

Individual and Family Therapy

**THE
EMERGENCE
OF
FAMILY THERAPY**



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THE EMERGENCE OF FAMILY THERAPY

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THE EMERGENCE OF FAMILY THERAPY

In 1949 T.S. Eliot wrote *The Cocktail Party*, an English drawing room comedy about a psychiatrist's treatment of a married couple and one of their friends, a member of their "network." The family therapy movement in psychiatry in which the therapist is the healer of couples, families, and other natural groups began during the decade that followed (Bowen 1966, p. 345).¹

This chapter will discuss the coincidence of this literary event and the therapeutic innovation of family therapy from two vantage points: (1) How do we understand the emergence of the family therapy movement in mid-twentieth-century America? This discussion will rely heavily upon a number of Talcott Parsons's formulations, particularly as represented in his article "Mental Illness and 'Spiritual Malaise': The Role of the Psychiatrist and of the Minister of Religion" (1964). (2) For the psychiatrist, what theoretical and technical issues are raised by the treatment of the family rather than the individual, as described in Eliot's play?

HISTORY AND SOCIOLOGY

Structural Changes

The anthropological, sociological, and historical literature on the family as an institution is voluminous. Debates about its definition, universality, complexity, structure, function, and relation to the wider social system and to "personality" have long occupied the social sciences.

Phillipe Aries (1962) in *Centuries of Childhood* called attention to the significant shift in Western society's awareness of "the family" as something apart from other groups. Where it had once been synonymous with society, "the family" began to hold society at a distance, to push it back beyond a steadily extending zone of private life (p. 398).² This shift occurred slowly since the Middle Ages, when the boundaries of the household and the social order were diffuse. The process of differentiation from an extended kinship system exemplified in the medieval household to today's nuclear family is a shift of overwhelming significance.

Within the earlier, relatively undifferentiated social system, "childhood" was also a less

differentiated part of the life cycle. Where today's child, with its prolonged dependency, experiences a discontinuous socialization process (Benedict 1956), the medieval child was viewed as a little adult who was apprenticed out of his family by the age of seven.

Aries sees the specialized function of the modern family as predominantly socialization. He views this as the basis of its power rather than, as many observers say, its weakness. This formulation lies at the heart of Talcott Parsons's analysis of recent social changes affecting the narrower functions of the family.

Parsons has noted that, in more primitive social systems, the kinship structure dominates other subsystems, so that few structures are independent of it. In the modern state the nonkinship units such as the political structure, large business firms, universities, churches, and professional associations have not only become free of kinship ties but also assumed positions of power beyond the social influence of the family. Inevitably, this process involves a loss of function of the family as it was. It loses economic, political, and educational functions, for example. The family is now primarily involved with the socialization of children and the stabilization of adult personalities. Together with this more concentrated function of the family unit, the emergence of the primacy and privacy of the nuclear family is one of its most salient features. Parsons (1955) views this shift as the source of significant strain upon the individual.

In particular, the nuclear family's spouses are thrown upon each other, and their ties with members of their own families of orientation, notably parents and adult siblings, are correspondingly weakened. . . . The consequence of this may be stated as the fact that the family of procreation, and in particular the marriage pair, are in a "structurally unsupported" situation. Neither party has any other adult kin on whom they have a right to "lean for support" in a sense closely comparable to the position of the spouse, [pp. 19-20]

It is just this strain that Parsons links to the growth of the mental health professions in America. The unprecedented salience of the nuclear family in the most industrialized nation in the world developed along with an enormous vogue for treating human problems from the point of view of mental health. "It is the 'American method' to attempt to solve problems in foci of strain by calling in scientifically expert aid. In industry we take this for granted: in human relations it is just coming to the fore" (P- 25).

Value Changes: The Role of Religion

The changes in family structure just noted have been accompanied by a significant disruption in the area of beliefs and values. *Spiritual malaise*, *anomie*, and *the culture of unbelief* are some terms that

have come to represent aspects of the modern era. It is to this area that the religious system, which has undergone a narrowing of functions similar to the family, focuses in its attempt to establish meaning. A characteristic feature of religions today is the varied attempts to reinterpret the traditional belief systems to fit the modern times.

The religious system addresses itself to questions of “ultimate concern,” in the sense of Tillich (1952), and commitment to the wider cultural tradition. In Eliot’s view (1948) “any religion, while it lasts, and on its own level gives an apparent meaning to life, provides the framework for a culture, and protects the mass of humanity from boredom and despair” (p. 106).

