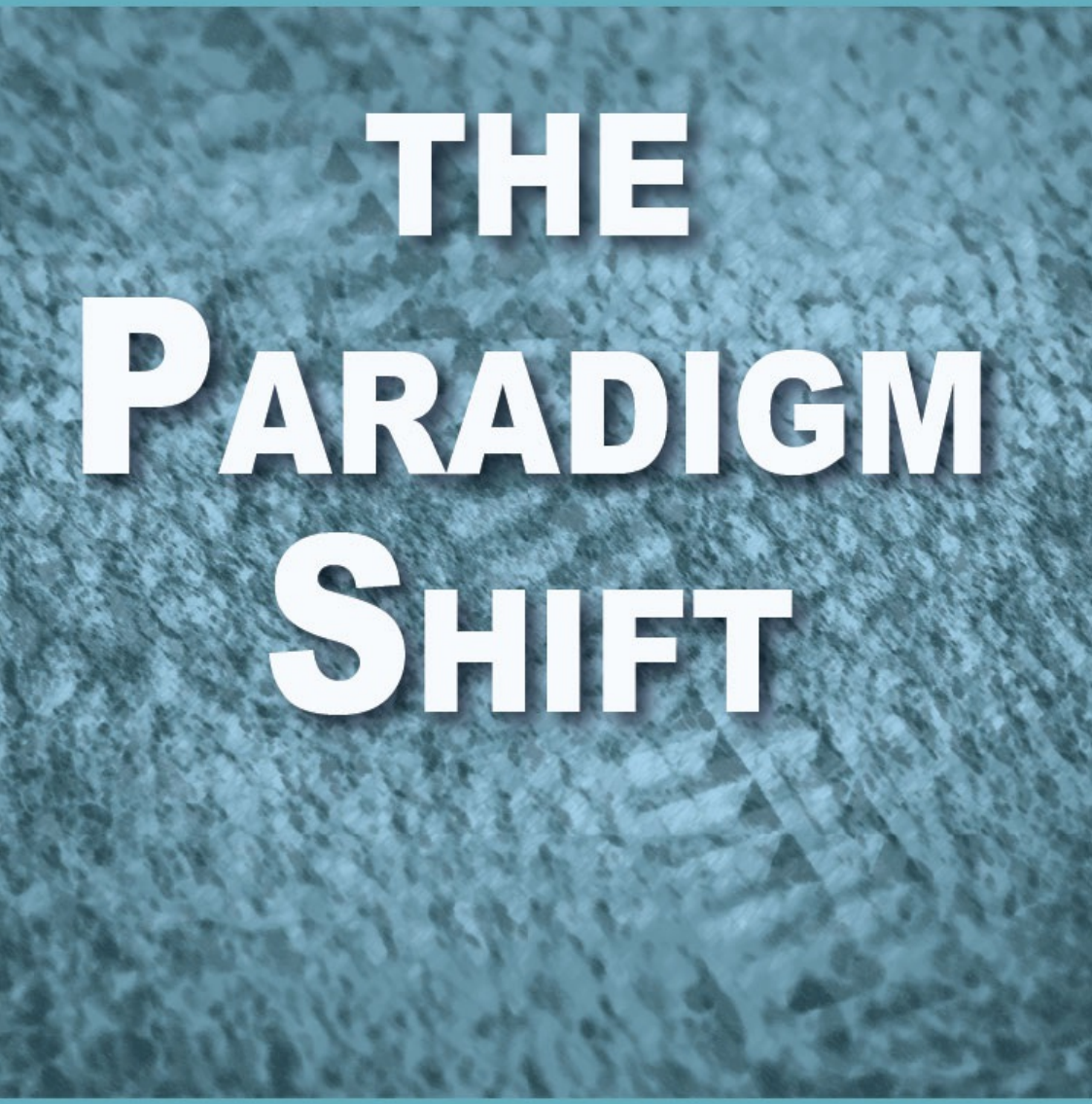
Individual and Family Therapy



Fred Sander

THE PARADIGM SHIFT

Table of Contents

> This inexhaustibility of meaning which makes Shakespearean criticism a matter for a lifetime, proves, in a sense, that his literary characters are potentialities of practically inexhaustible complexities. This makes it also understandable why critics disagree (and will never find agreement).
>
> — K. R. Eissler, *Discourse on Hamlet and Hamlet*

> Something is rotten in the State of Denmark
>
> — *Hamlet* I. iv. 100

The ancient Greeks had for the most part already sketched out the spectra of views regarding the nature of mental illness. Major sociopolitical changes between the Homeric period and the flowering of "the Greek miracle" brought about the emergence of unprecedented individual autonomy together with increasingly differentiated views of madness. Three models of the mind, rudimentary, to be sure, had already become manifest. (Simon and Ducey 1975).

