

## SYSTEMIC PSYCHOLOGY

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**Keywords:** Family, family life cycle, family psychotherapy, models, systemic psychotherapeutic system

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### Summary

Based on the conceptual framework provided by system theory, systemic psychology considers the ongoing interaction among human beings as a privileged object of psychological analysis and is therefore essentially focused on interpersonal systems. Systemic psychology has allowed further development of the study of the interpersonal

features of human behavior that psychological and psychopathological disciplines focused on in the late twentieth century, and its domain is defined by the stress placed on interactive and communicative processes taking place among the members of an interpersonal system. Moreover, systemic psychology provides an integration of these processes with the intrapsychic dynamics and the personal history of the individual. So, methodologically speaking, the systemic model may be largely applied to all human interactive systems.

In general terms, the systemic model, with its closeness to many different disciplines and its intrinsic generalization potentialities, has meant a crucial change in the history of human sciences. Embodying what von Bertalanffy described as a “general tendency towards the integration of different sciences,” it has determined what Kuhn defines as a “shift of paradigm.” Different theoretical contributions and research data converge in this model. Beginning from the middle of the twentieth century, the United States has been a more fertile environment than Europe for heterogeneous contributions and experiences from psychology, sociology, psychiatry, and cultural anthropology to meet and merge in a new theoretical synthesis.

## **1. Introduction**

The genesis of the systemic approach cannot easily be traced; most authors agree in addressing four main contributions to the birth and development of the systemic approach:

- Neo-Freudian psychoanalytic approaches (i.e. the interpersonal)
- Developments in child psychiatry
- Development of group therapies
- “Ecological” orientation of U.S. psychiatry

### **1.1. Neo-Freudian Psychoanalytic Approaches**

Psychoanalysis has always been ambivalent toward those Freudian formulations describing a true interest in family and environmental influences on the genesis of psychopathological processes. Moreover, Freud’s stress on the prominence of children’s unconscious fantasies led him to underestimate the impact of family dynamics on children’s minds. In fact, Freud states that it is the way children’s minds translate into fantasy actual family life characteristics (through the action of unconscious instinctual mechanisms), and not those objective characteristics, that mediates the impact of reality. Environmental issues (family, community, local culture) are, in Freudian theory, theoretical and secondary concepts.

In post-Freudian psychoanalysis we can see a more direct interest in the relationship between individuals and their environment. The neo-Freudian “revisionist” schools of Horney, Fromm, and Sullivan share a critical attitude towards the Freudian instinctual theory. Largely influenced by cultural anthropology, they address psychoanalysis towards the study of cultural features, preeminent values and interpersonal relationships that are considered crucial crossroads for human behavior and its pathological

modifications. In neo-Freudian psychopathology instinct no longer plays a crucial role in the development of pathological features; the way individuals interface with the environment and the actual difficulties related to this process become the main human issues.

## **1.2. Developments in Child Psychiatry**

Although parents were not allowed to take part in therapeutic sessions, Melanie Klein and Anna Freud constantly focused on the actual relationship between the child and its parents, as well as on the influence of parents' behavior on the improvements or regressions of the child.

In the same period, in the United States particular attention was given to children's disturbances and pathology, as the birth of the first medical-psychological-pedagogical teams within the child guidance movement testifies. The introduction of social worker teams, with the goal of assessing the actual conditions of children at home and school, demonstrates the increasing importance attributed to the influences of interpersonal contexts (see *Developmental Psychology: Main Problems and Modern Tendencies*).

## **1.3. The Development of Group Therapies**

The development of group therapies was fostered by direct influences from Gestalt psychology (especially from Kurt Lewin, rather than from the early formulations of Wertheimer) and the North American sociological interest in small groups (see the work of Parsons and Bales), and by the concrete need to meet the growing demand for psychoanalytical treatment. Group therapists were mostly psychodynamically oriented, and went on using techniques very close to those specific for individual psychoanalysis. Nevertheless, the nature of groups inevitably let "reality" features be more prominent, since vivid and spontaneous reactions take the lead in the groups' sessions in the here-and-now. This has been of great relevance for the shifting of focus towards interactional issues.

## **2. Family Therapies and Systemic Approaches**

Family therapies appeared on the scene in the United States in the 1950s. Therapists had agreed to begin to see whole families in order to deal with the problem of a single member. These therapists then began to discover extremely interesting things. They found out, for example, that when the identified patient began to get better, another member of the family might become symptomatic. They were gradually prompted by a whole series of elements of that sort to ask themselves to what extent certain laws that were generally valid for open systems might not be extrapolated to family systems.

