

Section: Modern PPT practice

TYPOLOGY OF THE FAMILY SYSTEM AND CONFLICT DYNAMICS VIEWED THROUGH THE EXPERIENCES OF THE CHILD



Evgeniya Yordanova-Karageorgieva

PhD in Psychology, certified positive psychotherapist,
Master trainer of Positive Psychotherapy (Bulgaria)

Email: evgeniya.yordanova@gmail.com

ORCID: [0009-0001-1735-0870](https://orcid.org/0009-0001-1735-0870)



Boryana Chalakova

Clinical Psychologist, certified positive psychotherapist, supervisor,
Master Trainer of Positive Psychotherapy and Psychodrama (Bulgaria)

Email: chalakova@gmail.com :

Received 8.11.2024

Accepted for publication 22.12.2024

Published 22.01.2025

DOI: [10.52982/lkj261](https://doi.org/10.52982/lkj261)

Abstract

The present exposition is aimed at the family typology as part of the psychotherapeutic diagnostics of conflict dynamics within the family. The family psychotherapy focuses on the family system as an object of unique characteristics. More than other family members, children are likely to react to disruptions in family relationships with emotional or behavioral disorders and dysfunctions. For this reason, psychotherapeutic work with children is often a significant point for diagnosing family conflict dynamics. The present study describes our psychotherapeutic work experience with children from different family environments. For the purposes of the study, we categorized the individual types of family systems according to their specificities. We have structured these according to the leading existential fear and impulse, so four basic types of family have been identified – schizoid, depressive, compulsive, and histrionic. Specific conflict dynamics for each type are presented using cases from our practice. Therapeutic guidelines can be formulated based on these to help the psychotherapeutic process.

Keywords: Positive Psychotherapy, family psychotherapy, child and adolescent psychotherapy, family typology

Introduction

In the 1960s, family theories were associated with the theories of American anthropologist Gregory Bateson (Bateson, 1956) about interactions within small groups leading to homeostasis or disintegration of groups. Thus, psychotherapy's focus is also on the family system. According to the Positive psychotherapy method developed by Prof. Nossrat Peseschkian MD (Peseschkian, 1999), the influence of the

family system upon the patient is examined using studying the four dimensions of the example model, which includes:

- family members' treatment of the patient in childhood;
- parents' partnership model;
- interactions within the extended family and the society;

- impacts of trans-generational concepts, beliefs, and value systems define the individual's functioning.

One of the most popular models for working with the family and the child as an identified patient is based on the family systems theory. According to this model, the family is regarded as a living organism that functions as a flexible, self-regulating system. It is more than the mechanical total of the individual members, while the identified patient is a family member who carries the symptom. More than other family members, children are likely to react to disruptions in family relationships with emotional or behavioral disorders and dysfunctions. For this reason, psychotherapeutic work with pre-adolescent children involves interaction with the whole family.

One of the founders of systemic family therapy, Salvador Minuchin (Minuchin, 1974), views the family system with its inherent boundaries as an entity that maintains balance through a set of internal rules. In positive psychotherapy, these are seen through the prism of actual abilities and family concepts. Every family member has a certain role in the family system. A change in the functioning of even a single family member results in a change for the whole system. Nowadays, the systematic approach is the basis of numerous scientific developments examining family dynamics (Ball, 2024; Dinmohaamadpour et al. I, 2024; Young & Seedall, 2024).

Family well-being demands achieving a balance between connectedness and differentiation. Differentiation, according to N. Peseschkian (Peseschkian, 1999, pp. 140-146) and Murray Bowen (1978), an American psychiatrist and one of the pioneers of the family systems theories, is the ability of each family member to achieve and maintain their autonomy while at the same time preserving their emotional connection with the family. A major characteristic of a healthy family is its capacity to allow its members to differentiate themselves. In contrast, the family remains whole and flexibly alters psychological areas and objects of connection and differentiation.

Cases from the psychotherapeutic practice

(Family therapy according to the peculiarities of the family system)

The psychotherapeutic classification of the family plays a major role in the diagnosis and definition of conflict dynamics. As a starting point in the present article, we step on a model widely applicable in clinical psychotherapeutic practice - the personality typology according to the basic forms of fear and life impulse (Riemann, 2002).

