Subject Name	Subject Code	Prepared by
Psychotherapeutics	18MPS43C	Dr. S. Rajakumari M.A, M. Phil, MBA, Ph.D. Dept. Of Psychology, Ph-9442525919

UNIT – 5: POST MODERN APPROACHES AND FAMILY SYSTEMS THERAPY

Social constructionism is a theory of knowledge in sociology and communication theory that examines the development of jointly-constructed understandings of the world that form the basis for shared assumptions about reality. The theory centers on the notion that meanings are developed in coordination with others rather than separately within each individual.

Social constructs can be different based on the society and the events surrounding the time period in which they exist. An example of a social construct is money or the concept of currency, as people in society have agreed to give it importance/value. Another example of a social construction is the concept of self/self-identity. Charles Cooley stated based on his looking-glass self theory: "I am not who you think I am; I am not who I think I am; I am who I think you think I am." This demonstrates how people in society construct ideas or concepts that may not exist without the existence of people or language to validate those concepts.

There are weak and strong social constructs. Weak social constructs rely on brute facts (which are fundamental facts that are difficult to explain or understand, such as quarks) or institutional facts (which are formed from social conventions). Strong social constructs rely on the human perspective and knowledge that does not just exist, but is rather constructed by society.

Definition

A social construct or construction is the meaning, notion, or connotation placed on an object or event by a society, and adopted by the inhabitants of that society with respect to how they view or deal with the object or event. In that respect, a social construct as an idea would be widely accepted as natural by the society.

A major focus of social constructionism is to uncover the ways in which individuals and groups participate in the construction of their perceived social reality. It involves looking at the ways social phenomena are developed, institutionalized, known, and made into tradition by humans.

Applications

Personal construct psychology

Since its appearance in the 1950s, personal construct psychology (PCP) has mainly developed as a constructivist theory of personality and a system of transforming individual meaning-making processes, largely in therapeutic contexts. It was based around the notion of persons as scientists who form and test theories about their worlds. Therefore, it represented one of the first attempts to appreciate the constructive nature of experience and the meaning persons give to their experience. Social constructionism (SC), on the other hand, mainly developed as a form of a critique, aimed to transform the oppressing effects of the social meaning-making processes. Over the years, it has grown into a cluster of different approaches, with no single SC position. However, different approaches under the generic term of SC are loosely linked by some shared assumptions about language, knowledge, and reality.

A usual way of thinking about the relationship between PCP and SC is treating them as two separate entities that are similar in some aspects, but also very different in others. This way of conceptualizing this relationship is a logical result of the circumstantial differences of their emergence. In subsequent analyses these differences between PCP and SC were framed around several points of tension, formulated as binary oppositions: personal/social; individualist/relational; agency/structure; constructivist/constructionist. Although some of the most important issues in contemporary psychology are elaborated in these contributions, the polarized positioning also sustained the idea of a separation between PCP and SC, paving the way for only limited opportunities for dialogue between them.

Reframing the relationship between PCP and SC may be of use in both the PCP and the SC communities. On one hand, it extends and enriches SC theory and points to benefits of applying the PCP "toolkit" in constructionist therapy and research. On the other hand, the reframing contributes to PCP theory and points to new ways of addressing social construction in therapeutic conversations.

Educational psychology

Like social constructionism, social constructivism states that people work together to construct artifacts. While social constructionism focuses on the artifacts that are created through the social interactions of a group, social constructivism focuses on an individual's learning that takes place because of his or her interactions in a group.

Social constructivism has been studied by many educational psychologists, who are concerned with its implications for teaching and learning. For more on the psychological dimensions of social constructivism, see the work of Ernst von Glasersfeld and A. Sullivan Palincsar.

Systemic therapy

Systemic therapy is a form of psychotherapy which seeks to address people as people in relationship, dealing with the interactions of groups and their interactional patterns and dynamics.

Crime

Potter and Kappeler (1996), in their introduction to *Constructing Crime: Perspective on Making News And Social Problems* wrote, "Public opinion and crime facts demonstrate no congruence. The reality of crime in the United States has been subverted to a constructed reality as ephemeral as swamp gas."

