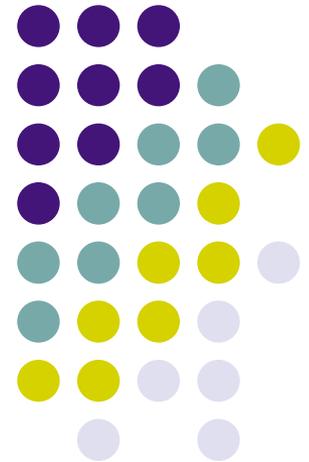


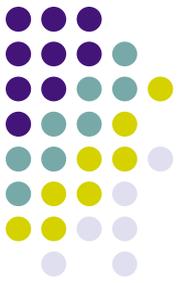
# Family board

*The family board in systemic therapy*

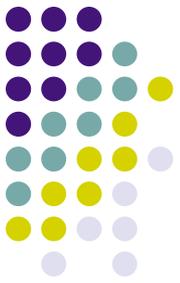
**Prof. Prof. h.c. Dr. Hans-Werner Gessmann**



# *Family board*



- **What is the family board?**
- **Historical information on the family board**
- **Theoretical overview- application in the various therapeutic schools**
- **Applications & Goals**
- **Critical statement on the family board**
- **Useful examples**



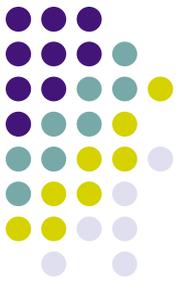
# *What is the family board?*

Family board consists of a wooden board of 50 cm square. A boundary line is drawn at a distance of 5 cm from the outer edge.

There are also wooden figures in two sizes and three shapes. These are cuboid, cylindrical and those with an octagonal plan. The figures symbolize people or topics, emotions or states, depending on how the family board is used.

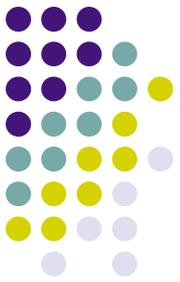


# *The family board figures*

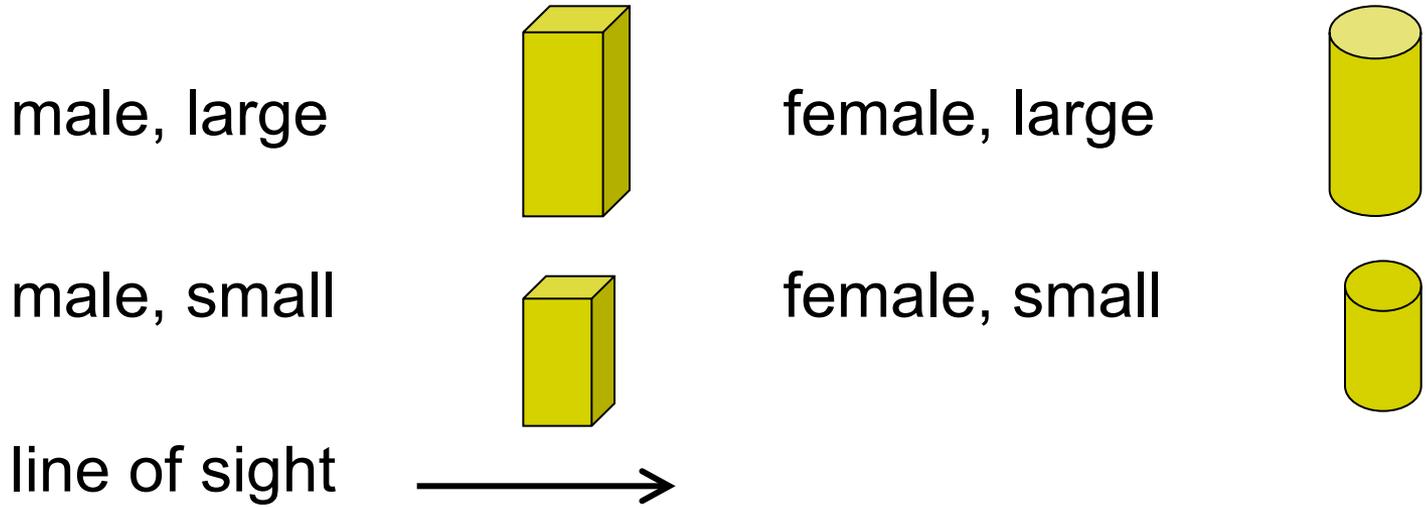


- meaning of the characters

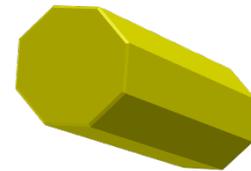
In diagnostic work, the meaning of the figures is usually defined in such a way that the cylindrical figures symbolize females, the cuboid males and the octagonal ones experts, such as doctors, therapists or social workers.