Personality characteristics can serve to a great extent as a description of a wider individual typology. It includes temperament and its grounds for fears and action impulses. We are all carriers of various character traits, but their unique combination builds the fundamentals of our personality. Such knowledge can make us predictable and be utilized successfully in the psychotherapeutic process when assisting the working hypotheses and constructing the therapeutic tasks for the client. More often than ever before, psychotherapeutic research has used Fritz Riemann's theory, published in his "Basic Fear Forms" book, as grounds for personality structuring. As a result of his psychotherapeutic work, the author stipulates four types of personalities based on a central existential fear – histrionic, compulsive, depressive, and schizoid.

Histrionic structured personalities fear loneliness, and limitations and needs are detrimental to them. A leading impulse here is the need for variety and current change. Provoking new experiences and participation in spontaneous adventures leads to life with no clear plans or goals, a life for the moment. Secondary abilities related to abiding by social norms and rules are considered fatal. Punctuality, planning, understanding timing, and responsibility are boring and often deficient in people with expressed histrionic structures. A central problem for the histrionic personality is the lack of a certain and stable identity. The question about authenticity finds an internal reflection in how these people run away from reality by adopting "roles." Their abilities are strong in spontaneity, freedom, and finding variety in life, but such people could also behave impulsively. They are lively, generous, and know how to express themselves well. A basic concept for the histrionic personality is "I don't care what happens when I am gone" and "Charm is crucial to success."

As per Fritz Riemann, the second type of personality structure is the compulsive one. A leading impulse here about behavior and

inclinations is the need for order and control to protect tradition. Individuals with domineering compulsive fundamentals limit or do not allow changes as they lead to the accumulation of conflict and tension. Overestimating the need for security is a major problem reflected in the fear of taking a risk. Such people want to learn to swim without ever entering the water. On the other hand, they possess a resource directed at being careful, planning with a purpose and for longer periods, and an inclination for consistency. Unlike the histrionic personality, we can observe a secure and stable identity with a strongly expressed loyalty to rules and regulations. These are abilities that help avoid chaos in life. A leading concept with these personalities is “May everything remain as it was.”

Riemann identifies personalities where the fear of loneliness is domineering and becoming an independent I is not an option as depressive. A leading impulse with them is the need for connection and unconditional love – both at the giving and receiving end. Such symbiosis creates a feeling of security in depressive personalities. This is how a partner and children become overvalued, a prerequisite for developing a dependency on being in contact with them. It also makes their fear of separation and loss even more acute. The debt they feel toward family and friends often leads them to neglect their personal boundaries and autonomy. We can identify a resource here for directing basic abilities. They are capable of unconditional care and are loyal friends. As the fantasy of evil in others or themselves is taboo with them, people with depressive personality structures strive to adhere to several altruistic virtues – humility, readiness to give in, peacefulness, selflessness, and complicity. Their behavior is often dominated by the concept of “I need you because I love you” or “I love you because I need you.”

The last, fourth personality structure described by Riemann is the schizoid one. The domineering impulse of these people is the impulse for self-protection, uniqueness, and independence. Such a need is also dominated by the fear of opening yourself and establishing emotional closeness. Living in isolation and loneliness is preferred and safe, and the world revolves only around them as the center of the universe. The schizoid personality fantasies often sound like, “People are looking at me

weird! I wonder what the rest of the people think of me...”. The schizoid type has a strongly developed rational side to themselves. They are brave enough to be themselves and to rely on their resources, such as intellect, consciousness, and reason. A leading concept for this personality type is “The strong person is strongest when alone!” (by Yordanova-Karageorgieva, 2024)

Applying this theoretical basis to the family system, we can distinguish four basic types of family:

- Schizoid type – at the forefront of these families is the fear of self-giving experienced as dependence and risk of losing one’s self. That is why there is a need here to preserve individuality.
- Depressive type – fear of loss and separation. Here, the driving impulse is to connect and surrender.
- Compulsive type – fear is provoked by change experienced as uncertainty. For these families, the need is for order and control.
- Histrionic type – leading here is the fear of stagnation and rules, experienced as deprivation of freedom. That is why the driving force is that of constant change.

The collaboration of the said typology and the set of positive psychotherapy instruments enables in-depth and structured therapeutic relationships. The Balance model, the family rhombus “Model—Imitation,” and the three interactional stages of bonding, differentiation, and separation could help the psychotherapist establish the peculiarities of parenting patterns and attitudes towards children, the leading concepts, and family boundaries. These aspects are specific to the four family systems we examine and are a foundation for working hypotheses and therapy progress.