The religious system is here seen as analytically distinct from “the family system” in that it concerns itself with a different aspect or phase of individual development. Where religion in the widest sense integrates the individual into his postadolescent world, the family is responsible for the organization of personality structure, especially in the formative years. Psychiatry is viewed here in a general sense as a “corrective” for problems in this socialization process, and it is a part of what is called the “health or medical system.”

In less-differentiated societies, the health and religious sectors are fused. The saving (healing) of souls is particularly central in the development of Christianity. The confessional has long been noted for its therapeutic aspect. Despite these areas of overlap, religion has focused more on the collective, whether viewed as a congregation or parish, while the mental health professions until very recently have generally focused on the troubled individual with psychotherapy based upon a dyadic model.

Within this context Talcott Parsons (1964) predicted a new profession emerging within the religious sector that would address itself to the spiritual malaise experienced by individuals.

A spiritual counselor loosely tied to the church would act as an interpreter and intermediary for the parishioner who could speak freely of his disenchantment with the prevailing religious beliefs without fear of reproof by his particular sect. He thus predicted a professional group whose relation to religion on the one hand, and the parishioner on the other, would be analogous to the relation of the mental health professions to the family and the patient (p. 321).

What Parsons did not anticipate was the evolution of the phenomenon of social psychiatry with its focus of concern the community and its promise of well being for larger numbers of people. Part of the social psychiatry movement (which may be characterized as a shift of emphasis from the individual to larger units) is the evolution of family therapy with its particular focus on that natural group which is intermediate between the individual and the wider social system. This development of social psychiatry is undoubtedly due not only to the strains alluded to above but also to the degree to which “science” and its applications have come to replace religion as a source of ultimate meaning in the modern era (Kramer 1968). This chapter examines the confusion that now exists in respect to the roles of the various mental health professions and religious leaders and introduces some of the family therapy concepts that Eliot intuited.

THE PLAY

It is significant that all seven of the principal characters have no ongoing relations with blood relatives. The decreased influence of the extended kinship system and the isolation of the nuclear family are here explicit. Edward and Lavinia Chamberlayne are an upper-middle-class English couple in the middle of their years. They are without apparent kin except for a sick aunt who is fabricated in the first scene to explain Lavinia’s absence from their cocktail party. Lavinia has left Edward for the first time in their five-year marriage. Also present at the party is Alex, a bachelor of means with connections throughout the world. A benevolent avuncular figure, he has returned from one of his trips to the East. His counterpart, Julia Shuttlethwaite is a well-situated, chatty, auntlike intruder, who hides her interest in all the goings on of this social network behind a pose of scatterbrained forgetfulness. Edward’s and Lavinia’s childless marriage has been marked by both opposition and inseparability since their honeymoon at Peacehaven, a site chosen only after characteristic battle:

Lavinia: When we were planning our honeymoon,
I couldn't make you say where you wanted to go. . .

Edward: But I wanted *you* to make that decision.

Lavinia: But how could I tell where I wanted to go
Unless you suggested some other place first? [p. 338]

Stabilization of their marriage has been achieved through extramarital affairs between Edward

and Celia Copplesstone, a young romantic poetess, and between Lavinia and Peter Quilpe, a young novelist aspiring to a career in the cinema. Both Celia and Peter are at the party.

With such a secretive ménage there is little wonder their conversation takes on an awkward and absurd quality (about tigers and champagne mouthwash). The form and title of the play, *The Cocktail Party* is Eliot's way of highlighting the communicative and moral breakdown of the modern era.

It is hinted that Peter's dreams of a career in America and his defection from Lavinia has threatened the delicate balance. Lavinia has consulted with a Dr. Henry Harcourt-Reilly, who arrives at the party as an unidentified and apparently uninvited guest.

Dr. Reilly, aided by Alex and Julia, guides this group to the final scene two years later when we find that Lavinia and Edward are reconciled. They are once again giving a cocktail party. Alex brings the horrid news of Celia's crucifixion as a missionary. Peter, pursuing his career in America, has returned to do some "shooting" in England. The unorthodox therapy that preceded this ending illustrates some of the changing concepts and techniques introduced by the shift from treating the "individual" to treating "the family."

FAMILY THEORY AS REFLECTED IN THE COCKTAIL PARTY

The Family as the Unit

The shift in the unit of study from the individual to the family, whether conceived of as "a system" governed by rules (Jackson 1965), or as a group of persons with interlocking intrapsychic conflicts (Ackerman 1956), represents a conceptual revolution in psychiatry.

