PSYCHOLOGY

Therapy for the Whole Family

The pros and cons of family therapy are now being examined by experts interested in getting the most from this promising new psychological technique.

By JUDITH VIORST

➤ "FAMILY THERAPY," one expert said recently "is the cardiac surgery of psychiatry.

Like the heart operation, it can produce remarkable results, many psychiatrists agree. But it also entails the risk of leaving the patient in worse condition than before. Family therapists are now examining the benefits and dangers of this latest psychological technique, and seeking ways of achieving the benefits with a minimum of risk.

In conjoint family therapy all the members of a family are treated simultaneously. Mother, father, brothers, sisters—even a grandparent or the family priest, if appropriate-come together in joint sessions designed to reveal and alter unhealthy patterns in family functioning.

Although only one family member is overtly ill or hospitalized, the psychiatrist treats the entire family unit, not the individual sick member, as his patient.

Solving Family Problems

Dr. John Bell of the San Francisco office of the National Institute of Mental Health has stated that family therapy can dramatically improve the family situation.

"Although it doesn't solve all problems," he said, "it can solve the family problems, the interrelationships within the group. The family not only gets along better, but can then support the individual members when they go out on their own, providing them with a secure home base.

Dr. Bell is credited with founding family therapy technique in 1951. Subsequently many other psychiatrists have worked with family groups.

At the most recent American Orthopsychiatric Association meeting, family therapy panelists spoke to a packed room. The popularity of the workshop was quite under-standable to one psychiatrist waiting in line. "Family therapy," he said, "is the therapy of the future."

Other expressions of enthusiasm, along with words of caution, have come from various experts in the field.

Dr. Jerome Rose of the Mental Research Institute, Palo Alto, Calif., said that he values family therapy because "it restores the sanctity of the family" and enables families to believe in their own ability to understand themselves and to decide for themselves what is best.

Family therapy has been proving particularly beneficial in the treatment of schizo-phrenia. Schizophrenics, said Dr. Lyman Wynne of the National Institute of Mental Health, Bethesda, Md., often tend to give unreliable reports of family behavior. By bringing the whole family together, the therapist can see how it actually operates and can point out to the schizophrenic member what is really taking place before

Schizophrenic families cannot make profound changes in their personalities, said Dr. Murray Bowen of the Georgetown University Hospital, Washington, D. C. But family therapy can help them to improve their ways of dealing with problems. With all its limitations, family therapy is "the best we have to offer schizophrenics."

Uneasy Equilibrium

Psychiatrists have become familiar with the ways in which families achieve some kind of equilibrium in their relationships with each other.

Disturbed families, they point out, often achieve their rather uneasy equilibrium by allocating a "sick" role to one of their members. When the sick member begins getting well, the family may take him out of treatment or change hospitals.

Many family therapists agree that one of the great advantages of working with the family as a whole is that it helps prevent the "well" members from sabotaging the treatment in this way.

A family could also respond to the dis-

turbance of its equilibrium by behavior damaging enough to send a released patient right back to the hospital again. Or another member of the family, unable to adjust to the improvement of parent, mate or child, might start to collapse.

Family therapists can, to some extent, avoid or modify these problems. But, some psychiatrists warn, they are in danger of creating new problems of their own.

Tendency for Fadism

Dr. Theodore Lidz of Yale University spoke recently of the tendency of new psychoanalytic techniques to become fads. He said that in plunging into such things as conjoint family treatment, therapists could fail to have the necessary humility.

Very little is known of the family as an institution, said Dr. Lidz. It is recognized, however, that families have all sorts of defenses to protect themselves and to make it possible to get along. Family ther-apy, in toppling some of these defenses, he said, may confront family members with more than they can handle.

Dr. Lidz and others have mentioned the difference between group therapy, where members of the group disperse after a session, and family therapy, where they all return to the same home or familial framework, in possession of new and perhaps very unnerving revelations about each other.

Acting out the vehement feelings stirred up by family therapy can be somewhat controlled by the psychiatrist during the therapeutic session. But acting out in-between sessions, without the presence of an umpire, could be devastating.



National Institutes of Health

FAMILY THERAPY—In sessions such as posed by volunteers in this photograph, members of disturbed families meet with a psychiatrist for joint therapeutic treatment.

