

The Systemic view in clinical practice⁷

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I learned about the Family Therapy Unit in 2006, when I was working as an intern Psychiatrist at the 3rd Psychiatric Admissions Department of the Attica Psychiatric Hospital. I remember being very impressed by how a Psychotherapy Unit with such a mentality and services was operating within the Public Hospital. After an interview with Mrs. Charalabaki, I was accepted into the Unit's Training Program. My impressions of the organization and content of the training program and the environment of the Unit in general were excellent, and what followed were four creative and evolutionary years on which I will always look back with nostalgia.

I have been fortunate enough to be working in the Unit as a Psychiatrist for the past 1.5 years, after a total of 16 years working in the Acute Care Clinic of our hospital as a Resident initially and then as an Attending Psychiatrist.

Very early on in my work as an intern, still in the Clinic, I found that the relationships of the inpatients with their families were constantly in the forefront. Interactions with parents, siblings, spouses/partners and children, during visits and discharges, usually had a very strong impact on the inpatient's behaviour and clinical image. It was very common for symptoms to recur or relapse after a leave, and this was a topic that we discussed a lot within the therapeutic team. We observed that the inpatient's return to the family environment, very often, brought them into contact with dynamics that triggered psychotic defenses, and the recurrence of symptoms.

During my work there, and later on as a Specialist Psychiatrist in the 3rd Psychiatric Admissions Department of the A.P.H. for 12 years, what we tried to do with the therapeutic team was to establish constructive communication with the family, wherever that was possible. We consistently found that Golstein's "therapeutic utilization of the family", when possible, improved the overall course of the inpatient and the quality of life of the rest of the family. The need and effectiveness of intervening in the family as early as possible in a supportive,

⁷ This paper is based on a lecture given at a conference held in October 2024 to celebrate the 30 years of operation of the Family Therapy Unit of the Attica Psychiatric Hospital, and a farewell to the founders of the Unit.

psycho-educational and therapeutic manner was evident, as Vlassis Tomaras points out in his book "Families in Crisis".

The 'use' of the psychotic situation within the family and the way in which it is triggered by the particular characteristics of families is often particularly striking. One such example is highly expressed emotion, where a critical, aggressive and overprotective attitude towards the ailing member often leads to a relapse of psychosis, and a new admission to the clinic. I will never forget the extreme examples of some of my patients who, after the loss of their mother, never had to be hospitalised again, but instead regularly attend our regular outpatient appointments.

My lengthy experience in an Acute Care Clinic has brought me into daily contact with the great importance of exploring and delving into the life of the inpatients, and the way in which they relate to their family environment, as well as bringing out the meaning of what is happening in it, and how this may relate to the relapse or onset of symptomatology.

I found in clinical practice the great importance for systems, especially family systems, of maintaining their homeostasis. Also, how the manifestation of psychotic symptoms by the vulnerable person in the family contributes to this maintenance of homeostasis. How, for example, the manifestation of acute Psychosis in the daughter or son bridges the relationship of the conflicting couple, or even maintains or reinforces the dependency on the parents of girls who try to become 'autonomous' and take control of their bodies by manifesting Psychogenic Anorexia.

As Nikos Marketos states in "Memories and Reflections" on Community Psychiatry - which also applies more generally - "The introduction of systemic conceptual frameworks and practices into community mental health services offers the potential to change the focus from restrictive biomedical views and interventions to a holistic approach. The transcendence of the soul/body divisions and the synthesis of different theories, proposed by the systems science paradigm, allows for the consideration of scientific phenomena in all their complexity, and in this way responds more effectively to human needs, as it encompasses all processes of lived human existence".

The valuable and rich experience in the Psychiatric Clinic over these years has made clear to me the great importance and need to see the patient as a member of a system of people rather than a separate and independent unit. This approach often clarifies the origins and dynamics leading to mental illness and determines, to a significant extent, the prognosis of the disease.

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