In the present article, we describe the specific characteristics that distinguish the four types of family. We have attempted to illustrate the theoretical framework with cases from psychotherapeutic practice. For this purpose, we have presented four cases of children from different family systems. The emotional aspect of their experiences has been studied with the help of the technique of the “Enchanted Family” (Kos & Biermann, 2002). To this end, the following instruction has been given: *Imagine that a wizard has entered your home and has enchanted your family. Now draw what he has*

turned you into, and we shall create a fairy tale based on your drawing."

2.2. Schizoid type of family

Borders in this family system are closed for "The Others." The world outside is usually perceived as aggressive. Family members are also detached from one another: *"We exist in the same space so that each can be on their own and different from the others.* For them, family becomes protection against the advances of the conventional and statistical average. The major fear is loss of individuality and autonomy, which is passed down across generations as an ability to survive in a hostile world and manifest one's worth.

The leading concepts established in the family spirit and atmosphere are:

- ✓ *"The others" are enemies.*
- ✓ *"Attack is the best defense"*
- ✓ *"The world needs to be reformed," etc.*

Relationships and Parenting Patterns: Relationships are characterized by detachment and reflexive withdrawal without a phase of bonding. Parenting patterns are connected with avoiding contact with the child, a father's "indifference and non-participation," and his distancing from family matters; emotional closeness is impossible, while emotional detachment is frequently demonstrated. Children are often seen as an obstacle and a threat to maintaining separation.

Parents can be united about ideas and missions but not about their child's "living needs." This creates a risk of emotional distancing and failure to understand the children's experiences.

The hypothesis here is that children raised in such type of family environment are likely to develop psychosomatic problems in their bodies, difficulties in making contact – resignation/withdrawal, autistic acts, and addictions.

The case of Boris: the "prayer" of the little boy seeking his father's support

There is a family of four – father, mother, and two sons, the elder one from the mother's first marriage. Mother and father are academics and devoted to their career. The elder brother leaves the family early on to study abroad. The younger son, who is 20 years old, is a psychotherapy client. His mother brings him in because he has

developed a strong psychological addiction to psychoactive substances, and this has irreversibly affected his health (somatic). The family atmosphere can be described as cold. Everyone is enclosed in their world; contacts are limited, and emotional exchange is missing. From a very early age the younger son had to follow strict house rules: to keep quiet to not disturb the father in his academic pursuits. The mother guarded these "norms". The boy remains lonely after his brother left home. He was six at the time. –'+In the process of psychotherapy, when asked how he coped with loneliness, he presents the following picture: *a little 6-year old boy, who wants some advice from his father but has no access to him, so every evening he kneels in his room and starts a prayer to God - he tells him what he went through during the day, asks him what he did wrong, begs to be forgiven and protected.*

In this family, there is a lack of the bonding stage, so no stable attachment is built towards parents. There is a deficit of love and unconditional acceptance of the child. The necessary primary abilities are missing. The emphasis is on the secondary ones, but they, too, are abstractly presented, which in turn poses a difficulty for the important processes of personal development—overall integrity and adequate detachment from parental figures.

Psychotherapeutic guidelines: From a psychotherapeutic viewpoint the resources of the schizoid family are the abilities for autonomy. The psychotherapist could expand the Basic Conflict to the ability to survive in this hostile world. Everything outside the family borders is scary and bad but ideas can improve it. The main concept for the schizoid families is "The warrior walks alone" but this warrior has the chance to help the good win. Regarding parenting patterns, the strong fixation in the interactional stage of detachment could be reinterpreted as 'the otherness' being an opportunity for new ideas. Lack of emotional closeness could be compensated using proximity in the field of ideas and concepts. Children bring the outside reality into these families. After all, this can be the more painless way to perceive the world.

2.3. Depressive type of family

Boundaries in the depressive-type family system are established within the framework of

the extended family. Duty to other family members defines the 'open doors' for relatives in need. To a certain degree, personal boundaries and autonomy are neglected.

