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Systemic Thought in Psychology and Family Therapy: Interdisciplinary Origins, Flexibility, And African Relational Perspectives

Christian Matthew Adetunji

Africa College of Theology, Kigali, Rwanda, ORCID: <https://orcid.org/0009-0003-5408-7279>

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ABSTRACT : Objective : To reconstruct selected interdisciplinary origins of systemic thought in psychology and family therapy, clarify the movement from first- to second-order systems thinking, and examine how African relational scholarship and critiques of power revise contemporary systemic practice. Method: A critical narrative review was conducted using purposive searches of PsycINFO, Scopus, Google Scholar, Crossref, PubMed where clinically relevant, and publisher databases for foundational and interpretive literature on general system theory, cybernetics, family therapy, feminist systemic critique, coercive control, Ubuntu, and African psychology. Sources were synthesised through historical-genealogical, conceptual, and critical-ethical analysis rather than effect estimation. Results: Systemic thought emerged through overlapping exchanges among physiology, biology, cybernetics, anthropology, communication research, psychiatry, and clinical innovation. The second-order turn relocated the observer and therapist within the systems they describe, but reflexivity alone did not resolve questions of gendered power, violence, or cultural authority. The review develops a three-level rigidity–flexibility framework covering family organisation, explanatory models, and disciplinary-cultural boundaries. African relational scholarship contributes conceptions of personhood, moral community, spirituality, and agency while also cautioning against romanticised communalism. Conclusion: Systemic flexibility is defensible only when it is conceptually bounded, reflexive, culturally accountable, and safety-sensitive. Contemporary systemic psychology should integrate relational context without equalising responsibility for coercion or dissolving individual dignity and agency.

KEYWORDS: systemic thought, cybernetics, family therapy, disciplinary flexibility, African psychology, Ubuntu, coercive control

1. INTRODUCTION

Systemic thought is one of the most consequential interdisciplinary developments to influence psychology and psychotherapy. Concepts now treated as familiar—regulation, open systems, feedback, circularity, communication, boundary, hierarchy, ecology, and relational context—were not produced within psychology alone. They travelled through physiology, biology, mathematics, engineering, anthropology, communication research, psychiatry, and clinical practice, changing meaning as the unit of analysis shifted from organisms and machines to persons, families, communities, and therapeutic relationships (Capra & Luisi, 2014; Scott, 2004; Umpleby & Dent, 1999). The expression "the emergence of systemic thought" is more accurate than "the birth of systemic theory." The latter suggests a single founder, date, or continuous lineage. General system theory, cybernetics, communication theory, and family-systems therapies overlap, but they are not interchangeable. Family therapists did not simply apply a finished scientific theory. They selected, translated, and contested concepts in response to different clinical problems, sometimes preserving the original technical meaning and sometimes creating a productive metaphor (Goldenberg et al., 2017; Nichols & Davis, 2020). This review therefore uses systemic thought as an umbrella term and reserves general system theory for von Bertalanffy's transdisciplinary programme.

Three problems motivate the review. First, abbreviated histories often move directly from homeostasis to family therapy without explaining the intellectual and ethical transition from first-order cybernetics, concerned with observed systems, to second-order cybernetics, concerned with observing systems (Scott, 2004). Second, "flexibility" is frequently praised without specifying whether it concerns family organisation, theoretical explanation, or disciplinary and cultural openness. Third, relationality can be invoked in ways that neglect unequal power. Feminist family-therapy scholarship showed that circular descriptions may conceal gendered privilege, while contemporary coercive-control research demonstrates why reciprocal influence cannot be equated with equal responsibility for harm (Goldner, 1985; Lohmann et al., 2024; Snellings et al., 2024).

The article advances three linked claims. Systemic psychology and family therapy emerged through multiple, partly convergent lineages rather than a single ladder of influence. Productive flexibility is disciplined by conceptual boundaries, evidential warrant, reflexivity, cultural accountability, and safety. Finally, African relational philosophies and psychologies should be engaged as independent intellectual resources that can revise systemic assumptions about personhood, agency, moral community, spirituality, and healing—not retrofitted as unacknowledged origins of Western cybernetics (Mkhize, 2004; Nwoye, 2017; Ratele, 2017a).

