

10. SYSTEMIC APPROACHES

10.1 SYSTEMIC PERSPECTIVE: **Systemic therapy** is a form of psychotherapy which seeks to address people not on individual level, as had been the focus of earlier forms of therapy, but as people in relationship, dealing with the interactions of groups and their interactional patterns and dynamics.

Systemic therapy has its roots in family therapy, or more precisely family systems therapy as it later came to be known. In particular, systemic therapy traces its roots to the Milan school of Mara Selvini Palazzoli, but also derives from the work of Salvador Minuchin, Murray Bowen, Ivan Boszormenyi-Nagy, as well as Virginia Satir and Jay Haley from MRI in Palo Alto. These early schools of family therapy represented therapeutic adaptations of the larger interdisciplinary field of systems theory which first originated in the fields of biology and physiology.

Early forms of systemic therapy were based on cybernetics. In the 1970s this understanding of systems theory was central to the structural (Minuchin) and and strategic (Haley, Selvini Palazzoli) schools of family therapy which would later develop into systemic therapy. In the light of postmodern critique, the notion that one could control systems or say objectively “what is” came increasingly into question.

Based largely on the work of anthropologists Gregory Bateson and Margaret Mead, this resulted in a shift towards what is known as “second order cybernetics” which acknowledges the influence of the subjective observer in any study, essentially applying the principles of cybernetics to cybernetics – examining the examination.

As a result, the focus of systemic therapy has moved away from a modernist model of linear causality and understanding of reality as objective, to a postmodern understanding of reality as socially and linguistically.

Praxis of systemic therapy

This has a direct impact on the praxis of systemic therapy which approaches problems practically rather than analytically, i.e. it does not attempt to determine past causes as does the psychoanalytic approach, nor does it assign diagnosis (who is sick, who is a victim), rather systemic therapy seeks instead to identify stagnant patterns of behavior in groups of people such as a family, and address those patterns directly, irrespective of analysis of cause. A key point here of this postmodern perspective then is not a denial of absolutes, but far more a humility and recognition on the part of the therapist that they do not hold the power to

change people or systems, rather the systemic therapist's role is to help systems to change themselves by introducing creative “nudges”,

“Systemic therapy neither attempts a 'treatment of causes' nor of symptoms, rather it gives living systems nudges that help them to develop new patterns together, taking on a new organizational structure that allows growth.”

Thus systemic therapy differs from analytic forms of therapy, including psychoanalytic or psychodynamic forms of family therapy (for example the work of Horst Eberhard Richter) in systemic therapy's focus on practically addressing current relationship patterns rather than analyzing causes such as subconscious impulses or childhood trauma.

Systemic therapy also differs from family systems therapy in that it addresses other living systems (i.e. groups of people) in addition to the family, for example businesses. In addition to families and business, the systemic approach is increasingly being implemented in the fields of education, politics, psychiatry, social work, and family medicine.

10.2 FAMILY THERAPY: Family therapy, also referred to as couple and family therapy, marriage and family therapy, family systems therapy, and family counseling, is a branch of psychotherapy that works with families and couples in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members. It emphasizes family relationships as an important factor in psychological health.

The different schools of family therapy have in common a belief that, regardless of the origin of the problem, and regardless of whether the clients consider it an "individual" or "family" issue, involving families in solutions often benefits clients. This involvement of families is commonly accomplished by their direct participation in the therapy session. The skills of the family therapist thus include the ability to influence conversations in a way that catalyses the strengths, wisdom, and support of the wider system.

In the field's early years, many clinicians defined the family in a narrow, traditional manner usually including parents and children. As the field has evolved, the concept of the family is more commonly defined in terms of strongly supportive, long-term roles and relationships between people who may or may not be related by blood or marriage.

The conceptual frameworks developed by family therapists, especially those of family systems theorists, have been applied to a wide range of human behavior, including organizational and the study of greatness.

Formal interventions with families to help individuals and families experiencing various kinds of problems have been a part of many cultures, probably throughout history. Social work was the first profession to focus the family as a system that required intervention and support. These interventions have sometimes involved formal procedures or rituals, and often included the extended family as well as non-kin members of the community (see for example Ho'oponopono). Following the emergence of specialization in various societies, these interventions were often conducted by particular members of a community – for example, a chief, priest, physician, and so on - usually as an ancillary function.

Family therapy as a distinct professional practice within Western cultures can be argued to have had its origins in the social work movements of the 19th century in the United Kingdom and the United States.

As a branch of psychotherapy, its roots can be traced somewhat later to the early 20th century with the emergence of the *child guidance* movement and *marriage counseling*. The formal development of family therapy dates to the 1940s and early 1950s with the founding in 1942 of the *American Association of Marriage Counselors* (the precursor of the AAMFT), and through the work of various independent clinicians and groups - in the United Kingdom (John Bowlby at the Tavistock Clinic), the United States (John Elderkin Bell, Nathan Ackerman, Christian Midelfort, Theodore Lidz, Lyman Wynne, Murray Bowen, Carl Whitaker, Virginia Satir), and Hungary (D.L.P. Liebermann) - who began seeing family members together for observation or therapy sessions.

There was initially a strong influence from psychoanalysis (most of the early founders of the field had psychoanalytic backgrounds) and social psychiatry, and later from learning theory and behavior therapy - and significantly, these clinicians began to articulate various theories about the nature and functioning of the family as an entity that was more than a mere aggregation of individuals. The number of sessions depends on the situation, but the average is 5-20 sessions.

A family therapist usually meets several members of the family at the same time. This has the advantage of making differences between the ways family members perceive mutual relations as well as interaction patterns in the session apparent both for the therapist and the family.