Concepts are mostly connected with primary qualities and abilities like:

- ✓ *Care and 'help' are a sign of love;*
- ✓ *We need to stick together;*
- ✓ *Let's build 'a big house', so that our children's families can live under our roof;*
- ✓ *The closer, the better and other.*

Relationships and Parenting Patterns: relationships are also subjected to primary abilities. In these families there is not enough space for reaction to negative emotions such as anger, resentment, disgust and indignation. Aggression is dangerous and, within limits, even forbidden. Often dependence is built on partners – spouses, children, parents and grandparents. There is a low degree of emotional differentiation. From the interactive stages the most problematic is that of separation and the major fear is loss of a family member. In this family type we often come across control through love and the pattern of the overprotective mother.

Conflict dynamics hypothesize that a child growing up in a depressive type of family will develop fears, most likely that of losing an object, or psychosomatic problems – as an opportunity to keep parents/ the mother 'close at hand'.

The case of Denis and the fear to face your 'demons'

The family consists of 4 members: a mother, a father and two children – a boy, 10, and a girl, 4. The parents are united, work together, pay a lot of attention to the children, look after their parents, which in turn help raise the grandchildren. The parents come because of their son, referred by a neurologist who is treating the boy for 'nervous twitches'. These have been recurring for the third time in 4 years, with some intermitting periods. The mother is over-protective and subjects her daily life to the children's and the family's needs. Everyone must be around her. She shows excessive care and creates relationships of dependence. She fears her son growing up and hence acts hyper protectively towards him. She sets the overall atmosphere in the family. With her son she

continues the relationships of fusion: until the therapy started the boy used to fall asleep in the parents' bed with her and was after that carried by the parents in his bed. The father is more differentiated, but has delegated child care to the mother.

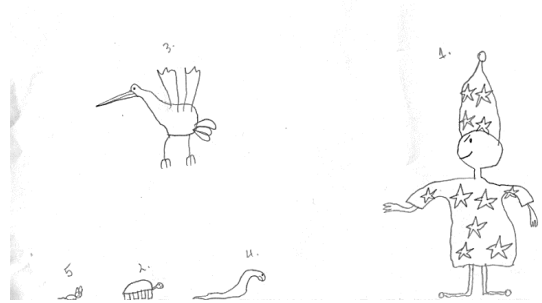


Figure 1. Drawing 1 – Denis, 10

Denis's drawing of the "Enchanted Family" reflects his strive for differentiation, his fear of separation, and his guilt for feeling this need and being unable to control it.

The composition consists of three little figures: the turtle (the mother), which follows the snake's (the son) tail, and the little mouse (the daughter). This reflects the blending between mother and child, while the stork (the father), who is a larger figure, protects them from above. The snake faces the wizard and seems to expect something from him. The largest figure is that of the wizard, who looks powerful and obviously invincible.

The account of the enchantment: „When he meets them, the wizard turns the mother into a turtle, the father – into a stork, the son – into a snake and the little girl into a mouse. He is gloating because he is evil and wanted to turn the people into animals. When they were people they lived well, got on well together, loved each other. Now they are sad because they have to part...”

The need for "separation" (emotional differentiation and detachment in certain areas) on the verge of puberty is an age-appropriate task. However, it seems to contradict family concepts of connectedness and closeness. This generates the son's strong anxiety and feeling of guilt.

Psychotherapeutic guidelines: For depressive families, the therapeutic tasks will be directed toward asserting the importance of individuality. There is a need for closeness and a need for privacy. The parents' attitude toward

freedom and the uniqueness of the person is strongly primacy.

2.4. Compulsive type of family

Boundaries are closed in this family system and are defined by the motto: "My home is my castle." There is a strong differentiation between "us" and "The Others."

Concepts are predominantly defined by secondary abilities:

- ✓ *introduce "order" in the family;*
- ✓ *chaos is unacceptable;*
- ✓ *fun outside the family can be dangerous;*
- ✓ *achievements are important, and each one of us must succeed;*
- ✓ *take care not to be harmed by the world outside;*
- ✓ *honesty, obedience, and reliability are prerequisites for success, order, and security.*

These concepts reflect the ability to protect against the chaos and dangers of the world, and at the same time, they mirror the major fear in the family - that of losing control and surrendering to chaos.

Relationships and Parenting Patterns: Secondary capacities are leading in compulsive families. Family roles are strictly defined, and characteristics of the patriarchal model are preserved to a certain degree. Bonding is based on duty to one another. In this model, children have a strictly defined place where they feel secure, though not particularly spontaneous. Not enough space exists for showing feelings.