2. REVIEW METHOD

2.1 Design and Purpose

The study used a critical narrative-review design. Narrative reviews are appropriate when a field contains heterogeneous conceptual traditions, foundational books, historical records, and empirical studies that cannot meaningfully be reduced to a single effect estimate (Green et al., 2006; Snyder, 2019; Sukhera, 2022). The design was selected to reconstruct conceptual movement, compare competing meanings, and expose ethical tensions. It was neither registered nor designed as a PRISMA systematic review because its purpose was interpretive synthesis rather than exhaustive intervention-effect estimation (Page et al., 2021). The review addressed four questions: Which concepts moved across disciplinary boundaries into psychology and family therapy? How did first- and second-order systems thinking differ in their positioning of the observer and therapist? Under what conditions does flexibility support innovation rather than conceptual imprecision? How do African relational scholarship and feminist and coercive-control critiques alter the ethical horizon of systemic practice?

2.2 Search Strategy and Source Selection

Purposive searches were conducted and last updated on 19 August 2026 in PsycINFO, Scopus, Google Scholar, Crossref, PubMed where clinically relevant, and publisher databases. Search terms were combined in topic-specific strings, for example: ("general system theory" OR cybernetics) AND (psychology OR "family therapy"); ("first-order cybernetics" OR "second-order cybernetics") AND (observer OR therapist); ("feminist family therapy" OR "coercive control" OR "intimate partner violence") AND systemic; and (Ubuntu OR "African psychology" OR "African personhood" OR communitarianism) AND (relationality OR family OR therapy). Backward citation searching identified foundational works, while forward citation searching located later interpretations and critiques.

Sources were included when they met at least one of four criteria: they introduced or substantially developed a concept later used in systemic psychology or family therapy; documented a recognised historical pathway; offered a major critique concerning epistemology, culture, gender, power, violence, or ethics; or provided African philosophical or psychological resources directly relevant to relational personhood and practice. Recent peer-reviewed scholarship was prioritised for contemporary claims, whereas primary foundational texts were retained when historical accuracy required them. Sources were excluded when they merely repeated established summaries, lacked relevance to the four review questions, made unsupported historical claims, or addressed intervention effectiveness without conceptual or ethical relevance. English-language sources were used because reliable translation capacity and a reproducible multilingual search were unavailable. The final interpretive corpus comprised 42 works.

The corpus was analysed in three passes. Historical-genealogical analysis distinguished documented transmission from later conceptual resemblance. Conceptual analysis traced changes in the meaning of regulation, feedback, boundary, circularity, and observation across domains. Critical-ethical analysis examined who is positioned as observer, whose account is privileged, how responsibility is assigned, and when systemic explanations may obscure coercion or cultural hierarchy. Interpretive decisions were checked against primary texts where available and against later historical or critical scholarship when transmission claims were contested. The synthesis is therefore explicit and purposive but not exhaustive; its claims concern conceptual development, not the comparative effectiveness of therapies.

