



*Coming to grips with family systems theory in a collaborative, learning environment.*

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## Two therapists working "systemically" What are the similarities and differences?



*\*This was originally written for one blog but became a longer paper as the comparisons were extended and feedback from Laurie MacKinnon, the other presenter, added more thinking.*

### **Two therapists working "systemically" What are the similarities and differences?**

Two family therapists, both working with systems in mind, take on the same case. What commonalities will their work share? What are the differences? Are the differences just different personal styles: or a product of differences in theoretical understanding of symptoms? Is it more constructive to focus on what we share in common? Do the differences make a difference?

### **Redbank Conference Reflections**

Last November I was privileged to be part of the Redbank Conference entitled 'What does it mean to work systemically?' Both myself and esteemed family therapist Dr Laurie Mackinnon (1) did a taped role play of the same family clinical scenario and used this to illustrate and present to the audience how we think about family systems and how this guides our practice. I was keen to see on the day of the conference the similarities and differences in the way we work "systemically" and to see what I could learn about varying approaches to systems therapy. The following are my observations of the common ground and the differences in our approaches. While common ground can be the more comfortable part of this exercise, the consideration on our divergences that has brought the most learning for me and continues to challenge and sharpen my thinking. I thought I'd attempt to share some of these observations and learning and I trust it may stimulate some ongoing thoughtful conversation and clarification.

### **Laurie's overview of systems influences**

Laurie gave her summary of the evolution of systems theory. She firstly discussed general systems theory (Bertalanffy) where all components interact making the whole greater than the sum of its parts. Structural notions of systems were then described in terms of boundaries and subsystems. The next systems layer was the context in which a family sits which incorporates political and cultural contexts. Cybernetics was then introduced as a frame that attends to feedback mechanisms or patterns of interaction in a self regulating system. Negative feedback, or first cybernetics, describes how feedback keeps a system from changing and positive feedback or second cybernetics as feedback that results in changed patterns. Gregory Bateson's influence was noted with description of systems being made up of dependent and competitive relationships. The shift from first order to second order cybernetics was presented with the observing system seen as part of the social construction of a family system that is seeking help. The social construction of meaning is seen as a point of focus as it occurs in a family and between the helping system and the family.

I understood that Laurie's case formulation used sequences of interaction between mother and child (adolescent) and the input of the father and sometimes the siblings, to see the ways that the young person's attention seeking behaviours were being reinforced cognitively, behaviourally and relationally by the responses of her mother and other family members.

## **A natural systems view compared to cybernetics and social constructionist lenses – common ground and divergences**

It is interesting that Bowen's natural systems theory was not described as part of the evolution of systems frameworks. In many ways this is appropriate as this theory evolved quite independently as Bowen shifted from Freudian theory to the natural sciences. I described the common ground between Bateson and cybernetic theories and Bowen's natural systems theory. Both streams of family therapy theory have emphasised circularity as opposed to linear cause and effect explanations for symptoms. Both theoretical lenses have come to see the importance of viewing the interaction of the helping system with the family as an important unit of attention. Cybernetic theories, as I see it, focus on how interactions influence meaning systems in each individual. Interventions are directed at reframing the intentions of behaviour and shifting symptom reinforcing perceptions. Bowen's natural systems theory is grounded mostly in Charles Darwin's work. The theory is based "on the assumption that the human is a product of evolution and that human behaviour is a significantly regulated by the same natural processes that regulate the behaviour of all other living things" (Kerr & Bowen, p3). Human interactions are viewed similarly to other species, particularly other social mammals. Hence this systems approach attends to the automatic (biological) responses to tension in each organism and how reducing anxious reactivity changes the functioning of the whole system. The interactional sequences are viewed as driven by instinctual reactivity more than by each family member's thinking about the problem. The humans' thinking about the problem is secondary to the tension that drives certain relationship patterns. Cybernetic systems theories work to shift individual member's meanings that have been ascribed to behaviours and relationships whereas Bowen natural systems theory works to educate individuals about how they get anxiously aroused and how they respond so that they can learn to reduce the degree of anxiety that they contribute to system interactions. Of course there is more depth to both approaches **but in simple terms one theory works to shift perceptions and the other to increase awareness of and shift anxiety levels.**

### **My reflections from the 2 role plays**

Watching the 2 case examples raised my curiosity about these similarities and differences. Laurie's case had all family members present while I had both parents present without children. Much looked very similar as both therapists refrained from defining the problem and invited family members to do so. Therapist engagement in both sessions was achieved through the use of attentive questions that conveyed respect and curiosity for family member's descriptions. There were no direct empathic responses as the connection between therapist and family members was developed in the context of attentive collaborative investigation. In both sessions family members would have had the opportunity to hear each other differently and think about what each family member was up against.

