An Introduction to Family Therapy

Joanne Jackson
Family Therapist
Open Doors Therapy
Systemic Theory

Systemic theory holds the idea that behaviour is constructed within cultural, social, professional, political, educational and familiar worlds that develops and evolve overtime.

Systemic therapy takes a relational approach which is different from the traditional intra-psychic and analytic approach.

- Relational is the establishment of authentic and mutual connection in relationship. Disconnection in relationship can be the source of psychological problems.
Making sense of behaviour is seen as a relational communication pattern, rather than an individual internal problem.

Communication between people are co-ordinated in such a way that meaning emerges.

For example – me talking to you is influencing your thoughts, your emotions - how you feel about what you have heard, and will influence your response towards me – your questions. I will then respond to your questions and meaning will emerge.
Let's think about this.

- Talk to your neighbour for a few minutes about an occasion when someone did something and you tried to understand the meaning of their actions.
- What meaning did you take from this?
- How did or how will you respond?
This to and fro is called ..............

**Circular pattern** is often termed as **circularity**.

Circularity is about patterns of behaviour that develop within systems, which are repetitive and circular in nature, despite its effects on the individuals involved.

A **System** is a collection of people that are organised for a common purpose, such as a group of people in a family, work colleagues, group of students, group of friends etc.
Feedback loop

- When this happens alongside the repetitive patterns is the response to feedback. A feedback loop is being created.

- Feedback loop is our behaviours and interactions that shapes what takes place between us as people by using communication, both verbal and non-verbal.
You can have both a negative and positive feedback loop.

Negative feedback loops cause disruption and chaos.

Positive feedback loops tend to move a system into a state that we call **homeostasis**.
Homeostasis.

- Homeostasis is a state of balance or a stable situation.

- Both positive and negative feedback loops enhance or amplify change and brings about a situation which is self-regulating that result in repetition of (or avoidance of) behaviours.
For example

- Praise - when we are praised for something, we feel a sense of accomplishment or pride that increases the chance of us doing whatever it was, to do again.

- As human beings we rely on feedback loops to reinforce our actions and behaviours. Parenting groups base their whole ethos on this notion.
How do we as systemic therapist use all of this in our work?

- We enquire about thoughts, ideas and views.

- This is known as our beliefs.
Beliefs

- Beliefs are a set of ideas and concepts that shapes the way the individuals and families interact with each other and the outside world.

- These beliefs are strong governing factors that influence behaviour, what we do what we say etc.

- Beliefs can either maintain problems or permit change.
Quick CMM demonstration example

**Gender Belief**

Men are leaders and providers for their families. Woman are to take care of the children.

**Narrative**

Why does she want to go out to work?

**Action**

Husband complains that his wife does not look after him properly.
Take a few moments to speak to your neighbour about something you strongly believed in which affected your behaviour and interaction with another.
As you can see from the example, what we believe has an impact on what we say in conversation - we as systemic therapist call this ‘narratives’.

These narratives have a privileged and dominant influence on our language, thoughts and actions.
How we describe things in conversation forms the basis of the stories we tell, which is based on our beliefs.

These stories are constructed between individual and systems (groups).

These narratives and the interactions govern the ‘reality’ of the persons everyday lives.
When a group of people talk and relate among themselves in a familiar way, much of their talk reflects their dominant narratives and beliefs. It reflects their ‘reality’.

Furthermore, because their dominant narratives are so familiar, they take for granted and at times even dismiss that anything else could be possible.
It is hard to question what they believe because it has become part of their identity which influences their attitudes and behaviours.

For example - a religious group of people who believe in the same tradition and rituals or a family who believe in a certain way of parenting their children, some of the rituals they may have, they just do it - they don’t question these, as it part of who they are.
Turn to your neighbour and think about something that you are familiar with when you get together with someone or a group of people.

Think about the language you use and the things you do that you don’t question when together.
Neutrality

To help us be curious about people’s familiar ways of being, we as systemic therapist intervene by adopting a neutral stance.

Neutral stance is when the therapist actively avoids the acceptance of anyone position as more correct than another.
This neutral stance aims to protect the therapist from assuming a biased attitude.

We also use circular questioning, which has the effects of placing the family member in a position of the observer of thoughts, emotions and behaviours.
Open Doors Therapy

- We facilitate discussions, reflect what we see and hear.

- We look at the problems we are presented with, within physical interactions and language.