A hypothesis for problems with children is directed toward fears of losing control over the family's well-being. It is possible to develop feelings of guilt and excessive anxiety, which may appear as a psychosomatic disorder.

The case of Vladko – the child who distributes illness among the people in the family in order to cope with his fear of loss.

The family has four members: a mother, a father, and two sons aged 13 and 7. It is a close-knit family; parents are united and bring up their children without outside help. Both parents are teachers. The father, a keen sportsman, plays the leading role. Both boys train football. Rules are strictly obeyed: *honesty and fairness are the most important human qualities, and achievements are a matter of honor.* The mother

looks after the house and is 'her three boys' confidante and the emotional balancer in the family. The family comes for counseling because of the young son, who often complains of stomachache at school and has to go home. When the boy was 3 years old, the mother was diagnosed with cancer. Her life was at risk. None of it was shared with the children, the little boy being particularly protected. The mother had a successful operation, was stabilized, and beat the cancer over the next four years, but the child still lives with the unprocessed trauma. He sensed that something fearful was lurking behind the silence.



Figure 2. Drawing 2 – Vladko, 7

The "Enchanted Family" drawing clearly reflects his attempt to 'arrange the family within the disease' to save its wholeness. The elder brother is not presented in the drawing. There is no oral account, either. Only the figures can be commented on: In the middle is the wizard – a woman who holds the magic weapon in her left hand and separates the boy from the parents. All figures are bandaged from head to toe and look the same. They are smiling – they have overcome something scary, but whether everything is all right... No one speaks about the disease, but bandages explicitly point to trauma.

In the magical space, the 7-year-old boy finds the salvation that can bring him back security and order in the family and, therefore, in the world. He needs to stay at home more to avoid missing what is happening (ability to be alert), and stomachache helps.

Psychotherapeutic guidelines: In the compulsive family, we can find the ability to protect against the chaos and dangers of the world. On this basis, the family may expand its concepts, adding to norms and rationality the

idea of planning the holidays because they restore the working capacity. In addition, fun and rest stimulate thinking. Because this type of family is aimed at the ratio, to improve parents' treatment of children, the psychotherapist can introduce information about child development and explain the role of spontaneity.

2.5. *Histrionic type of family*

Boundaries in this type of family are diffuse, unclear, and changeable. They do not create a feeling of security and stability. The family resembles a stage where anyone can perform, and different actors come on stage.

Concepts are associated with variety and how to maintain this variety:

- ✓ *We have to be admired, loved, and applauded;*
- ✓ *Charm is essential for success;*
- ✓ *There must be variety to save ourselves from boredom because boredom is death.*

Relationships and Parenting Patterns: In histrionic family systems, there are diverging messages between “you may” and “you have to,” coming from immature parents behaving like teenagers. They may have parallel relationships outside the family, which reduces the time spent with the child and the attention paid to them. Often, excessive attention is followed by negligence regarding the child’s needs. Rules are imposed emotionally, and no mechanism is created to follow them. No connection has been established between primary and secondary abilities.

The hypothesis for possible problems is in the direction of the dependence on seduction-like contact.

The case of Annie – and childhood anxiety resulting from unclear boundaries and family roles

Again, the case involves a family of four: mother, father, and two daughters aged 17 and 10. The younger daughter, Annie (10), is sent for counseling by her school psychologist because of aggressive behavior toward classmates, failure to recognize the authority of teachers and headmasters, turning up for school improperly and provocatively dressed, and, in general, not one can confront her. It turns out this is also the

case in her family. Whenever she wants something, she yells and answers back, and no rules can be imposed on her. This is the second time the parents have been separated for several months. Daughters do not seem to have an established regime for visiting the father and the mother. Annie is fully aware of the relationships between her parents and, though worried, freely and openly comments on them. In addition to school, she attends piano lessons, chess classes, street dance practice, martial arts, and swimming; a private tutor helps with homework. Yet her grades at school are deteriorating. There are no clear boundaries and norms; concepts are unstable. Both parents are good-looking, successful, and ‘flirt’ with their children to gain supremacy.

