

General Systems Model

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Overview

- * Psychiatric nurses must know how they, themselves, view the world
- * Aim: focus on the secondary socialization process
 - * How professional education leads us to think about the world and human personalities

Earlier theories: Background

- * Bible
 - * Noah and Noah's sons (filial respect)
 - * Marriage and hearth analogy
- * Literature
 - * Dostoyevsky
 - * Shakespeare

Intrapsychic, or psychoanalytic theories

- * Freud's theories
 - * Early trauma produced specific later, troubled outcomes
 - * Concept was abstract and not directly observable
- * Nurses were thought to have little impact on client's illness
- * Psychiatric treatments had little to do with psychoanalytic concepts

Interpersonal theories

- * World War II
 - * Grinker and Spiegel: *War Neuroses*
 - * Interactive phenomena could be directly observed, classified, and organized
- * US: National Institute for Mental Health
 - * Funding for the study of severe mental illnesses
- * Double-blind hypothesis
- * Harry Stack Sullivan

Interpersonal theories (cont.)

- * Clinical settings
 - * Professionals' behavior was also examined
 - * Professionals were considered significant others
- * *Collections of Classics in Psychiatric Nursing Literature* (Smoyak and Rouslin)
 - * Hildegard E. Peplau
 - * Clinical practice of psychiatric nurses

The emergence of systems thinking

- * Systems thinking allows a broader, more encompassing view of why people do as they do within families and other contexts
- * Field of analysis: entire units
- * Ludwig von Bertalanffy
 - * ‘General systems theory is a new discipline whose subject matter is the formulation and derivation of those principles which are valid for systems in general’
 - * System: sets of elements standing in interaction

Overview of systems theory

- * Intrapsychic and interpersonal theories are causal, if-then, or linear theories
- * Systems theory considers a large number of variables
- * Harry C. Bredemeier
 - * Application of modified theory to the understanding of normal and troubled families

Systems principles

1. The whole is greater than the sum of its parts
2. Rules of organization
3. Janus effect and hierarchical order
4. Depth and breadth of hierarchies
5. Adaptation
6. Decision-making

The whole is greater than the sum of its parts

- * There is an entity in a system which cannot be understood as an additive, mechanistic operation
- * 'Greater than' = 'organization'

Rules of organization

- * Parts of system arrange themselves
- * Rules of organization are not directly visible, yet can be inferred or discerned
- * Family's rules are determined by culture
- * Rules of organization aid identification of a particular system

Janus effect and hierarchical order

- * Boundaries vary in size and complexity
- * Holon= system under analysis (the interacting parts, and their boundary)
 - * Sub-system, system, supra-system
- * Janus effect: reminds theorist that any given holon has sub-system parts but is also part of a supra-system

Depth and breadth of hierarchies

- * Yields a clue to complexity
- * Used more in organizational, agency, and institutional analyses than in family work
- * Relevant when analysis includes families interacting with school, government or legal systems

Adaptation (cont.)

Modes of Transaction

Sub-system A

		Bargaining	Legal-bureaucratic	Gemeinschaft	Team-cooperative	Coercion
Sub-system B	Bargaining	X				
	Legal-bureaucratic		X			
	Gemeinschaft			X		
	Team-cooperative				X	
	Coercion					X

Adaptation

- * Two units of sub-systems interacting with each other, by exchanging matter, energy or information
- * Maladaptation: when any one or several exchanges does not occur, or is blocked, or a transaction is attempted which is not wanted by either sub-system
- * The Social Exchange Paradigm
- * Associated paradigm- Bredemeier
- * Modes of transaction
 - * Bargaining: marketplace
 - * Legal-bureaucratic: formalistic (rules, duties, job)
 - * Gemeinschaft: familistic stance
 - * Team-cooperative: group or team effort
 - * Coercion: default category

Decision-making

- * When system is maladapted or confronted with a new situation, decision-making functions are needed
- * Closely related to power issues in human systems
- * Caplow's work: useful organizing framework

Comparison of intrapsychic, interpersonal and systems views

- * Differences in focus and thinking among three approaches
- * ‘Why do people do what they do?’

