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BASIC PRINCIPLES OF FAMILY SYSTEMS

Interpersonal context indicates that one's behavior is profoundly influenced by interactions with others. In the systems perspective, problems are seen not so much as occurring within people but *between* them.

Identified patient or IP (as opposed to patient/client)**:** the person who happens to be exhibiting the lion's share of the symptoms, who is bearing symptoms on behalf of the family. Maladaptive patterns in the family system are seen as the cause of symptoms, however, not the individual.

Function of the symptom: symptoms are seen as serving a function in the family system, which is to distract the family from conflicts occurring among them, to discharge anxiety created by those conflicts, and to stabilize the family in the maladaptive interactions caused by these conflicts. Symptoms are seen as indicators of a problem rather than the problem itself.

Homeostasis: the patterns of interaction that families find themselves in tend to get locked into place. The more rigid and narrow these patterns are, the more likely they are to cause symptoms in one or more family members. While dysfunctional families tend to use a narrower range of interactions to deal with a situation, healthier families tend to utilize a wider range, and are thus seen to have a have a higher degree of **adaptability.** Families are always operating in homeostasis. Family therapy is designed to *disrupt* this homeostasis, causing family members to break those patterns of interaction which are not effective or adaptive, which enables more effective and adaptive patterns of interaction to arise. Doing so eliminates the need for symptoms, which relent. The family then resumes homeostasis with these more functional interactional patterns in place.

Circular causality: as opposed to linear causality, where cause and effect occur in one direction, in circular causality, there is no definable beginning or end, no specific cause and effect, but rather effects have causes *which have prior causes*, which create interlocking **feedback loops**. Circular causality illuminates the layers of interaction within families.

Structure: patterns of interaction create a family structure, which involves boundaries, coalitions, and hierarchy. In healthy families, semi-permeable boundaries operate between family members, with parents forming a functional executive hierarchy. In more dysfunctional families, children tend to become more enmeshed with one parent and more distant from the other, creating a cross-generational coalition which undermines the distanced parent's effectiveness. Structural family therapy is designed to recalibrate this structure, generally by elevating the distanced parent.

Multigenerational transmission process: unhealed dysfunctional interactional patterns and trauma tend to be carried over the generations. Those who grew up with unhealthy interactional patterns tend to repeat them, i.e., direct them onto their children, as they know no differently. Furthermore, they tend to choose partners at their level of differentiation. Addictive behaviors tend to cause separation. Healing addictive behaviors tends to involve reconnection.

Resistance: as a feature of homeostasis, essentially the reliance on patterns that while maladaptive and ineffective are also well-known and well-practiced, families tend to come to therapy wanting to change but afraid to make changes. Family therapy honors this resistance while at the same time dismantling it.

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ESSENTIAL METHODS OF FAMILY THERAPY

JOINING – The therapist connects and engages with each and every family member, understanding and appreciating each of their positions in the family's web of interactions.

CIRCULAR INQUIRY – The therapist asks similar questions to different family members and also refers answers to different family members. This highlights interactions between family members and enables family members to become aware of the interconnectedness of their behaviors.

EMPHASIZING COMPLEMENTARITY – Demonstrating to the family how various members or subsystems join together in maintaining the problem.

MAINTAINING FOCUS ON SECOND-ORDER CHANGE – Focusing on changing interactional patterns (and family structure) rather than on problem-solving specific issues.

REFRAMING – Visualizing a problem or issue from a different point of view. Since how a problem is viewed affects how it can be addressed, realizing an alternative, generally more hopeful, understanding of a problem enables a family to more easily come up with alternative solutions.

NORMALIZING – The family is informed that their problem or situation is not unique or unusual but is shared by others, and therefore is not so far off from normal. Inspires hope.

SHAPING COMPETENCE – Searching for and articulating the strengths or competencies of family members or subsystems which when employed can overcome symptomatic/dysfunctional patterns.

TRACKING – Maintaining an awareness of the sequences of interactions in the family and the therapist's interventions in those sequences.

ONE-DOWN STANCE – Maintaining an inferior relationship to the family in order to maintain authority over the therapeutic process. Also, maintaining a standpoint of curiosity.

DIRECTIVES – The therapist assigns tasks to various family members in such a way as to encourage them to correct dysfunctional patterns in the family. These may be done in the family session or as homework. Directives can be straightforward of paradoxical.

ENACTMENTS – The family therapist sets up a scene in session in which the family acts out the dysfunctional pattern (or simply allows this pattern to be demonstrated spontaneously by the family). This allows the therapist to observe the pattern and for the family to more fully recognize it. As therapy develops, enactments become the means of intervention, whereby the therapist has the family experiment with new interactional patterns.

EXCEPTIONS – The therapist explores when the problem is not present, the spaces in-between problems, so that these may be <u>amplified</u>.

EXTERNALIZING THE PROBLEM – Visualizing the problem as an <u>alien oppressor</u>: that is the problem has the person (rather than the person has the problem), e.g. Guilt, Rebellion, The Rift.

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QUESTIONS ABOUT DEMONSTRATION

How does the therapist speak to family members? In what order? Is this intentional? What seems different from individual therapy?

Is the therapist tending towards focusing on content (what the apparent problem is) or process (how family members are relating)? What might the rationale be for this?

How does the problem affect the family structure? Are children being elevated above one or the other of their parents? What might be problematic about this?

What goal/plan is the therapist likely coming up with? In what ways is he already implementing it? How is this different from individual therapy?

What questions do you have about what the therapist is doing? What would you do differently and why?