

Module:
Mental Health in the Community

Week 4:
Psychosocial approaches to care in the community



Dr Angie Cucchi

Topic 2
Psychological approaches II:
Beyond the individual to couple,
family, and group work
Part 2 of 2

Part 2

First order: Strategic family therapy



Similar to SFT but emphasises interactional dynamics and power struggles resulting from a family's need to change and reorganise at transitional stages

- difficulties in families arise when there are incongruent and confused hierarchies
- symptomatic members get triangulated in cross-generational interactions that reinforce and contribute to the confusing hierarchies
- Strategic Family Therapy adopted a functionalist view point: dysfunctional families need symptomatic behaviour as a stabilising device in order to relieve stress and this is at the core of the approach

Minuchin (1923–2007)

Dallos and Draper (2010)

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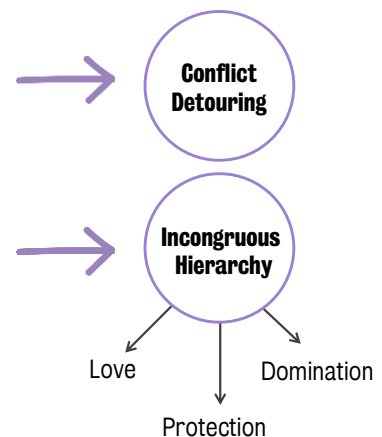
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Strategic family therapy: Example

Identified patient becomes essential to maintaining family stability and for other members of the system to avoid confronting their own problems

Strategic family therapists recognise the possibility that the patient uses the symptom as a strategy to control other family members

Parents may lose their superior position in response to the helplessness of a symptomatic child, who gains power and control



Dallos and Draper (2010)

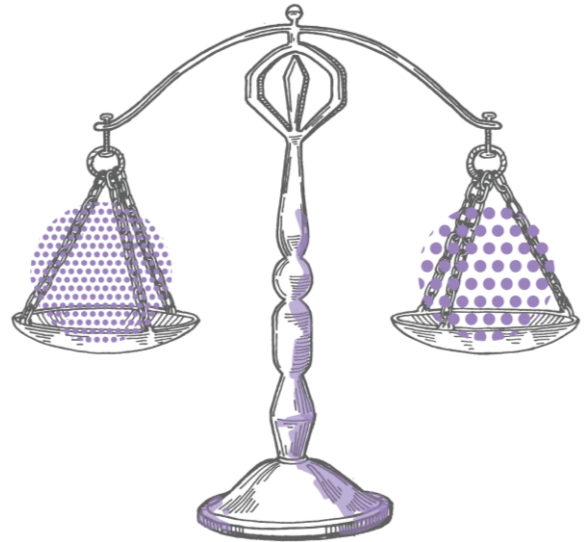
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Strategic family therapy: Summary

- important: therapists view the problems as attempted solutions
- there is a focus on development strategies that can change need for the symptom and can help balance power
- therapists become the experts and focus on the hierarchy and power struggles through directive and paradoxical tasks, while overlooking family structure, which the structural therapists emphasise



Dallos and Draper (2010)

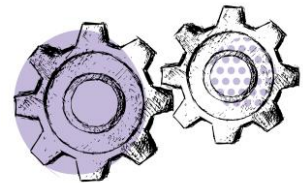
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Second order: The Milan School

- 1970s - some criticised previous approaches as too mechanical and emphasised importance of exploration of meanings, beliefs and family stories
- The Milan followers (second order cybernetics) argued it's crucial to study communication



It's through communication that family relationships are defined

Milan School Model

Prejudices and beliefs are located within the communicating systems

Importance of values, background, attitudes and culture in the creation and negotiation of meaning are stressed

Family is the maker of meaning

Families tell stories which organise their experiences

Second order cybernetics challenged this and argued: The function of symptoms was not to be discovered - functional view only exists in the eye of the observer

Dallos and Draper (2010)

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The Milan School: Development (1)



The Milan Group:

- did not regard the clients as phenomena in reality, but as a therapeutic system consisting of the family and therapists
- used the therapeutic encounters to create new meanings that would lead to new patterns of thought and behaviour
- focused on overcoming the “tyranny of linguistics”, which they believed keeps therapists and clients thinking in an intrapsychic linear manner
- sought to create a different language allowing them to understand families in different ways, and allowing families to find new language open to difference and alternative meanings
- the rationale behind this process was to free the family and therapeutic system from entrenched meanings that lead to systems becoming stuck

Dallos and Draper (2010)

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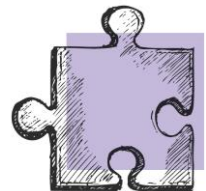
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The Milan School: Development (2)



The Milan group argued mental phenomena reflect social phenomena, and what is called a mental problem is really a problem in social interaction

Therapies should be directed at patterns and interactions, instead of at the intrapsychic dynamics of the individual



Problems needed to be reframed in social terms, rather than being rooted in individuals

Dallos and Draper (2010)