Just prior to the conjoint consultation in the second act, Edward asks for asylum. Dr. Reilly notes this request as serving two functions: (1) "escape from himself" and (2) "to get the better of his wife" (p. 345). Here is an understanding of the danger of hospitalization of an "individual" as a pathological resolution of interpersonal difficulties prophetic in that such alternatives to hospitalization as, for example, day hospitals that keep the families intact were first introduced in the 1950s (Wood 1960, Zwerling and Wilder 1962).

*Reilly: And there are also patients
For whom a sanatorium is the worst place possible.
We must first find out what is wrong with you
Before we decide what to do with you. [p. 348]*

He goes on to state an extraordinary rationale for conjoint family therapy just before introducing Edward's wife to the session.

*But before I treat a patient like yourself
I need to know a great deal more about him,
Than the patient himself can always tell me.
Indeed, it is often the case that my patients
Are only pieces of a total situation
Which I have to explore. The single patient
Who is ill by himself, is rather the exception.
[p. 350, italics mine]*

Dr. Reilly is here following a caveat of Freud written in 1905 (p. 18). Where Freud gathered the pieces of the total situation from his patient, the family therapist seeks such data by direct observation. The departure from the rules of the confidential doctor-patient relationship is here as radical as when Freud departed from the model of professional conduct of his time. The ethics of that time precluded the frank revelation of sexual fantasies (Freud 195, pp. 7-14). Dr. Reilly's behavior is met by comparable resistance.

*Edward: What do you mean? Who is this other patient?
I consider this very unprofessional conduct —
I will not discuss my case before another patient, [p. 350]*

*Lavinia: Well, Sir Henry!
I said I would come to talk about my husband:
I didn't say I was prepared to meet him.*

*Edward: And I did not expect to meet you, Lavinia.
I call this a very dishonourable trick.*

*Reilly: Honesty before honour, Mr. Chamberlayne.
[p. 351]*

With this rule characteristic of many family therapists, the joint session begins. This rule is comparable to that which Freud enjoined upon the individual patient, that is to withhold no conscious thoughts.

After exposing the mutual marital infidelities, Dr. Reilly points out what unites them. Edward's problem is his inability to love anyone. During his wife's brief departure, he realized he did not love Celia but, in fact, wanted the return of his wife without whom he felt vacant. With Peter's defection Lavinia was faced with her inner feelings of being unlovable. They were thus confronted with:

*Reilly: How much you have in common. The same isolation.
A man who finds himself incapable of loving
And a woman who finds that no man can love her [p. 355]
You [Lavinia] could always say: He could not love any
woman;
You [Edward] could always say: No man could love her.
.....
And so could avoid understanding each other, [p. 356]*

This "traded dissociation" (Wynne 1965, pp. 297-300) serving as an "interpersonal defense" (Boszormenyi-Nagy 1965) against painful self-awareness was the bond that united them. They could not live together, and they could not live apart. This elucidation of the interlocking dynamics represents a conceptual bridge between the intrapsychic and interpersonal models of psychology. Within psychoanalysis this kind of interlocking pathology was first described by Johnson and Szurek (1952), who in the 1940s noted the acting out by children of their parents' forbidden impulses. This insight evolved out of the study of both parent and child concurrently, though not conjointly. The shift from treating the individual to treating the "family" has profound implications for the physician's role: where does the physician's responsibility rest, and whose agent is he, the individual's, the family's or society's? (Grosser and Paul, 1965).

Object Relations

The theories of family therapy are still in the process of development. Boszormenyi-Nagy (1965), Laing (1967), and Brodey (1961) have tried to extend the psychoanalytic object relations theory from the intrapsychic into the interpersonal frame of reference. In this connection, W. Brodey's discussion of image relationship has direct relevance to Edward's description of his wife's impact on him:

*We had not been alone again for fifteen minutes
Before I felt, and still more acutely —
Indeed, acutely, perhaps, for the first time,
The whole oppression, the unreality
Of the role she had always imposed upon me*

With the obstinate, unconscious, sub-human strength
That some women have. Without her, it was vacancy.
When I thought she had left me, I began to dissolve,
To cease to exist. That was what she had done to me!
I cannot live with her — that is now intolerable;
I cannot live without her, for she has made me incapable
Of having any existence of my own. [pp. 348-349]

Brodey defines an image relationship as one in which a person (A) tries to maintain accurate prediction of the other's (B) behavior. A's inner image of B takes precedence over any unexpected behavior of B. The emphasis is on changing reality to fit with expectation rather than expectation to fit reality. Rigidity prevails. Brodey defines a narcissistic relationship as one in which two people make image relationships each to the other and each acting within this relationship to validate the image-derived expectation. He views acute psychosis as the attempt of one member to break out of this system (p. 22).