Solution-Focused Brief Therapy (SFBT)

Solution-focused brief therapy (SFBT) places focus on a person's present and future circumstances and goals rather than past experiences. In this goal-oriented therapy, the symptoms or issues bringing a person to therapy are typically not targeted.

Instead, a qualified therapist encourages those in treatment to develop a vision of the future and offers support as they determine the skills, resources, and abilities needed to achieve that vision successfully.

History and Development of SFBT

The need for an alternative approach to therapy was recognized as mental health practitioners began to observe the amount of energy, time, money, and other resources spent discussing and analyzing the challenges revealed during the therapy process, while the issues originally bringing an individual to therapy continued to have a negative impact. Steve de Shazer and Insoo Kim Berg of the Brief Family Therapy Center in Milwaukee, along with their team, developed solution-focused brief therapy in the early 1980s in response to this observation. SFBT aims to develop realistic solutions as quickly as possible, rather than keeping people in therapy for long periods of time, in order to promote lasting relief for those in therapy.

SFBT developed into the fast, effective treatment modality it is today over approximately three decades, and it continues to evolve and change in order to meet the needs of those in therapy. Currently, therapists in the United States, Canada, South America, Asia, and Europe are trained in the approach. The principles of solution-focused therapy have been applied to a wide variety of environments including schools, places of employment, and other settings where people are eager to reach personal goals and improve interpersonal relationships.

How Does SFBT Work?

SFBT, which aims to help people experiencing difficulty find tools they can use immediately to manage symptoms and cope with challenges, is grounded in the belief that although individuals may already have the skills to create change in their lives, they often need help identifying and developing those skills. Similarly, SFBT recognizes that people already know, on some level, what change is needed in their lives, and SFBT practitioners work to help the people in their care clarify their goals. Practitioners of SFBT encourage individuals to imagine the future they desire and then work to collaboratively develop a series of steps that will help them achieve those goals. In particular, therapists can help those in treatment identify a time in life when a current issue was either less detrimental or more manageable and evaluate what factors were different or what solutions may have been present in the past.

This form of therapy involves first developing a vision of one's future and then determining how internal abilities can be enhanced in order to attain the desired outcome. Therapists who practice SFBT attempt to guide people in therapy through the process of recognizing what is working for them, help them explore how best to continue practicing those strategies, and encourage them to acknowledge and celebrate success. In addition, practitioners of SFBT support people in therapy as they experiment with new problem-solving approaches.

Techniques Used in SFBT

In SFBT, counselors ask specific types of question to guide the session. Coping questions, for example, can help demonstrate to those in therapy their resiliency and the number of ways in which they are capable of coping with challenges in their lives. An example might be, "How do you manage, in the face of such difficulty, to fulfill your daily obligations?" This can help people recognize their skills in coping with adversity.

Miracle questions help people envision a future in which the problem is absent. In essence, this line of questioning allows people to explain how their lives would look different if the problem did not exist, which can help them identify small, practical steps they can take immediately toward change. For example, the person in therapy might describe a feeling of ease with family members and believe this ease can only be felt if the present problem were absent. Imagining a scenario where the present problem does not exist can remind people behavioral changes are possible and allow them to see what can be done to create change in their lives.

Scaling questions use a scale from 0–10 to assess present circumstances, progress, or how one is viewed by others. These kinds of questions are often used when there is insufficient time to explore the miracle question and they can help a therapist to gain insight into the hopefulness, motivation, and confidence of people in therapy. In addition, people who have difficulty verbalizing their experiences may find this approach less challenging.

Issues Treated with SFBT

SFBT has been used successfully in individual therapy and with both families and couples. Developed with the primary intention of helping those in therapy to find solutions to challenges, the approach has expanded to address issues in other areas of life, such as schools and workplaces. Individuals from different cultures, backgrounds, and age groups have all been shown to benefit from this type of therapy.

SFBT can be used to treat a wide range of issues. It is most often used to address challenges for which the person in therapy already has some idea of possible solutions. In SFTB, the person seeking treatment is considered the "expert" on their concerns, and the therapist encourages the individual to envision their solution, or what change would look like, and then outline the steps necessary to solve problems and achieve goals. Because this modality focuses on solutions to issues, rather than the reasons behind them, it may be more effective at treating some concerns than others.