Use of genograms for assessment of family systems

- * Genogram: contains all structural information about a family
 - * Age, sex, ethnic/religious origin, education, occupation
 - * Relationships of members are also portrayed through lines and symbols
- * Used by family therapists and family sociologists

General directions for constructing a genogram

1. Use a plain, white sheet of paper, turned sideways. Imagine it divided into a top, middle and bottom third for the grandparent, parent and child generations.
2. Men are placed in squares; women in circles
3. Family name printed above the top generation; first name of each member written within the square or circle.
4. Men are on the left, and women are on the right in marriages. A marriage is depicted by a horizontal, solid line. The marriage date is written on the horizontal line, preceded by an *m*. A living-together or serious dating relationship is depicted by a horizontal, broken line. A child line is a vertical, solid line from the marriage or living-together line; when more than one child is in the family, a horizontal line appears under the child line, to accommodate the others.
5. Birth dates are written, preceded by a *b*, under square or circle.
6. Death dates are written, preceded by a *d*, under the birth date. In the square or circle, when a death occurs, a slanted line is drawn through.
7. The date on which the genogram is first constructed is written in the lower left corner, with constructor's initials. The present age of family members in active therapy might be written under the birth date, and changed as birth dates occur.
8. A pregnancy in process is depicted by a triangle; an aborted fetus is a triangle, with a line drawn through it.
9. Adoption is depicted by a vertical, broken line drawn from the marriage line down to the circle or square for the child. The adoption date is added, with an *a* preceding it.
10. The years of education, or final degree, are shown to the right of the square or circle.
11. The present occupation is noted to the left of the square or circle. Abbreviations can be used.
12. Twins are depicted by adding a rocker or curved line between the member symbols.
13. When a separation or divorce occurs, the date is noted above the marriage date, and two short lines are drawn on either side of the child; vertical lines if there are children, and in the middle of the marriage line if there are no children.

Application of general systems theory

- * Intrapsychic and interpersonal models are still more familiar and an easier match for reimbursement methods
- * Rapidly growing literature on systems theory and family therapy
- * Psychiatric nurses
- * Psychiatrists
- * Social workers

Clinical Applications: Overview

- * Ethnocentrism
- * Clinicians need to engage in an ongoing pursuit of knowledge about patterns and processes of family systems other than their own
- * Any family feels that how it lives must be basically all right
- * Danger of overclassifying families as pathological stems from clinician's ethnocentric tendencies and medical tradition that is skewed toward seeing disorder

Work as a normalizing dynamic

- * 'Is he lazy or is he sick?'
- * So long as a person works, their faults are handled with less disruption than when the person does not work
- * Max Weber- Protestant work ethic
 1. religious and moral obligation
 2. expected to spend long hours at work with limited time for leisure
 3. workers should be highly productive
 4. workers should take pride in their work
- * Continuing therapeutic dialogue is possible when family is invited to see the issue as one of conflicting views rather than as a right-wrong situation

Families struggle with violence

- * Public education has somewhat succeeded in changing people's minds about the mentally ill and their dangerousness
- * Turkat and Buzzell's study revealed that 30% of all recidivist hospitalizations were a result of violence against family members.
- * Families feel ill-prepared to deal with violence of their young, chronically mentally ill relatives
- * US and Canada
 - * 'family burden'
 - * Maladaptation within the family system, and between families and professionals they consult

Families struggle with violence (cont.)

- * Creer and Wing

- * Incidents of violence were uncommon; however, the need for advice about managing disturbed behavior was a priority for the families
- * Families and professional care-providers view origin and needed treatment of an illness differently
- * Difficult to design strategies that are effective in a home setting