- We then offer a view of the problem/s through a systemic lens, which we call a hypothesis.
Hypothesis

- **Hypothesis** is where ideas are generated about the nature of what is going on in the system.

- **Reframing** is a technique used to help create a different way of looking at a situation, person, or relationship by changing its meaning, thus enabling families to look at situations from a slightly different perspective.
Harry is a seven year old boy of mixed Black Caribbean and Asian heritage. He was referred to the clinic with worries about his strange thoughts, nightmares and bizarre images, which caused problems for him with going to sleep at nights on his own. There were some concerns by his father that he might be displaying signs of childhood schizophrenia. His mother had recently started a training course and was spending more time away from the home and this caused more arguments than usual. It also emerged that both parents had experienced nightmares when they were children.
As a reframe it was suggested that rather than Harry as potentially ill child, he was in fact a very imaginative and sensitive boy. He was also following in the parents’ footsteps in being sensitive in this way. Furthermore this sensitivity perhaps made him concerned about the changes that had occurred in the family and his thoughts symbolised this. Perhaps Harry also hoped that his symptoms might ensure that his parents stayed together to look after him, rather than go their separate ways.
The reframe of Harry as a creative and sensitive boy rather than odd and ill was accepted by the family and they started to notice confirming comments, for example when one of his teachers commented that she thought Harry was an imaginative boy.
Verbal and non-verbal communication

- Family Therapist also pay attention to verbal and non-verbal communication – that what is being said and what is not being said. How people say things, tone of voice, facial and bodily expressions and when people don’t say anything are forms of communication.

- We look at whether the spoken words are congruent with the non spoken communication and share this in therapy.
We use ourselves and our differences to engage people.

This we call therapist use of self.

More specifically it is our own experience and knowledge of the world, our personalities and our humour and how we use that in the therapeutic process.
The one step down position

- We also take the one step down position.

- This is where the therapist who generally holds the position of power in the therapeutic relationship, decides to give up that power and step down from his or her position, in order to engage and or move the therapy process on.
Open Doors Therapy

Circular questions

- We use Circular questions, which is a technique that enables the therapist to approach difficulties from different angles.
- It involves each member of the family.
- Avoids questions that invite yes/no responses.
- It introduces feedback.
- Maintains neutrality.
- It also elicits patterns and reveals differences in perceptions.
Open Doors Therapy

Sequential patterns
► When your mum tries to get your sister to eat and she refuses, what does dad do?

Mind reading
► What does your father think the difficulties are?
► When you stay out late what is your mother thinking/ most worried about?

Links between past, present and future
► What was life like before the difficulties?
► What is life like now?
► If things were to significantly improve, what would your relationship or life look like?
**Open Doors Therapy**

*Looks at actions*
- Who is closer to your father, sister, mother?

*Hypothetical*
- Let us imagine your daughter meets a young man that she likes a lot, and he cares enough about her to help her to stop drinking, what do you suppose might happen?
- What sort of relationship do you imagine might develop in 5 years time?

*Classification*
- Who is most concerned/worried about the difficulties?
- To whom does your dad show most affection?
Open Doors Therapy

Turn to your neighbour and choose two questions from the list below to ask each other:

- What expectations did you have about this key note speech?
- When this key note speech is finished, what would tell you that it has been useful?
- What are you connecting with as the speech goes on?
- What do you want to know more about?
“Don’t know”

A further question could be..........

- If you were to take a guess what would it be?
- Its just your ideas and doesn’t have to be correct, as there’s no right or wrong answer?
Social GRRAACCEESS is a really important concept.

It refers to the experiences we have had that shapes our understanding of how we view our worlds.

The Social GRRAACCEESS provides a helpful way for us to become intentional in our developing awareness of and our skilfulness in responding to sameness and difference.
Open Doors Therapy  Revised version (John Burnham and Alison Roper-Hall 2008 or 2013)

Social GRRAACCEESS

Gender
Race
Religion
Age
Abilities

Culture
Class
Ethnicity
Education

Spirituality
Sexuality

Geography
Appearance
Employment

Roper Hall, cited in Burnham 1992
A case study
Belief

People who go to a therapist are not right in the head

Self-Image

I can’t be seen going to a place like that

Speech Act

I don’t need to see a “Shrink”, I’m not “mad”

Episode/Action

Does not engage with CAMHS service