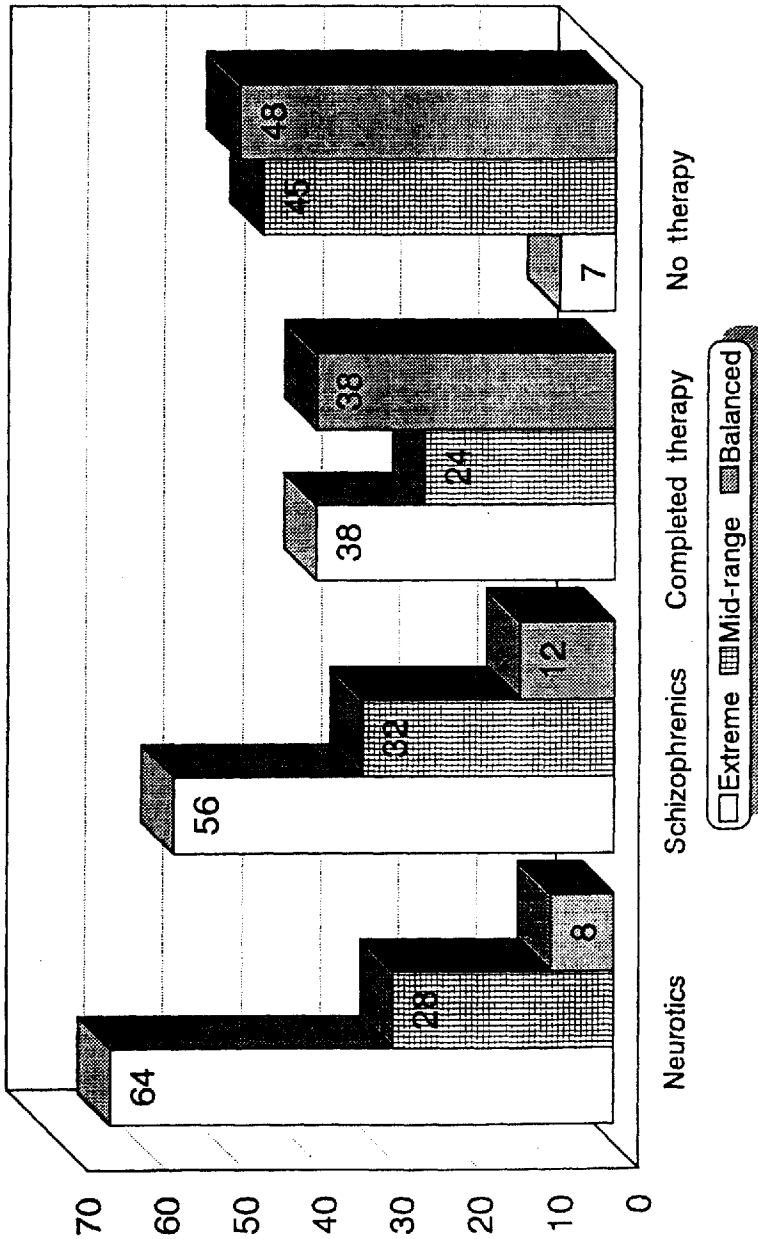


Figure 4 Problem families and Circumplex Model

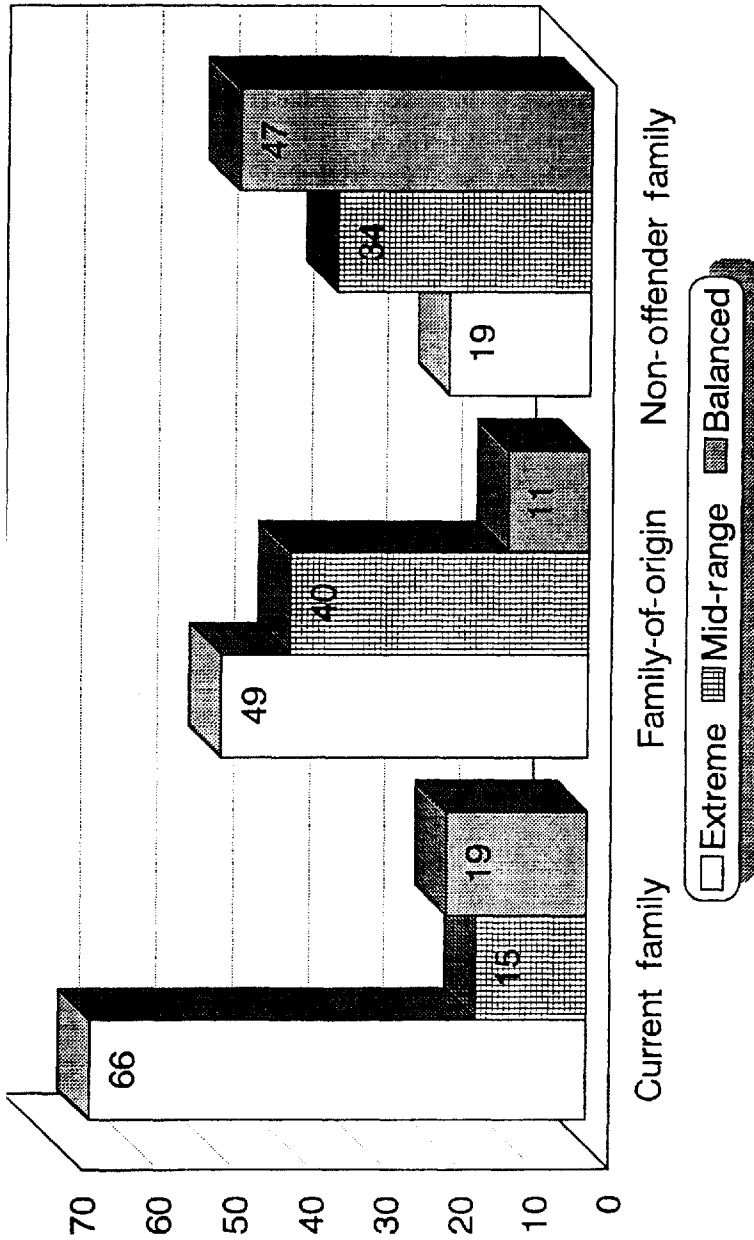


Figure 5 Sex offenders and Circumplex Model

A study by Carnes (1989) that used FACES II investigated the family systems in sex offenders and found high levels of unbalanced family types in both their family-of-origin and their current families (see Figure 5). While 49% had unbalanced family types in their family-of-origin and 66% of their current families were unbalanced types, only 19% of the non-offender families were unbalanced. Conversely, while only 11% of their family-of-origin and 19% of their current families were balanced types, 47% of the non-offender families were balanced.

These studies of clinical samples clearly demonstrate the discriminate power of the Circumplex Model in distinguishing between problem families and non-symptomatic families. There is strong empirical support for the hypothesis that balanced types of families are more functional than unbalanced family types. There is, however, a lack of evidence that any of these symptoms are specifically linked with a specific type of family system; for example, chaotically enmeshed. This was a misplaced hope of early family research linking family symptoms (for example, schizophrenic offspring) and family systems (Walsh and Olson, 1989).

### *Balanced families and communication*

Another hypothesis is that balanced families will have more positive communication skills than unbalanced families. Using data from a national survey of 1,000 families, Barnes and Olson (1986) investigated parent-adolescent communication and family functioning. Using 'non-problem' families, the hypothesis that balanced families would have better communication skills was supported when relying on data from the parents' reports. Rodick *et al.* (1986) also found strong support for the hypothesis that balanced families have more positive communication skills. Using observational measures of mother-adolescent interaction, they found that mothers in the balanced group had significantly higher rates of supportive communication, explicit information and positive affect than did mothers in the unbalanced group.

### **Assessment with the circumplex instruments**

In order to adequately assess the three major dimensions of the Circumplex Model and other related concepts, Olson *et al.* (1986) developed a variety of self-report instruments. The self-report



instrument, the Circumplex Assessment Package (CAP) provides the insider's perspective, whereas the Clinical Rating Scale (CRS) provides the outsider's perspective. Both perspectives are useful, but they often yield apparently conflicting data. Used together, however, they help capture the complexity of marital and family systems.