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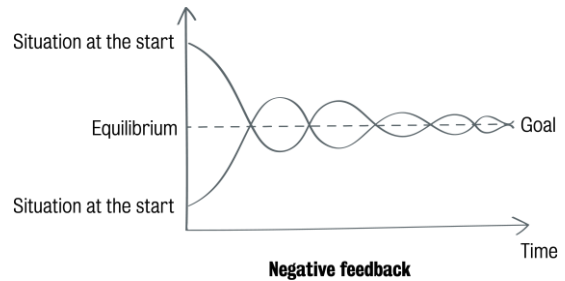
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The Milan School: Checchin et al. (1994) (1)

Related their encounter with an adolescent boy brought to therapy because of violent and antisocial behaviour

Spoke of the fact that the initial discussion between the members of the team was mainly negative towards the boy's behaviour

Reflected that the team allowed themselves to become trapped in the same negative feedback loop the family had been trapped in



Dallos and Draper (2010); Ray et al. (1994)

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The Milan School: Checchin et al. (1994) (2)

The Milan Technique:

When the problem was reframed in a more positive light it was possible to rewrite a story that instead of blaming the boy for his behaviour, connected all the family members



They managed to develop a new meaning that connected the boy with the family's attempt to keep memories of his grandfather alive



The difficulties were reframed and moved from an individual to a relational level



New perspective: their way of relating to each other and to the deceased grandfather had become unhelpful



Boy advised to find a way to help his relatives stop, or at least deal with, their worries about him



This helped remove the blame and guilt from the boy's behaviour

Dallos and Draper (2010); Ray et al. (1994)

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The Milan School: Greek chorus

Although it can be argued that all family therapies are systemic, the Milan School can be regarded as the most systemic

To maximise the systemic approach, associates work interactively in teams behind a one-way mirror

This is called the Greek Chorus

It offers inputs whose aims are to support, confuse, challenge and confront the family, while remaining at a distance (thus retaining an objective stance)

Dallos and Draper (2010)

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Third phase: Key ideas

Observed a change from emphasis of patterns + processes to awareness of social and cultural context, shaping family and therapist beliefs

Key ideas of the third phase

Problems are shaped by culture and language - defines power

Some (e.g. White and Epsom) argue this is the end of family therapy

Understanding of identity, gender etc. shaped by social discourses and ideologies

Social constructionists: meanings are co-constructed in interactions shaped by language

Problems are viewed as stretched across social context, emphasis on the power of language

E.g. doctors, scientists or politicians may use jargon to keep power and boost status

Our own inner dialogue is constructed of verbal dialogues and images from our culture



Language becomes strategic and used to initiate change

Anderson and Goolishian : problem is not in family dynamics or structure, but in the way discussions become saturated.

Discussions lock families into becoming stuck in one way of seeing their actions and experiences

Hence, part of the therapist's goal is to enable families to construct alternative narratives

Dallos and Draper (2010)

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Third phase: Narrative therapy

Influential approaches: Narrative therapy and feminist perspectives

Often associated with issues of **stigma, gender sexuality, and racism** (amongst other issues)

Characteristic element is looking at issues not only from an individual or family perspective, but from a community perspective

Narrative therapy

This multi-layered element allows it to explore and encourage **multiple perspectives of a situation**

Argument: Dominant psychobiological paradigm locates problems within individuals and ends up leaving individuals feeling helpless and unable to challenge or address problematic experiences

Dallos and Draper (2010)

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Narrative theory: Depression example



Example: someone who says they feel depressed

Intrapsychic approach would be that this condition is internal to the person and over which they have little or no control

Narrative approach focuses on overarching framework, which may be problematic because people can end up feeling little room for agency

If people identify with narratives that are saturated, their attention will focus and be skewed towards noticing information that reinforces their view

The problem is not the problem itself, but the identification of the individual with a problem-saturated narrative

Dallos and Draper (2010)

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Narrative theory: First step

First step in narrative therapy: explore the dominant story the person has about their life and problems



What has brought individuals to therapy?

Intention: To develop a map of problematic descriptions without accepting it's their fault or the only story the person has

Why?:

- When stressed we face problems and struggle to see different perspectives
- We're distinct from our problem. There are times when it's less overwhelming, but often we don't notice these **exceptions** because the problem-saturated description minimises differences

You should: Begin to notice and have questions for the client about exceptions

Crucial: Pay attention to the client's experiences because of the danger they feel invalidated

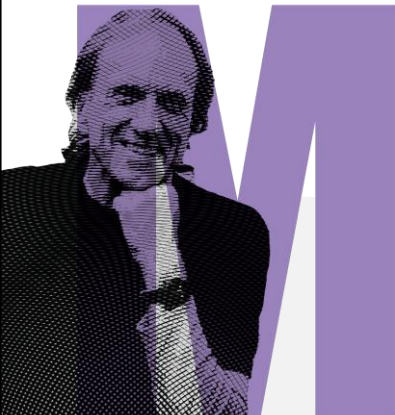
Outcome: Through investigation of instances where the person challenged the problem, the individual may develop a sense of agency, which eventually allows them to feel and behave differently

Dallos and Draper (2010)