Research has shown SFBT may be a helpful intervention for youth who are experiencing behavioral concerns or academic/school-related concerns. It has also proven effective as an approach to family therapy and couples counseling. This method is often used in conjunction with other approaches.

SFBT may not be recommended for those who are experiencing severe mental health concerns,

Pursuing Training in SFBT

Those interested in becoming practitioners of SFBT may obtain certification from the International Alliance of Solution-Focused Teaching Institutes (IASTI).

Three levels of certification are offered:

- **Level 1:** Solution-focused practitioner
- **Level 2:** Advanced solution-focused practitioner
- **Level 3:** Master solution-focused practitioner

To be eligible for consideration, all applicants must be able to practice solution-focused therapy in a professional setting. This means counselors, therapists, teachers, coaches, or other applicants who work with people to improve their mental health must have access to a professional environment deemed suitable by the training institute. Individual IASTI member institutes have specific requirements for acceptance into the certification program.

Training in solution-focused brief therapy helps applicants learn core principles, master relevant therapeutic skills, and demonstrate competency in the practice of SFBT. At the end of training, each applicant must successful pass an IASTI-approved exam to earn certification.

Limitations and Concerns of SFBT

While there are a number of people in therapy and practitioners who report the effectiveness of solution-focused brief therapy, some concerns have, over the years, presented themselves. One major criticism of the modality is that its quick, goal-oriented nature may not allow therapists the necessary time to empathize with what people in treatment are experiencing. As such, those in therapy may feel misunderstood if the therapist is not meeting them on their emotional level.

A second concern is the way SFBT seems to simply discard or ignore information deemed important by other treatment modalities. For example, in this type of therapy a relationship between the adverse issues people face and the changes necessary to foster improvement is not assumed, and any underlying reasons for maladaptive thoughts and/or behaviors are not explored in a typical SFBT session. Individuals wishing to explore these reasons may find it more helpful to seek a type of therapy that addresses these concerns, though they may do so while also receiving SFBT.

Though there are positive reports about the efficacy of solution-focused therapy and preliminary research findings suggest people who utilize this type of treatment often see better results than those who do not seek therapy, more research needs to be done in order to provide empirical support for the approach. Studies providing substantial objective validity of the effectiveness of SFBT will lend more credence to its establishment as a popular form of treatment.

Narrative Therapy

Narrative therapy is a style of therapy that helps people become—and embrace being—an expert in their own lives. In narrative therapy, there is an emphasis on the stories we develop and carry with us through our lives.

As we experience events and interactions, we give meaning to those experiences and they, in turn, influence how we see ourselves and our world. We can carry multiple stories at once, such as those related to our self-esteem, our abilities, our relationships, and our work, for example.

Origins

Although elements central to narrative therapy are utilized in a variety of psychotherapies, this approach to therapy was primarily developed through the writings of Michael White and David Epston, two New Zealand-based therapists who believed it was important to see people as separate from their problems. Developed in the 1980s, narrative therapy seeks to have an empowering effect and offer counseling that is non-blaming and non-pathological in nature.1

White and Epston felt it was critically important for people to not label themselves or to see themselves as "broken" or "the problem," or for them to feel powerless in their circumstances and behavior patterns.

Narrative therapy was developed with three main components in mind. The following create the foundation for the relationship between a narrative therapist and their client:

- **Respect**: People participating in narrative therapy are treated with respect and supported for the bravery it takes to come forward and work through personal challenges.
- **Non-blaming**: There is no blame placed on the client as they work through their stories and they are also encouraged to not place blame on others. Focus is instead placed on recognizing and changing unwanted and unhelpful stories about themselves and others.
- **Client as expert**: Narrative therapists are not viewed as an advice-giving authority but, rather, a collaborative partner in helping clients grow and heal. Clients know themselves well and exploring this information will allow for a change in their narratives.

Key Concepts

The focus of narrative therapy is around stories that we develop within ourselves and carry through our lives. We give meaning to our personal experiences and these meanings that we come up with, or that have been placed on us by others, influence how we see ourselves and the world around us.