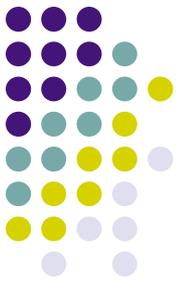
# The family board figures



Experts: Figures with an octagonal floor plan  
(e.g. doctor, therapist, teacher)

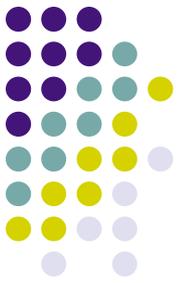


# *The family board figures*



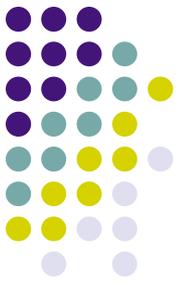
- In therapeutic work it makes more sense to leave the meaning of the figures to the client.

# *The family board figures*



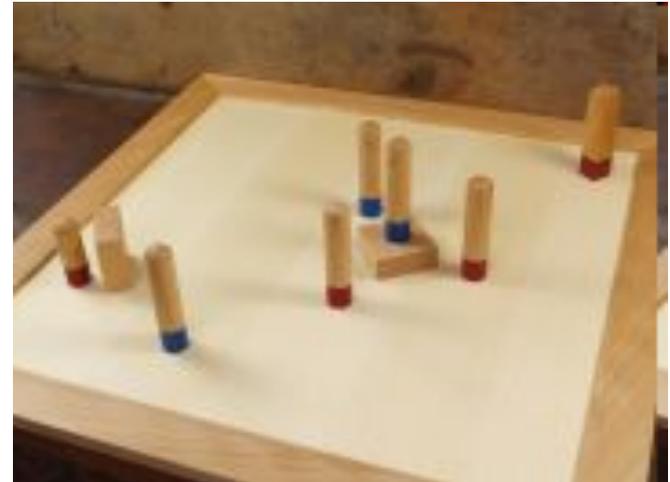
- Most of the wooden figures have stylized eyes so that they can see the direction in which they are looking.

Otherwise, they have no characteristics, since the focus in systemic work is on the relationship between the characters and not on the personality of the individual.

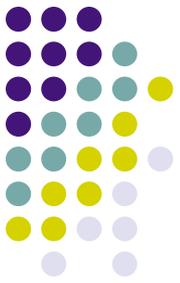


# *The family board figures*

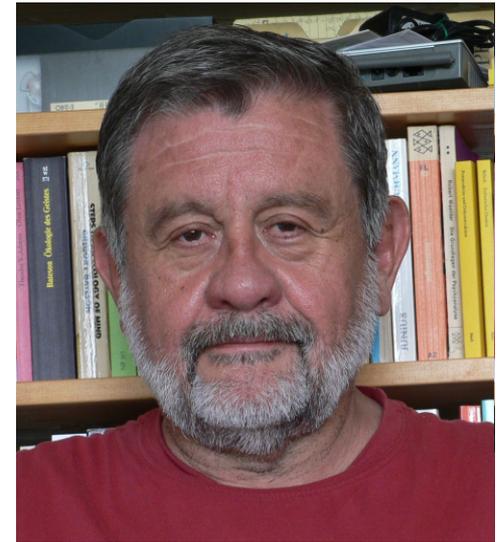
- The **arrangement of the pieces** on the board is meant to reflect **emotional closeness**; Pieces that are on the outer edge, or even outside of the board when deployed, are physically or emotionally distant or deceased.



# Die Entstehungsgeschichte

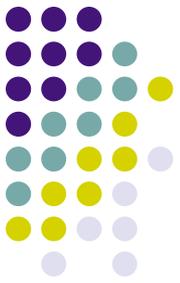


- **Kurt Ludewig** is considered the inventor of the family board.
- He was born on December 6th, 1942 in Valparaiso, Chile.
- 
- As a psychologist and psychotherapist, **Kurt Ludewig** made a significant contribution to the spread of systemic therapy in German-speaking countries.



