

SYSTEM, SYSTEM, WHO HAS THE SYSTEM?

## **System, System, Who Has The System?**

There seem to be as many definitions of “systems” as there are people who use the word to describe what they do and how they think. Certain parameters and assumptions are included and others are excluded. Some focus on a particular characteristic, such as “communication patterns” within a system, or “homeostasis” of specific components of a system (e.g., the balance between cell apoptosis and cell proliferation). Some people use an observational/descriptive lens, while others focus on “change” processes within the system. Some refer to systems from a cybernetic/computer model of variable interactions and prediction of possible future outcome (e.g., hurricanes), while others limit the use to natural systems, more grounded in biological principles. Some people within the “natural”/biological system thinking focus on “why” questions and answers. A symptom/disorder focus is an example of this view.

Family therapy system theories also contain wide variety and a selection of assumptions for the observational focus. One school of family therapy has added a two-generation lens (individual and family of origin) to a T.A./Gestalt model. Carl Whitaker insists on the “entire family” being present for therapy sessions. Others will work with anyone in the family who is motivated, and allow the family to decide who comes to the therapy session. Some will focus on “interactional patterns” and “relationships” among members. Some therapists will focus on “helping” members “communicate” with each other. Some therapists link illness (e.g., schizophrenia) with communication patterns (e.g., “double bind theory”).

System language is also applied in large organizations, making certain assumptions about the connections and interactions between different levels within the organization, such as a “systems approach” in a public mental health organization including all of components (state, region, local); or criminal justice system. Gregory Bateson took it to a societal/cultural level. For example, what happens to the future thinking and behavior within a society when “deceit” becomes a part of the system’s thinking. He was linking WWII as being precipitated by the “deceit” within the treaty that ended WWI.

Dr. Bowen was invited to be a part of a panel on “systems theory” at the May 1977 APA meeting in Toronto (which he missed). In his letter to apologize for the confusion, he offers his thoughts on the confusion within systems thinking as well as clarifying his own position. He also offers observations on how people respond to new and different ideas—either with negative reactivity or incorporating the new ideas into an existing paradigm (psychoanalysis). As usual, he also puts in a principle of staying focused on self.

May 6, 1977

Dear

Most of the reports I have had about the meeting were on the negative side, which was a biased sample from New Haven, Boston, and from people who went there expecting to hear me (great reason is it not). Comments were that it was not very interesting, nothing much new, an abstract thinking model and not a theory, and other comments of that nature. The comments came mostly from people deeply invested in psychoanalytic theory who are not likely to "hear" anything different until the different way of thinking is generally accepted.

If my perception of your theory is within the bounds of accuracy, a negative reaction would not be unexpected. I simply do not know general systems theory, but in so far as I know it, I think you have put together a general systems theory that is much broader than most existing theories that will make a significant contribution to those whose thinking goes in that direction. I have spent my professional life working toward a theory based on the model of systems in nature, which compares human behavior with lower forms of life, and which specifically by-passes behavior and functioning present only in the human. In your theory you have included all the factors which other theories consider important, which I have excluded. You could enlarge your theory to include everything I have included in mine, which in my opinion, puts your theory in the category of a GENERAL systems theory. I would have a hard time putting my factors in your framework without going to general systems theory, which would play havoc with my more specific theory.

I have never been successful in communicating with the main body of psychiatry. Most psychiatrists never get beyond the theoretical system they learned as students. I put a number of years trying to communicate with general systems people but they are born generalizers and they keep introducing so many new factors that I have excluded, that we get lost in detail.

I wanted to get to the Tuesday morning panel to hear what that heterogenous [sic] group would have to say. These are things I would have tried to communicate there. The panelists were mostly senior citizens in psychiatry who have spent their lives talking about what is wrong with psychiatry, but without having a specific direction of their own. The one who really knows general systems theory is [name redacted]. There was who knows culture but he has developed a specific theory about culture and he has not

been known for general systems theory. However the panel turned out in your thinking, or in the thinking of others, I would say to keep going in your own direction, as if you have a choice in that, communicating with those who can listen and hear, and I would guess that it will be general systems people who can hear the best. My approach to this over the years has been to keep a low profile with the background principle of avoiding the hard sell, guided by the notion, "If it is any good the world will some day know about it. If it eventually proves to be no good, it will die on the vine all by itself and no amount of salesmanship will change that". And so goeth the affairs among those who attempt to conceptualize human behavior.

My apology for missing the panel session last Tuesday.

Sincerely,

Murray Bowen, M.D.