7.3.2 Systemic Therapy

1. Overview
Systemic Therapy refers to a specialised branch of psychotherapy that considers interpersonal relationships and the systemic interrelationships within a group (including, e.g. a couple or family) in the diagnosis and therapy of psychological problems and interpersonal conflicts. Its foundation is the so-called systemic metatheory developed by Ludwig von Bertalanffy, which describes a universally valid model that can be applied to diverse systems with common laws and general assumptions. In this context a system is a unit made up of a number of elements – which together constitute more than the sum of the individual parts. The elements have relationships with each other and also with other systems. This gives rise to interactions that are different and greater than linear causal effects between two single entities.

Every system has its own internal order, which maintains itself and all of its participants in a sort of equilibrium. If this balance is disturbed, whether in a family, e.g. through children maturing to become adolescents or young adults and moving out of the parental home, or within a couple’s relationship, e.g. through one member of the couple losing their job, the system becomes out of balance and its position becomes threatened. As a buffer against this threat, at least one person develops symptoms e.g. behavioural disorders, psychological disturbance or illness.

Systemic counselling and therapy offer a broad spectrum of helpful theories and methods. Many of these have a sound scientific basis and their effects have been proven. Many of these have been well tested and proven scientifically and their effectiveness acknowledged. It is beyond the scope of this chapter to describe the various forms of intervention and therapeutic methods in detail; it can only provide a rough theoretical overview.

Systemic therapeutic methods (e.g. work of the American therapist Virginia Satir) gave rise to the method of family sculpture (family therapy) or family reconstruction, which makes it possible to identify biographical patterns and behaviours and to change them if necessary. The purpose of this intervention is to disturb the interaction patterns within the system (made up of family members and/or other significant persons) and as a consequence to alter the undesired symptoms.
2. Philosophy / View of Humanity
The focus of systemic therapy and counselling is the “person in their environment” within the context of a holistic bio-psychosocial concept of health, disturbance and social problems. The general aim is the inclusion of the excluded (isolated), at risk, ill (displaying symptoms) and disabled persons.

The most important moment is the point of orientation on the resources.
In a psychotherapeutic perspective this describes the therapeutic objective of making the client/s conscious of their own resources (sources of strength and wellbeing) and restoring access to them for their own use. Resources are material and immaterial goods and values that make individuals, but also teams, working groups and complex systems capable of action.
In contrast to the orientation on deficits (mistakes, faults, etc), the orientation on resources (the person or system’s sources of strength and energy, the capacity to find solutions, images and the way to solutions etc.) focuses on the identification, establishment of access to and activation of resources and the reinforcement of existing strengths in order to assume responsibility for one’s own actions and also to achieve goals or visions.
Within the context of solution-oriented forms of therapy and counselling, this means doing more of what works well and less of what works badly.

3. Principles
The classical principle developed through systemic family therapy also perceives the couple’s relationship (as the smallest system), the family system and company organisational systems as resources. The individual members can develop abilities and strengths but also behavioural disturbances. If a member of a group displays psychological or behavioural disturbances, this person is considered the symptom carrier for the entire system. This person is often excluded from the group/system or the cause of all difficulties and conflicts may be attributed to them. In this case, the person no longer has free access to all of their resources for the development of their own personality. Rather, these are bound to the functional disturbance and the function that this has for the whole system.

Within the context of so-called reframing the task is to reinterpret experience, actions, obstacles, mistakes or deficiencies in a manner that allows them to be described as resources (strengths) and to be actively used. This involves placing them in a different context (frame).

The elements of systemic therapy and counselling incorporate general holistic considerations. The therapist (or coach) views concerns and situations associated with conflict from different relationship levels. Depending on the position, several “correct” answers may be found to the same question. Here, the system defines the position, the element and its relationships to the other elements.

Systemic therapy and counselling makes it possible for those involved to:
- Identify symptoms and their functions
- Perceive new and previously unknown perspectives
- Gain an understanding of the attitudes of the other involved participants in the system
- Analyse patterns of communication and interaction
- Participate in appropriate intervention measures for change
- Accept responsibility for their own actions
- Develop a holistic hypothesis
These objectives guide the actual therapeutic process, which aims at strengthening resources and bringing about change.

4. The Meaning/Significance of Violence from a Systemic Perspective

Every system is susceptible to violence. Most systems are not structured on the basis of equality, rather they are characterised by hierarchies, power relationships, and unequally shared resources (often financial) and knowledge, different expectations of each other, needs and their fulfilment and unrealisable wishes and disappointments.

Should the equilibrium (the order) within a system become out of balance, a member of the system usually develops symptoms such as psychological or behavioural disorders as a means of buffering against this threat to restoring the “old order”. In this context, violence is considered a behavioural disorder. It is intended to restore the “old condition”. This “old condition”, the “old order” can also be a situation of interpersonal neediness.

In a couple, one partner may be more powerful than the other, e.g. by virtue of their possession of greater financial resources or knowledge, or through employment outside the home. This distribution of resources and the associated assignment of roles is initially desired by both parties. A change, e.g. the second person’s entry into employment and the related financial independence that this brings, alters the former (role) distribution. This makes Person 1 uneasy. This partner wishes to restore the “old order” through the use of violence. This includes all forms of violence: not only physical, but also verbal or economic violence. Depending on the personality structure of Person 2, Person 1 may or may not be successful here. Does Person 2 leave the relationship or remain in a violent relationship.

Violence is fundamentally different to dispute. In a dispute both of the persons involved are equal and communicate their respective arguments at the same eye level. In the case of violence, those involved are at different levels (“eye levels”). Here, the issue is one of power and control; this is also the objective of violence. A dispute may also be concerned with achieving one’s own way, but not with the objective of exercising power and control over the other person. This is not a matter of repressing the other person or wanting to win at any price. The emphasis is on agreement, including the agreement to establish a compromise.

In comparison to other forms of dysfunctional behaviour (such as anorexia, school phobia, addiction, etc.) where the first step in therapy is to attempt to understand the function of the symptom before working towards establishing that the complete system can do without it, when the symptom is violence, a different approach is necessary. The ultimate objective of this proactive approach is to stop the violence immediately, to end the symptom and its damaging expression without delay.

For further intervention strategies in the therapeutic process the following considerations are important:

- Identification of a member of the system as a perpetrator and one or more others as victims.
- The perpetrator must accept responsibility for the violence.
- The victims of the violence must assume responsibility for their own safety.
• Identification of the communication patterns and the relationship process in which the partners are addressed and take action, both individually and as a system.
• The transgenerational biographical history of each person must be considered.

In a systemic approach, the therapist involves each member of the couple or family in their development of a hypothesis and intervention. Should the person who uses violence refuse to participate in this process and this work, this can intensify the trauma experienced by the person who has become their victim. Traumatisation of this nature is even more serious when it occurs within the context of the therapeutic process and should be avoided under all circumstances. This also applies to situations where the therapist is pushed into the role of judge.

Aided by the identification of symptoms and an understanding their function, the systemic approach provides the system with a means of accessing the suffering experienced by all persons affected by the acts of violence. For this reason, therapeutic work must be accompanied by the creation of an awareness of responsibility for these violent acts and by learning to assume responsibility.

Literature