Graduate Psychologist

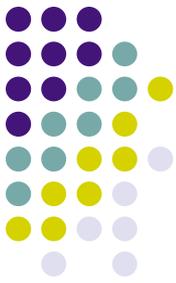
*Dr. phil. Kurt Ludewig*



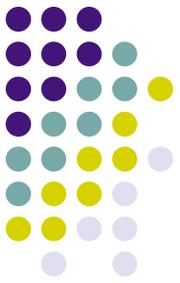
- Clinical Psychologist/  
Psychotherapist (BDP)
- Systemic Therapist (SG)
- Teaching therapist for  
systemic therapy and  
Consulting (SG)
- Systemic Supervisor and  
teaching supervisor (SG)

# *The origin story*

- In 1978, Kurt Ludewig designed the family board with a working group from child and adolescent psychiatry at the Hamburg Eppendorf University Hospital, since the constructivist view of systemic therapy made new diagnostic and test procedures necessary.

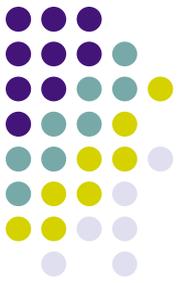


# The origin story



- The family board builds on the content of the sculpture work.
- *The family board is not a therapeutic method in its own right, but a tool that is used in different ways in many therapeutic schools.*

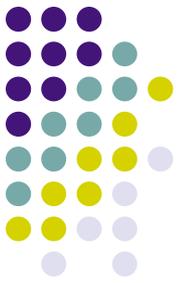
# *Application in the various therapeutic schools*



## **Analytical Therapy**

The analytical approach in systemic therapy transfers the assumptions of the original psychoanalysis to larger systems, such as e.g. B. Families.

# *Application in the various therapeutic schools*

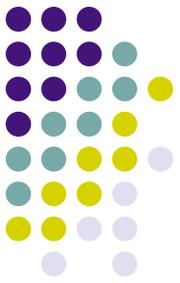


## **Analytical Therapy**

For the analysis it means that there are conflicts between the ego and the ABOUT ego or the IT and the ego of a system. To solve these, a system uses various defense mechanisms.

▪

# *Psychoanalytic school*

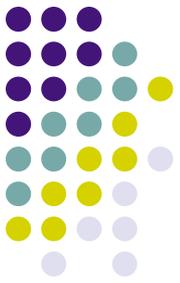


The **aim** of the therapy is to work through the multi-generational family history.

Basically:

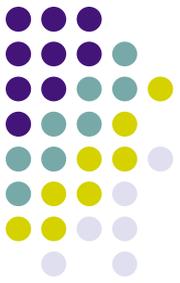
It is not the symptoms that are pathological, but the conflict resolution strategies.

# *Psychoanalytic school*



Denial is a coping strategy chosen by many families to deal with difficult issues.

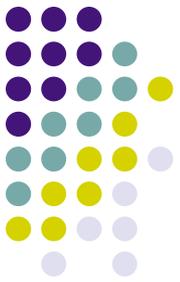
# *Psychoanalytic school*



The therapist has the position of a mediator in this family dialogue.

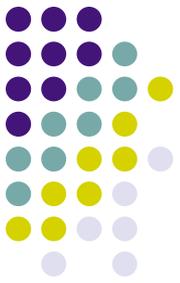
He should observe the transference and countertransference patterns within the family.

# *Psychoanalytic school*



- Within the analytical approach there are different therapists who have further differentiated this approach. **Murray Bowen** is considered the founder of this direction.

# *Psychoanalytic school*

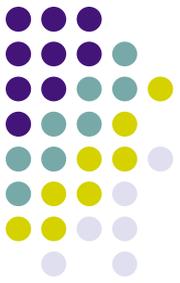


- **Bowen's approach to work**

Symptoms form when detachment processes from the nuclear family are blocked.

In order to solve conflicts, people from the following generation are involved (cross-generational triangles).

# Psychoanalytic school



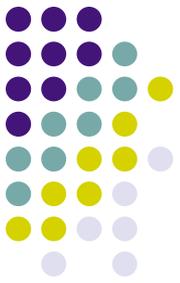
## Family board (Bowen's approach to work)

Alignment of questions with possible cross-generational triangles;

Where are the personal boundaries of family members? –  
The aim is to work out differentiated personalities.