Narrative therapy is concerned with our stories, which are believed to influence our thoughts and, in turn, our decision-making and behaviors. Narrative therapy is based on the following principles:

- **Reality is socially constructed**. The way we interact with others impacts how we experience reality. These experiences with others become our known reality.
- **Reality is influenced by (and communicated through) language**. People interpret experiences through language and people can have different interpretations of the same event or interaction.
- **Having a narrative can help us maintain and organize our reality**. The development of a narrative or story can help us to make sense of our experiences.
- **There is no "objective reality**." People can have different realities of the same experience. What might be true for us may not be true for someone else.

Narrative therapy suggests that we create stories throughout our lives as a way to make sense of our experiences and we can carry many stories with us at one time. Although some stories can be positive and others negative, all stories impact our lives in the past, the present, and in the future. As described in narrative therapy, stories involve the following four elements working together:

- Events
- Linked in a sequence
- Across time
- According to a plot

There can be many factors that contribute to our development of stories. These factors influence how we interpret events or interactions, as well as the meanings we attach to them. Some of the factors include:

- Age
- Socioeconomic status

- Race
- Ethnicity
- Gender
- Sexual identity

As we think about these factors, we likely hold beliefs about them and what they mean to us or how they impact us in the world. Our beliefs around these things shape how we might see ourselves and what we tell ourselves about an experience or interaction.

We carry multiple stories with us at once, such as stories about our relationships, our professional lives, our weaknesses, our strengths, our goals and more.

Narrative therapy emphasizes the exploration of these stories, as they can have a significant influence on our decision-making and behavior.

Our Dominant Story

Although we can carry several stories at the same time, there is typically a story that is more dominant than the others. When our dominant story gets in the way of us living our best life or seems to sabotage our efforts at growth and change, it becomes problematic. Many times, when people come into counseling they are faced with a problematic dominant story that is causing them emotional pain.

A narrative therapist works with clients to explore the stories that they carry about themselves, their lives and their relationships. When a dominant story is problematic, it will surface in our interactions with others, in our decision-making and in our behavior patterns.

Thin Descriptions

A problematic dominant story that we carry may have started with a judgment that was placed on us by others, particularly those who might have been in a position of authority or influence over us, like a parent or caregiver.

For example if, when we were young, we behaved in a way that resulted in a parent calling us "lazy," we may begin thinking of ourselves as lazy and weaving that label into our story as we move into other experiences. The trait of being lazy then continues to grow and become part of a dominant story for us, influencing how we see ourselves and how we behave or interact with others in the future.

These specific judgments are referred to as thin descriptions in narrative therapy and may continue to be carried through our lives, becoming what is called a thin conclusion.3

In essence, using the term "thin" to describe these specific descriptions and conclusions means that there is little consideration for outside circumstances that might influence our decision-making and behavior. Once something like this takes hold, it can be easy to imagine how it can grow over time and become a problem for us.

Confusing Ourselves With Our Problems

If we have been judged a certain way by our family growing up, referring back to the example of being lazy, it can be very difficult for us to shake that off or get that label out of our story. Not only do we end up often carrying this with us over time, but events that leave us to feel or be seen as lazy continue to support the dominant story that we are a lazy person.

This story becomes problematic, getting in the way of us being able to make healthy decisions that more accurately represent who we are and what we value. We find it more and more difficult to separate ourselves from our problems.

In fact, we come to think that we *are* the problem.

Unfortunately, thin descriptions tend to be focused on our weaknesses or areas that we might believe we don't measure up. When we try to make decisions that challenge our dominant story, it may be overlooked by others, and even ourselves, because it is seen as the exception rather than the rule. Our "not lazy" behaviors might be minimized or overlooked because it doesn't match up with our dominant story.

In other words, we might even not give ourselves credit for making good decisions or behaving in a positive way because it doesn't match up with the story we tell ourselves about who we are and what we're capable of.

How Narrative Therapy Helps

Narrative therapy focuses on these stories, particularly the dominant stories that are problematic and seem to get in the way of us living our best lives. A trained narrative therapist works with people to explore these stories and to seek out information that helps us to challenge these problematic stories.

Through narrative therapy, we can begin to identify alternative stories that offer us an opportunity to challenge judgment and explore what other information we are carrying within us.

