SYSTEMIC THEORIES OF SOCIAL WORK

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Abstract

The systemic approach is nowadays one of the main trends not only in social work but also in other human sciences such as psychotherapy, psychology, pedagogy, sociology, etc. Its contribution lies mainly in the fact that it is a coherent and scientifically grounded variant of the view of man and society, which offers new ways of dealing with social and psychosocial phenomena in an era that is characterized as late modern or postmodern. It began to take shape in the second half of the 20th century as a result of a paradigm shift not only in the natural sciences but also in the social sciences. The term systemic came to be used primarily to refer to a specific school of psychotherapy, called systemic and family therapy, in the 1970s.

Systemic theories of social work

The systemic approach in a broader context is a specific concept within systems theories that refers to approaches in helping processes (especially in family therapy) that seek to proceed immediately to solutions, without dwelling deeply on the analysis of problems. In doing so, it uses the principles of "don't fix what isn't broken," "do more of what works," or "if it doesn't work, don't do it, do something else." (Ibid)

Systematic theory is more concerned with a sequence of steps or methods that are applicable in solving social problems or providing social care. It focuses on a systematic and organized way of solving problems and providing services to clients. It concentrates on creating and applying methods that are logical, orderly, and repeatable. It offers a framework of thought that emphasizes that each person, living in a community of other people, is part of a relational context.

The formulation of systemic practice refers to two areas of knowledge that underpin this thinking:

- Explicitly to systems theory as a scientific discipline concerned with complexity,
- implicitly to the processes that produce systems as organised complexity, that is, to processes of observation.

According to Ludewig (2011), systems thinking relies on two pillars : one that relates to the theory of knowledge and the other that relates to the system. "This thinking defines ontological and epistemological positions, or rather a way of seeing, a paradigm or a culture." (Brnula, 2012, p. 162). In the epistemological perspective, it is characterized as follows:

- The operationally and functionally closed human nervous system does not distinguish between internal and external triggers. Internal and external stimuli are essentially indistinguishable for the nervous system,

- Human cognition is conditioned not by the objects of the external world but by the structure of the organism : "one sees what one sees",

- human cognition, as a performance of the organism, is fundamentally subject-bound and thus non-transferable,

- the content of the communicated knowledge is governed by the biological structure of the addressees and not by its content: one hears and understands what one hears and understands.

Systemic theory can also be understood as part of a systems approach or methodologies in social work. A systemic approach involves a methodological procedure and framework that helps social work practitioners to gather information, evaluate situations and plan actions in a systemic way.

This model works with concepts such as adaptability, equilibrium state, equifinality (the ability to arrive at an outcome state through different pathways), boundaries, organization, and negative feedback - minimizing deviations from the equilibrium state (Matoušek et al., 2013).

As further O. Matoušek (2001) states, the systemic approach is increasingly applied in Western countries, and in all areas of services provided to people, because it brings several tendencies.

1. Short-termism - shortening the time , which is needed to resolve a difficult situation can be achieved with a focus on the goal. This limits the psychological burden on both the users of the social service and the workers, and serves as a prevention against burnout syndrome.

2. Effectiveness - a systems approach offers a tool in the form of focused reflection on the methods and practices used in a given context. By using all available resources precisely to resolve a case quickly, it is also beneficial to payers of services that are usually paid for by public funds.

The approach is used in a variety of contexts. For example, in the clinical field (psychotherapy, psychiatry, psychosomatics, addiction treatment, etc.), in the psychosocial field (marriage, family, psychological counseling, youth centers, etc.), in education (schools, adult education), in business companies and organizations (management supervision).

Systemic theory is a general term that encompasses different models and approaches. Ludewig (2011) gives the following differentiation of systemic models and its representatives:

1. intervention-oriented approaches - Milan School (Selvini Palazzoli) and other developments (Boscolo, Cecchin)

2. collaborative approaches - such as the reflective team (Andersen)

3. approaches focusing on language - relying on so-called social constructionism (Goolishian)

4. solution-focused, short-term therapy approaches (de Shazer)

5. narrative approaches - (White)

6. biographical approaches - (Welter-Enderlin, Buchholz)

7. integrative approaches - - (Mátel, Hardy, 2013).

Milan School

This direction likens human destinies to stories that are told, and both the author and the listeners work on their changing form. The person who tells his or her story assigns a particular meaning to particular events or relationships. The story changes with each retelling or retelling (Kratochvíl, 1997).

Thus, therapy is also a search for new versions of an old life story that would open up more hopeful possibilities for its continuation. According to Kratochvíl, this therapy is essentially a conversation in which the retelling of stories gradually achieves a deconstruction of the original meanings of particular events. At the same time, a search for new contexts and meanings takes place, which allows for the overcoming of the problem and the reconstruction of the problem-defined system.