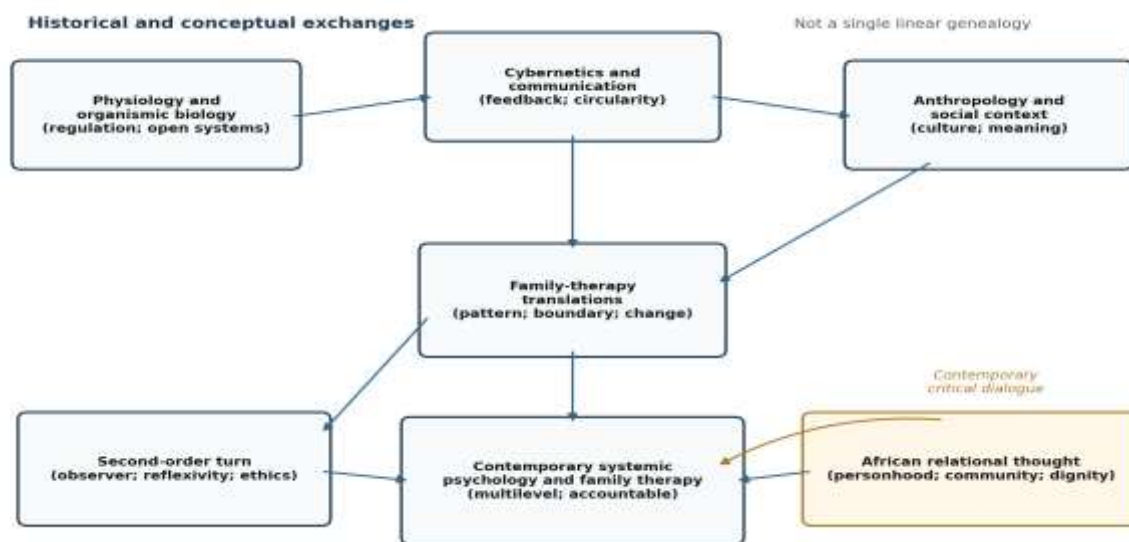


Figure 1: A Network Account of Systemic Thought and Contemporary Critical Dialogue

Note. Blue arrows indicate selected historical or conceptual exchanges. The gold arrow identifies contemporary critical dialogue with African relational thought; it does not claim that Ubuntu caused the development of cybernetics or general system theory.

3. HISTORICAL AND CONCEPTUAL FOUNDATIONS

3.1 Regulation, Open Systems, and Cybernetics

Cannon's (1932) account of homeostasis described the dynamic processes through which organisms maintain viable internal conditions. Its importance for later systemic reasoning lies in the move from static equilibrium to coordinated regulation under disturbance. Cannon did not provide a theory of families, however, and the clinical use of homeostasis was an interpretive transfer rather than a direct application of physiology. Von Bertalanffy (1968) opposed the assumption that complex phenomena could always be understood by decomposing them into isolated components. Living systems were open systems exchanging matter, energy, and information with their environments. Wholeness, organisation,

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hierarchy, and equifinality supplied a transdisciplinary vocabulary, but they did not erase differences between biological organisms, social institutions, and meaning-making relationships. A boundary in a cell, for example, is not equivalent to a boundary in a family, even when both concepts direct attention to differentiation and exchange.

Wiener (1948) defined cybernetics through control and communication in animals and machines. Feedback described how consequences return as information and alter subsequent action. The Macy cybernetics conferences of 1946–1953 brought together mathematicians, engineers, neurophysiologists, anthropologists, psychologists, and social scientists, enabling a shared language of circular causality and communication (Abraham, 2020). Bateson's participation became an important bridge into communication research and family interaction. This history was networked: general system theory and cybernetics developed in overlapping periods and addressed related but distinct questions (Umpleby & Dent, 1999).

Bateson et al. (1956) translated communication concepts into the double-bind hypothesis. The paper became historically influential, but its proposed explanation of schizophrenia was not established as a sufficient causal account. Its more durable influence concerned levels of communication, contradictory messages, and the relational contexts in which meaning is interpreted. Watzlawick et al. (1967) further distinguished the content and relational dimensions of communication. These developments redirected attention from isolated traits to recurrent sequences without proving that all psychological phenomena are relationally caused.

3.2 The Bridge from First- to Second-Order Systems Thinking

Early clinical cybernetics was predominantly first order. The therapist described the family as an observed system, identified feedback loops or problem-maintaining sequences, and intervened from a position that could imply external expertise. Conception such as family homeostasis were used to explain the continuity, while interventions were strategic for disrupting cycles. This orientation was clinically generative, but its language of control risked treating people as objects of regulation and underestimating the therapist's participation in defining the problem.

The second-order turn did not abandon feedback or circularity; it applied them reflexively to the production of knowledge. The “cybernetics of cybernetics” proposed by Mead (1968), the research of von Foerster into observing systems, as well as biological theories on cognition and autopoiesis, introduced by Maturana and Varela (Maturana & Varela, 1987; Scott, 2004; von Foerster, 1981), undermined the myth of the “view from nowhere.” Observations are made using distinctions. In therapy, the clinician enters the interactional field through questions, hypotheses, alliances, language, institutional authority, and cultural assumptions.