In a sense Lavinia's departure and Edward's "breakdown" were attempts to break out of their stagnant relationship into a newer equilibrium.

Of interest here is Eliot's comments in an essay written in 1948:

It is human, when we do not understand another human being and, cannot ignore him, to exert an unconscious pressure on that person to turn him into something that we can understand: many husbands and wives exert this pressure on each other. The effect on the person so influenced is liable to be the repression and distortion, rather than the improvement, of the personality: and no man is good enough to have the right to make another over in his own image, [pp. 138-139]

Systems: Homeostasis

Extending the above view of equilibrium between Edward and Lavinia, we turn to the wider network. As mentioned earlier, the marital relationship had stabilized through extramarital relations, Edward with Celia and Lavinia with Peter, forming two interlocking triangles. The centrality of triangles in family theory has been stressed by Bowen (1966) and by Haley (1967). When the equilibrium of this system was threatened by Peter's disengagement from Lavinia, Lavinia sought the aid of Dr. Reilly. This highlights two theoretical issues (from a systems point of view) related to the concept of homeostasis (Jackson 1957).

1. A family group establishes a degree of homeostasis that is altered when any one member of the group changes his behavior or leaves the group. Clinical psychiatry has long taken note of the importance of such “precipitating events” in the decompensation of an individual (as, for example, in a mother’s depression when her last child begins school or the sexual acting out of a parent when a son or daughter reaches adolescence). At such periods related to developmental phases, families are strained, and extrafamilial assistance is often required. As mentioned in the first section, the increasing isolation of the nuclear family from its extended kinship network has left the family without its traditional sources of support at these times.

2. Homeostasis is also affected by the introduction of a new member. A therapist is such a “new member.” Whether in individual therapy or family therapy, he is a potential “change agent.” Whether that change is effected by free association and insight or by more active environmental manipulation is not the issue here. The outsider (expert) uses his unique position as one not “caught in the system.” In psychoanalysis the therapist avoids complementing the transference of the patient’s past patterned system of object relations, and in family therapy the therapist avoids induction into the family’s present patterned styles of relating and communicating. This role of the therapist-stranger is immediately evident in the opening scene of *The Cocktail Party*.

TECHNIQUES AND ROLE OF THE THERAPIST

The technique of the therapist is intimately bound up with his role. The most striking aspect of Dr. Reilly’s behavior at the opening of the play is his appearance at the Chamberlayne home as an uninvited guest. He hides his identity during this “home visit” (Behrens and Ackerman 1956) and when the other guests have departed, is invited by Edward to remain.

Don't go yet.
I very much want to talk to somebody;
And it's easier to talk to a person you don't know.
The fact is, that Lavinia has left me. [p. 304]

His circle had become so complex that Edward could confide in no one, and he reaches out to the stranger. No sooner has he begun than the unidentified guest takes charge and prepares a drink for his host with the following instructions;

Let me prepare it for you, if I may...
Strong ... but sip it slowly ... and drink it sitting down.
Breathe deeply, and adopt a relaxed position, [p. 304]

With this bit of gestalt therapy as preparation he suggests to Edward that he may be better off without his wife. This unexpected suggestion is met with considerable opposition.

This is not what I expected
I only wanted to relieve my mind.
By telling someone what I'd been concealing.
.....
I think your speculations rather offensive. [pp. 305-306]

Somewhat in contrast to the approach of the individual therapist, the family therapist is often called upon to "move quickly" and gain entrance into the family. Dr. Reilly has handled this first phase of any family therapy by literally entering the home and taking charge. When Edward objects, the guest will not accept no.

And I knew that all you wanted was the luxury
Of an intimate disclosure to a stranger.
Let me, therefore, remain the stranger
But let me tell you, that to approach the stranger
Is to invite the unexpected, release a new force,
Or let the genie out of the bottle
It is to start a train of events
Beyond your control. So let me continue, [p. 306]

Just as the mother-infant symbiotic equilibrium is often disturbed by strangers, "new" relationships tend to threaten and change older sets of relations.

The Paradoxical Prescription (Watzlawick et al. 1967)

Left by his wife and left with his own ambivalence, Edward feels bereft. Dr. Reilly prescribes that Edward accept the separation and "do nothing." He thus suggests that Edward, no longer knowing himself due to his overinvolvement with Lavinia, learn who "he is" in her absence. Edward can deal with this suggestion by following it or opposing it. In either case he must do something (even if he does nothing). Watzlawick et al. (1967) have described such "maneuvers," which bring patients back into "control" of their symptoms or condition, as paradoxical prescriptions. The prescription, in fact, produces

the very opposite of its manifest content.