Representatives of the Milan School have established a baseline for conducting system-oriented therapy sessions, and the methods they have developed form the standard equipment of systemic therapists. The Milanese model is represented in particular by the four therapists who addressed the professional public with the publication "Paradox and Counterparadox". The innovativeness of the approach presented consisted above all in the brevity of the procedures and the emphasis on efficiency. The Milan group was represented by Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin and Giuliana Prata. The main representative of this approach is Mara Selvini Palazzoli (1916-1999), an Italian psychiatrist. Her way of working

was very drastic. It was based on the personality of a woman aware of her competence, where discipline, technique and precision were more important qualities than empathy, warmth and congruence (Mátel, Hardy, 2013). Hypothesizing, circularity and neutrality were the main principles of the original Milan School concept.

Hypothesis is considered an assumption that needs to be verified. In a systemic context, the value of a hypothesis is measured by its organizing (sorting relevant and irrelevant information) and instigating (offering new insights) functions. The systemic ambition is not to find a single correct hypothesis; it is the diversity of assumptions that can lead to a diversity of perspectives and possibilities. When formulating a systemic hypothesis, it is important to "include all members of the problem system while linking either good intentions with unintended negative consequences or, conversely, distress with positive side effects of the problem" (von Schlippe and Schweitzer, 2006, p. 85 in Brnula et al., 2015).

Circularity is a cycle that can be used to describe the behaviour of the elements of a system. Behaviour, relationships, rules of the individual members of the system interact with each other. This interaction is not of a linear nature, but also affects the member of the system that caused the change. It follows that the cause of a phenomenon can also be its effect... The circularity principle is the basis for the circular questioning technique, which is a standard feature of systemic therapy. The principle of the technique is the elicitation of questions in an indirect way, based on the assumption in system behaviour be understood as offer of communication.

The symptomatic behaviour of the members of the system is not only an expression of ongoing internal processes, but also has the function of defining relationships with each other. When asking circular questions, instead of asking a direct question (e.g., "What does your crying express?"), we ask about the meaning or interpretation of its behavior by another member of the system (e.g., "What do you think your crying means to your child?")

Neutrality is represented both by an accepting attitude towards all members of the system as competent persons, but also by their differentiated way of incorporation into the existing structure of the system's relationships. It can be understood in relation to persons, problems (symptoms) or ideas (Mátel, Hardy, & Giertliová, 2015, p. 117).

Solution-Focused Brief Therapy

Solution focused brief therapy (SFBT) was developed by psychotherapists Steve de Shazer (1940-2005) and his wife Insoo Kim Berg (1934-2007). Together they founded the Center for Brief Family Therapy in the USA in 1978. Shazer was a proponent of minimalist philosophy. "His view of the process of change as a necessary and dynamic part of everyday life and his

insight that solutions are not necessarily related to the problems they solve" (Mátel et al., 2015, p. 122).

This approach was developed inductively rather than deductively and can be characterised as pragmatic and practice-based rather than theoretical. De Shazer (1993) challenges the assumption traditionally used by different therapeutic schools that the problem and the solution must have much in common. In contrast, he promotes the notion that "the process of solution in individual cases differs less than the actual problems being solved" (Brnula et al., 2015 cited by de Shazer, 1993).

In addition, he sees much more sense in focusing on those parts of the client's functioning that are beneficial to the client than those that are bad for the client. The past orientation primarily focuses almost exclusively on past successes.

The first question goes directly to the solution in the sense of "talk about the problem creates the problem, talk about the solution creates the solution". According to the well-known metaphor of the lock on the door, "the client is trying to explore why the lock on the door is this or that and not the other, or why it cannot be opened. In doing so, however, it should be obvious that the solution can be accessed with a key and not with a lock... It is not necessary to comprehensively include the 'lock'" (Mátel, Hardy et al., 2013 cited by de Shazer, 1989, p. 12). Brnula et al. (2015) explain how Shazer (1993, p. 3) presented this metaphor. "The complaints with which clients come to therapists are like locks on a door leading to a more satisfying life. Clients have tried everything they think is reasonable, right, and good, and what they have done is based on their actual reality, but the door remains locked. Therefore, they have concluded that their situation is unsolvable. This often leads to increased efforts to find out why the lock is the way it is or why it cannot be unlocked. It seems clear that the solution lies in keys that work in different kinds of locks. Only the intervention needs to "fit" so that a solution is found. It doesn't have to affect the whole complex structure of the lock. If the complaint is complicated, it doesn't mean that the solution has to be complicated too."