First let the diffuse boundaries be represented, then the figure of the constellation person out of the triangle and ask resource-oriented questions; integrate the relationships with the figures that are still left in the triangle through circular questioning.

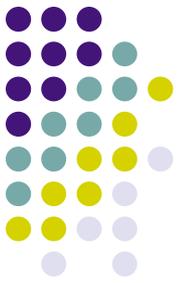
# *Psychoanalytic school*



## **Norman Paul's approach**

- Paul considers the familial symptom formation analogous to  
Repression process as an expression of incompatible, conflict-ridden events and experiences.
- The repressed events, mostly unprocessed grief, should be revived, uncovered and worked through across generations.

# *Psychoanalytic school*



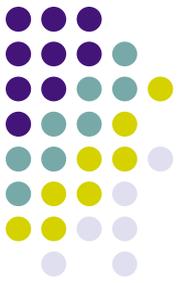
## **Family board**

With the help of the family board, a specific stressful situation from the past could be set up.

How was the relationship structure of a system in this situation?

Align focus on who was supportive to whom, how maybe.

# *Psychoanalytic school*

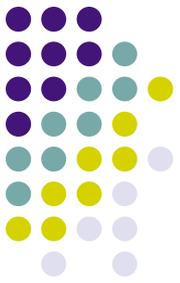


- **Ivan B. Nagy's approach**

Nagy works with the metaphor of accounting.

The obligations and debts of each family member are listed across generations.

# *Psychoanalytic school*



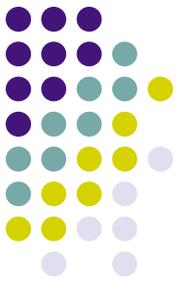
- **Ivan B. Nagy's approach**

It's about guilt and redemption.

Nagy views families as a whole with a primitive system of values and norms (ABOUT ME).

In his view, the resulting transgenerational patterns represent protection for the family.

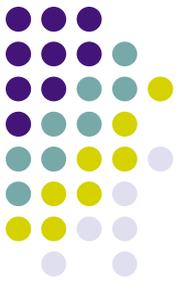
# *Psychoanalytic school*



## **Family board (Ivan B. Nagy's approach)**

Have the characters set up not as a person, but as an aspect in the sense of guilt or reparation in relation to the system.

# *Psychoanalytic school*



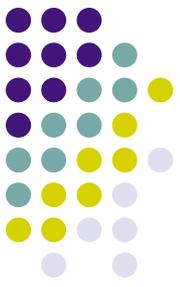
- **Heidelberg approach by Helm Stierlin**

Stierlin summarizes his approach in five main terms:

1.

**Related individuation**

(Type and scope of individual demarcation)



# *Psychoanalytic school*

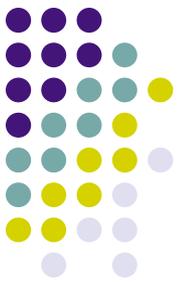
- **Heidelberg approach by Helm Stierlin**

Stierlin summarizes his approach in five main terms:

2.

## **Attachment and expulsion**

(Forms of separation dynamics between the generations; Expulsion means the lack of perception of needs)



# *Psychoanalytic school*

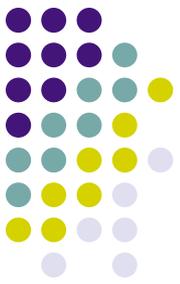
- **Heidelberg approach by Helm Stierlin**

Stierlin summarizes his approach in five main terms:

3.

## **Delegation**

(Parents, for example, instruct the child to live out their own needs)



# *Psychoanalytic school*

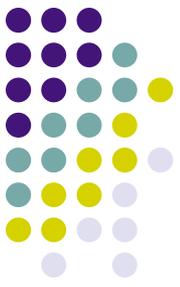
- **Heidelberg approach by Helm Stierlin**

Stierlin summarizes his approach in five main terms:

4.

## **Legacy and merit**

(follows Nagy's approach and combines the aspect of delegation with the multi-generational perspective)



# *Psychoanalytic school*

- **Heidelberg approach by Helm Stierlin**

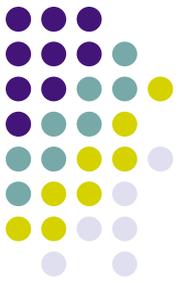
Stierlin summarizes his approach in five main terms:

5.