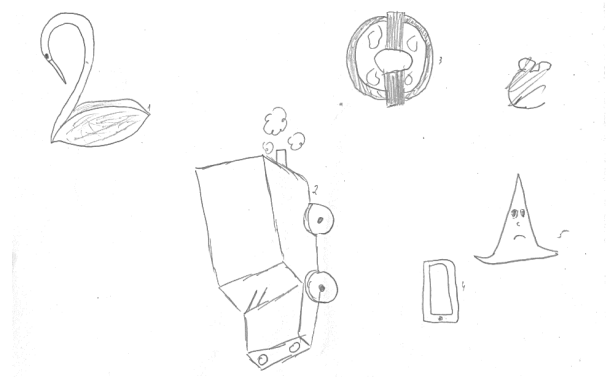


Figure 3. Drawing 3 – Annie, 10

The “Enchanted Family” drawing testifies to the distance in family relationships. The mother (a swan) is in the air, flying away from the family, and the father (a large jeep) is the central figure, blowing up smoke. The big sister (the iPhone) seems to have nearly dropped out of the system, and the little sister is divided between the baby (a rattle) in the upper half of the sheet and the wizard’s hat guarding the border on the right. The account supplements the child’s experiences and her need for established order, clear rules, and boundaries: „*The wizard was exiled from the kingdom of wizards because he was very greedy. He came down to Earth and entered the house of a family. He wanted to find out what everyone could do and enchanted them. He turned them into his servants: the mother swan cooked for him, the father-jeep drove him wherever he fancied going and gave him money, the elder daughter (iPhone) gave the wizard massages, and the baby was just a useless rattle. The wizard took the swan and the iPhone because he liked them. He also took the hat because it served as a*

disguise and cover for other wizards. Then he drove off with the jeep, but as he reversed the car, he drove over the rattle, which punctured his tires. That is why the wizard remained in our world. Before long, the police arrested him because the special hat gave him away. He was made to give the family back their human appearance, and the baby was awarded for saving the family."

Annie needs understanding, attention, and acceptance of her individuality (as a stage of differentiation). However, as none of her parents realize this, she expresses her needs by behavioral deviations from the generally accepted.

Psychotherapeutic guidelines: Having in mind the peculiarities of such a "drama" family, one of the therapeutic tasks would be aimed at building the attitude that the stage, too, has limits. For this purpose, abilities could be developed to discover variety and new experiences inside the family. The psychotherapist could roll out the leading concepts to the idea that physical charm goes hand in hand with inner charm. As order can function as a guardian of spontaneity, developing secondary abilities can guarantee variety in life. Thus, linking primary and secondary abilities in parents' attitudes to children in histrionic families is also possible.

Discussion

Symptoms shown by children acquire meaning within the family system, according to Boss et al., 1993. Therefore, psychotherapeutic work with a child is, by default, carried out through working with the family. Often, in the case of psychological conflicts, the process of triangulation unconsciously appears. According to the family system theory, such are the emotional connections in the family. Invariably, when two members of the family system have a problem with each other, they will attempt to draw a third member to their side. In this way, they stabilize their relationship. In the family system, triads usually contribute to maintaining homeostasis. Common triangulations are those between a child and parents, between two children and one parent, or a parent, child and grandparent (Glick & Spitz, 1992). As seen in the psychotherapeutic practice, children often bear the burden of the conflict and tension generated

in the family system. Individual work with children confirms the hypotheses for the emergence of a specific Basic Conflict, depending on the type of family/ extended family in which the child's individuality, attitudes, and concepts are formed. Positive psychotherapy describes these basic conflicts through actual abilities and family concepts (Boessmann & Remmers, 2016).

Experience gained in psychotherapeutic practice and synthesized in the present article has established the following specifics of the different types of family systems.

In the schizoid type of family, the Basic Conflict is rooted in the clash between the following dual attitudes: social isolation versus socialization; individuation/ autonomy versus dependence; distancing/ separation versus closeness; domination and control versus submission/helplessness.

A depressive family is the opposite of a schizoid one in that it favors relationships of dependence and closeness with others at any cost. For this reason, the clash contained in the Basic Conflict can be found in the following experiences: self-accusation against accusing the other, taking the blame against blaming, and confidence about one's worth against shame, insecurity, and self-doubt.

Regarding the compulsive type of family, the following conflicting tendencies have been established: feebleness/ helplessness/ submission to rules, traditional values, and others versus domineering and control. The Basic Conflict in these families may lie in the discordance between one's self-image and what it is in reality – the idealization of the history of the primal family. Often, identification with a prestigious occupation or leading social group can be found.