*Edward: ... the effect of all his argument
Was to make me see that I wanted her back. [p. 322]*

More recently this “strategic” approach to family therapy has been more fully developed by Palazzoli and her group (1978).

Working Toward Self-Differentiation

Self-differentiation forms the core of Murray Bowen’s theory and practice of family psychotherapy (1966). It is a central theme in Eliot’s play. Dr. Reilly’s suggestion that Edward learn “who he is” elicits Edward’s desire for his wife’s return:

*And I must get her back, to find out what has happened
During the five years that we’ve been married.
I must find out who she is, to find out who I am. [p. 308]*

Her departure has had the effect of making Edward feel lost in the dark.³ Dr. Reilly’s efforts are clearly directed toward differentiating each person from what Bowen (1966, p. 347) describes as emotional “stuck togetherness.”

A related idea that the self is largely defined by “others” is an idea emphasized in the writings of R. D. Laing (1962). To be taken out of one’s usual life situation is to lose oneself or to be disoriented. Psychoanalytic theory views such phenomena as manifestations of poor self-object differentiation (see chapter 6).

The departure of Lavinia has encouraged the hopes of Celia who moves to consolidate her relationship with Edward. Startled when Edward announces that the effect of Dr. Reilly’s arguments was to make him want his wife back, Celia no longer recognizes her paramour.

*Celia: ... I see another person
I see you as a person whom I never saw before.
The man I saw before, he was only a projection — [p. 327]*

Celia must also differentiate in response to Edward’s “new self.” The circle is reverberating with

change and the shock of new recognitions, giving substance to the observation of Bowen (1966) that “the family is a system in that a change in one part of the system is followed by compensatory changes in other parts of the system” (p. 351). As the hidden relationships of self-deception and intrigue become manifest, the emergence of new self-discovery is required. Celia and Edward depart with a toast to their “guardians,” expressing their wish for protection in their new state of separateness.

When Edward and Lavinia find each other together again, they struggle and talk of expectations of change.

Lavinia: I shall treat you very differently
In future.

Edward: I may not have known what life I wanted,
But it wasn't the life you chose for me.
You wanted your husband to be successful,
You wanted me to supply a public background
For your kind of public life. You wished to be a hostess
For whom my career would be a support.
Well, I tried to be accommodating. But in future,
I shall behave, I assure you, very differently, [p. 339]

They quarrel over who has changed, but change they must.

Edward: So here we are again. Back in the trap,
With only one difference, perhaps — we can fight each other,
Instead of each taking his corner of the cage. [p. 341]

The first act ends with the hint of the possibility of a new equilibrium. The stage is set for the confrontation with Dr. Reilly several weeks later.

The Omnipotence of the Therapist

At the end of the first act all the principals, including Lavinia, reconvene in response to telegrams sent mysteriously by Dr. Reilly. Lavinia, bewildered, only feels

.... that yesterday
I started some machine, that goes on working,
And I cannot stop it; no it's not like a machine —
Or if it's a machine, someone else is running it. [p. 336]

The imagery of “machinery” suggesting a *deus ex machina* implies both the power and the impersonality of the therapist. Dr. Reilly has manipulated events in preparation for his later consultations with Lavinia, Edward, and Celia.

Following the second act consultation with Edward and Lavinia noted above and having sent them off to make the best of their circumstances and to “seek their salvation with diligence,” Dr. Reilly sees Celia to whom he offers the alternative of sainthood:

There is another way, if you have the courage.
The first I could describe in familiar terms
Because you have seen it, as we have seen it,
Illustrated, more or less, in lives of those about us.
The second is unknown, and so requires faith — [p. 364]

And Celia is on her way to the missionary work that ends in her death at the hands of aborigines. As with the Chamberlaynes, Dr. Reilly ends this meeting with the blessing:

Go in peace, my daughter.
Work out your salvation with diligence, [p. 366]

These religious overtones contribute to the ambiguity of Dr. Reilly’s role. Alec Guinness, who played the role of Reilly, insisted in an interview that there was a “misunderstanding” if the role were viewed as that of a “psychiatrist.” Rather, he said it was that of a “mental-spiritual advisor and guide in a definitely religious sense” (Zolotow 1950).