## **Status of reciprocity**

(This means that mutual processes of meant devaluation. Everyone fights everyone.)

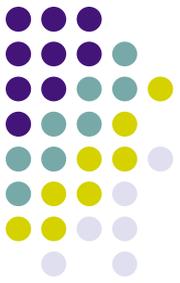
# Psychoanalytic school



## Family board (Heidelberg approach by Helm Stierlin)

- Pay attention to how each figure relates to one another are positioned.
- If possible, have several generations set up; what are the boundaries between the generations? Who takes on which roles?
- Who has what needs? How are they communicated? How is this reacted to? Do the positions of individual characters change?

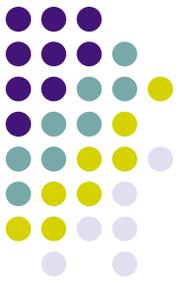
# *Psychoanalytic school*



## **The therapist's interventions are now based on the psychoanalytic schools**

- What was your relationship with your parents like when you were a child? Please place the pieces on the board as you experienced this relationship.
- Which parent took over the care of which needs and in what form?
- How was the generation of grandparents involved? Was someone else in the family involved in meeting certain needs?
- How were needs communicated?

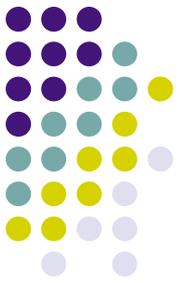
# *Application in the various therapeutic schools*



## **Structural Therapy**

- The founder of Structural Therapy is Salvador Minucchin. In his work, Minucchin directs his attention exclusively to the here and now. The central point in his approach is the approximation of the current family situation to an ideal image. To do this, he creates a landscape of the family with the help of different lines. With the help of the lines, the boundaries within a family are made clear. He distinguishes three border types:
  - flexible, clear boundaries
  - rigid, impermeable borders
  - diffuse, blurred boundaries

# *Application in the various therapeutic schools*

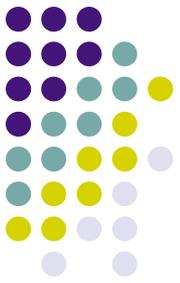


- **Structural Therapy**

## **Family board**

Have an ideal image set up; then have the actual situation set up. With the help of hypothetical questions bring the actual situation in the direction of the ideal picture.

# *Structural therapy*

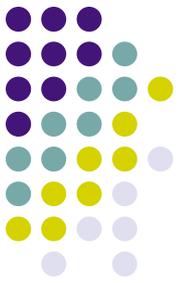


## **The therapist's interventions are now based on structural family therapy:**

How would you describe an ideal family situation?

- Please use the figures to put your current family situation on the surface. How would the positions of the individual family members change if you assumed that your family corresponded to your ideal image of family?
- Looking at the line-up, how would you rate the distances between the figures? How would other family members describe these distances?

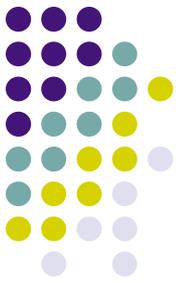
# *Application in the various therapeutic schools*



- **Solution-oriented approach**

Founders of this therapeutic direction are **Steve de Shazer** and his wife **Insoo Kim Berg**. This is exclusively about dealing with and focusing on solutions that are fundamentally available and are only overlaid by a problem. Central interventions in this approach are, for example, the miracle question or scaling questions.

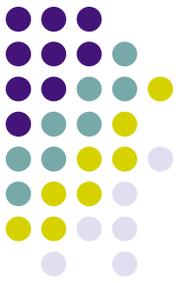
# *Solution-oriented approach*



- **Solution-oriented approach**  
**family board**

After an actual situation has been set up, ask a miracle question and have the line-up of the figures changed accordingly. In the case of scaling questions, have the protagonist make an initial assessment, then use the scale to determine the target value and ask how this would change the situation. Transfer this to the line-up of the figures.

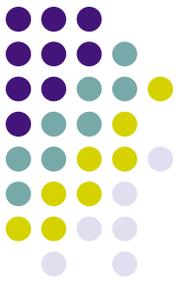
# *Solution-oriented approach*



## **The therapist's interventions are now based on the solution-oriented approach**

- Please place the people important to your situation on the family board.
- On a scale of 0 to 10, where would you rate your current situation if 0 meant you were not at all happy and 10 meant you were maximally happy?
- How would the figures have to position themselves differently if you want to go from 5 to 6 on the scale?
- How would positions change if all problems suddenly disappeared overnight?

