Module:
Mental Health in the Community

Week 4
Psychosocial approaches to care in the community

Topic 2
Psychological approaches II: Beyond the individual to couple, family, and group work – Part 1 of 2

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Lecture transcript

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In the previous module, we saw how the earliest approaches to psychotherapy hypothesised that the forces controlling human behaviour were internal. Subsequent movements shifted from a purist internal approach and introduced either an external focus, or an interpersonal element. Nevertheless, all approaches actually agree that the most effective way of conducting therapy would be away from the family. The four individuals in therapy were actually segregated from their families for therapy and treatment focused on their individual symptomatic behaviours.

Now, satisfaction with the effectiveness of psychoanalytic and other individual therapies, and a growing awareness of the impact of the role of communication in the development and maintenance of especially debilitating problems, such as schizophrenia, prompted the development of systemic theory and therapy. Systemic approaches, or systemic family therapy, as it's also commonly known, started developing out of system theory and out of cybernetic approaches in the 1950s, and argue a view of problems and 'pathology' as fundamentally interpersonal as opposed to individual.

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Although no one person can be credited of being the only author, researchers like Gregory Bateson, Don Jackson, John Weakland, and Jay Haley, from the Mental Research Institute in Palo Alto, California, are universally believed to be the earliest systemic therapists. As they all shared an interest in the nature of the communication process, they decided to engage in a research collaboration and they applied anthropological methods of observation and social system theory to do work with families of individuals presenting with schizophrenia.

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Based on the research on communication patterns in these families, what is traditionally referred to as the Palo Alto Group suggested that symptoms of schizophrenia function to maintain a homeostatic balance in families, and so they were believed to be the result of interactions amongst family members. The Palo Alto Group argued that all behaviour is communication and that communication happens both at a surface level, or what can be described as a content level, and at a level of intent. A classic example that the Palo Alto Group gives is that of a young man who had recovered from schizophrenia, and this young man was visited in hospital by his mum. Now the man was really glad to see her and attempted to give her a hug but when he did that, Mum stiffened, so it understandably withdrew his arms. But when he did that then Mum asked if he did

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not love her anymore. Now what the Palo Alto School suggested is that meta-communication level entails an extra meaning.

Another example of what is called as 'double-bind' communication can be the interaction between a teenager and an exasperated parent. The caregiver might say, 'Well, do you want,. And this sentence might actually sound innocuous, but when it is said with a frowned look and arm crossed, the statement could really mean, 'You do what you want, but if it doesn't meet my approval, you'll would be in trouble.'

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So I've already mentioned that Bateson, Jackson, Haley and Weakland describe this process as the double-bind communication, which is a form of paradoxical communication in which contradictory and logically inconsistent messages are communicated. A bit of, you're doomed if you do and you're doomed if you don't. Now the double-bind theory was used to describe how schizophrenic symptoms could be explained in the context of families. Once the receiver perceived the world in these contradictory messages, the Palo Alto Group argued that they would feel confused and trying to make sense of these messages may lead to schizophrenic symptoms.

In addition to this Lidz's investigation of the family dynamics in schizophrenia introduced a new element to the early studies conducted by the Palo Alto Group. In the previous module, we looked at how attention had been placed on mothers' relationships to their children. Instead Lidz discovered that fathers had a profound influence on the development of schizophrenic symptoms in their children. Lidz found out that a large number of individuals presenting with schizophrenia reported unhealthy relationships with their families, particularly with their fathers. Hence attention shifted towards an acknowledgement of the impact of the familial nucleus in the development and maintenance of psychological distress.

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Systemic therapy acknowledges that individuals do not exist in a vacuum, but rather they exist in relation to significant people in their lives, and in relation to this social network. So for example, if we look at the diagram, we can see that an individual is the product of and exists within the context of the family, their extended family, the school they attended, and the neighbourhood where they grew up. At the same time an individual is also influenced by their parents upbringing: their parents work, their belief system, and the wider cultural and societal beliefs. For example I would be a very different person from what I am now if I was born in the middle of the desert or in the middle of the rainforest without any TV, without an internet, without a phone and with very minimal contact with the West. Hence systemic therapists argue that difficulties need to be explored in the context of an individual's social environment and that psychotherapy should not be seen as the cure to mental illness that resides within the individual, but rather as a way to help people mobilise their strength of their relationship, so to make disturbing symptoms less necessary or less problematic.