Exploring in this way helps us to widen our view of self, challenge old and unhealthy beliefs and to open our minds to new ways of living that reflect a more accurate and healthy story. Within narrative therapy, there is a strong emphasis on separating the person from their problem.

By doing this, the person begins to understand that they are capable of something new. Old, unhelpful meanings that have been woven into our stories over time can be challenged.

As people widen their view of self and explore additional information, there can be room made for healthy changes in our thoughts, feelings, and behaviors. When there is space created between us and our problem, we can better examine and choose what is serving us well and what is not. Narrative therapy does not aim to change a person but to allow them to become an expert in their own life.

Narrative Therapy Exercises

There are a variety of techniques and exercises used in narrative therapy to help people heal and move past a problematic story. Some of the most commonly used techniques include:

Putting Together Our Narrative

One of the primary things that a narrative therapist would help their client do is to begin putting together their narrative. In doing this, we are able to find our voice and explore events in our lives and the meanings we have placed on these experiences—and, therefore, on ourselves—over time.

Some people may not be aware of a particular story that has followed them through their life, but know that something keeps them from living a good life or making good decisions for themselves. As their story is put together, the person becomes an observer to their story and looks at it with the therapist, working to identify the dominant and problematic story.

Externalization

While we are using our voice to put together our story, we are becoming observers of ourselves. We use this exercise to create distance between us and our problems, which is called externalization. When we have this distance between ourselves and our problem, we can better focus on changing unwanted behaviors rather than feeling we, ourselves, are the problem.

As we practice externalization, we get a chance to see that we are capable of change and begin feeling empowered to work toward healing.

Deconstruction

Deconstruction is used to help people gain clarity in their story. There are times when our dominant story can feel big and overwhelming as if we can never get out from under it.

When a problematic story in our life feels like it has been around for a long time, we might use generalized statements and become confused in our own stories. A narrative therapist would work with us to break down our story into smaller parts, to help us clarify our problem and help it become more approachable.

Unique Outcomes

When our story feels concrete, as if it could never change, any idea of alternative stories goes out the window. We can become very stuck in our story and allow it to influence several areas of our lives, impacting our decision making, our behaviors, our experiences, and our relationships.

A narrative therapist works to help us to not only challenge our problems but to widen our view by considering alternative stories.

They might help us to explore information we have been carrying with us for a long time but have never allowed to have any value. This information can help us develop a new, healthy story of who we are, what we want, and who we want to become.

Postmodern Therapy

Postmodernism, per Encyclopedia Britannica, is "a late 20th-century movement characterized by broad skepticism, subjectivism, or relativism." Postmodernist thought has emerged largely as a challenge to the idea of 'objectivity' as pertains to scientific explanations of reality. It argues that we don't simply perceive reality as it is but rather actively construct it in our minds. That construction will inherently depend on the mind tools, habits, and structures we have developed. Those, in turn, are dependent on our cultural and personal experiences

Postmodernism argues that people's knowledge of the world develops in a social context, and that much of what we perceive as objective facts or natural categories is in fact socially constructed. Postmodernism therefore disputes the existence of any scientific, philosophical, social, or religious 'Truth' that can apply similarly to everybody. Rather, different individuals and groups may possess their own truths.

For the postmodernists, knowledge is a social artifact, the product of 'discourse'—the written and spoken interactions between certain people at certain historical times. Language, in this view, doesn't merely describe our world but rather shapes and constructs it.

Facts, in this view, are merely interpretations, none of which hold any inherent claim to truth or value above any other. Whether a certain form of understanding becomes dominant and accepted is largely a function of social processes, not of some objective superior value inherent in the form itself. Thus, what passes for 'truth' in society reflects the values of the socially powerful.

For example, the reason we regard science highly is because scientific discourse has overtime become a dominant form of comprehension and understanding in our culture, not because science is inherently superior to other ways of finding 'truth.' Data, after all, don't collect, observe, and interpret themselves. People do these things, and people's judgments and decisions in this context are inherently subjective and biased in favor of their values and worldview.