The basic principles of solution-focused brief therapy are (de Shazer, Dolan et al. 2011):

- **A positive, collegial, solution-focused approach** - the most important aspect of this approach is the attitude and atmosphere the therapist creates. The therapist should be positive, respectful and empowering, and hopeful for improvement. It assumes that people have the strength and wisdom within themselves to make changes. Compared to

other therapeutic approaches, the insight of "resistance" is seen as people's natural protective mechanisms, or realistic wishes to be cautious and proceed slowly,

- **looking for passing solutions** - pointing to a past ability to solve a problem, even if only for a short period of time,
- **looking for exceptions** - an exception is a period when a problem may or may not have occurred. Something that happens in place of the problem, without the client consciously contributing to it or even understanding it, is also considered an exception,
- **questions versus regulation or interpretation** - questions are considered the primary means of communication and an intervention that is pervasive. Interpretation and regulation are an eliminated means of working,
- **present**- and future-focused questions versus past-focus - this therapy is based on the assumption that problems are best solved by focusing on what works and how the client envisions his or her life, rather than by searching for the origins of the problem,
- **Appreciation** - is an expression of the therapist's concern and helps to highlight that the client is doing something that works,
- **Solution-oriented objectives** - an important part of the approach is the focus on clear, concrete and specific objectives that are formulated in positive terms.
- **Questioning the miracle** - some clients struggle to articulate any goal, let alone a solution-focused goal. This is especially true for multi-problem families. The question for a miracle is such a tool that helps to formulate

Other literature reports the following principles used in this theory.

- **If it ain't broke, don't fix it** - intervention is not necessary if the client has solved their problem on their own. No problem, no therapy,
- **When it's working, do more of it** - the therapist's role is to encourage the client and help them maintain the desired changes. The quality of the client's decisions is not judged, only whether the solution is effective.,
- **If it doesn't work, don't repeat it. Do something else** - if the client is not performing the task agreed upon with the therapist, the idea is abandoned and something else is suggested. Don't work to find reasons why it's not working,
- **Small steps can lead to big changes** - once a small change occurs, it is assumed that it will lead to more changes. Gradually it can lead to larger systemic change,

- **The solution is not necessarily directly related to the problem** - the therapist is interested in what will be different if the problem is solved. He or she focuses exclusively on the present and the future,

- **The language used to develop a solution is different from the language used to describe the problem** - the language of problems is usually negative and focuses on the past to describe the origins of the problem, often suggesting the permanence of the problem. Solution language, on the other hand, tends to be more positive, harbours more hope and focuses on the future,

- **No problem happens all the time, there are always exceptions that can be deployed** - as part of the process, clients are encouraged to talk about the exceptions to their problem that can be used to effect change,

- **The future can be created and negotiated** - the approach relies on constructivism, the future is a place of hope and people are the architects of their own destiny (Mátel, Hardy, & Giertliová, 2015).

Narrative therapy

The term narrative therapy encompasses a variety of therapeutic practices that began to develop in the late 1980s. The pioneers of the concept are Michael White (1948-2008) and David Epston (b. 1944). Narrative therapy uses two main metaphors, which are 'narrative' and 'social construction'. The narrative metaphor brings a view of a person's life as a story, whereby stories are seen as meaningful and fulfilling. The social construction metaphor draws attention to the fact that a person's social and interpersonal reality is created in interactions with other people and highlights the importance of social reality to the meaning of human life (Brnula 2015 In Freedman, Combs, 2009).

Mátel et al. (2015, p. 126) define narrative therapy as a therapy that "is based on the idea that we make meaning of our lives through the stories we live. These stories are constructed in the context of larger narratives that shape our social, political, and interpersonal environments. Clients coming into therapy are overwhelmed by their own story, a story that makes their lives difficult and from which they cannot free themselves."

Narrative therapy itself does not psychologize the client. It is based on the client's strengths and competencies (Mátel et al., 2015).

Another metaphor used within the narrative approach is the externalizing metaphor, which is based on the fundamental assumption that the person is not the problem, the problem is the problem. Thus, externalization is a way of conducting a conversation whereby the therapist

communicates his or her belief that the person and the problem are not the same. The idea of the externalizing metaphor was elaborated by Michael White (Brnula et al., 2015, pp. 161-162). "Narrative therapy seeks, in the first step, to question or deconstruct the narrative. Narrative therapists use question work to do this. Their purpose is to help the client think about the problem from different perspectives and thereby create a new experience with new meaning. The task is not to diagnose, to identify pathological structures and patterns of behaviour, or to interpret the client's behaviour, but rather to create a context within which change can occur" (Brnula et al., 2015, p. 161).

Conclusion

Systematic theory in social work emphasizes a holistic approach and a focus on the dynamics of relationships in the system. This approach has allowed us to expand our understanding of the dynamics of interactions between individuals, groups on their environment, and how these interactions shape social phenomena.

In today's fast-paced and ever-changing world, it is crucial to remember that no theory is universal. In practice, it can be beneficial to combine elements of both theories and tailor them to the specific social contexts and needs of clients.

Overall, we have sought to show how systemic social work theory creates a comprehensive and effective approach to addressing social challenges. It is important to continually look for ways to integrate these theoretical frameworks in ways that empower social workers to provide support and address the needs of individuals and communities, and to approach different situations with flexibility and holistic understanding.

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