Narrative theory: Externalisation

Key technique: Externalisation

- having a problem, rather than being the problem (i.e. presenting with depression rather than "being depressed")
- people are encouraged to resist the problem by seeing it as external ("an unwelcome visitor")
- both individuals and family members are encouraged and positively challenged to consider ways they can work together and resist the problem



"Sneaky Poo Case": A real life case of a boy who struggled with *encopresis*

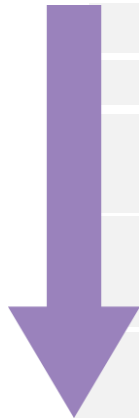
He used the term sneaky poo to personify it as an external entity to the boy, which allowed him to "recruit" him to fight the problem

Michael White

White (1984)

Narrative theory: Panic example

Patient who experiences panic attacks every time they leave the house, and fear about doing anything outside



Reframe the problem - has client been tricked and bullied by the fear?

Problem becomes externalised

Conversation different from ones we may have if we addressed the client as being fearful, and questions concerning different views in which the fear was/wasn't able to trick the person

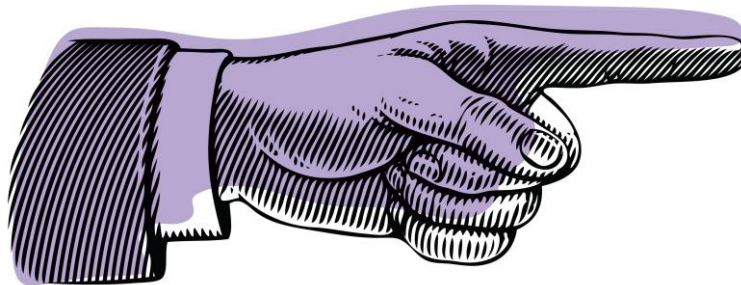
Conversation opens up possibility of client standing up to fear and how this experience may go, enabling client to develop a different understanding of these exceptions

Enables client to reframe the problem from a linguistic point of view and use language as a vehicle of change

Dallos and Draper (2010)

Third phase: Summary

- in this phase, there is an acknowledgement that pathology is inevitable because it actually reflects the pathology of society (e.g. discrimination against women and ethnic minorities)
- families are seen as mirrors of society, reproducing rather than creating these difficulties



Dallos and Draper (2010)

Attachment narrative therapy (ANT)

Newer approaches highlighted the integration of several theories, as clinicians borrow concepts and techniques across theoretical boundaries

Example: Attachment narrative therapy which combines attachment, narrative and systemic theories and techniques



We've already spoken about:

- attachment and relevant secure-insecure attachment styles (in Topic 1)
- the principle of systemic therapy, underlying sociocultural background, and their understanding of how psychological distress develops
- narrative idea of problem-saturated conversations

Attachment Narrative Theory combines all of these elements to understand how difficulties may develop

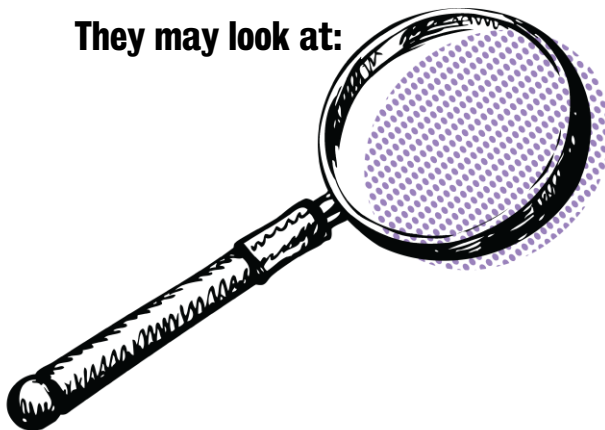
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ANT: Example (1)

Example: Eating disorders

Model: Difficulties originate in an insecure attachment style

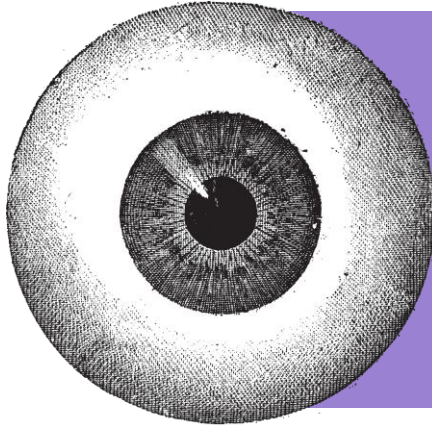
They may look at:



- **Disturbances in relationship** between child and primary caregiver
- **Failure to develop autonomy** from a parental figure
- **Boundaries and enmeshed boundaries**
- **Nature of narratives** in individuals presenting with eating disorders, and in families of individuals presenting with eating disorders

Dallos and Draper (2010)

ANT: Example (2)

Things that ANT therapists may look at are:

Difficulties discussing or expressing emotional states

Lack of coherence in narratives (which is typical of insecure attachment styles)

Difficulty adopting alternative narratives or difficulties considering the possibility others may see things differently

They combine all of these in a newer approach

Dallos and Draper (2010)

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End of topic