In the Homeric model there was no clear mind-body distinction or clear-cut boundaries between what was inside and what was outside a person. Mental events seemed to reflect external forces, and therapy for mental distress took the form of outside agents, be they drugs or epic songs sung by bards. Thus an early interpersonal model of mental illness was established.

By the time of Plato there was a far more differentiated view of the human "psyche." The beginnings of a mind-body split and a conflictual division between the rational functions and the irrational or appetative functions were described. Madness resulted from inner psychological conflict correctable by greater self-knowledge and philosophy. The psychological (psychoanalytic) model.

Hippocrates soon after introduced the medical model with its emphasis upon the disturbances of the brain and the imbalances of the body's humors. Treatment required the restoration of balance through drugs and various regimens. The interpersonal, intrapsychic, and biological models of the mind were thus already established as logical types that came to form the basic paradigm of psychiatry. The subsequent history of psychiatry largely consists of the detailing of the specific nature of these inner and outer demons and how their complex interaction cause an individual to become ill.

While the confluence of biological, psychological, and sociological factors in the "causation" of mental illness is accepted by most, there is nonetheless a natural tendency for practitioners to favor one of these particular points of view. The field of psychiatry itself also tends at one period or another to favor a particular point of view. During the past few decades American psychiatry has shifted from a psychoanalytic (1940s and 1950s) point of view, to a social psychiatric emphasis (1960s) and now again to a biological orientation. These somewhat rapid shifts have led some observers to see psychiatry as going through an "identity crisis." Such an observation does not do justice to the relation of psychiatry to the wider social system. As the boundaries of almost all the other medical specialties have become narrower and narrower (creating a different sort of a crisis in terms of the doctor-patient relationship), the boundaries of psychiatry have become more difficult to define. Prior to the differentiating and specializing trends of the modern era, medicine, including psychiatry, overlapped with religion. More recently, with the rise of science, religions have significantly declined in their influence, and psychiatry, as well as a host of self- help movements, has tried to fill the void (see chapter 2). The social psychiatric movement of the 1960s failed in part because it was too messianic in trying to solve America's spiritual malaise. Now that it is clear that social psychiatry was oversold and that any future national health insurance will not subsidize such wide- scale "healing," psychiatry has begun to tighten its ship and focus more on the more severe mental illnesses, and biological psychiatry has again moved into ascendancy. Szasz's challenging but nonetheless polarizing division (1961) of psychiatric disorders as either brain diseases or "problems in living" has helped to relegate the "functional" (i.e., nonorganic) disorders to the ever-growing and confusing therapeutic marketplace. I do not mean to disparage these shifting points of view, as it is clear that advances in psychiatry come from the intensive study of a particular approach with its particular point of view or methodology. Freud could thus best elucidate the unconscious by the psychoanalytic method, which minimized external stimuli, while the social psychiatrist best notes patterns of interpersonal relationships "in the field," while minimizing endopsychic phenomena. The biologically oriented psychiatrist follows an experimental model while trying to locate the critical variables causing illness. Sooner or later it does become necessary to integrate these advances with one another for the benefit of the patient-consumer. Haven's recent sensitive appreciation of these varying "approaches to the mind" (1973) has much in common with the view put forth in the present volume. As he states in his preface, "the extraordinary advances [in psychiatry] concern methods of investigating human nature more than they do theories of human nature" (p. vii).

Havens describes four basic schools of psychiatric thought — the three logical types already noted plus a fourth rooted in the modern philosophical movement of existentialism, a point of view Havens is himself identified with. The four schools are (1) the descriptive-objective, (2) the psychoanalytic, (3) the interpersonal, and (4) the existential. Havens points out how exquisitely each of these approaches to patients gives us a different slant on the human condition. He feels these different views are capable of integration, hence the subtitle to his book, "Movement of the Psychiatric Schools from Sects Toward Science." And indeed psychiatry has refined these perspectives so that we could have a rather full picture of the individual- identified patient when these varying approaches are blended.