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The cultural background in which ideas about systemic family therapy started to flourish encompassed both modernism and postmodernism, and we'll that see a bit later in the course of this lecture, especially when we discuss the historic evolution of systemic family therapy. However, there was an evolution towards a cultural environment dominated by social constructionists' and postmodernists' beliefs. According to these principles, reality, per se, does not exist, but rather is socially constructed by individuals in dialectical interactions, and meanings and connotations we attach to objects and concepts are the result of socially agreed conventions.

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For example can you define normality? Now my understanding of normality might be actually very different from yours. But also why is it that a little bit of sadness is OK, and a bit more turns into depression? And who decides how much is too much? But also if we think about it, why is it blue for

boys and pink for girls? And why does a girl with short hair more likely to be defined as a tomboy? Loads of other things - also in terms of what might be considered to be deviant behaviour - falls within these categories.

So for example, during the Islamic month of Ashura, Muslim Shia in countries like Iraq, Iran, and Pakistan parade the streets flagellating their bodies with knives, swords, and other sharp objects in order to display their sorrow and remembrance of a tragic battle. Now why are some forms of self-harmed culturally sanctioned, whereas others they would be diagnosed as a symptom of mental illness?

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But also if we think about it, why was it OK to sell people as slaves just over 200 years ago because they had a certain skin colour? Why is it that some cultures regard child labour as abuse whereas other cultures see it as a common phenomenon? Why is it that marriage of underage children is allowed and encouraged in some cultures, whereas it's regarded as child abuse in others? All of these examples show us how the same behaviour can actually have very different meanings according to society and times. So if meaning is transitory, then what's the impact of this on diagnosis?

So for example, in the former Soviet Union there was a systematic political abuse of psychiatry and political dissidents, or simply the political opposition, was branded as mentally ill. It was called 'psychopathological mechanisms of dissent', and individuals were literally locked up into psychiatric institutions. But also if we think about homosexuality, homosexuality was officially removed from the DSM list of psychiatric disorders in 1973. This means that before that, if you were homosexual, you could be deemed as being mentally ill.

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Now it follows us that there are as many subjective realities as there are individuals, and that one of the ways to investigate such views and to initiate change is through the study of language and communication. It's through the exchange of messages, either verbal or non-verbal that rules, regulations, and interactions are negotiated and changed. Now according to social constructionist ideas, the family is the maker of meaning and families tell themselves stories which organise their experiences and shape their lives, therefore having a quite huge impact on the family functioning. People can become dependent on those recollections because they're passed on from generation to generation, and they might begin to believe that they have limited options. Now a postmodern view, instead, argues that the stories families record are not objective representations of reality, but rather a collectively agreed-upon set of beliefs and ideas created through language and interactions.

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As already mentioned, it's quite hard to identify a specific moment in time, or a particular individual, or an event for the origin of systemic family therapy. Its evolution, as we've just said, can be traced back to the mid 1950s - system and cybernetic theories of communication in complex systems. These ideas were used as early models to explain family relations and will later allowed the researchers of the Palo Alto School to devise the model, which evolved in the direction of systemic therapy. Although the discussion of the underlying principles of both system and cybernetic theories is beyond the scope of this lecture, it's actually really important to mention some key principles, which really inform systemic work to understanding relationship and to understanding psychological distress.

So rather than seeing causation in a linear fashion as proposed by antecedent theorists, cybernetics argued that causation was best understood in a circular, continuous process that relied on feedback mechanisms. So for example, just imagine that someone says that they feel anxious and depressed. It could be argued that as a result of that, their partner has become worried, and that the children may have picked up on the atmosphere, and that as a result, they've

also become unsettled, which might then increase friction between the adults and a further deterioration of the person in depressive and anxious states of mind.

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However, a systemic therapist would say, 'How do know that the cycle started with the individual feeling low? What if the partner thought that the person was feeling low and anxious, or what if the children picked up on something, and became unsettled first, and that this might have had an impact on the individual's mood instead?' Systemic therapists say, it doesn't really matter where and what something started. What matters is that all units of the systems are interconnected and that changes in one sphere will necessarily precipitate changes in another sphere. Systemic therapists reject linear cause and effect as potentially carrying blame and replace this with efforts to identify reciprocal influences and interconnectedness. If we look at this diagram again, to say that the person became anxious and depressed, which then worried their partner, worried the children, increased frictions between the adults, might actually end up with the person not only feeling anxious and depressed, but also feeling guilty that their feelings of depression and anxiety has had an impact on the partner and the children.