For family therapy, this epistemological change supported collaborative, constructivist, and later social-constructionist practices. The question shifted from “What is the family system objectively?” to “How are accounts of this family and its problems being produced, by whom, and with what consequences?” Hoffman (1990) described this transition as a movement toward constructed realities, while Atkinson and Heath (1990) examined how second-order ideas changed the therapist's position. Reflexivity limited naïve expert control, but it did not make all accounts equally adequate. Interpretations remain answerable to evidence, safety, rights, and the material consequences of power.

The bridge from first to second order is therefore both epistemological and ethical. First-order descriptions remain useful for mapping observable patterns; second-order reflexivity asks how the map and the mapper shape intervention. Disciplined systemic practice needs both capacities. Without first-order pattern recognition, therapy may become vague; without second-order reflexivity, pattern recognition may harden into authority that conceals its own assumptions.

Overlapping developments in systemic thought

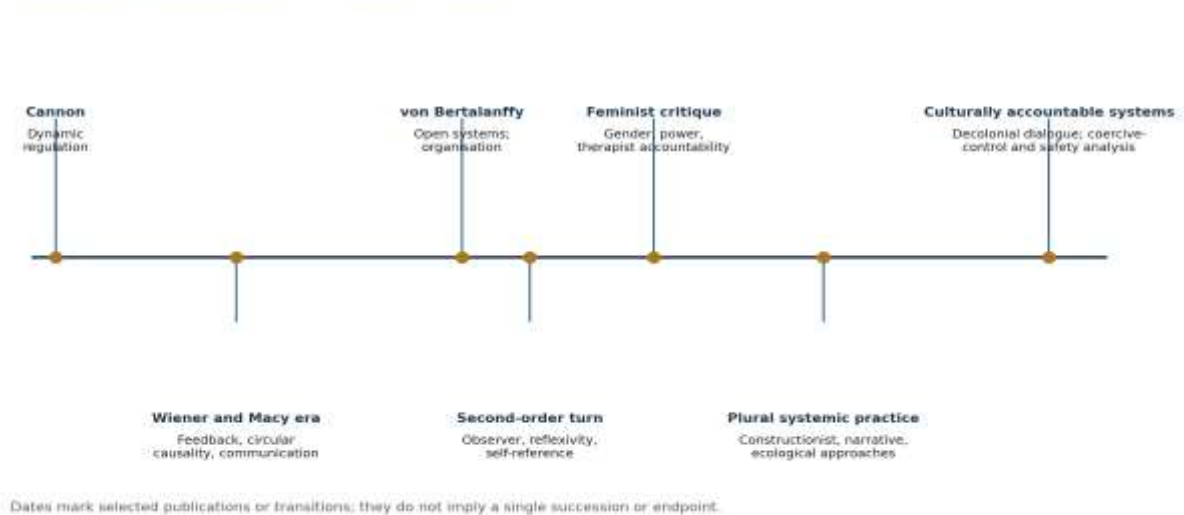


Figure 2: Overlapping Developments from Regulation to Culturally Accountable Systemic Practice

Note. The chronology identifies selected milestones rather than a complete or linear history. Later developments revise but do not automatically replace earlier forms of explanation.

4. CLINICAL TRANSLATIONS IN FAMILY THERAPY

Family therapy developed through several research and clinical networks rather than a single school. Early approaches shared a movement away from locating every difficulty inside an isolated individual and toward relationships, boundaries, communication, hierarchy, and multigenerational process. They nevertheless differed in causal language, therapeutic stance, and theory of change (Goldenberg et al., 2017; Nichols & Davis, 2020).

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Bowen (1978) conceptualised the family as an emotional unit organised across generations. Differentiation of self concerns the capacity to remain connected while thinking and acting with relative autonomy; triangles describe how dyadic tension is redistributed through a third person. Bowen's evolutionary and multigenerational vocabulary should not be collapsed into communication or structural theory.