*Assessment: multi-method, multi-person, multi-trait and multi-system levels*

*Multi-method assessment* utilizes self-report scales, which provide an 'insider's perspective' on their own relationship, and the therapists' or observers' ratings, which provide an 'outsider's perspective' on the same system. Because these two approaches give different perspectives, this provides an important rationale why both approaches should be used in work with families (Olson, 1986).

*Multi-person assessment* is also important because family members often do not agree with each other in describing their family system (Olson *et al.*, 1989). Assessment using multiple family members therefore provides a more complete picture of how each family member views the system and the level of agreement or disagreement between them.

*Multi-trait assessment* is based on the three central dimensions of the Circumplex Model: cohesion, flexibility and communication. Although other traits can be incorporated into couple and family assessment, these three dimensions provide the foundation and central core of these relationship systems.

*Multi-system assessment* ideally focuses on the individual, the marital system, parent-child system and total family-including extended family relationships. One important question to ask family members is who they each consider to be members of their family. It is surprising to us how often family members disagree regarding who is currently in their family system. This raises important questions about boundary issues and who is psychologically and/or physically present in a given family system (Boss and Greenberg, 1984) and especially important given the increasing diversity of family forms, particularly the changes accompanying divorce and remarriage.

*Circumplex Assessment Package (CAP) and Clinical Rating Scale (CRS)*

The Circumplex Assessment Package (CAP) is the latest in a series of self-report assessments based on the Circumplex Model. This

procedure is multi-dimensional in that it assesses the three circumplex dimensions of cohesion, adaptability and communication. It also includes the satisfaction dimension, which focuses on each person's satisfaction with various aspects of the family system.

It is also multi-systemic in that procedures focus on both the marital and family systems. More specifically, each of the four dimensions are assessed at the couple and family levels. Two-parent families (nuclear or blended) would complete both the marital and family scales. Single-parent families would complete the family scales and the marital scales if the single parent has a significant other. Couples (married or cohabitating) would complete the couple scales.

FACES II, acronym for Family Adaptability and Cohesion Evaluation Scales – Second Edition, is designed for assessing families. It may be used for both clinical work and research. MACES III, acronym for Marital Adaptability and Cohesion Evaluation Scales – Third Edition, is designed for assessing couples. The communication dimension is assessed at the couple level using a subscale from the ENRICH instrument (Olson *et al.*, 1986a) and family communication is based on the Parent-Adolescent Communication Scale (Barnes and Olson, 1986). The satisfaction dimension is assessed at the couple level using a subscale from the ENRICH instrument, and the Family Satisfaction Scale (Olson and Wilson, 1986) is based on the circumplex dimensions.

For clinical work with premarital and married couples, there are two comprehensive inventories that can be used called PREPARE/ENRICH Inventories (Olson, 1997; Olsen *et al.*, 1986a). Each of these focus on the couple system (cohesion and flexibility) and family-of-origin (cohesion and flexibility) so it is possible to compare the couple and family system. PREPARE, for premarital couples, has been found to predict with 80–85% accuracy which couples will divorce. ENRICH is designed for married couples and is able to discriminate happy, non-clinical pairs from clinical couples with 90% accuracy. Both PREPARE and ENRICH Inventories contain twenty content categories, are computer-scored and have norms based on over 500,000 couples.

The reliability of these scales has been evaluated in a variety of studies. The most comprehensive summary is provided in *Family Inventories* (Olson *et al.*, 1986b). Both the internal consistency and test-retest reliability of these scales is consistently high ( $r = .80$ ). Therapists and researchers have evaluated the items in terms of face

validity and find them to meet acceptable criteria. The scales also have discriminative validity in that they distinguish between clinical and non-clinical families (Olson, 1986).

The Clinical Rating Scale (CRS) was developed by Olson (1990) to assess cohesion, flexibility and communication from the perspective of clinicians or researchers observing family interaction. It has been validated in an extensive study by Thomas and Olson (1993). The CRS describes specific indicators for each level of the three dimensions. This scale is a useful training device for helping individuals learn more about the Circumplex Model, and its value for family assessment and planning treatment intervention.