# *Application in the various therapeutic schools*



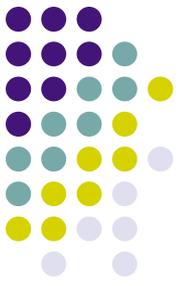
- **Milan approach**

- **Mara Selvini Palazzoli** pioneered this approach.

She dealt mainly with families in which schizophrenia played a role. Also part of the Milan team **were Boscolo, Cecchin and Prata**. After the team split up in the '90s,

Ceccin judged and Boscolo turned their attention to training issues with a particular focus on 2nd order cybernetics.

# *Application in the various therapeutic schools*



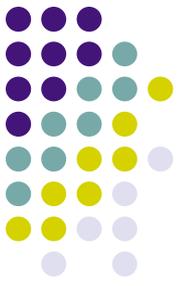
- **Milan approach**

The Milan approach gives a meaningful role to the attribution context of a system. The focus is on the relationship between therapist and client.

In summary, three levels are considered:

- The family system
- The relationship between therapist and family
- Family/ Therapists/ Counselors - Loop

# *Application in the various therapeutic schools*

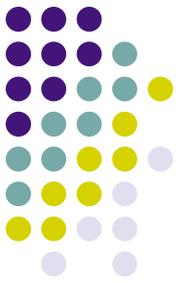


- **Milan approach**

The central hypothesis of this approach is the so-called rule of three. The structure of a system therefore always has triads that function according to certain rules. The goal of therapy is to break this rule. The team worked according to the following three principles:

1. Hypothesize
2. circularity
3. neutrality

# Milan approach

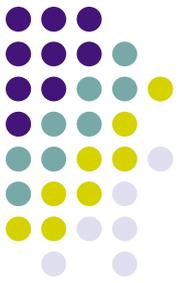


- **Milan approach**

## **Family board**

A separate figure should be assigned to the symptom. What about the individual family members? What function can it take on? Who benefits most from it? The aim should be to promote a different perspective on the symptom.

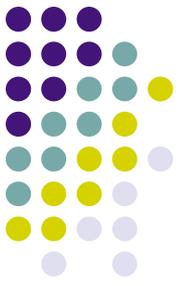
# Milan approach



## The therapist's interventions are now based on the Milan approach

- Please place all the people significant to the current situation on the family board as you feel they relate to each other. Finally, please take a piece that embodies the specific problem and also position it on the board.
- Which character is the problem an advantage for? Who is hindered by him? How would other people describe this situation?
- Which characters are connected with the problem?
- What position would you give me as a therapist in this picture?

# *Application in the various therapeutic schools*

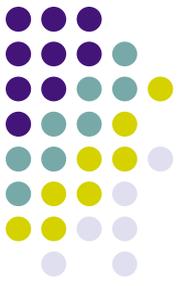


- **Palo Alto approach**

**Gregory Bateson** is named as the founder of the approach. Also in the group were **Paul Watzlawick** and **John Weakland**. Among other things, **Virginia Satir** was inspired by the thoughts of Bateson. This direction specialized in the development of schizophrenia.

The basic idea of the Palo Alto approach is that therapies can be successful in a short time. This requires a well-planned approach. The client system is to be cataloged in advance in order to be able to derive helpful interventions. In the course of therapy, the problem-stabilizing patterns should be taken into account, which must be avoided in order to achieve change in the future.

# *Application in the various therapeutic schools*

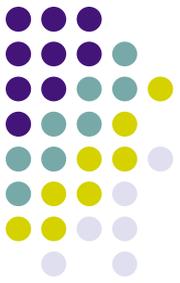


## **Palo Alto approach**

**A multi-level scheme outlines the procedure**

- clarify procedures
- Client's definition of the problem: The problem must be in a specific behavioral context and formulated in concrete terms.
- How is the problem sustained?
- Determination of treatment goals
- planned intervention. The focus is on behavior change and not on the insight of the client!

# *Palo Alto approach*

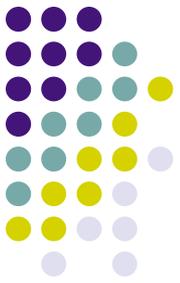


- **Palo Alto approach**

## **Family board**

- The previous attempts at a solution can be illustrated using the figures set up. The contributions of all those involved quickly become clear. At what point did the attempts at a solution come to a standstill?
- Together with the client, new solutions can be considered and played through on the board.