Although Guinness, Eliot, and the play’s director wished to separate the medical and religious roles, the text is ambiguous. Reilly is identified as a doctor, he has a nurse and he charges fees, etc. His medical role shifts into obvious religious modes. Julia reminds him of the limitations of his medical profession when he expresses uncertainty in work with such as Celia:

Julia: You must accept your limitations, [p. 368]

Earlier Edward has expressed his feeling that his condition was beyond the reach of medicine:

It would need someone greater than the greatest doctor
To cure *this* illness, [p. 323]⁴

Julia and Alex, we discover, are assistants to Dr. Reilly, whether viewed as part of the “mental health team” or in the play’s terms as ‘guardians,’⁵ and they, together with Dr. Reilly, conclude the multiple consultations with “libations.”

Eliot was criticized for portraying Reilly as a kind of omnipotent, Godlike figure who decides the course of other people’s lives. Eliot’s reply was that Dr. Reilly “only in a way, assists nature” (Hailer 1950), hinting that the power of leaders is only apparent and largely deceptive, deeply dependent on the context or the rest of the “system.” This insight into the dependence of the individual upon his context is a major contribution of the general systems theory, which serves as a basis for much of the newer, nondyadic therapies.

The power and charisma of many family therapists, whether attributable to their behavior or to transference or both remain problematical in terms of technique. Much of what is written by or about the pioneers in the field demonstrate quite active direction of the family. Two recent interesting examples of this directorial mode can be seen in (1) Malcolm’s *New Yorker* essay “The One-Way Screen” (1978), which describes the work of Minuchin and (2) Napier’s and Whitaker’s excellent and unique introduction to the field, *The Family Crucible* (1978).

This problem is compounded by the use of the one-way screen, which is a double-edged sword in the field of therapy. For the first time the therapeutic process can be studied and taught firsthand as other professions are, with student-apprentice and teacher seeing one another work. Psychotherapy is unique among the professions in its reliance upon the spoken and written transmission of its methods rather than direct observation. Freud rarely wrote about technique. Two dangers, however, are that much therapy does require a context of privacy and, all too often, an inevitable theatrical element intrudes when therapy goes public. A family and therapist being viewed by others creates an atmosphere that tends to call for direction, as in the theater. Therapeutic “activism” is thus fostered. There are many families that require and benefit from such public exposure and feedback. This may be a welcome undoing of the extreme “privatization” of so many families in the modern era that we discussed earlier. Many families also require and benefit from such an active role on the part of the therapist. But there are as many or more where such activity interferes with the family members overcoming their own resistances to change. In *The Family Crucible* the authors accept the role of symbolic surrogate parents to

the families they treat. This makes their fictionalized but believable account of one family's treatment quite dramatic and readable, but at the same time it raises the questions of when and where the interventions they employ are warranted (see chapter 8; see also chapter 5, p. 97, for Freud's comment on the indications for therapeutic activities).

ELIOT'S RELIGIOUS CONCERN

The relation of the healer or the martyr to the rest of the community is a major preoccupation of Eliot's. He is most concerned in this play with the salvation of the community of ordinary people exemplified by Edward and Lavinia, the cocktail party givers. He feels there is an organic relation between the ordinary and the exceptional ways of life. Celia's crucifixion has the function of cementing the ordinary lives of those about her. Concretely, her departure eased the reconciliation of Edward and Lavinia. In a more religious sense her sacrifice gives symbolic legitimacy to the cultural ideals of her society. The Chamberlaynes and Peter are drawn closer together by Celia's death.

This cosmology is analogous to the family-psychiatry view of the patient's necessary organic relation (as sick one, scapegoat, or vehicle for acting out) to his family. It is to this relationship that the family therapy field, standing between the individual orientation of medical psychiatry and the social focus of community psychiatry, turns its attention. Where Eliot felt the necessity for a few to suffer for the many, family therapy questions the necessity of such sacrifice and attempts to alter family systems to avert such outcomes (Vogel and Bell 1960).

Eliot's religious concerns are relevant to the introductory section of this chapter. It is the structural differentiation of modern society that Eliot associates with the breakdown in moral and social conventions. He hoped to counter this with a restoration of a "Christian Society" (1939). He also sought to return the theatre to its religious origins, especially in restoring poetic drama. He felt a religious attitude to human life was necessary for the writing of true poetic drama (Jones 1965, p. 22).

Religion and Psychiatry

Religious and psychiatric practitioners have long been preoccupied with the relations between them and have struggled to delineate their differentiated roles (Larson 1968, Preston 1955). In this

chapter we have alluded to the confusing and overlapping boundaries of religion and psychiatry without spelling out explicitly the dilemmas faced by their practitioners. It is a thesis of this chapter that the very indeterminateness of the boundaries makes such an explanation all but impossible.