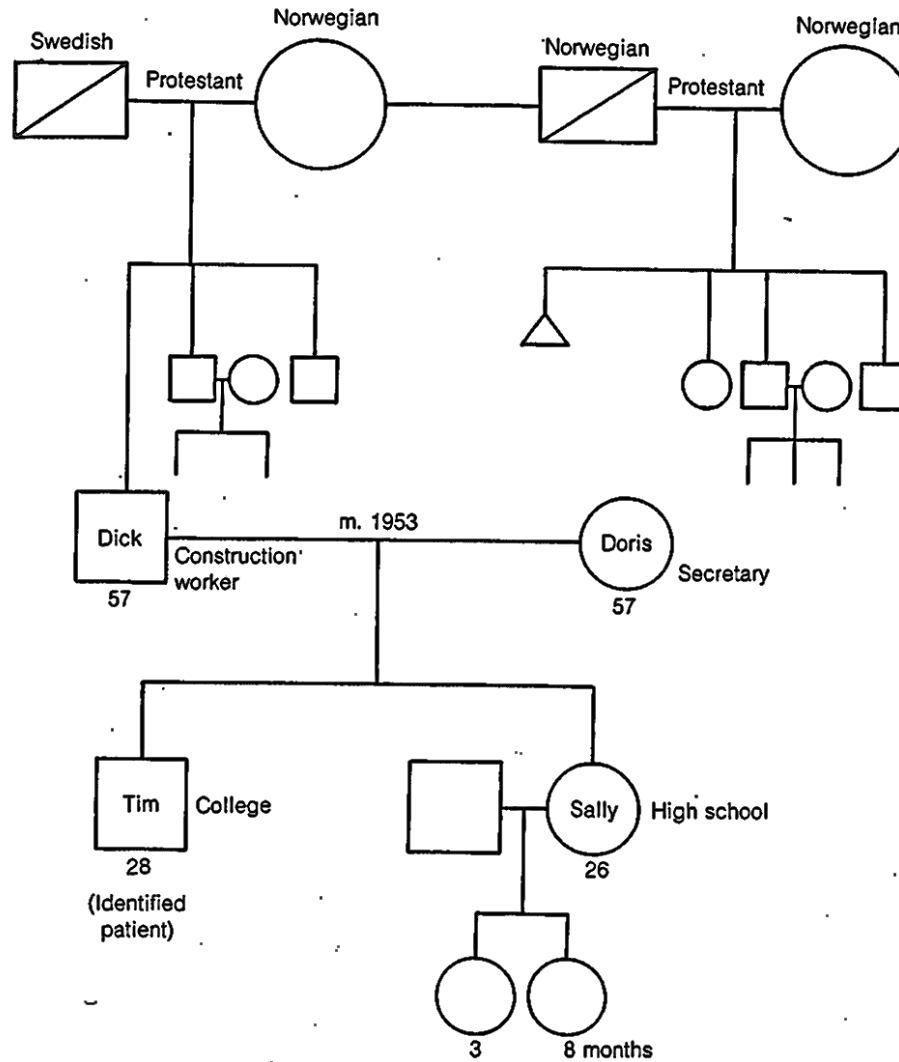
Adolescent caretaker sisters

- * Caretaker-care recipient relationship among siblings is complex and qualitatively different from many other types of familial patterns
- * Daughters are socialized to be women primarily by their mothers
 - * Deficient or defective primary socialization of mother leads to predictable inability to parent effectively
- * When parental dyad is dysfunctional, a child frequently emerges to function as protector of dyad (childcare role)
- * Caretaker siblings, even in adulthood, seem continuously sad, if not clinically depressed