## **Clinical implications**

### *Goals of family therapy using the Circumplex Model*

While family therapists have as a central goal reduction of the presenting problems and symptoms of family members, this is achieved by intervention focused on changing a dysfunctional type of couple and/or family system. The basic assumption is that the current family system dynamics are helping to maintain symptomatic behaviours. Thus the current pattern of interaction in the family needs to be changed before the symptoms or presenting problems will be alleviated.

Table 2 summarizes the specific goals of family therapy based on the Circumplex Model. The first goal is ultimately to reduce any problems and symptoms. Since most dysfunctional families coming for therapy represent mid-range or unbalanced types, change often involves trying to shift the system one level on cohesion and one level on adaptability towards the balanced levels. It is therefore typically assumed that the family will function more adequately if the marital and/or family system is moved towards the balanced types.

Because the Model is dynamic, intervention on cohesion or adaptability often has a ripple effect in that it influences the system on the other dimension. In terms of cohesion, problems in families often occur because of their inability to balance separateness (autonomy) and togetherness (intimacy). In couples coming for therapy, there is often a difference in the amount of separateness and togetherness the two partners experience or desire. For example, in disengaged couples, one or both individuals have empha-

TABLE 2 *Goals of marital and family therapy based on Circumplex Model***Goal regarding symptoms**

- Reduce presenting problems and symptoms

**Goals regarding system (marital and/or family)**

- Change system one level on cohesion and adaptability towards balanced types
- On cohesion, balancing separateness and togetherness
- On flexibility, balancing stability and change
- Improve communication skills

**Meta-goal regarding system (preventive)**

- Increase ability to negotiate system change over time

sized looking out for themselves, and thus they have not maintained their emotional bond of intimacy.

In families, the dynamics on cohesion are often more complicated. One type of problem family might have an enmeshed mother–adolescent coalition with a disengaged father. In this case, the marital dyad would not be emotionally close. Increasing their marital/parental collaboration is an effective strategy for breaking up the strong parent–child coalition.

In terms of flexibility, couples and families with problems often have difficulty balancing stability and change. These relationships are either too rigid or too chaotic. With rigid systems, their behavioural repertoire is often very narrow. When they are confronted with increasing stress, they tend to become more rigid and inflexible. These families can often benefit from learning and using more democratic decision-making and better problem-solving skills. On the other hand, chaotic relationships often need increasing structure and they can also benefit from improved problem-solving skills.

Increasing the positive communication skills of couples and families can also facilitate system change. Individuals in problem families often need to learn how to be more assertive in expressing their wants and desires. They can usually gain from learning how to express their feelings in a constructive manner and how to listen and give empathic feedback to each other.

However, improving communication skills in a family is a necessary but not sufficient condition for change on the dimensions of

cohesion and flexibility. Communication skills can help increase awareness of current needs and preferences. System change on cohesion and adaptability is more difficult and complex. Having good communication skills enables families to express more clearly the type of relationship they would like to have on cohesion and flexibility.

One desirable goal of couple and family therapy is ultimately to teach couples not only to deal with their current issues, but also to provide them with the necessary skills to negotiate system change over time. It is an assumption of the Circumplex Model that couples and families need to alter their system as their individual needs and preferences change. Being able to articulate and negotiate these changes on cohesion and adaptability will also enable the couple or family to more adequately cope with stress and the other problematic issues they encounter over time. This is an important preventive goal that moves beyond dealing with the current and presenting symptoms. Unfortunately, this meta-goal is rarely achieved in therapy because most families, and even some therapists, are too focused on only reducing the current presenting problems.

#### *Treatment planning using the Circumplex Model*

The Circumplex Model is a valuable resource in assessment-based treatment planning with severely dysfunctional families. A major task for research outcome is to determine which elements of intervention are most appropriate and effective with which presenting problems and elements of family functioning. FACES and the CRS are tools that can be used for treatment planning and outcome evaluation (Walsh and Olson, 1989).