# *Palo Alto approach*



## **The therapist's interventions are now based on the Palo Alto school approach**

- With the help of the figures, please put the situation that is problematic for you and the corresponding people on the board. How have you tried to solve this problem so far? Did your experiments affect the positions of the characters in this situation?
- How did people deal with it?

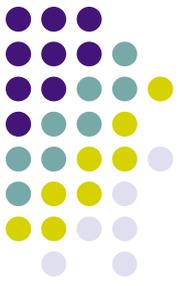
# *Application in the various therapeutic schools*



- **Hypnotherapeutic approach**

**Milton Erickson** is considered the father of hypnotherapy. Gunther Schmidt has supplemented his approach with systemic thoughts and used this to form the concept of systemic hypnotherapy.

The central idea of the hypnotherapeutic approach is that all the necessary mechanisms that are needed to solve a problem already exist. The existing, unconscious solution patterns are to be activated through targeted focussing of attention.



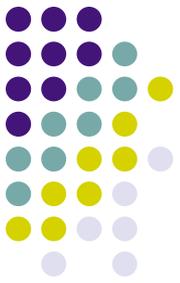
# *Instruction in practice*

- **Hypnotherapeutic approach**

## **Family board**

Use of hypothetical questions. The position of the figures can be changed and the effect on the client can be clarified. Have the life situations listed in which competent behavior was shown. Then transfer this behavior to the current situation with the help of the family board.

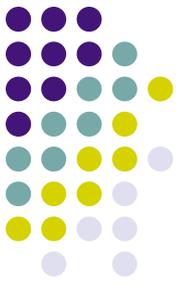
# *Hypnotherapeutic approach*



## **The therapist's interventions are now based on the hypnotherapeutic approach**

- Please think of a situation in your life in which you managed to overcome a difficult situation.
- To do this, please first present the difficult situation. Who was involved?
- How did you resolve this situation?
- How have the positions of the other people changed?
- If you were to attribute a character to the solution to that problem, what would characterize that character?
- How could this character positively influence your situation, which is currently described as difficult?

# *Application in the various therapeutic schools*

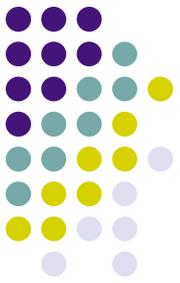


- **Development-oriented approach**

This is the work of **Virginia Satir**.

**Satir's** way of working is characterized by an extremely appreciative approach to clients. She believed that every human behavior, no matter how ill, expresses a need for closeness with other people and for individual growth.

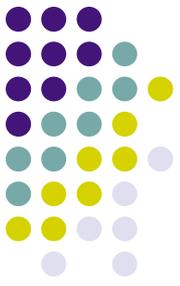
# Development-oriented approach



- **Virginia Satir**

Characteristic interventions of the development-oriented approach is the sculpture work and the family reconstruction. for their interventions satir uses certain principles as a basis:

# Development-oriented approach



- **Virginia Satir**

- Positive perspective: The principle of the positive perspective as an ideological basis. Technique: reframing  
→ Every behavior has a commendable goal! (even if the meaning is not immediately recognizable!)
- Principle of discovery: A therapy is a journey of discovery to potentials and resources.
- Principle of definition of equality and difference:  
Growth and change is a process that strives for new definitions. It should help to accept what was previously foreign as "one's own".
- Principle of a person's self-worth:  
Therapy should always increase self-esteem. A coherent self-concept should be developed. The existing feelings of shame and guilt must be integrated into the self-concept.

# Development-oriented approach



## Virginia Satir

- A deep understanding of one's own history of origin is focused.
- The genogram work is a tool for this.
- In parallel to the solution-oriented approach, Satir categorizes the clients
- and assigns them to specific communication types:
  - Placator (Soothing)
  - Blamer (accuser)
  - Computer (rationalizing type)
  - deflector
  - Congruent shape

# Development-oriented approach



- **Virginia Satir**

## **Family board**

Genogram work with the family board. Have the family history set up step by step. Focus on the family values and norms that have shaped the client's personality. Which factors that go against family values make the striking difference in the current situation? What needs are associated with it?

The type of questioning should take into account the communication type of the client.