THE FAMILY SYSTEMS POINT OF VIEW

As if things were not complicated enough, we now turn to the paradigm shift posed by the family systems approach. All the psychiatric approaches discussed thus far share the view that the sine qua non, the final common pathway, following the medical model, of psychiatric causation is an identified patient. Sickness can result from hereditary factors, acute or chronic stress, a traumatic childhood, an underlying personality disorder, ennui, excessive use of alcohol, psychotic parents, social and economic conditions or some complex combination of these. The individual patient identified by himself or delegated by others is then treated by chemotherapy, psychotherapy, group therapy, milieu therapy, hospitalization or some combination of these. Even when family therapy is added to this list, it is usually introduced in the psychiatric setting as a modality for the treatment of an identified patient. *This is the Basic Paradigm of Psychiatry*. It is the family systems viewpoint that the family should be the unit of study *and* treatment. *The family is thus the patient*. This chapter and book discuss this point of view, which has been emerging over the past few decades and which reflects such a paradigmatic shift. It is a point of view qualitatively different from the others and therefore not easily assimilated into our regular way of seeing and doing things. For example, at the same time this chapter was written, the *American Journal of Psychiatry* ran a lead article on an "Overview of the Psychotherapies" (Karasu 1977) that attempted to categorize over fifty psychotherapeutic schools. This extraordinary catalog of midtwentieth century psychotherapies, while confirming Rieff's views of our age as subsuming the *Triumph of the Therapeutic* (1966), also reflects the basic paradigm at hand in that the overview focused only upon "modalities that are essentially dyadic in nature" (p. 852). The nondyadic therapies would have complicated the overview

and were thus intentionally overlooked.

Another difficulty in using this clinical approach is the continued failure of insurance companies to incorporate family treatment unless an individual patient is designated. In my experience, if the diagnosis of marital maladjustment is noted on an insurance claim form as most accurately reflecting a presenting situation, it is usually returned with a request for a more individually oriented diagnosis. (See chapter 9 for a fuller discussion of the difficulties posed by the family paradigm.)

So also, most clinic record keeping and fee collection systems are thrown into confusion by family therapy unless an individual patient is specifically registered as the patient. In the family clinic of the psychiatric outpatient department of the Albert Einstein College of Medicine each adult member of the family registers individually, thus insuring a more thorough evaluation of each member as well as more readily permitting treatment of the family as a system. Copies of family treatment summaries are then placed in each person's chart.

In a revealing footnote to his discussion of the interpersonal school Havens gives credit to Adelaide Johnson (1969) who developed a fresh method of investigation that has become one of the precursors of the family system's viewpoint. She was one of those early investigators who treated separately though collaboratively different family members and began to notice ongoing pathological systemlike interaction rather than a patient passively affected by a surrounding pathological family. Havens apologizes for slighting her work but found it "considerably more difficult to use on a clinical basis" (p. 344). *That is just the point about the family systems view*. It does not fit our usual way of working in psychiatry.

WHAT'S THE MATTER WITH "WHAT'S THE MATTER WITH HAMLET?"?

In no work of literature is this paradigm problem more dramatically illustrated than in Shakespeare's *Hamlet*, proving again the inexhaustibility of meaning in and relevance of this play. The following discussion will not again attempt to analyze or reinterpret *Hamlet* but rather to note

schematically the fact that the internal structure of the play and the subsequent limitless and fascinating diagnosing and delving into the motivations of Hamlet illustrate the central paradigm. Lidz (1975), who most recently tackled afresh the problem of Hamlet, put it this way, "*Hamlet*, in particular, attracts the psychiatrist because it is a play that directly challenges his professional acumen. He can join the characters in the play in seeking the cause of his antic behavior." While still reflecting the old paradigm in seeking for the cause of Hamlet's behavior, Lidz's study, more than any previous, recognizes and contributes to the development of the new paradigm. Thus we ask the meta-question, What, after all, is the matter with "What's the Matter with Hamlet?"