Since its emergence in academia in the 80s and 90s, post-modernism has come under all manner of criticism. Critics argue that postmodernism pretends to be profound but is in fact merely obscure; they argue that, for all its flaws, modernism—with its notion of objectivity, its tools of science, and its vision of progress—actually gets stuff done, and thus rejecting it wholesale amounts to throwing the baby out with the dirty bathwater; they note how treating everything as discourse and every interpretation as equally worthy amounts to chaos, an inane flattening of our lived experience (Nina Simone is no better than you singing in the shower), and the erasure of the pragmatically useful difference between expertise and ignorance (who would you want to fix

your car?). Finally, they point out that, to the extent that it preaches against abstract truth and unique value, postmodernism preaches against its own implicit claim to capture truth and hold value.

Such criticism notwithstanding, postmodernist thought, with its emphasis on language, dialogue, and subjectivity, has given rise to some fruitful developments in the field of psychotherapy. Two of the most influential have been Narrative Therapy and Solution-Focused Therapy. Both of these therapies view language as the means by which we construct (and can deconstruct) our identities and our sense of the social world. Both approaches eschew diagnostic labeling and focus on what's going right and on clients' unique subjective experience.

Narrative Therapy, developed by Michael White and David Epston argues that people make sense of their lives by 'storying' their experiences. Stories consist of events linked in sequence across time according to a plot. Events do not have inherent or fixed meanings outside of these narratives. In constructing the life story, we shape, in essence, our identity. Now, only a fraction of experienced events can be woven into our stories. So the individual has to decide which aspects of the situation to include in the narrative and what meaning to ascribe to them.

As we go through life, we develop stories about ourselves by picking certain events and threading them together into 'dominant narratives.' However, dominant narratives are often insufficient to account for the dynamic complexity and uniqueness of individual lives. They may be like highways—which make any journey safer and more efficient, but also boring and impersonal. Our dominant narratives may also over time become ill-adapted to changing circumstances, or be broken and twisted into incoherence by some traumatic event that violates the old story structure.

Narrative therapy looks to create new personal narratives that represent our freedom and agency by considering 'unique outcomes,' those aspects of our experience that fall outside the dominant story. The goal is to deconstruct (take apart) the dominant story, examine alternative narratives, and ultimately construct rich rather than impoverished personal narratives.

One technique used in this process is called Externalizing the Problem. This means that instead of labeling yourself as the problem ("I'm an angry person"), you define yourself as someone who's dealing with a problem (I'm a person who struggles with the problem of anger"). With externalizing, the problem is regarded as socially constructed, placed not within individuals but outside of them, existing largely as a product of their cultural, historical, and personal experiences. The problem is not who you are, it's what you're dealing with.

Solution-focused therapy, developed by Milwaukee psychotherapists Steve De Shazer and Insoo Kim Berg in the late 1970s, focuses on finding out what works for different types of *people*, rather than focusing on what works for different types of *problems*. One of the original insights of these therapists was that "the solution to a problem is found in the 'exceptions,' or those times when one is free of the problem or taking steps to manage the problem." This approach thus seeks to discover strengths and coping resources, helping the client to do more of what works. It asks questions such as: "How have you kept things from being worse?" and looks at pre-treatment variations in symptoms to unearth clues about effective coping.

The therapist inquires about the client's 'Preferred Future'—their goals and plans, exploring specifically when, where, with whom, and how pieces of that preferred future are already happening. One question that is often helpful in clarifying goals is 'The Miracle Question:' "If a miracle happened tonight and the problem was solved, what would be the first thing you'd notice that would indicate that a miracle had occurred?"

Based on this information on the client's existing strengths, resources, coping strategies and goals, the therapist and client look to devise specific, measurable positive steps towards enacting solutions. 'Scaling Questions' are often used for that purpose: "On a scale from 1-10, with 10 being totally problem-free, where are you today? What would it take to move from a 3 to a 4 over this next week?"

Rather than focusing on pathology or giving diagnostic labels, therapists instead look for what clients are doing that is already working and encourage them to continue in that direction. Several techniques are useful in facilitating this process. For example, 'The Formula First Session Task' asks the client: "Between now and the next time we meet, I want you to observe what happens that you want to continue to have happen." The 'Exception Questions' ask: "When do you not have the problem?" and, "What do you do that is different then?"