With these commonalities it could be easy to miss the divergences. Some are quite subtle. Both of us drew out interactional sequences with Laurie helping the family (parents in particular) to think about the meanings being generated and whether their beliefs about the problem logically fitted the interactions; and myself assisting each parent to become aware of their reactions and seeing the patterns they used to manage tension. An example of this difference is the way Laurie skilfully drew out how the family was focussing their problem definition on the adolescent's biological/medical condition and yet the interactions revealed that relationship challenges were clearly part of the problem. In a natural systems approach it is hypothesized that the parent's focus on seeking a medical explanation serves to reduce their anxiety without them working on their part in anxious interactions. I understood that Laurie is conceptualising the "mental map of the family" with the view that if they could see things differently they can behave differently. A natural systems approach conceptualises that anxious interactions lead to instinctual patterns for family members, such as distancing or over functioning. These reactive patterns function to lower the person's sense of threat/discomfort but can contribute to too much anxiety/tension getting stuck in one part of the family. Interventions aim to raise awareness so that a family member can choose to lower their arousal without transferring it to other relationships or individuals.

An interesting difference could be observed in the end of session summations. I remember that Laurie highlighted family observations about the father's distance. On this basis it was suggested he become more involved as a parent. I heard a summary that the mother was feeling overwhelmed and that the father could step up to be more of a resource.

(I wondered about how Laurie's feminist lens might have an influence on this as an intervention focus. I perceive that she chooses at this point to lean in towards the mother's position in an effort to generate some role shifts towards a more egalitarian marriage. The view would be that patriarchal influences on unequal division of labour, is a priority point of intervention. While it runs the risk of alienating the father, the empowerment of the mother takes precedence. The audience were shown the initial debrief at the completion of official taping where the person playing the role of father said "he felt like his balls were on the block")

Laurie has fed back to me that that these were not her intentions:

*{ "In answering my relationship focused questions, family members revealed the father's lack of involvement and the effect on the mother and her relationships with the daughters and ultimately how all of this connected to the presenting problem. My challenge to the father to become more involved was not because I imposed a feminist lens on this family, nor do I care whether they have an equal distribution of the work load. They want the presenting problem resolved. The question is: in what way is their current relationship context making the presenting problem necessary and how can relationships change to enable them to be free of the problem?" }*

In my wrap up I summarised what the parents descriptions had helped me to understand the way the husband distances and the wife increases her responsibility for others when they are stressed. I shared my thinking that each pattern the parents described, particularly in the triangle with the symptomatic child, was a coping mechanism. The suggestion was that each was co-creating their relationship with their reactions and counter reactions affecting the other. With a focus on physiological responses and counter-responses, rather than on meaning maps, the focus of attention is less on social inequalities (while these are not discounted) and more on seeing one's own part in the interactions that are not helping the family. The use of the family diagram that showed the acute events and relationship challenges over 3 generations was used to assist each parent to broaden their view of the challenges that each faced in trying to adapt to the fortunes and misfortunes of family life. My view is that the careful exploration of family patterns and challenges in the present and past generations is not experienced as a detached learning experience but as evoking deep feelings, fresh thinking and mutual compassion.

An intervention central to Bowen systems theory is for the therapist to maintain contact with each family member without taking sides. (triangling). In a more strategic cybernetic approach, while questions aim to be neutral, an intervention often suggests one family member change their position in the system (in an effort to perturb homeostatic mechanisms that deter systems change).