The profound changes at all levels of modern society leave in their wake the need for reintegration at cultural, social, and individual levels. The relative failure of traditional structures in responding to these changes has paralleled society's turning to "science" for answers to questions of morality and values.⁶ M. Kramer (1968) concluded his very relevant discussion of these issues with the following paragraph:

Science, in the figures of Copernicus, Darwin, and Freud, has destroyed the meaning and purpose of man which has been rooted in traditional religion. This was achieved inadvertently by destroying some of the crucial evidential base on which this view rested. The behavioral sciences have struggled with the meaninglessness of man and have been plagued by the problem. The repeated discovery of man's need for meaning and purpose in life has tempted the behavioral scientist to meet this need by providing a meaning. Too often, it seems to me, the behavioral scientist has confused his scientific role with his personal philosophy and provided moral answers in the guise of scientific ones. It is this confusion of science and morality that is one of the more serious moral implications of the scientific revolution, [pp. 451-452]

CONCLUSION

Just as the discoveries of Freud influenced and were influenced by the Victorian era, the recent burgeoning field of family psychotherapy reflects society's attempt to deal with unprecedented changes, especially in the structure and function of the family. *The Cocktail Party*, portraying the psychiatrist as the new high priest of the social order, reflects some of the dilemmas of professionals who attempt to grapple with these changes. The portrayal of a psychiatrist behaving in an "unethical" and "unorthodox" manner by treating the family network has led us into a discussion of recent theoretical and technical innovations in the field of psychiatry and some aspects of the relation between religion and psychiatry.

With the birth of family therapy a host of problems and questions thus necessarily arose and remain to the present day. Are there definable stages in the development of families comparable to the stages of individual development? If so, how are we to characterize abnormal or healthy family development? Can a typology of families be developed that addresses itself to such a clinical focus? The next two chapters touch upon these issues. The concept of the family life cycle and its relation to the individual life cycle are raised in a discussion of Edward Albee's *Who's Afraid of Virginia Woolf?*, a play about another marital

couple who, like Edward and Lavinia, are childless.

Then in chapter 4 we turn to another Eliot play, *The Family Reunion*, for a discussion of the abnormal individual and *familial* developmental disturbances found in psychiatry's most troublesome and still unsolved clinical problem, schizophrenia.

REFERENCES

- Ackerman, N.W. (1956). Interlocking pathology in family relationships. In *Changing Concepts in Psychoanalytic Medicine*, ed. S. Rado and G.E. Daniels. New York: Gruneand Stratton.
- Aries, P. (1962). *Centuries of Childhood, A Social History of Family Life*. New York: Vintage Books.
- Behrens, M.L., and Ackerman, N.W. (1956). The home visit as an aid in family diagnosis and therapy. *Social Casework* 37:11-19.
- Benedict, R. (1956). Continuities and discontinuities in cultural conditioning. In *Personality in Nature, Society, and Culture*, ed. C. Kluckhohn, H. Murray, and D. Schneider. New York: Knopf.
- Bowen, M. (1966). The use of family theory in clinical practice. *Comprehensive Psychiatry* 7: 345-374. Reprinted in *Family Therapy in Clinical Practice*. New York: Jason Aronson, 1978.
- Boszormenyi-Nagy, I. (1965). Intensive family therapy as process. In *Intensive Family Therapy*, ed. I. Boszormenyi-Nagy and J. Framo. New York: Harper and Row.
- Brodey, W.M. (1961). Image, object, and narcissistic relationships. *American Journal of Orthopsychiatry*. 31:69-73.
- Eliot, T.S. (1939). *The Idea of a Christian Society*. Published in *Christianity and Culture*. New York: Harcourt, Brace and World.
- _____(1948). *Notes Toward the Definition of Culture*. Published in *Christianity and Culture*. New York: Harcourt, Brace and World.
- _____(1952). *The Complete Poems and Plays (1909-1950)*. New York: Harcourt, Brace and World.
- Freud, S. (1905). Fragment of an analysis of a case of hysteria. *Standard Edition* 7.
- _____(1917). A difficulty in the path of psychoanalysis. *Standard Edition* 17:143-144.
- Grosser, G.S., and Paul, N.L. (1964). Ethical issues in family group therapy. *American Journal of Orthopsychiatry*. 34:875- 884.
- Hailer, F. (1950). Interview with T.S. Eliot. *New York Times* April 16, 1950, II, 1:5.
- Haley, J. (1967). Toward a theory of pathological systems. In *Family Therapy and Disturbed Families*, ed. G. Zuk and I. Boszormenyi-Nagy. Palo Alto: Science and Behavior Books.
- Jackson, D. (1957). The question of family homeostasis. *Psychiatric Quarterly Supplement* 31:79-90.

