Such is the view from the 50 yard line. One of the problems about tracing progress is that sometimes it might seem that one is finding fault with the past. Sometimes in praising what has been done one may almost seem to be condemning the men who in the past worked with things as they were. When we speak of the dark painted wards, the heavy (unthrowable) furniture, the restraints and the heavy duck strong-suits (untearable) we have to avoid the mistake of speaking as if the psychiatrists of the past continued these things by an almost callous purpose. We must recognize that men of good will were making do with what they had. Their dissatisfaction sparked the research that brought about some of the discoveries. It was the driving interest of those who worked with less that gave us the "more" we enjoy.

Progress has been made. It has not always been a straight line. As in most other human undertakings there has been a step backward now and then but on the whole we can see improvement. We look forward to even greater progress in the future.

The Chaplain can have a very great part to play in that progress. New discoveries and greater knowledge can of themselves never help anyone. These things have to be put into practice by men. The unstruck mute lights no fire, and the unused ability will not help the patient.

The Chaplain can help motivate someone concerned by the insight he can contribute. More perhaps by his attitude toward each patient as a child of God than by his words, he can move an overworked staff member to keep trying. And on the side of the patient he may, by treating him as of value, cause him to feel valuable, and worthy of being helped. As the representative of a loving Father, he might help this group of God's children act and react with love.

Family Psychiatry
Dorothy Starr, M.D.

In medicine, I think, everyone listens to his own music. Not only do we spend most of our time reading our own journals, and listening to our own specialty, but I suspect psychiatry may not be alone in listening mostly to its own school of thought. This Journal offers not only the opportunity of sharing ideas with other specialties but especially a chance to talk of "Family Psychiatry" for a group with a special commitment to the stability of the family.

I want first to review how family therapy differs from the better known analytic approach; to offer some observations on family processes common in many families and voice my concern that the family therapist is headed out of medicine.

Psychiatry entered the 1950's in this country, with much enthusiasm for psychoanalysis but growing concern about its limitations. Extensive training was required for the small numbers of qualified doctors who could treat a relatively small number of cases. The fascinating work being done with schizophrenics by a number of gifted analysts was not widely known, but even when recognized, was cold comfort to the mental...
hospital administrator with a small staff and a mounting population of chronic psychotics — especially the schizophrenics who came to the hospital at the beginning of their most productive years and settled in for long lives of half-living. The insulin coma and convulsive shock therapies of the thirties had been tried and now established in their niches; the former useful in limited numbers of schizophrenics and the latter remarkably useful in severe depressions, but seldom effective in schizophrenia.

Beginning in the fifties there were strides forward on many paths. The era of psychotropic drugs began and their use and efficacy is now a standard part of medical knowledge. Concurrently, and as a result, we have more such patients at home and the increased tranquility at home or in hospitals encourages and permits more attention to the process. Study of family process became more widespread, behavioral therapies have gotten more attention and general scientific progress has permitted even more sophisticated explorations in biochemistry and neurophysiology of psychological functions.

My special interest is the family. Like psychoanalysis, “family” is a theory, a method of investigation and a treatment technique but the similarities largely end there. Family focuses on interpersonal action and has as its goal the change in family processes. Family eschews the confessional seal approach and is not that kind of a confidential relationship between two people but is rather noted for its multiple participants and its readiness to introduce observers and videotapes and movie cameras as comparisons. Family therapists are not “blank screen” individuals with opinions, values and even families of their own. Family may involve only two people as Bowen used to do, it with only one member of the family in attendance but picturing the total family range around or, at the other end of the spectrum, a large Spoon, a room full of people...the network thickener and goes after the pathologic communications shared by the kin, friends and neighbors on a shared, identified schizophrenic with an avowed goal of tightening bonds and loosening bonds. Bowen dwells rate on the differentiation of the individuals out of what he calls the “undifferentiated family ego mass” which functioned like a closed system in which change one part produces compensation in another. He skillfully ruptures the process that keeps the family stuck by assuming the posture of researcher teaching the family on search its operations. Unlike the last analytic approach which calls for two three, or more hours per week, once the analytically oriented psychotherapy once a week, family therapists are experimenting. Bowen has a not fully used monthly sessions with multiple families and the process is obvious on the video-tapes I have seen and the Multiple Impact Group in Texas, working with the families of disturbed adolescents in crises. A kind of multifaceted marathon interview with the family in residence a nearby motel for two days, all of which they are sent home to practice for six months what they have learned. Family therapy and techniques in family process, being becoming. In an excellent article in 1966, Bowen summarized much of what had been called family therapy as “a healthy, unstructured state of chaos.” It is difficult to comprehend or accept family therapy unless one discards a linear cause and effect model and substitutes something like a circular model in which cause is simultaneously effect which maintains the cause from which it results.

In my experience with families, I have been most struck by the frequency of the reaction-counter reaction process and with the frequency with which many dysfunctional families can make use of awareness of this process. It is rather like the symptomatic treatment of aspirin for the fever, but likewise very useful. Everyone I have met reacts to some extent and/or in some situations, dysfunctional family members, but it is most useful at the time. Some of the familiar examples for a medical practitioner involve the handling of two situations which officially we endorse; I refer to patients questioning of fees, and patients questioning of results. I wonder if there is anyone at all, at some time, reacted to this with injured pride, or hurt feelings, or rationalizations about difficult and unpleasant patients, rather than acted as the little placards suggest, i.e. “Your doctor welcomes questions and discussion about his fees and services.” And the public pose that all doctors welcome consultation — if you would like another opinion, just say so.