Laurie has fed back that her intentions were different to how I perceived them. She states:

*{ "During the interview I asked questions to explore the web of interrelationships and in this process created an affective intensity that facilitated change – to the point that, when the role-play finished, all of role players had tears in their eyes and the identified patient exclaimed that she felt free. They had changed. I don't see my interviews as assessments, or lectures. Rather, my aim is to have an encounter with family members that result in a profound change during the session." }*

If I hear evidence of unsafe misuses of power operating in a family, my effort would be to express my own position about what I am willing to work with and what I am not willing to work with. The therapist "I position" can uphold principles without aligning with a family member. In this particular role played case I understood the pattern of the mothers increasing efforts to manage family relationship distress (particularly in her symptomatic adolescent) and the fathers anxious distancing as something they both unconsciously reinforce in each other, with the children's reactions also playing their part. The father described coming in to keep the peace when his wife seemed overwhelmed and the mother then reacting negatively to the husband's anxious peacekeeping efforts. While societal gender patterns may influence these positions the driving force of biologically based sensitivities is the focus of exploration and intervention.

In the discussion panel at the end of the day Laurie observed that my approach did not use a systems intervention but was educative. I think that this may reflect the view that an intervention from a cybernetic frame (albeit a second order one that acknowledges the observer's influence) is about shaking up the system in a deliberate way in order to generate change (positive feedback loops). As I have increasingly worked from a natural systems frame I endeavour to intervene without entering the reactive patterns of the family but to help

family members to understand the system dynamics. This is educative in that it draws from family member's descriptions and information to teach them to see predictable systems dance steps (patterns). In this approach change happens less in the actual therapy session and more through increasing awareness of self and others in between therapy sessions. Laurie did level a criticism at Bowen theory saying (as I recall it) that it is not valid to describe a system as being anxious as only an individual can be anxious. Her view was that Bowen's writing on anxious systems needs to be revised. I responded by acknowledging that the idea of anxiety transfers between people is a different way to think to a DSM medical definition. I wondered whether there may be those in the audience who at that very moment were living the experience of anxiety being generated in a system. Any who may be instinctively sensitised to the threat of conflict may be noticing their arousal levels increase as they hear Laurie and myself discuss points of difference. I hear how confusing it can be to broaden anxiety beyond an individual diagnostic framework. I sometimes wonder if words like "tension", "stress arousal" and "hyper-sensitive" might be easier to hear attached to a relationship system than the word anxiety. I understand that any human stress response is first and foremost experienced in an individual's physiology and it becomes a system phenomena as those in contact have their physiological stress response triggered and respond in instinctive ways to reduce this discomfort.

Reading Laurie's feedback in response to my first summary reminds me of the care that needs to be taken in endeavouring to represent another's work. I think that the limitations of the written language run the greatest risk of devaluing the depth of affective experience that any family member encounters in describing their relationship struggles in the therapeutic space. Without the copies of the 2 role plays it has not been easy to compare objectively the 2 approaches. Much of what I have written is based on my observations and recollections. What we think we see and say is often unreliable.

I appreciated the good candour and mutual respect displayed in the reflection time. Liaising with Laurie and the conference committee to thoughtfully consider what it means to work systemically has generated valuable learning for me. Considering the similarities in approaches, affirms for me the value of the collaborative, respectful nature of much systems work; work that draws from well formulated theory to guide a therapist's questions and focus of attention. Clarifying differences in systems approaches has required me to push past my own instinctive preference to gloss over points of contention and settle for togetherness. I appreciate the maturity workout of thinking through and expressing points of disagreement, particularly with a former teacher whose work and contribution to field I hold in high regard.

The last 2 decades have seen family systems approaches somewhat sidelined in favour of more manualised individual treatment approaches and psychopharmacology. Perhaps the greatest challenge in holding a systems view is that so many in mental health work in under-resourced teams with highly anxiety generating multifaceted cases. When under pressure it is predictably more difficult to tolerate complexity in case formulations; and what all systems approaches share is the appreciation of multiple variables in which symptoms are embedded. Perhaps systems approaches to anxious clinical systems could make for an interesting future conference.

\*Reference: Kerr, M., & Bowen, M. (1988). *Family Evaluation*. New York: Norton.

1. Laurie MacKinnon PhD has private consulting practice in Sydney. In 2012 she received the Distinguished Contribution to Family Therapy Theory and Practice Award from The American Family Therapy Academy and the Australian and New Zealand Journal of Family Therapy award for her significant leadership and contribution to family therapy in Australasia. <http://insiteconsulting.com.au/>

**\* Note: I sent my draft blog to Laurie inviting her to give me feedback about any ways she thinks I may have misrepresented her work. Based on her feedback I have adjusted a few words and have incorporated her quotes in italics. This feedback has enhanced this thinking and learning process.**

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