At that point a number of research projects centered at Palo Alto were conducted by Bateson, Jackson, Haley, Weakland, Watzlawick, and their associates. One of the things they attempted to do was to see whether they could concretely apply the studies done on open systems in general and the specific hypothesis of Bertalanffy to the therapeutic work with families. The members of that group thus took up a series of concepts such as totality, equifinality, and, in particular, homeostasis and attempted to determine how

these systems' properties might be applied when investigating the function of a certain problem in a family system. In so doing they looked for a possible clinical approach different from that traditionally used for psychiatric problems.

In the further development of family therapy it has become increasingly evident that the aim is to characterize and understand individuals within a context. Within this framework it might be useful to consider Bronfenbrenner, who suggests studying psychopathology from an ecological point of view to emphasize and take into account different levels of the system the individual is part of (microsystem, mesosystem, exosystem, macrosystem). The beginning of family therapy in Palo Alto was based on a communicational view of behavior with two central ideas, equally important and closely interrelated, from which all else logically flows:

1. Specific behaviors of all kind are primarily an outcome or function of communicative interaction within a social system.
2. Problems consist of persisting undesired behaviors. This means that the behavior complained of is a signal of a need to change within the belonging system and for this reason is the primary focus of treatment. The relevant system of interaction is usually the family, but other systems such as school or work organizations may be important in other cases.

In contrast to the family therapy pragmatic position, which seeks to reduce phenomena into manageable and practical bits and pieces, it is also suggested that there is a tendency to move in the opposite direction. Such a position, characterized by a sensitivity to holism and complexity, places emphasis on increasing and expanding therapists' understanding and appreciation of the formal patterns characterizing therapeutic contexts. Therapists embodying the complexity perspective tend to speak of their work in terms of a journey or pilgrimage in which their principal concern includes their own growth as well as their clients' or colleagues'. These therapists do not argue with the pragmatist's technical considerations of therapy but do not consider them primary or sufficient.

An integrated ecosystemic approach to therapy asks pragmatic and ecosystemic questions and is therefore guided by both orientations. One might even argue that in their most successful moments family therapy "experts" always work from both positions.

Systemic relational psychotherapy is oriented towards the interpersonal systems, focusing its intervention on the interactive and communicative features of human behavior. So defined, this psychotherapeutic theory and practice is peculiar to every interactive human system, although the family has traditionally been the first and privileged field of study and application, to the point of using the restrictive definition of "family therapy" instead of the broader systemic-relational psychotherapy.

Despite the important accent on relationships, this kind of psychotherapy has recently been addressing other important issues, such as the personal "history" of individuals and of their group, the cognitive style, and individual and systemic "characteristics."

Undoubtedly, systemic psychotherapy reflects the growing interest that psychology has shown in the relational features of human behavior, in order to be free from both the

oversimplified approach of behaviorism, and the almost exclusive stress on intrapsychic features in the traditional psychodynamic approach.

Relational or systemic psychotherapy arose in the mid twentieth century from the need to reframe normal and pathological human behavior within a “relational context” or “belonging system,” as opposed to psychoanalysis’ exclusive focus on the intrapsychic dynamics of the individual. Relational psychotherapy has drawn up the concept of “circular causality” from the established theories of systems, consequently using a non-deterministic and non-blaming conceptualization of mental illness. Clinically speaking, its intervention has centered on the belonging system of the family, where even apparently incomprehensible symptomatic behavior can be understood if referred to that core relational context. The concepts of symptom, diagnosis, and therapeutic intervention are thus differently defined from the classical psychiatric formulation.

Within the mainstream of systemic theory, many different therapeutic approaches have developed (i.e. strategic, paradoxical, experiential, contextual, and Bowenian). During the early stages of its development, and also as an attempt to differentiate clearly between itself and the prominent psychoanalytic model, systemic theory almost exclusively focused on family interactive and communicative modalities. However, in the late twentieth century systemic psychotherapy underwent a noteworthy theoretical and clinical shift as a result of influences from different conceptual frameworks (developmental models, complexity models, etc.). The result is:

- An increased attention towards the reconstruction of transgenerational histories
- The relevance of individual subjectivity
- The search for family “myths”
- A conception of the therapeutic relationship as a dialog and as a “co-construction”

This epistemological shift has obviously influenced clinical practice, too, so that systemic psychotherapy is now richer and more complex, and ready for a mutual exchange with other psychotherapeutic interventions.

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### **Biographical Sketch**

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