Put in the most simple terms the plot involves Prince Hamlet's overburdening task of avenging the murder of his father by his uncle who has also seduced and married his mother. Under the weight of this task Hamlet acts in such a way that he is deemed mad. Theories of why Hamlet acts or is mad are put forth by Horatio, Polonius, Gertrude, Rosencrantz and Guildenstern, Claudius, Hamlet himself, and subsequently by literary critic after critic, as well as psychologists, psychiatrists, and psychoanalysts since the seventeenth century. Most theories are partially correct, as are the differing "approaches to the mind" noted in the introduction to this chapter. And yet each theory represents at the same time the point of view or bias of the particular observer or theorist. The questions rarely asked by Shakespeare, the characters of the play, critics, or psychologists are: Why could Claudius not control his urge to kill his brother? What led Gertrude into an adulterous and hasty incestuous marriage to her brother-in-law? What was the nature of the family system that allowed the enactment of the oedipal crime?

Shakespeare did not ask such questions because he was portraying and exploring the emergence of a more modern man in whom the external interpersonal battlefields become internalized to a marked degree. Hamlet is at war with himself and broods over whether it is better "To be or not to be?" As Eissler (1971) correctly notes:

> Medieval man would never have understood Hamlet. Ever since man's obligation to take spiritual authority for granted has become subject of doubt, and he has had to fall back on his own resources, as the only guide by which to decide what is right and what is wrong, this problem has become an unsettling one for him. [p. 198]

In prescientific times man felt himself inextricably caught up in a world where tragedy was everyone's (unconscious) fate, made barely intelligible and obscured by wish-fulfilling systems of

religious belief. Where Oedipus blindly and unconsciously killed his father, Hamlet, by way of contrast, emerges with a heightened level of consciousness that bespeaks a greater awareness of self and with it the hope (illusory though it may be) of climbing out of the darkness. This is part of the enormous attraction of Hamlet and his special place in Western literature. He appears on the edge of self-determination, on the edge of climbing out of a malignant family system that cannot look at itself.[1] He is perhaps the first truly "analyzable" character in Western literature. Long before the emergence of psychoanalysis he was the object of more "analysis" than any other character in literature.

Thus, in addition to reflecting the basic psychiatric paradigm, Hamlet also illustrates a cultural paradigmatic shift especially prominent in Elizabethan England. Auerbach's study of the "representation of reality in Western literature" (1953) puts it this way:

> In Elizabethan tragedy and specifically in Shakespeare, the hero's character is depicted in greater and more varied detail than in antique tragedy, and participates more actively in shaping the individual's fate ... One might say that the idea of destiny in Elizabethan tragedy is both more broadly conceived and more closely linked to the individual's character than it is in antique tragedy. In the latter, fate means nothing but the given tragic complex, the present network of events in which a particular person is enmeshed at a particular moment (Greek tragedy) can hardly be compared with the multiplicity of subject matter, the freedom of invention and presentation which distinguish the Elizabethan and the modern drama, generally. What with the variety of subject matter and the considerable freedom of movement of the 'Elizabethan theatre, we are in each instance given the particular atmosphere, the situation, and the prehistory of the characters. The course of events on the stage is not rigidly restricted to the course of events of the tragic conflict but covers conversations, scenes, characters, which the action as such does not necessarily require. Thus we are given a great deal of "supplementary information" about the principal personages; we are enabled to form an idea of their normal lives and particularly characters apart from the complication in which they are caught at the moment, [pp. 319-320]

The tragedy of the House of Atreus has become the tragedy of Hamlet. The individualism (of Western civilizations) set in motion since the Middle Ages has continued unabated to the present day. There are now expressions of concern that this "rugged individualism" is one of the underlying factors whereby collectivities such as the family unit have suffered. Individual psychoanalytic treatment, a treatment rarely practiced in collective or preindustrial societies, characterizes this trend. Man (woman) is the measure of all things and he or she is in psychoanalysis treated in relative isolation from his/her surroundings. Explored further in the next chapter, the emergence of family therapy is in part a reaction to this emphasis on individualism which has left man with a diminished sense of communal attachments. It is as well a recognition that many emotional disturbances are completely part of a familial drama more like a Greek than a Shakespearean tragedy.

WHAT IS THE MATTER WITH HAMLET?