_____(1965). The study of the family. *Family Process* 4:1-20.

Johnson, A., and Szurok, S.A. (1952). The genesis of antisocial acting out in children and adults. *Psychoanalytic Quarterly* 21:323-343.

Jones, D.E. (1965). *The Plays of T.S. Eliot*. Toronto: University of Toronto Press.

Kramer, M. (1968). The behavioral and moral implications of the scientific revolution for psychiatry. *Comprehensive Psychiatry* 9:440-452.

Laing, R.D. (1962) *The Self and Others*. Chicago: Quadrangle Press.

_____(1967). Individual and family structure. In *The Predicament of the Family*, ed. P. Lomas. London: Hogarth Press.

Larson, R.F. (1968). The clergyman's role in the therapeutic process: disagreement between clergymen and psychiatrists. *Psychiatry* 31:250-263.

Laslett, B. (1973). The family as a public and private institution: an historical perspective. *Journal of Marriage and the Family* 35:480-492.

Malcolm, J. (1978). The one-way screen. *New Yorker*, May 15, 1978.

Napier, A., and Whitaker, C. (1978). *The Family Crucible*. New York: Harper and Row.

Palazzoli, M.S., et al. (1978). *Paradox and Counterparadox*. New York: Jason Aronson.

Parsons, T. (1955). The American family: its relation to personality and to social structure. In *Family Socialization and Interaction Process*, ed. T. Parsons, R.F. Bales, et al. Glencoe, Ill.: Free Press.

_____(1964). Mental illness and "spiritual malaise": the role of the psychiatrist and of the minister of religion. In *Social Structure and Personality*. New York: Free Press.

Preston, R.A. (1955). Landmarks in the relations of psychiatry and religion. *Bulletin of the Menninger Clinic* 19:191-198.

Shakespeare, W. *Macbeth*. Baltimore: Penguin Books, 1956.

Tillich, P. (1952). *The Courage to Be*. New Haven: Yale University Press.

Vogel, E., and Bell, N. (1960). The emotionally disturbed child as a family scapegoat. *Psychoanalysis and Psychoanalytic Review* 47:21-42.

Watzlawick, P., Beavin, J., and Jackson, D. (1967). *Pragmatics of Human Communication*. New York: W.W. Norton.

Wood, E. (1960). Interpersonal aspects of psychiatric hospitalization, I. the admission. *Archives of General Psychiatry* 3:632- 641.

Wynne, L.C. (1965). Some indications and contraindications for exploratory family therapy. In *Intensive Family Therapy*, ed. I. Boszormenyi-Nagy and J. Framo. New York: Harper and Row.

Zolotow, M. (1950). Interview with Alec Guinness. *New York Times*, February 26, 1950, II, 3:2.

Zwerling, I., and Wilder, J. (1962). Day hospital treatment for acutely psychotic patients. In *Current Psychiatric Therapies*, Part IV, ed. J. Masserman. New York: Grune and Stratton.

Notes

- 1 That a poet anticipated the paradigm shift discussed in the previous chapter has a parallel in Freud's crediting Schopenhauer as a forerunner of the discovery of psychoanalysis (Freud 1917).
- 2 Laslett (1973) has more recently and convincingly illustrated this shift to the privacy of the family.
- 3 The allusion to being lost in the dark, together with his meeting himself as a "middle aged man" (p. 325), are undoubtedly borrowed from Dante's *Divine Comedy*; Dr. Reilly, like Virgil, guides the Chamberlaynes out of the dark wood but cannot provide the final vision of Beatrice. For Dante and Eliot this is the function of faith and religion.
- 4 This statement about the limitations of the physician in this context is reminiscent of the observation of Lady Macbeth's doctor that: "More needs she the divine than the physician." (*Macbeth* V. i.69) and Macbeth's: "Canst thou minister to a mind diseased?" (V. iii. 40)
- 5 The concept of guardian was probably taken from Plato's *Republic*. Interestingly the guardians were not to have families so they could devote themselves fully to the ruling of the community (city-state).
- 6 There has also been a reversion in some sectors of society to the occult and mystical, as well as a revivalistic return to "fundamentalist" beliefs.