You don't have to enter therapy to use the questions and techniques described above. These are useful tools for anyone looking to guard and improve their mental health. Look at the story you're telling yourself about yourself. Can you revise it into a richer, more accurate, coherent, and life-affirming one? Look at those times during the day or week when whatever ails you retreats, when you feel suddenly or momentarily well—can you learn something from these moments about what works? Can you then do more of that?

Family Systems Therapy

Family systems therapy draws on systems thinking in its view of the family as an emotional unit. When systems thinking—which evaluates the parts of a system in relation to the whole—is applied to families, it suggests behavior is both often informed by and inseparable from the functioning of one's family of origin.

Families experiencing conflict within the unit and seeking professional assistance to address it may find family systems therapy a helpful approach.

The Development of Family Systems Therapy

Family systems therapy is based on Murray Bowen's family systems theory, which holds that individuals are inseparable from their network of relationships. Like other psychoanalysts of his time, Murray Bowen was interested in creating more scientific and objective treatment processes as an alternative to conventional diagnostic frameworks and pathological language. Bowen

believed all therapists had experienced challenges within their family of origin and that an awareness of this could help therapists normalize human behavior for people in treatment.

Bowen introduced family systems theory in the late 1960s after years of research into the family patterns of people with schizophrenia who were receiving treatment and the patterns of his own family of origin.

Traditional individual therapy frequently addresses the individual's inner psyche in order to generate change in relationships and other aspects of life. Bowen's theory suggests it is beneficial to address the structure and behavior of the broader relationship system, which he believed to play a part in the formation of character. According to Bowen, changes in behavior of one family member are likely to have an influence on the way the family functions over time.

Family Systems Therapy Approaches

Many forms of family therapy are based on family systems theory. Family systems approaches generally fall under the categories of structural, strategic, or intergenerational:

- **Structural family therapy**, designed by Salvador Minuchin, looks at family relationships, behaviors, and patterns as they are exhibited within the therapy session in order to evaluate the structure of the family. Employing activities such as role play in session, therapists also examine subsystems within the family structure, such as parental or sibling subsystems.
- **Strategic family therapy**, developed by Jay Haley, Milton Erickson, and Cloe Madanes, among others, examines family processes and functions, such as communication or problem-solving patterns, by evaluating family behavior outside the therapy session. Therapeutic techniques may include reframing or redefining a problem scenario or using paradoxical interventions (for example, suggesting the family take action seemingly in opposition to their therapeutic goals) in order to create the desired change. Strategic family therapists believe change can occur rapidly, without intensive analysis of the source of the problem.
- **Intergenerational family therapy** acknowledges generational influences on family and individual behavior. Identifying multigenerational behavioral patterns, such as management of anxiety, can help people see how their current problems may be rooted in previous generations. Murray Bowen designed this approach to family therapy, using it in treatment for individuals and couples as well as families. Bowen employed techniques such as normalizing a family's challenges by discussing similar scenarios in other families, describing the reactions of individual family members instead of acting them out, and encouraging family members to respond with "I" statements rather than accusatory statements.

Family Systems Therapy and the Genogram

A genogram, or pictorial representation of a family's medical history and interpersonal relationships, can be used to highlight psychological factors, hereditary traits, and other significant issues or past events that may impact psychological well-being.

Bowen used genograms for both assessment and treatment. First, he would interview each member of the family in order to create a detailed family history going back at least three

generations. Bowen then used this information to help highlight important information as well as any behavioral or mental health concerns repeating across generations. He initially believed it took three generations for symptoms of schizophrenia to manifest within the family, though he later revised this estimate to ten generations.

Eight Interlocking Concepts of Family Systems Theory

Eight major theoretical concepts form the foundation of the Bowenian approach. These concepts are interconnected, and a thorough understanding of each may be necessary in order to understand the others.