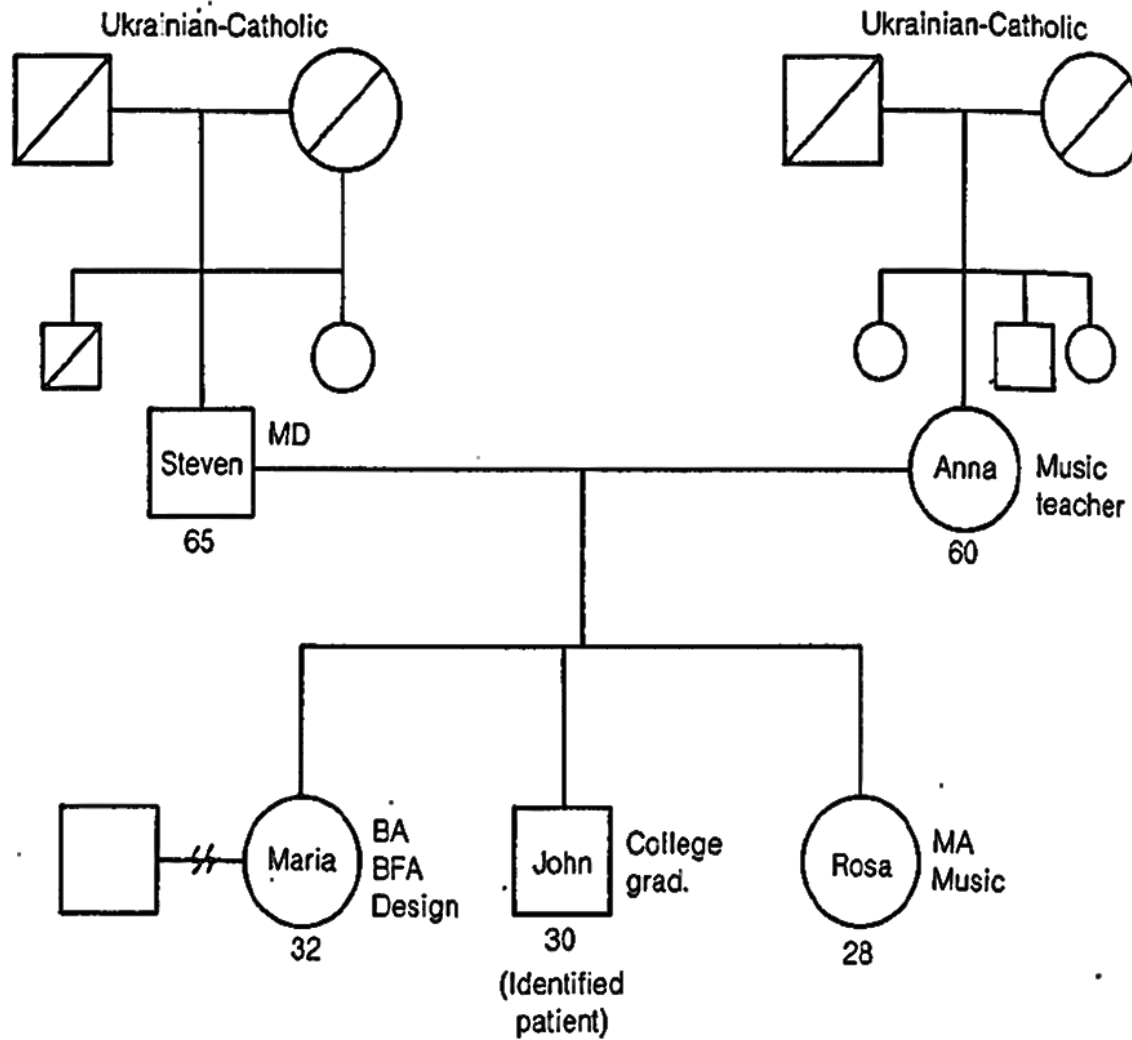
Working with families

- * Maladapted families are usually so complex that a more experienced clinician is needed to design intervention strategies

