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Equifinality in Family Systems Theory



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Name of Concept

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Introduction

Equifinality is both a term and concept adopted across various disciplines including archaeology, biology, business, and psychology. Proponents of the concept commonly believe that various means and/or developmental paths lead to similar end states or outcomes. Within the discipline of couple and family therapy, equifinality refers to an open and flexible position and mindset by a therapist. This is based on the belief that different treatment modalities from various theoretical orientations possess the same potential to yield similar results when treating couples and families.

Theoretical Context for Concept

Hans Driesch, a German developmental biologist and philosopher, coined the term *equifinality* as well as established its meaning and concept from his philosophy of potentials at the beginning of the twentieth Century (Sato 2011). Ludwig von Bertalanffy, the founder of general systems theory, later used and applied the concept of equifinality to open and closed systems such as social systems (Drack and Pouvreau 2015). When describing social systems, Driesch and von Bertalanffy preferred referring to the concept of equifinality rather than focusing on a specific end goal or state.

Description

Equifinality in family systems theory is the belief that the use of different theoretical orientations and interventions often results in a given end state, goal, or outcome. This implies that in open systems, namely, social systems, clinicians have permission to align with any specific theoretical or clinical modality with the understanding that the system will largely effect similar changes and outcomes.

Application of Concept in Couple and Family Therapy

According to Kapsali (2009), in order to apply the concept of equifinality to an open or social system such as that of a couple or family, a therapist would (1) recognize there is more than one method to effect change and achieve outcomes, (2) commit to therapeutic flexibility within a chosen therapeutic modality during case conceptualizing and intervention implementation, and (3) consider the match of client factors such as personality traits with different treatment modalities (Luborsky et al. 2002) as well as client strengths, commitment, participation, and alliances.

Clinical Example

The Johnson family is a Native-American Sioux family that lives together on a reservation in the United States of America. The family is comprised of Shelley Ska, a 40-year-old cisgender female; Martin Mato, a 38-year-old cisgender male; Curtis Chaska, their biological 16-year-old cisgender son; and Ska's father and tribe elder, Tom Takoda, a 68-year-old cisgender male. The family reported Chaska's school counselor referred them to family therapy because Chaska appears to struggle with symptoms of depression and recent suicidal ideation in response to bullying from seniors at his high school. Ska, Mato, and Takoda reported feeling blessed to have access to family therapy and experienced positive outcomes for similar mental health symptoms when Chaska was 8-years-old. The family reported they previously worked with an experiential therapist and Ska and Mato were hopeful, yet cautious, that pursuing family therapy with a solution-focused therapist would not yield similar results.

The therapist assured the family that their fears and concerns for the well-being of their family were valid. She also reflected that concerns were warranted considering their sociocultural status as

a Sioux family with limited financial and healthcare resources as well as culturally appropriate caution in response to educational and mental health services involvement. The therapist explained that contrary to popular belief and despite therapists' specialized training in various therapeutic modalities and interventions, different modalities such as experiential and solution focused have major components and elements in common that result in insignificant differences in therapeutic outcomes. The therapist, committed to cultural responsiveness, requested permission to address their concerns and reassure them that their contributions significantly affect the therapeutic experience. Once the family agreed, the therapist shared family strengths in responding to their child's needs and well-being, seeking out mental health services, demonstrating previous and current commitment and participation in therapy, and interest in building alliances with the therapist to effect systemic change. The therapist highlighted that these client factors in addition to the concept of equifinality will most likely result in similar outcomes even when using a different therapeutic modality.

Cross-References

- ▶ [Common Factors in Couple and Family Therapy](#)
- ▶ [Systems Theory](#)
- ▶ [von Bertalanffy, Ludwig](#)

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