

# Systemic Psychotherapy

Sometimes known as 'family therapy', systemic psychotherapy is relationship therapy in all its forms. As we live and work in communities with 'others,' in either family or work settings, we sometimes need help to look at unhelpful patterns or how individual scripts come together. Therapy offers a safe, confidential space to explore openly some of the issues. This often happens at a point of crisis, when feelings are running high and emotions are raw. The therapist's work is to manage this in a helpful and enabling way.

This includes work with couples. Typically, couples come to therapy when there is a crisis in their relationship or when one or both partners want something to change. Sometimes one or both partners want help to separate well and manage a transition from couple and family into a joint parenting relationship. This can involve couple work moving into family work to include children. Family therapy can help with these changes over a period of time. A family can have follow-up review appointments once the main work is finished if required. This acts as a safety net, often at a time when there is uncertainty. People sometimes get confused about safety and certainty, and managing uncertainty in a safe way is the ultimate goal.

Among other matters, systemic therapy considers families of origin, attachment and communication styles, parenting scripts, beliefs, values and hopes. Systemic therapy works with the past, present and future - the past influences the present and hopes for the future. Recently, a separating couple told me that they had found it very helpful to agree not to try to continue the therapy conversations at home, as their emotional rawness meant that these conversations tended to escalate into a negative pattern. Later in the therapy, they were able to renegotiate this, and it proved to be a good reminder of the progress they had made.

Young people or children are sometimes referred by their GPs or their parents, and can present with a range of issues from emotional difficulties to more serious mental health problems that require a multi-disciplinary approach. In cases of the latter, I would advise and support a referral into the CAMHS system. Rather than focusing on the young person in therapy, it's helpful to think about the whole context of school, family and friendships and to believe that the child's family can effectively make changes that support improvement of their emotional difficulties. Sharing the problem means that the solution is also shared. Mental health for young people is a very important issue and early referral is advised if problems become apparent.

Relationships can be even more complex and multi-layered in step-families and post-adoptive families. In these cases, considering the complex relationships from all perspectives is helpful. Many of these families have experienced loss prior to forming, which adds a further emotional component. Taking a neutral and curious position gives everyone space to have their experience and perspective heard.

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