These patterns frequently mirror habitual interaction patterns at home, even though the therapist is now incorporated into the family system. Therapy interventions usually focus on relationship patterns rather than on analyzing impulses of the unconscious mind or early childhood trauma of individuals as a Freudian therapist would do - although some schools of family therapy, for example *psychodynamic* and *intergenerational*, do consider such individual and historical

factors (thus embracing both *linear* and *circular* causation) and they may use instruments such as the genogram to help to elucidate the patterns of relationship across generations.

The distinctive feature of family therapy is its perspective and analytical framework rather than the number of people present at a therapy session. Specifically, family therapists are relational therapists: They are generally more interested in what goes on *between* individuals rather than *within* one or more individuals, although some family therapists—in particular those who identify as psychodynamic, object relations, *intergenerational*, or *experiential* family therapists (EFTs)—tend to be as interested in individuals as in the *systems* those individuals and their relationships constitute.

Depending on the conflicts at issue and the progress of therapy to date, a therapist may focus on analyzing specific previous instances of conflict, as by reviewing a past incident and suggesting alternative ways family members might have responded to one another during it, or instead proceed directly to addressing the sources of conflict at a more abstract level, as by pointing out patterns of interaction that the family might have not noticed.

Family therapists tend to be more interested in the maintenance and/or solving of problems rather than in trying to identify a single cause. Some families may perceive cause-effect analyses as attempts to allocate blame to one or more individuals, with the effect that for many families a focus on causation is of little or no clinical utility. It is important to note that a circular way of problem evaluation is used as opposed to a linear route. Using this method, families can be helped by finding patterns of behavior, what the causes are, and what can be done to better their situation.

10.3 VIRGINIA SATIR: Virginia Satir is one of the key figures in the development of family therapy. She believed that a healthy family life involved an open and reciprocal sharing of affection, feelings, and love. Satir made enormous contributions to family therapy in her clinical practice and training. She began treating families in 1951 and established a training program for psychiatric residents at the Illinois State Psychiatric Institute in 1955.

Satir served as the director of training at the Mental Research Institute in Palo Alto from 1959-66 and at the Esalen Institute in Big Sur beginning in 1966. In addition, Satir gave lectures and led workshops in experiential family therapy across the country. She was well-known for describing family roles, such as "the rescuer" or "the placator," that function to constrain relationships and interactions in families.

Satir's genuine warmth and caring was evident in her natural inclination to incorporate feelings and compassion in the therapeutic relationship. She believed that caring and acceptance were key elements in helping people face their fears and open up their hearts to others.

Above all other therapists, Satir's was the most powerful voice to wholeheartedly support the importance of love and nurturance as being the most important healing aspects of therapy. Unfortunately, Satir's beliefs went against the more scientific approach to family therapy accepted at that time, and she shifted her efforts away from the field to travel and lecture. Satir died in 1988 after suffering from pancreatic cancer.

10.4 SALVADOR MINUCHI: Salvador Minuchin is a contemporary psychiatrist who helped to develop family therapy and pioneered the field of structural family therapy.

Professional Life

Salvador Minuchin was born in 1921 in San Salvador, Argentina. In 1947, he earned a degree in medicine and briefly opened a pediatrics practice, before joining the Israeli army to help protect the newly established state. After a brief stay in the United States, studying psychiatry, Minuchin returned to Israel where he co-directed programs for refugee children. Interested in learning more about child psychiatry, Minuchin returned to New York to study psychoanalysis at the William Alanson White Institute. He was certified in 1967.

While he was in training as an analyst, Minuchin worked as a psychiatrist at the Wiltwyck School, a home for inner-city delinquent boys, where he found that traditional psychoanalysis provide insufficient treatment for the residents. He began to experiment with family therapy, treating the boys and their families. Minuchin and colleagues wrote about their experiences at the school in the 1967 book, *Families of the Slums*.

In 1965, Minuchin was offered a position as director of the Philadelphia Child Guidance Center (PCGC), operated by the University of Pennsylvania, Philadelphia. He worked concurrently as a professor of pediatrics and child psychology at the university. Though Minuchin's radical approaches were not welcomed by all the staff at the center, under Minuchin's direction, the center grew to become one of the most respected child guidance facilities and family therapy training centers in the world. Many at the center and the university challenged Minuchin's methods, and a complaint was filed with the American Psychiatric

Association (APA). The APA conducted a five-day investigation and concluded that Minuchin's process was valid and could continue. Other prominent family therapists, such as Jay Haley and Cloe Madanes, began their careers at the PCGC when Minuchin hired them. Minuchin published *Families and Family Therapy* in 1974 to illustrate the methods he developed at the center.

In 1981, Minuchin began his own family therapy center in New York, Family Studies, Incorporated, renamed the Minuchin Center after his retirement in 1996.

Contribution to Psychology

Structural Family Therapy (SFT) is a form of psychotherapy that strives to identify subsets within a family construct in order to isolate dysfunctional subsets and remap them into more harmonious, healthy relationships. Minuchin theorized that an individual's symptoms were a result of the dysfunctional family system, and he identified hidden hierarchies and relationships within the family that lead to dysfunction. In Minuchin's model, it is the role of the therapist to identify patterns and help family members establish healthier relationships and coping skills.

SFT utilizes rules in order to maintain order and boundaries. Additionally, family rules ensure that the subsets within the family are in the proper orientation. The therapist can move family members physically, or introduce elements, such as one-way mirrors, to enhance the therapeutic process. Clients who participate in SFT report that the fundamental changes that occur within the family are maintained far outside the limits of the therapeutic walls.

Minuchin also helped to develop treatment protocols for anorexia nervosa. He argued that anorexia is a psychosomatic illness that often has its origin within the family, as outlined in his book, *Psychosomatic Families: Anorexia Nervosa in Context*. His methods for treating the condition integrate elements of both behavioral therapy and structural family therapy.