These theoretical constructions include, in no particular order:

1. **Differentiation of self**, the core concept of Bowen's approach, refers to the manner in which a person is able to separate thoughts and feelings, respond to anxiety, and cope with the variables of life while pursuing personal goals. An individual with a high level of differentiation may be better able to maintain individuality while still maintaining emotional contact with the group. A person with a low level of differentiation may experience emotional fusion, feeling what the group feels, due to insufficient interpersonal boundaries between members of the family. Highly differentiated people may be more likely to achieve contentment through their own efforts, while those with a less-developed self may seek validation from other people.
2. An **emotional triangle** represents the smallest stable network of human relationship systems (larger relationship systems can be perceived as a network of interlocking triangles). A two-person dyad may exist for a time but may become unstable as anxiety is introduced. A three-person system, however, may provide more resources toward managing and reducing overall anxiety within the group. Despite the potential for increased stability, many triangles establish their own rules and exist with two sides in harmony and one side in conflict—a situation which may lead to difficulty. It is common for children to become triangulated within their parents' relationship.
3. The **family projection process**, or the transmission of a parent's anxiety, relationship difficulties, and emotional concerns to the child within the emotional triangle, may contribute to the development of emotional issues and other concerns in the child. The parent(s) may first focus anxiety or worry onto the child and, when the child reacts to this by experiencing worry or anxiety in turn, may either try to "fix" these concerns or seek professional help. However, this may often have further negative impact as the child begins to be further affected by the concern and may become dependent on the parent to "fix" it. What typically leads to the most improvement in the child is management, on the part of the parent(s), of their own concerns.
4. The **multigenerational transmission process**, according to Bowen, depicts the way that individuals seek out partners with a similar level of differentiation, potentially leading certain behaviors and conditions to be passed on through generations. A couple where each partner has a low level of differentiation may have children who have even lower levels of differentiation. These children may eventually have children with even lower levels of differentiation. When individuals increase their levels of differentiation, according to Bowen, they may be able to break this pattern, achieve relief from their symptoms of low differentiation, and prevent symptoms from returning or occurring in other family members.
5. An **emotional cutoff** describes a situation where a person decides to best manage emotional difficulties or other concerns within the family system by emotionally distancing themselves

from other members of the family. Cutting emotional connections may serve as an attempt to reduce tension and stress in the relationship and handle unresolved interpersonal issues, but the end result is often an increase in anxiety and tension, although the relationship may be less fraught with readily apparent conflict. Bowen believed emotional cutoff would lead people to place more importance on new relationships, which would add stress to those relationships, in turn.

6. **Sibling position** describes the tendency of the oldest, middle, and youngest children to assume specific roles within the family due to differences in expectation, parental discipline, and other factors. For example, older children may be expected to act as miniature adults within the family setting. These roles may be influenced by the sibling position of parents and relatives.
7. The **societal emotional process** illustrates how principles affecting the emotional system of the family also affect the emotional system of society. Individuals in society may experience greater anxiety and instability during periods of regression, and parallels can be noted between societal and familial emotional function. Factors such as overpopulation, the availability of natural resources, the health of the economy, and so on can influence these regressive periods.
8. The **nuclear family emotional process** reflects Bowen's belief that the nuclear family tends to experience issues in four main areas: intimate partner conflict, problematic behaviors or concerns in one partner, emotional distance, and impaired functionality in children. Anxiety may lead to fights, arguments, criticism, under- or over-performance of responsibilities, and/or distancing behavior. Though a person's particular belief system and attitude toward relationships may impact the development of issues according to relationship patterns, Bowen held them to be primarily a result of the family emotional system.

How Can Family Systems Therapy Help?

Family systems therapy has been used to treat many mental and behavioral health concerns. In general, it may be considered an effective approach for those concerns that appear to relate to or manifest within the family of origin. Family systems therapy has been shown to be effective with families, couples, and individuals.

This approach may be helpful in addressing conditions such as schizophrenia, alcohol and substance dependency, bipolar, anxiety, personality issues, depression, and eating and food issues.

Limitations and Concerns

Though Bowenian family systems therapy is a popular mode of treatment that both therapists and people in treatment have attested to the effectiveness of the approach, at present there is a limited base of empirical evidence backing the approach. Though the evidence base is growing, more data—particularly from objective sources—may help confirm its efficacy.

A second criticism of the approach is the seemingly unwavering neutrality of its practitioners. Some mental health experts believe that by remaining neutral, unaffected, or silent at all costs, practitioners of family systems therapy may be giving tacit approval to any harmful behaviors individuals in therapy may be exposing themselves or other people to.