Sometimes family members will strike back in a very punitive fashion during a family therapy session, Dr. Lidz said. In one case, parents hearing their child talk of the family's drinking and the mother's lover told the therapist that they would no longer put up with her lies. In an open attempt to threaten and control, they inquired about transferring her to a state hospital. The obvious question is whether the threatened family member can withstand this kind of attack.

The key to this and other questions about family therapy, say many psychiatrists, lies in learning when this particular psychological technique is appropriate and when it is undesirable.

Dr. Bell has stated that family therapy "is very new territory—without established techniques or established theory." But he expressed confidence that this new territory could be charted.

Some of this charting is going on right now at the National Institute of Mental Health in the section on family studies headed by Dr. Wynne. He and his colleagues, working with schizophrenic families, are attempting to establish standards for use of conjoint family therapy.

SOCIOLOGY

Problems of the Therapist

They are also looking into the variety of problems that the therapist confronts in the family sessions: How should he deal with jealousy among family members visa-vis himself? How can he make the problems of individual family members meaningful to the family unit as a whole? And, most important, how can he upset-and then correct—the sick equilibrium to which the family clings so tenaciously?

Standards and techniques are emerging from this work, and some of the schizophrenic families treated have profited greatly from family therapy, which also has been used successfully in the treatment of delinquency, alcoholism and psychosomatic disorders.

The cooler heads in the psychiatric profession agree that no single therapy—not individual, or group or family-is the therapy of the future.

But like all of these techniques, when skillfully used under the appropriate conditions, family therapy can restore a sick patient to health, even when the sick patient is, as in this case, that baffling and vitally important life unit—the family.

• Science News Letter, 84:74 Aug. 3, 1963

Grounds for Abortion

➤ PSYCHIATRISTS should mind their own medical business and not get involved with the social problem of abortion, a British physician recommended.

He said there are "no psychiatric grounds

for the termination of pregnancy."

The psychiatrist, said Dr. Myre Sim of the department of psychological medicine, United Birmingham Hospitals, is being "exploited" by the problem of abortion, for he "provides the most convenient way around the legal situation."

In Great Britain, as in most states in the U.S., abortion is legal if it is absolutely essential to the mother's physical or mental health.

Marking out the boundary line between being a responsible citizen and being a true scientist or practitioner, Dr. Sim said of the psychiatrist:

Whether at other times he campaigns for reform in the law relating to abortion is his own private business, but he should not distort medical facts to serve other ends."

And the facts, Dr. Sim declared, in his report in the British Medical Journal, July 20, 1963, are clear and simple. A 12-year study of 213 women who were unstable during pregnancy or suffered breakdowns after delivery showed:

- 1. A woman who is unstable during pregnancy is no more likely to have a breakdown after delivery than a woman who is mentally fit during pregnancy.
- 2. A woman who has suffered mental collapse after childbirth, technically termed puerperal psychosis, may not have a breakdown a second time. Demonstrating the unpredictability of this type of mental illness, Dr. Sim described the case of one woman who had four breakdowns after her first four planned pregnancies. At the age of 43 she accidentally became pregnant again. It

was decided to continue the pregnancy, and she had her fifth baby without any troubling aftereffects.

- 3. A woman pregnant—with wanted or with unwanted child-is less likely to commit suicide than a non-pregnant woman.
- 4. Abortion may upset a woman's mental health even more than going through with the pregnancy. The greater the psychiatric grounds for legal abortion, the greater the risk of psychotic collapse after the operation.
- 5. The typical woman who breaks down after pregnancy is married, has a strict moral code, is conscientious and takes an active part in community life. There is obviously no way to tell the women who are apt to have breakdowns, from those who will keep their mental health after childbirth.

In light of these facts, Dr. Sim said, the answer to the problem of abortion is "not to recommend termination, which may indeed be harmful, but to nurse the patient through her unstable phase."

• Science News Letter, 84:75 Aug. 3, 1963

Spectrographs Disclose Upper Air Moisture

➤ A NEW METHOD for determining the water vapor in the atmosphere above 50,000 feet has been developed by D. M. Gates of the National Bureau of Standards Laboratories in Boulder, Colo.

Infrared spectrometers are carried aloft by balloons and aimed at the sun. By examining the spectrographs thus obtained, the amount of water vapor beyond the limits of balloon sounding can be determined, even when the concentration is as low as one part per hundred thousand.

• Science News Letter, 84:75 Aug. 3, 1963

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