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So they moved away from this and look at circularity instead, and this new approach actually led researchers to move away from the study of relationships in pairs, and to actually concentrate on triads and larger families. Now the family was viewed as a system, or as an interacting unit, with its own characteristics and rules. Each member of the system had an effect on and influenced the other members of the group. At the same time, such influences had a repercussion on the entire family system. Hence, family therapy developed as a psychotherapeutic endeavour that explicitly focused on altering the interaction between, or among, family members and sought to improve the functioning of the family as a unit. The locus of the problem is placed between people rather than within the individual, and families come to therapy presenting with an identified patient but actually problems are created by interactions between people and so they exist in the space between people, rather than individual.

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This approach was really a revolutionary and it is in direct contrast to other psychotherapy approaches such as psychodynamic or cognitive behavioural therapy, which actually focused on the individual and assume intrapsychic model of mental distress. It was argued that regarding symptoms and the interpersonal helped to liberate individuals from the oppressive and pathologising culture that had predominated.

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Many exponents contributed to the journey towards systemic family therapy as we know it today and many different approaches come under the umbrella of systemic family therapy. Covering all of them in this lecture would be unfeasible so only some of the major theorists will be covered here and the student is actually referred to Dallos and Draper for future details.

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The field of systemic thinking has traditionally been classified under four phases. Early systemic family therapy, which goes from mid 1950s to mid 1970s, was identified as 'First Order systemic family therapy' and is located under the umbrella of modernity, which is the dominant view of an objective reality out there that science can explore and describe. Now in this context, it was actually suggested that psychology ought be science-based and that it should concern itself with a collection of objective evidence through a rigorous observations. Example of this perspective in systemic family therapy are structural and strategic approaches, which have attempted to systematically explore and classify families according to a number of variables.

However it became increasingly evident that such objective descriptions were inaccurate as different observers viewed the family and the presenting problems in different ways. Eventually, this led to a shift in systemic family therapy, and more broadly in psychology and social sciences, to a postmodern view as discussed before. This is widely known as 'Second Order systemic family therapy'. The Milan approach is seen as an example of this movement.

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'Third Order' approaches emerged from social constructionist theory and emphasised, instead, the role of language in shaping meaning. Dallos and Draper also suggested the existence of the fourth phase, concerned much more with the integration of systemic family therapy and other approaches, and with the integration of the intrapyschic and interpersonal. Each phase has its own individual understanding of the aetiology psychological distress.

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Structure of family therapy concentrated on the hierarchical structure of the family and emphasised boundaries and structure. So for example: who's in charge, how decisions are made, and decision-making processes, and boundaries in particular are seen as crucial to the healthy functioning of the family. Structural systemic therapists argued that the family is a system that operates through transactional patterns, which in turn regulate family members' behaviours. Individuals within the family are part of subsystems and each individuals belong to more than one subsystem simultaneously. This determines the level of power the individual has.

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Structural family therapies stressed the importance of boundaries for optimal level of functioning, in that boundaries are used to protect the differentiation of the systems. So boundaries should be clear yet permeable in order to allow the right balance between autonomy and interdependencies, and both patterns of enmeshment or detachment were deemed as incapacitating for the family structure. So according to this approach, problems, or psychological problems, are the results of developmental and environmental challenges that may lead to conflict avoidance through either disengagement or enmeshment. Boundaries become too porous, too enmeshed or too rigid, so too disengaged.

In terms of boundaries a structural family therapists would ask themselves, how close are family members? How flexible are the rules? They will also look at subsystems negotiation and a therapist will look, for example, at the dynamics between family clusters, who aligns with who, who gets left out.

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To summarise, a structural family therapy sees difficulties as originating either from boundaries being too rigid, or too enmeshed, a system's failure to realign, and power imbalances. Since the assumption of structural systemic therapy is that families have an objective structure, it follows that therapy involves a process of assessment, mapping, and altering the family structure through escalating stress and creating crisis, but also enacting and balancing.

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