Satir combined systemic attention to communication with humanistic commitments to self-worth, congruence, and growth. Placating, blaming, computing, and distracting were framed as protective survival stances rather than fixed personality types (Satir et al., 1991). Her work is relevant to disciplined flexibility because change involves both relational reorganisation and restoration of personal dignity.

Minuchin (1974) focused on subsystems, boundaries, coalitions, and hierarchy. Diffuse boundaries can support enmeshment; rigid boundaries can support disengagement. Healthy organisation therefore does not mean maximum openness. It requires boundaries sufficiently clear to protect roles and sufficiently permeable to permit connection and adaptation.

Haley (1976) emphasised problem-maintaining sequences, power, and strategically designed interventions. Strategic formulations nevertheless require ethical caution. Locating a symptom within an interactional sequence does not imply that the affected person intentionally produced it, nor does it excuse harmful conduct by others. Across these models, systemic concepts became clinically specific: pattern, differentiation, congruence, boundary, and strategy are related but non-interchangeable constructs.

5. RIGIDITY AND FLEXIBILITY AS A THREE-LEVEL FRAMEWORK

The contrast between rigidity and flexibility becomes analytically useful only when its level is specified. The present review identifies three levels: family organisation, explanatory models, and disciplinary-cultural boundaries. Conflating them creates category errors—for example, assuming that a theory's interdisciplinary openness is equivalent to a family's boundary permeability. At the organisational level, rigidity refers to interactional patterns, boundaries, roles, or decision processes that cannot adjust to developmental and contextual demands. Productive flexibility permits adaptation while retaining enough continuity for safety, identity, caregiving, and accountability. Excessive permeability may be as problematic as excessive closure. Structural family therapy illustrates this balance clearly: neither enmeshment nor disengagement represents optimal flexibility (Minuchin, 1974).

At the explanatory level, rigidity occurs when one theory or unit of analysis is treated as sufficient for every problem. A relational pattern may maintain distress, but neurobiology, trauma, cognition, attachment history, poverty, discrimination, spirituality, and legal context may also be consequential. Productive flexibility constructs a multilevel formulation while defining how its concepts relate. By contrast, indiscriminate eclecticism can combine incompatible assumptions, immunise a theory from criticism, and make intervention rationale impossible to test.

At the disciplinary-cultural level, rigidity is closure to warranted learning from other disciplines or knowledge traditions. Productive flexibility permits dialogue while distinguishing historical influence from conceptual resonance and avoiding cultural appropriation. Excessive flexibility appears when culturally specific concepts are detached from their intellectual setting or when "culture" is used as a decorative explanation. The criterion is not openness alone, but accountable translation.

Across all three levels, disciplined flexibility can be evaluated through five tests. Conceptual boundedness asks whether key terms and units of analysis are defined. Evidential warrant asks whether claims exceed the available historical or empirical support. Reflexivity asks whether the observer's role and institutional authority are acknowledged. Cultural accountability asks whether concepts are interpreted with rather than merely applied to communities. Safety and power sensitivity asks whether systemic circularity preserves asymmetrical responsibility where coercion, exploitation, or abuse is present.

Table 1
The Three-Level Rigidity-Flexibility Framework

Level	Rigidity	Disciplined flexibility	Risk of over-flexibility
Family organisation	Patterns or boundaries cannot adapt to developmental or contextual demands.	Roles and boundaries change while preserving safety, identity, and accountability.	Diffuse roles, instability, or loss of protective structure.
Explanatory model	One theory or level is treated as sufficient for every problem.	Multilevel formulation with explicit relationships among constructs.	Incoherent eclecticism or unfalsifiable explanation.
Disciplinary-cultural	Closure prevents warranted learning from other knowledge traditions.	Critical dialogue with historical and cultural distinctions preserved.	Appropriation, decontextualisation, or superficial inclusion.

Note. The framework distinguishes flexibility in family organisation, theoretical explanation, and disciplinary-cultural dialogue.