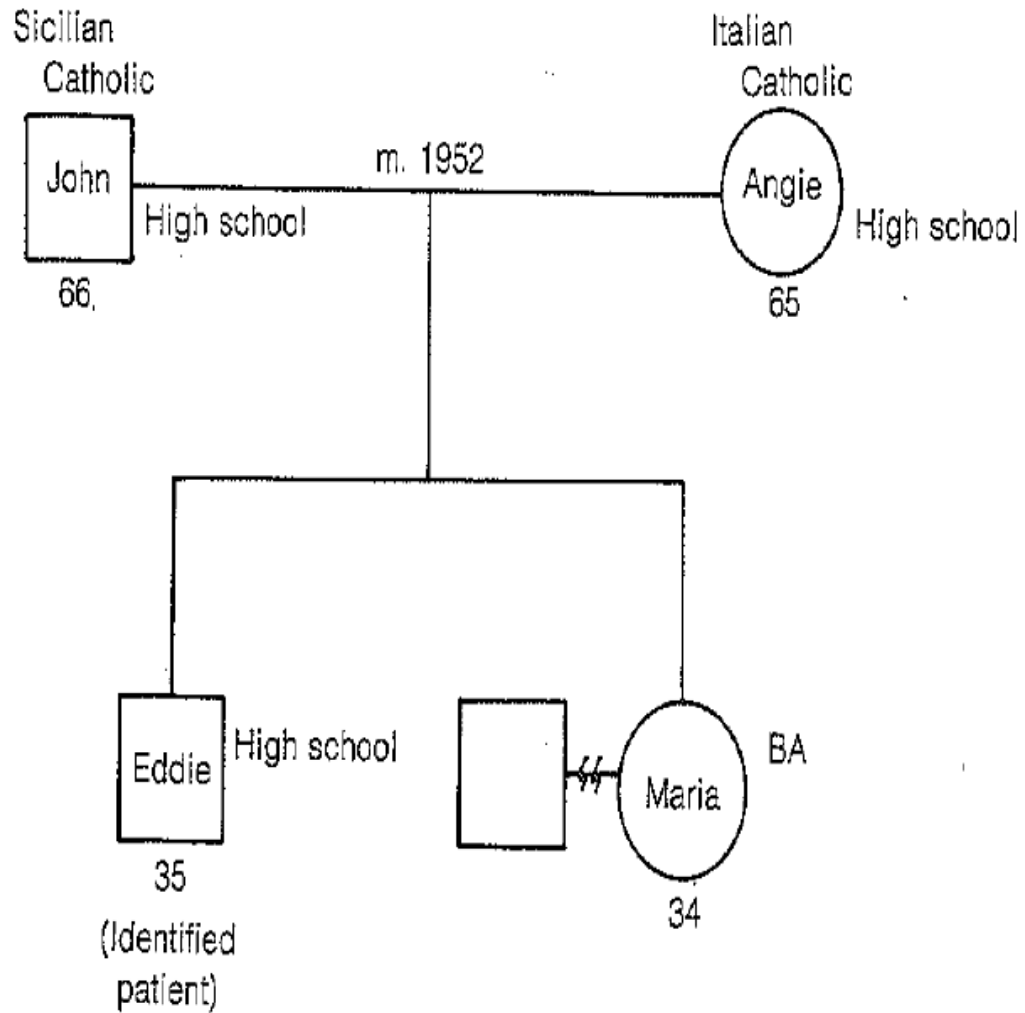
Appendix A: the Johnson family



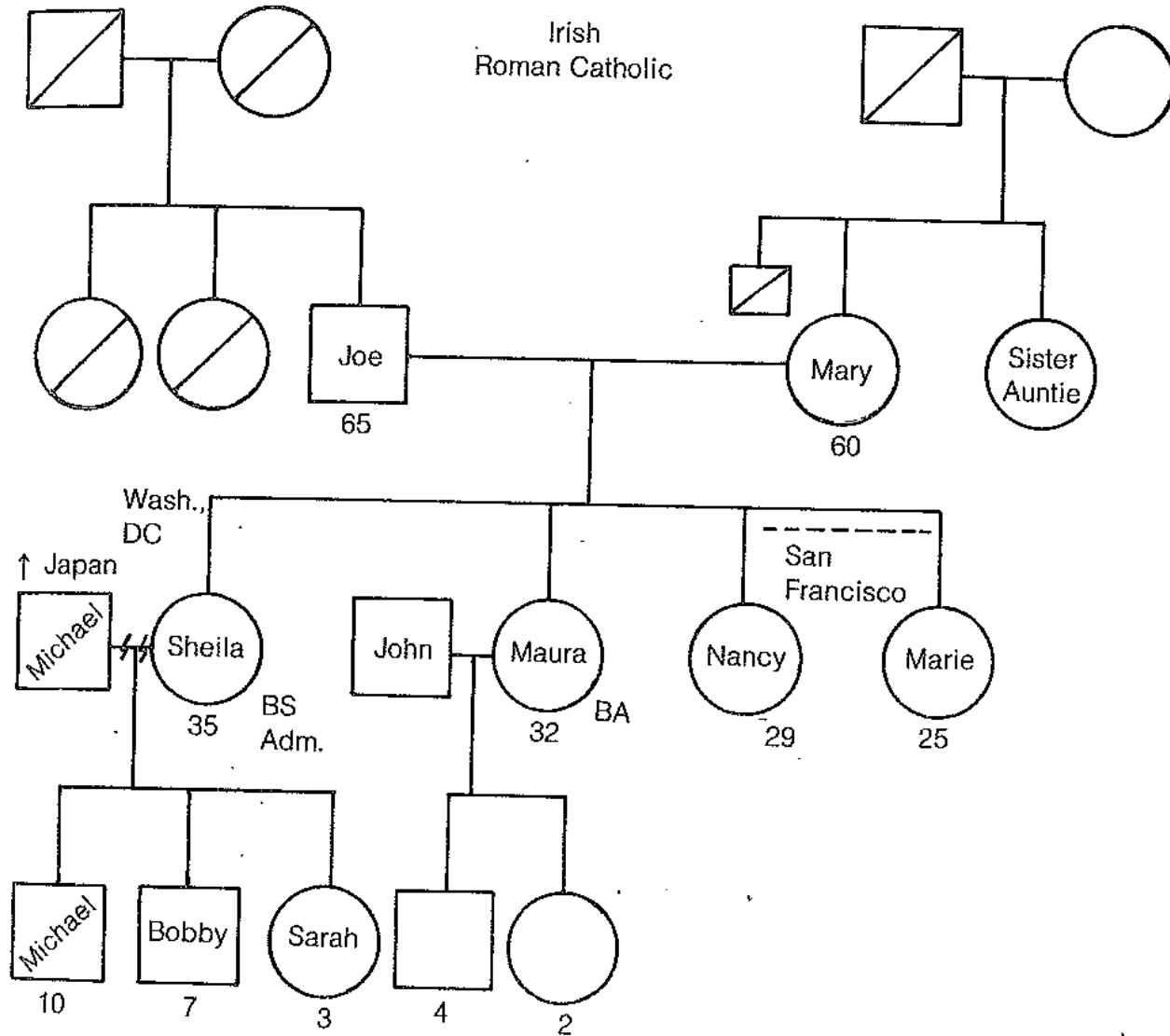
Appendix B: the Folaty family



Appendix C: the Giovanni family



Appendix D: the Flanagan family



Appendix G: the Shah family