Practice shows that the Basic Conflict with the histrionic type of family contains the following opposite tendencies: attractiveness and sexual rivalry against refusing sexual contacts and pleasure; dissonance between the self-image and its appearance in reality—messages are often imitational/ insincere, devoid of content, and superficial; proclivity to competitiveness and entering triangulating relationships.

A similar typology would facilitate the therapeutic process, directing the psychotherapist's attention to specific working hypotheses and tasks. For this reason, the possibility of defining meaningful characteristics

that build up the family identity is a significant factor.

The typology of families and its therapeutic implications in the article are case-study-based. For the future, we consider it essential to prove them empirically as well.

Conclusion

Our findings regarding the specifics of the different family types are essential in the psychotherapeutic process as they help understand each individual's conflict dynamics and experiences. The child is the bearer of the basic conflicts in the family system, and projective methods with children are a good source of quick and reliable psychotherapeutic diagnostics for directing the therapist to a certain type of family relationships, values, and concepts and later – to applying effective therapeutic interventions.

References:

- [1]. **BALL, P. L.** (2024). Systemic family therapists and dementia: A constructivist grounded theory study. *Journal of Family Therapy*, 46(2), 179–195.
- [2]. **BATESON, G., JACKSON, D. D., HALEY, J., & WEAKLAND, J.** (1956). Toward a theory of schizophrenia. *Behavioral Science*, 1, 251–264.
- [3]. **BÖSMANN, U., & REMMERS, A.** (2016). *Praktischer Leifaden der tiefpsychologisch fundierten Richtlinientherapie [Practical guide to depth-oriented directive therapy]*. Berlin: Deutscher Psychologen Verlag GmbH. [in German]
- [4]. **BOSS, P., DOHERTY, W., LAROSSA, R., & SCHUMM, W.** (1993). *Sourcebook of family theories and methods: A contextual approach* (pp. 505–529). Plenum Press.
- [5]. **BOWEN, M.** (1978). *Family Therapy in Clinical Practice*. Northvale, NJ: Jason Aronson Inc.
- [6]. **DINMOHAAMADPOUR, M., TAVANAIEI, S., KABIRI, E., HAJIYOUSEFI, E., BEKI ARDEKANI, E., & MOHEBIAN, M.** (2024). The effectiveness of systemic family therapy on marital conflicts and marital burnout of couples. *Iranian Evolutionary Educational Psychology Journal*, 6(2), 157–169.
- [7]. **GLICK, R. A., & SPITZ, H. I.** (1992). Common approaches to psychotherapy. In Kass et al., *The Columbia University College of Physicians and Surgeons complete home guide to mental health* (pp. 44–62). Henry Holt and Company, New York, USA.
- [8]. **IVANOVA, V.** (2021). Family Dynamics in Psychotherapy in Adolescents with Anorexia. *The Global Psychotherapist*, 1(1), 34–38. <https://doi.org/10.52982/lkj139>
- [9]. **KOS, M., & BIERMANN, G.** (2002). *Die verzauberte Familie*. München.
- [10]. **MINUCHIN, S.** (1974). *Families and Family Therapy*. Harvard University Press.
- [11]. **REMMERS, A.** (2024). Family therapy is a dynamic balance of action and inaction. To act or not to act – Dilemmas in family therapy. *The Global Psychotherapist*, 4(1), 73–80. <https://doi.org/10.52982/lkj219>
- [12]. **YOUNG, B., & SEEDALL, R. B.** (2024). Power dynamics in couple relationships: A review and applications for systemic family therapists. *Family Process*. <https://doi.org/10.1111/famp.13008>
- [13]. **YORDANOVA-KARAGEORGIEVA, E.** (2024). Client's personality structure as a guide to their attitude towards conflict. *The Global Psychotherapist*, 4(2), 10–22.
- [14]. **РИЙМАН, Ф. [RIEMANN, F.]** (2002). *Основни форми на страх [Basic Forms of Fear]*. София: Лик. [in Bulgarian]
- [15]. **ПЕСЕШКИАН, Н. [PESECHKIAN, N.]** (1999). *Позитивна фамилна психотерапия [Positive Family Therapy]*. Варна: Сиена. [in Bulgarian]