6. AFRICAN RELATIONAL SCHOLARSHIP AND SYSTEMIC PSYCHOLOGY

6.1 Relational Personhood without Historical Retrofitting

Ubuntu is often summarised through the proposition that a person becomes a person through other persons. In the work of Mbiti (1969), Ramose (1999), Mkhize (2004), and Nwoye (2017), relational personhood situates identity within participation, reciprocity, moral formation, and community. This orientation resonates with systemic accounts of interdependence, but resonance is not genealogy. Ubuntu did not supply the

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technical origins of general system theory or cybernetics. Its importance lies in providing an independent standpoint from which the ethical purposes and cultural assumptions of systemic psychology can be evaluated.

The distinction strengthens the African contribution. Early cybernetic vocabulary foregrounded information, control, and regulation. African relational philosophies press different questions: What constitutes a good relationship? How do dignity, obligation, hospitality, ancestry, spirituality, and communal flourishing shape personhood? Relationality thus becomes not merely a description of mutual influence but a moral field in which persons are formed and responsibilities negotiated. African psychology also challenges the universalisation of an autonomous, decontextualised self. Nsamenang (2006) described development through culturally organised social participation and responsibility. Nwoye (2004, 2015, 2017) located family healing and personhood within African social, spiritual, and moral worlds. Ratele (2017a, 2017b) argued for plural African psychologies and warned that African psychology must be intellectually critical rather than merely geographically located. Decolonial psychology similarly calls attention to how dominant knowledge systems universalise historically particular assumptions (Adams et al., 2015).

6.2 Community, Agency, and Internal Diversity

African relational thought should not be reduced to undifferentiated collectivism. In Gyekye's (1997) moderate communitarianism, the formation of community can occur without taking away the ability of the individual to make judgments, rights, and be accountable. In addition, this is significant to systematic practice since the individual can be constituted by their relations without necessarily being morally engulfed by the family and community. Bayuo (2025) demonstrates that the discussion about personhood in Africa includes communal participation and risk of exclusion. Nor is "Africa" a single culture. Kinship, gender arrangements, religious traditions, urbanisation, migration histories, languages, and political economies vary within and between societies. Extended kin and community can provide belonging, caregiving, mediation, and material support, but they may also reproduce age, gender, class, disability, or marital hierarchies. Culturally accountable systemic work therefore asks who benefits from a communal norm, who may speak, who bears its costs, and whether consent and protection are preserved.

An African-enriched systemic psychology can contribute at least four emphases: relational personhood that does not erase agency; attention to extended kin, spirituality, and community institutions; restorative approaches to fractured relationships; and knowledge production grounded in local languages and lived categories. These emphases should enter theory formation, measurement, supervision, and intervention design—not remain an illustrative paragraph appended to Euro-American models.

7. FEMINIST, POWER, AND COERCIVE-CONTROL CRITIQUES

Feminist family therapists demonstrated that a formally circular account can be socially incomplete. Goldner (1985) argued that family interaction must be located within gendered divisions of labour, authority, dependency, and social power. Hare-Mustin (1978) similarly challenged therapeutic neutrality when prevailing arrangements systematically privilege some family members. These critiques did not require abandoning systemic analysis; they required expanding the system to include institutions, cultural norms, economic dependency, and the therapist's own authority.

Power cannot be inferred from interactional frequency alone. A person who resists, withdraws, or becomes angry may participate in a sequence without possessing equivalent freedom or capacity to determine its conditions. Second-order reflexivity helps therapists examine how their questions and alliances reproduce power, but reflexivity must be joined to substantive knowledge of violence, gender, and inequality. Otherwise, the therapist may be highly aware of constructing an account while still constructing an unsafe one.

Coercive control makes this distinction clinically urgent. It concerns a patterned restriction of autonomy through intimidation, surveillance, isolation, economic control, threats, degradation, or regulation of everyday life. The damage done is accumulated rather than incident-specific (Lohmann et al., 2024; Stark, 2007). The depiction of coercive control merely as a mutual cycle of two people may be misleading because of the possibility of attributing equal responsibilities to both and disclosing confidential information.

Conjoint couple therapy is not uniformly contraindicated for every presentation involving aggression. Evidence suggests that carefully selected and specifically assessed cases—typically situational couple violence without coercive domination, severe fear, or high lethality risk—may benefit from specialised conjoint interventions (Karakurt et al., 2016). Selection is the ethical hinge. Therapists need private screening, differentiation of violence typologies, continuing risk assessment, safety planning, and readiness to suspend conjoint work when coercion or retaliation is present. Recent qualitative research confirms that therapists' decisions about whether conjoint work is "safe enough" remain complex and require more than a generic systemic formulation (Snellingen et al., 2024).