In the Beginning: Grief

Hamlet, at the start of the play, is clearly grief stricken, a "diagnosis" pretty much universally agreed upon. His open expression of grief over the untimely loss of his father nonetheless poses a threat to his mother and stepfather. Gertrude's first words in the play are a plea to her son:

> cast thy nighted color off
> Do not for ever with thy vailed lids
> Seek for thy noble father in the dust. [I.ii. 72-75]

What of her grief at the loss of her husband? Does she seek to extend her own denial to her son so that she need not mourn? Or, if she had been complicitous in her husband's death, she clearly seeks to obliterate Hamlet's grief as a reminder of her guilt. Claudius, whose guilt is undeniable, follows suit by chiding Hamlet:

> Tis sweet and commendable in your nature, Hamlet
> To give these mourning duties to your father;
> But you must know, your father lost a father;
> That father lost, lost his. … [I.ii. 92-95]

With an extraordinary degree of psychological and philosophical detachment Claudius speaks of "your father lost *a father*" when he is in fact talking about *his own father*. Hamlet's rage is further kindled as he soon learns that his uncle's callousness is part of the hypocritical concealment of his crime.

Before Hamlet begins to act mad, Horatio, with an extraordinary prescience, anticipates that the confrontation of Hamlet with the Ghost might drive him mad. He warns Hamlet not to follow the Ghost. It is the same warning we shall later see in *Salome* (see chapter 10) as the guards try to keep her from the fateful meeting with John the Baptist, the representation of her dead father. Horatio:

> What if it tempt you toward the flood, my lord
> Or to the dreadful summit of the cliff.
> That beetles o'er his base into the sea
> There assume some other form
> Which might deprive your sovereignty of reason
> And draw you into madness? Think of it.
> The very place puts toys of desperation,
> Without more motive, into every brain

That looks so many fathoms to the sea
And hears it roar beneath. [I.iv. 76-85]

The universal imagery connecting madness with the sea and depths of every man's unconscious will not deter Hamlet as he picks up the sea imagery, plunges in and says of the Ghost.

It waves me still.
Go on, I'll follow thee. [I.iv. 86-87]

Marcellus then forbodingly closes the scene with his famous line that shifts from the fear for Hamlet to concerns for the nation:

Something is rotten in the State of Denmark. [I.iv. 100]

A paradigm shift to be sure. Shakespeare is here comfortable with all levels simultaneously as he interweaves the intrapsychic threads with the rank and corrupt tapestry of the external world.

The ordinary citizen, Marcellus, is aware that the recent, sudden death of the king and the queen's hasty marriage to his brother indicates some national disturbance just as American citizens sensed something rotten in the state when the Watergate dam broke. In Elizabethan England the destiny of the nation and the royal family were so intertwined that Marcellus might as easily have said there is something rotten in our royal family. But as we shall see, the focus will shift from the rotten state of Hamlet's family to his madness.

From Grief to Madness

After learning of the circumstances of his father's death and agreeing to set things right, Hamlet becomes unsettled and begins the behavior that has been the basis of endless speculation and theorizing. The differing theories of his madness begin to emerge, each partially correct but determined by the point of view of the observer, thus preventing them from seeing their own part in the drama.

1. Polonius, as a widower, is even more jealous than the ordinary father when his only daughter becomes romantically involved. His fatherly warnings and prohibitions against returning Hamlet's affections are reinforced by Laertes and given to Ophelia before Hamlet's change of behavior. Polonius naturally sees Hamlet's behavior as a reaction to unrequited love.

Polonius: This is the very ecstacy of love,
Whose violent property fordoes itself
And leads the will to desperate undertakings
As oft as any passion under heaven
That does afflict our natures. I am sorry.
What, have you given him any hard words of late?

Ophelia: No, my good lord; but as you did command,
I did repel his letters and denied
His access to me.

Polonius: That hath made him mad. [II.i. 113-122]

2. Gertrude, who has lost her husband and remarried his brother, sees those facts plain and simple as the cause of her son's distemper:

I doubt it is no other but the main,
His father's death and our o'erhasty marriage. [II.ii. 59-60]

3. Rosencrantz, when Hamlet reveals that he feels imprisoned in Denmark as "there is nothing good or bad but thinking makes it so," offers his causative theory. It is ambition.