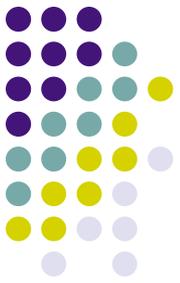
# *Development-oriented approach*



## **The therapist's interventions are now based on the development-oriented approach**

- I would like to create your story together with you. (Quasi genogram work with the family board; based on the client's position, have the family set up.)
- (In the family constellation, have the client explain the family members, focusing on values and norms important to the family.)
- How did the aspects you just described influence you?

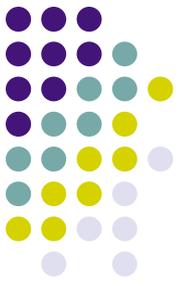
# Instruction in practice



## Ludewig generally recommends the following instruction

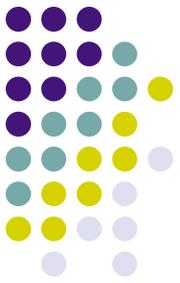
*“I would ask you to choose a character for each member of the family and place the characters as they relate to each other in the family. There are large and small, round and square figures to choose from. We ask that you only use the colored figures upon our request. The board has an edge line, so there is an infield and an outfield. You can use as much of the space as you like. The figures can stand far apart or close together, but not on top of each other. They have eyes, so they can look at each other. You have as much time as you need.” (Ludewig 2000, p. 21)*

# *Applicability*



- **Originally, the goal was to document and research family therapeutic processes and family dynamics.**

# *Applicability*



## ■ **Test procedure**

The family board is not only a "test procedure" but also a means of communication. The Family Board can successfully find its applicability in addition to working with families, also in the area of supervision, self-reflection and organizational consulting.

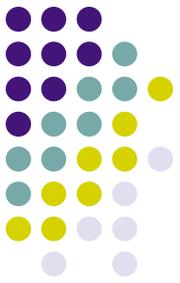
# *Applicability*



- **Opportunity to switch between experience and experience level**

The possibility of switching between the concrete "experience and experience level" and the meta level opens up new possibilities in counseling.

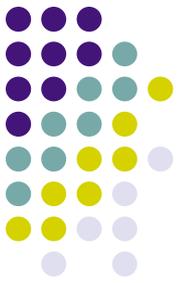
# *Applicability*



## ■ **Work in supervision**

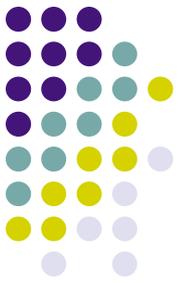
(Individual or, for example, team supervision),  
organizational consulting

# *Applicability*



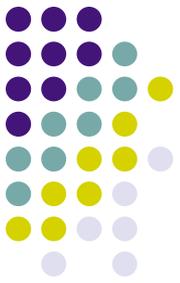
- Visualization of situation and change processes
- Reconstructions of the family of origin
- goal setting processes
- suspension
- Dynamic play
- Consideration of the system from the point of view of the other
- externalization of problems

# *General and specific goals*



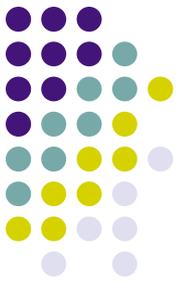
- General goals  
Overview of system  
Recognition of other people and networks involved
- Specific goals  
Identifying coalitions  
Identifying generational boundaries  
Identifying patterns, habits and idiosyncrasies learned in the family of origin.

# *Critical Opinion*



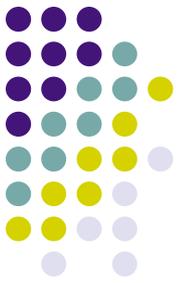
- The family board is a therapeutic tool and should therefore not be used without reflection.

# *Critical Opinion*



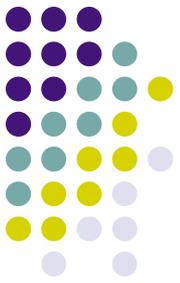
- The placement on the board creates facts that have an impact over time. The protagonist or protagonists should be able to deal with the presentation of their relationship in such a way that no additional burden arises.
- The therapist should recognize such a situation and know how to deal with it.

# *Critical Opinion*



- It is to be expected that the protagonist or protagonists will resist a constellation.

# *Critical Opinion*



- The relationships can only be represented in two dimensions using a family board.