A power-responsive systemic position therefore preserves two truths: relationships are recursively organised, and responsibility for coercive acts can remain asymmetrical. Circularity describes influence over time; it is not a moral arithmetic that distributes blame equally. Disciplined flexibility requires movement between interactional, individual, cultural, institutional, and legal levels without allowing one level to cancel another.

8. DISCUSSION AND IMPLICATIONS

The historical synthesis shows that systemic ideas were translated rather than transferred unchanged. Homeostasis, open systems, cybernetic feedback, communication pragmatics, multigenerational process, and structural organisation acquired new meanings as their units of analysis moved into clinical practice. The first- to second-order transition made those translations reflexive, while feminist and coercive-control critiques established that reflexivity must remain answerable to material power, rights, and safety.

The three-level rigidity–flexibility framework is the review's principal conceptual contribution because it prevents the unqualified celebration of openness. Families need adaptable but protective structure; theories need integration without losing conceptual boundaries; and disciplines need dialogue grounded in historical and cultural accountability. The five evaluative tests defined in Section 5 distinguish disciplined flexibility from conceptual looseness. For research, cultural inclusion requires more than recruiting non-Western samples into unchanged constructs. There should be an analysis of whether terms like self, family, boundary, autonomy, responsibility, spirituality, and healing have similar interpretations in

different situations. Multilingual research can discover the existence of categories that traditional measures do not reveal. Historical claims should likewise distinguish direct citation and institutional contact from conceptual similarity or later retrospective interpretation.

Clinical formulation should remain multilevel. Therapists should assess individual trauma and biology, relational sequences, extended kin, socioeconomic and legal conditions, cultural meanings, relevant spiritual concerns, and power asymmetries. Cultural knowledge should be used tentatively and collaboratively rather than as a basis for stereotyping. African relational principles can enhance comprehension of community, reciprocity, and respect, whereas communitarian and feminist thought in moderation can protect individuality and dissent. For training and supervision, systemic competence should include intellectual history, epistemic reflexivity, power analysis, and violence assessment. Trainees should learn not only to map circular sequences but also to ask when a sequence is being described from an unsafe or culturally narrow position. Ethical systemic work is therefore not neutral observation; it is accountable participation.

9. LIMITATIONS

This review is selective rather than exhaustive. Its English-language corpus cannot represent all systemic schools, regional histories, Indigenous traditions, African-language scholarship, or the full diversity of feminist and decolonial thought. The purposive search did not generate a PRISMA screening flow or permit claims about the prevalence of positions in the literature. The rigidity–flexibility framework is a conceptual synthesis, not a validated measure. Finally, retaining foundational books reduced the proportion of recent journal sources, although contemporary peer-reviewed evidence was prioritised for present-day clinical and ethical claims. Future scoping research could use a registered protocol, multilingual searches, citation-network analysis, and consultation with scholars from underrepresented traditions.

10. CONCLUSION

Systemic thought in psychology and family therapy emerged through overlapping interdisciplinary exchanges rather than a single line of descent. The movement from first- to second-order thinking repositioned the therapist from an assumed external observer to a participant whose distinctions, language, culture, and authority help shape the therapeutic system.

That reflexive achievement remains incomplete without analysis of gender, institutional power, violence, and culture. Circularity must not equalise responsibility where coercive control restricts another person's liberty. African relational scholarship broadens the systemic horizon through personhood, moral community, spirituality, reciprocity, and dignity, while its internal debates protect agency, rights, and cultural diversity. The most defensible future for systemic psychology is therefore disciplined flexibility: relational without being reductive, culturally inclusive without being appropriative, and open to revision without becoming theoretically loose.

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Christian Matthew Adetunji: conceptualisation, methodology, investigation, formal analysis, resources, writing-original draft, writing-review and editing, visualisation, and project administration.

Declarations

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