The model provides a conceptual framework for assessing family system functioning on two fundamental dimensions of family organization: cohesion and flexibility. This descriptive typology of transactional patterns can be used to determine a family's current level and style of functioning on each dimension, and to guide treatment planning to strengthen particular components of functioning towards clearly specified and realistic objectives. Thus family therapy is not limited to reduction or interruption of extreme dysfunctional patterns, but is directed systematically towards promotion of more functional patterns.

For families assessed at either extreme on the dimensions, intervention strategies can be targeted to fit their particular pattern of

organization and to guide change, in a stepwise progression, towards a more balanced system. In most cases of severe and chronic dysfunction, a reachable therapeutic goal would be the achievement of higher functioning at the next, adjacent pattern, such as a shift from disengaged to separated or from enmeshed to connected. It would be unrealistic to attempt to change family patterns to a quite different type of organization, such as pushing a disengaged family to be strongly connected, or an enmeshed family to become separated.

Severely dysfunctional families often assume such extreme all-or-none positions regarding change. They are likely to alternate between feelings of hopelessness that any change can occur and unrealistic expectations of goals that are unlikely to be met. They commonly fluctuate between extremes of enmeshed/disengaged and extremes of rigidity/chaos. An enmeshed family may resist a clinician's efforts to promote physical separation, such as leaving home at launching, when they hold catastrophic expectations that any separation will result in a total cut-off.

Opposite extremes may also be found in different family subsystems. In many enmeshed families, some siblings may disengage completely from the family in order to avoid fusion, assuming positions of pseudo-autonomy that dissolve in contact with the family. Clinicians must be cautious not to collude with presuppositions of either all-or-none position. Fears of runaway change or loss of patterns considered to be essential to individual or family survival are common sources of 'resistance' to change and therapy drop-outs. Clinicians need to be alert to prevent extreme family oscillation that can occur much like a 'short-circuiting' process.

A therapist must be active in structuring and monitoring family interaction to block or interrupt the all-or-none tendency in these families to flip to the other extreme from their current organizational pattern. In work with families with extreme patterns, it is essential to set modest, concrete objectives to be reached through small increments of change in order to reduce anxiety to a manageable level, to prevent extreme fluctuations, and to help the family to modulate and moderate changes than can be maintained over time.

In summary, the Circumplex Model is designed for clinical assessment and treatment planning with couples and families. The assessment package includes both the self-report scales of FACES and the observer (therapist) rating called the Clinical Rating Scale. The assessment can be used for treatment planning with the goal of

making the system more functional and being able to more effectively deal with current and future relationship problems. The ultimate goal of the Circumplex Model is to bridge research, theory and clinical practice.

## References

- Barnes, H. and Olson, D.H. (1986) Parent-adolescent communication scale. In D.H. Olson, H.I. McCubbin, H. Barnes, A. Larsen, M. Muxen and M. Wilson (eds) *Family Inventories*. St Paul, MN: Family Social Science, University of Minnesota.
- Beavers, W.B. and Hampson, R.B. (1990) *Successful Families: Assessment and Intervention*, New York: W.W. Norton.
- Benjamin, L.S. (1977) Structural analysis of a family in therapy. *Journal of Counseling Clinical Psychology*, **45**: 391-406.
- Boss, P.G. and Greenberg, J. (1984) Family boundary ambiguity: a new variable in family stress theory. *Family Process*, **23**: 535-546.
- Carnes, P. (1989) *Contrary to Love: Helping the Sexual Addict*. Minneapolis, MN: CompCare Publications.
- Carter, B. and McGoldrick, M. (eds) (1988) *The Changing Family Life Cycle*. New York: Gardner Press.
- Clarke, J. (1984) The family types of neurotics, schizophrenics and normals. Unpublished doctoral dissertation. St Paul, MN: Family Social Science, University of Minnesota.
- Constantine, L. (1986) *Family Paradigms*. New York: Guilford Press.
- Epstein, N., Baldwin, L. and Bishop, D. (1983) The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, **9**: 171-180.
- Epstein, N., Bishop, D., Ryan, C., Miller, I. and Keitner, G. (1993) The McMaster Model: view of healthy family functioning. In F. Walsh (ed.) *Normal Family Processes*. New York: Guilford Press.
- French, A.P. and Guidera, B.J. (1974) The family as a system in four dimensions: a theoretical model. Paper presented at the American Academy of Child Psychology, San Francisco, CA.
- Gottman, J.M. (1994) *Why Marriages Succeed or Fail*. New York: Simon & Schuster.
- Hill, R. (1970) *Family Development in Three Generations*. Cambridge, MA: Schenkman.
- Kantor, D. and Lehr, W. (1975) *Inside the Family*. San Francisco, CA: Jossey Bass.
- Leary, T. (1975) *Interpersonal Diagnosis of Personality*. New York: Ronald Press.
- Lee, C. (1988) Theories of family adaptability: toward a synthesis of Olson's Circumplex Model and Beavers' Systems Model. *Family Process*, **27**: 73-85.
- Leff, J. and Vaughn, C. (1985) *Expressed Emotion in Families*. New York: Guilford Press.
- Olson, D.H. (1986) Circumplex Model VII: validation studies and FACES III. *Family Process*, **25**: 337-351.
- Olson, D.H. (1990) *Clinical Rating Scale for Circumplex Model*. St Paul, MN: Family Social Science, University of Minnesota.
- Olson, D.H. (1991) Three dimensional (3-D) Circumplex Model and revised scoring of FACES. *Family Process*, **30**: 74-79.

