

Phase 2 - COLLABORATIVE INQUIRY PHASE

Week 4. Unit 2.1. PERSONS-IN-CONTEXTS I Families as human social systems: *Anorexia Nervosa* in social context; a role-playing demonstration of PAR approach to diagnosis and treatment of psychosomatic disorders in adolescence.

FACILITATION: Instructors and Study Group #1

ASSIGNMENT OVERVIEW:

Remember that assignments should be done before the class meeting and in the indicated orders.

READ by yourself then DISCUSS in your study group:

2.1-1 Human Systems: A Selection of Development Schemes.

2.1-2 "The Individual and the larger contexts"

2.1-3 "Psychosomatic Families: Anorexia Nervosa in Context"

ASSIGNMENT DETAILS: THINK OVER by yourself then DISCUSS in your study group:

2.1-1 Human systems: A selection of development schemes. (PDF)

2.1-2 Jackson, Don D. "The individual and the larger contexts." Family Process 6, no. 2 (1967): 139-147.

2.1-3 Minuchin, Salvador, Bernice L. Rosman, Lester Baker, and Salvador Minuchin. Psychosomatic families: Anorexia nervosa in context. Harvard University Press, 2009.

Among researchers and clinicians alike, families are increasingly understood as internally rule-governed human social systems. By hypothesis – the thoughts, feelings and actions of all members of such systems are influenced by their (possibly incompletely conscious) tacit knowledge of, sympathy with, and adherence to the beliefs, values, and practices which are intergenerationally prevailing within the family.

What is good and what is not good? Questions like this lead to different answers inside and outside of the family. To be members of families – sui generis – is to tend to agree on a variety of core issues. So long as such consensual agreement exists, it helps to hold the whole transgenerationally evolving system together and, within its boundaries, social/psychological "homeostasis" tends to prevail more or less readily.

"Family homeostasis" – whether it be further defined as "functional" or "dysfunctional" in any given instance, and with respect to certain standards or norms, should not be understood as a statically fixed and changeless state. Family system equilibrium is a dynamic process that recurs in successive transgenerational cycles that are initiated and maintained by means of constantly and recurrently active feedback loops. The term "homeostasis" relates to the tendency of family systems to assume certain "set points". This process involves dynamic rule-governed interactions in which matter, energy and information are selectively conserved and exchanged both inside the system (i.e. among members) and externally, with other surrounding systems.

Deserving of emphasis here is the extent to which the personal mental life and behavior of individuals individually and collectively comprising the membership generally tends to both reflect and reinforce the beliefs, values, and practices characteristic of the ongoing organization/development of the system as a whole.

This is not easy stuff to "wrap your mind around" – reread it several times; read it aloud if necessary, until you "get it." Evaluate its credibility in terms of your own experience. Can you apply it "mutatis mutandis" to other people, peers, friends and enemies, homes, neighborhoods, towns, linguistic communities, schools, teams, gangs, socioeconomic classes, religions, organizations, etc.?

Prevailing patterns of thought, feeling, and action (inaction) within the system are created and maintained (and sometimes changed). But one can have a good idea of the range of thoughts, feelings, and actions that are appropriate for each member of the system (and be able to behave accordingly) without consciously being able to state the rules that are thus understood and obeyed. Like the bike rider who maintains her/his balance reflexively and without thinking ... like the speaker of a native language who adheres to grammatical rules not "known" or explicitly articulated – so, the members of families (and other human social systems) commonly "obey the rules" in ways that tend to maintain the prevailing "homeostasis". Does it make sense to you that this is something we all do quite regularly both without realizing it and without consciously understanding the rules that we are obeying?

Rules governing family homeostasis -- like the syntactic laws governing grammatical utterances -- are not ordinarily explicit. But, attentive observers can nonetheless infer something about them by noting the recurrence of particular patterns of family interactions under specified conditions. When we observe the recurrence of certain patterns of interaction in a given context, we can formulate a few hypotheses about the "family rules" that everyone seems to be obeying. These can then be framed in simple terms and put to the family members as hypotheses to be tested against their collective longtime experience (and thus be either consensually confirmed or disconfirmed). Is this process in any meaningful sense "scientific?"

In Class: we will have a chance to learn how the "family systems" approach works in a clinical context. The setting is the psychiatric ward of a children's hospital. It is lunchtime and regular weekly "grand rounds" is about to begin. Today the head of the clinic, a noted "family therapist", will be interviewing the Kaplan family around a lunch table where her parents (Cindy and Abe) are trying to get "the identified patient" (IP: Deborah) to eat. Also present is Deborah's younger brother (Simon). The IP is a teen-age girl who has been hospitalized with a severe and potentially fatal eating disorder (self-starvation; anorexia nervosa). The interview is structured around lunch to enable everyone to observe how the family members interact with each other and with the IP in a situation where her principal presenting symptom plays a pivotal role. The simulated interview is conducted behind a "one-way screen" by a family therapist/family systems researcher and his various assistants and commentators. In addition to helping us to learn to see and understand the family as a rule-governed, homeostatically controlled, human social system. This approach also enables us to see the difference it makes whether a dispositional or situational reference frame and interpretation is used to define and deal with serious human problems of broad scope and acute urgency.

By way of background:

- 81% of American 10 year olds report fear of being fat
- An estimated 5-10 million American women and girls struggle with eating disorders; some with a tragically fatal outcome. Can you think of any other situations in which the difference between systemic and reductionist definitions of problems was, is, or could be tantamount to the difference between life and death?

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