Conflicting spouses have a high level of communication failure partly because they are trying to avoid the reaction they will elicit anyway, so neither tells the other anything much. Verbal and non-verbal exchanges are interpreted as reactions to the self and used to counter-reactions. If one spouse grumbles — a transient gas pain perhaps — the other reacts to the “dirty look” with “Now what are you mad about?” To which the first responds, “Nothing suits you,” and they are off to the races. Conflicting couples both select and produce differences so that tidy husbands have dissolved wives or vice versa, and the “allow plenty of time” types are paired with the “there’s no point in arguing early” ones. The reaction counter-reaction circuit gets involved because these differences cease to be seen as traits in the other, but are responded to as an affront to, or criticism of, the self once the pair has merged into the emotional oneness of marriage. Individuals can break the circuit anytime that either one can disengage himself by controlling his own response and interpreting the other’s statement as information, not accusation or challenge. Decades of popularization of analytic thinking have led to distorted ideas about the value of “expressing feeling” and “getting out the hostility” and obscured the difference between recognizing feelings and acting out.

In a seriously conflictual family, each spouse is so engrossed in cataloging the rejection to which he is counter-reacting that he never notices his own rejection to which the spouse is counter-reacting. The tip-off I get on this is hearing a husband and a wife listing to each other’s bill of complaints without either one noticing that each has said, in essence, my spouse shows no interest in me as a person, ignores my positive, tender gestures and avoids me as much as possible.

Another fruitful area for many families is work invested in breaking up the negative reaction — counter-reaction circuits which are maintaining the unacceptable behavior they cannot stand in the offspring. A practically stereotyped one can evolve with the appearance on the scene of the hairy, disheveled teenager in ragged jeans (a reaction to begin with) which elicits parental barrage of criticism, which elicits an attack on the older gener-
which the mother reported, after two weeks of thought, that she could not think of one good thing about her daughter.

Lastly, I am concerned about what see as a growing trend in the final movement toward separation from medicine. The medical model is dovoreed, the illness model is cul-de-sac pathogenic with the implication that the less medical one is, the better family therapist one will become. The attackers are medical but the non-medical disciplines can hardly disagree.

Here too, we see process and attacks by family therapists encourage more study of family therapy by non-physicians who are thus encouraged in their contention that when proper training, they are equally qualified to treat psychiatric problems, that medical training is not an unnecessary, but detrimental. If able bright students and adherents that help to reinforce the preference for the non-medical model, we may see it go around. If this trend grows, we decrease the chances of integration, the catecholamine hypothesis, the studies of the family process in depression; we return to either dichotomies, the body-mind dualism.

ADDITIONAL READING

1. The Journal, Family Process, published twice a year, offers a varied selection people and ideas.

Book Review...

PSYCHIATRY, THE CLERGY, AND PASTORAL COUNSELING

Editors: Dana L. Farnsworth, M.D., and Francis J. Braceland, M.D. Publisher: St. John's University Press, Collegeville, Minnesota xii, 340 pp. 1969. $5.50 in hardback. $3.50 in paperback.

"Psychiatry, the Clergy and Pastoral Counseling" is a collection of 26 essays by 57 of the nation's outstanding psychiatrists, of whom are Past Presidents of the American Psychiatric Association. Originally, these essays were lectures, in a slightly different form, given over a period of years at the psychiatric-pastoral workshops of the Institute of Mental Health at St. John's University, in Minnesota.

Each essay is a complete unit in itself, and can be read without reference to the others. However, there is a unity and an orderly arrangement binding all of them together so neatly that they are rightly called chapters. All of the chapters contribute to the twofold purpose of the book as stated in the introduction: to (1) to furnish the clergyman or other counselor with a summary of basic knowledge about human beings and their quandaries, and (2) to illustrate how a four-way dialogue between clergymen and psychiatrists and psychologists was organized and maintained.

The first 5 chapters are more or less introductory. One of the best chapters in the book is in this section: chapter 3, "Techniques of Pastoral Counseling".

Chapters 6 through 13 deal with problems of people in various age groups: children, adolescents, adults, the middle aged, the elderly, and the dying.

The next 10 chapters concern matters on which parishioners or their relatives seek help from the clergyman: depression, suicide, the paranoid parishioner, alcoholism, drugs, various aspects of sex, marriage counseling, and the unwed mother.

The last 3 chapters are in a different category and might be called miscellaneous. "Confidentiality" is of prime concern to any counselor. Priests will note that confidentiality in counseling is not identical with the seal of the confessional.

"Schools of Psychotherapy" gives a brief but very good summary of the best known schools of contemporary psychotherapy. The final chapter, quite fittingly, is about "Community Mental Health and the Future of Pastoral Counseling".

If a clergyman were to ask me for the best book on pastoral counseling, without any hesitation I would reply that this is it. In the first place, the authors are among the best psychiatrists in the entire country. Then too, the editors have selected the subjects that the clergy at St. John's workshops have asked about most frequently. The authors have not set themselves up as authorities on theology or even morality. But they have offered the benefits of psychiatric insights into the problems that are most frequently brought to the clergy.

One of the many things I liked about the book is that none of the authors ever forgot that he was writing for clergymen. They did not address them as though they thought clergymen would be the psychotherapists or auxiliary psychiatrists.

While this is true, it is also true that others besides clergymen can benefit from this book: social workers, youth leaders, teachers, school counselors, and others.

The chapters are so short that they can be read at one sitting. The longest chapter is 22 pages. Most of the others are only half that long.

The hardback edition sells for $6.50, but there is a paperback edition for only $3.50.

Rev. Wilbur F. Wheeler