- Olson, D.H. (1993) Circumplex Model of Marital and Family Systems. In F. Walsh (ed.) *Normal Family Processes* (2nd edn). New York: Guilford Press.
- Olson, D.H. (1994) Curvilinearity survives: the world is not flat. *Family Process*, **33**: 471–178.
- Olson, D.H. (1996) Clinical assessment and treatment interventions using the Circumplex Model. In F.W. Kaslow (ed.) *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. New York: John Wiley and Sons.
- Olson, D.H. (1997) *PREPARE/ENRICH Program: Version 2000*. Minneapolis, MN: Life Innovations.
- Olson, D.H. and Wilson, M. (1986) Family satisfaction. In D.H. Olson *et al.* (eds) *Family Inventories*. St Paul, MN: Family Social Science, University of Minnesota.
- Olson, D.H., Fournier, D.G. and Druckman, J.M. (1986a) *PREPARE, PREPARE-MC and ENRICH inventories* (2nd edn). Minneapolis, MN: PREPARE/ENRICH, Incorporated.
- Olson, D.H., McCubbin, H.I., Barnes, H., Larsen, A., Muxen, M. and Wilson, M. (1986b) *Family Inventories*. St Paul, MN: Family Social Science, University of Minnesota.
- Olson, D.H., Russell, C.S. and Sprenkle, D.H. (1989a) *Circumplex Model: Systemic Assessment and Treatment of Families*. New York: Haworth Press.
- Olson, D.H., McCubbin, H.I., Barnes, H., Larsen, A., Muxen, M. and Wilson, M. (1989b) (2nd edn) *Families: What Makes them Work*. Los Angeles, CA: Sage.
- Parsons, T. and Bales, R.F. (1955) *Family Socialization and Interaction Process*. Glencoe, IL: Free Press.
- Reiss, D. (1981) *The Family's Construction of Reality*. Cambridge, MA: Harvard University Press.
- Rodick, J.D., Henggler, S.W. and Hanson, C.L. (1986) An evaluation of family adaptability, cohesion evaluation scales (FACES) and the Circumplex Model. *Journal of Abnormal Child Psychology*, **14**: 77–87.
- Skinner, H.A., Santa-Barbara, J. and Steinhauer, P.D. (1983) The family assessment measure. *Canadian Journal of Community Mental Health*, **2**: 91–105.
- Thomas, V. and Olson, D.H. (1993) Problem families and the Circumplex Model: observational assessment using the Clinical Rating Scale. *Journal of Marital and Family Therapy*, **19**: 159–175.
- Walsh, F. and Olson, D.H. (1989) Utility of the Circumplex Model with severely dysfunctional family systems. In D.H. Olson, C.S. Russell and D.H. Sprenkle (eds) *Circumplex Model: Systemic Assessment and Treatment of Families* (2nd edn). New York: Haworth Press.