Why then your ambition makes it one. 'Tis too
Narrow for your mind. [II.ii. 268-269]

4. Hamlet replies that it is "bad dreams," to which

5. Guildenstern repeats Rosencrantz's earlier theory

Which dreams indeed are ambition for the very
Substance of the ambitions is merely the shadow
of a dream.

6. Hamlet in the next act sarcastically parrots back to Rosencrantz the ambition theory.

Rosencrantz: Good my lord, what is your cause of
distemper? [III.ii. 345]

Hamlet: Sir, I lack advancement. [III.ii. 348]

7. Claudius, even before he is caught in the mousetrap scene, is appropriately suspicious of his stepson's behavior and disbelieves Polonius' theory.

Love, his affections do not that way tend;
Nor what he spake, though it lacked from a little,
Was not like madness. There's something in his soul o'er which his melancholy sits on brood;
And I do doubt the hatch and the disclose
Will be some danger; which for to prevent,
I have in quick determination
Thus set it down; he shall with speed to England
For the demand of our neglected tribute.
Haply the seas, and countries different,
With variable objects, shall expel
This something settled matter in his heart,
Whereon his brain still beating puts him thus
From the fashion of himself.
. . . . . .
Madness in great ones must not unwatched go. [III.i. 172- 185, 199]

Claudius does not advance a theory but recognizes in Hamlet's madness, regardless of diagnosis, a danger to himself and chooses a solution comparable to hospitalization by planning to send him to England. How many young adults in the early stages of mental illness are first hospitalized when they begin to express and act upon matricidal or patricidal impulses.

8. In the final scene even Hamlet uses the idea of his madness to absolve himself of responsibility for Polonius' murder. In greeting Laertes before the fateful duel he says:

Give me your pardon, sir, I have done you wrong;
But pardon't, as you are a gentleman.
This presence knows,
And you must needs have heard, how I am punished
With sore distraction. What I have done
That might your nature, honor, and exception
Roughly awake, I here proclaim was madness.
Was't Hamlet wronged Laertes? Never Hamlet.
If Hamlet from himself be ta'en away,
And when he's not himself does wrong Laertes
Then Hamlet does it not, Hamlet denies it.
Who does it, then ? His madness. [V.ii. 226-238]

Never has an insanity defense from a divided self been so eloquently uttered.

Thus through displacements or projections of their own preoccupations and points of view, the characters in the play put forth loss, anger, ambition, motives of revenge, and the irreducible taint of madness itself, as partially correct causes of Hamlet's disorder. These theories in turn defend each of

them against any further awareness of their own conflicts. Polonius does not want to examine his anxiety and jealousy over the possible loss of the only woman in his life, Gertrude need not look further into the implications of her hasty remarriage. Claudius can psychopathically attempt to eliminate the anticipated retaliation for the murder of his brother, and finally Hamlet himself can deny his murderous impulses, all by focusing upon *his madness*.

Furness's *New Variorum Edition* as well as Holland's *Psychoanalysis and Shakespeare* abstract and review many more psychological theories about Hamlet that have been put forth over four centuries. These plus all the theories of literary critics will not be reviewed here except again to note that they all reflect the basic paradigm that stands in contrast to the family systems paradigm regarding mental illness.

IMPLICATIONS FOR THEORY AND PRACTICE

The field of family therapy introduces a paradigmatic shift in our already divergent views of mental illness. Mental illness, however its causes are viewed, has been seen as manifested by an individual patient. The family systems view suggests that the individual's illness is an epiphenomenon reflecting an underlying familial disorder. The family system paradigm is still so new that no generally agreed-upon descriptive vocabulary or typology of families has yet emerged (see Wertheim 1973, Reiss 1971). Also the radical conceptual shift involved in the new paradigm cannot easily be integrated into traditional clinical practice. How then are we to proceed? First, we must recognize that these paradigms are but ways of looking at and organizing clinical data and thus serve a heuristic purpose. The paradigms are not mutually exclusive. Emotional disturbances are both individual and social, intrapsychic and interpersonal. There are no purely individual or purely family disorders. The new paradigm will, we hope, counterbalance the excessive emphasis of the basic paradigm upon the individual. What is necessary is a theory that combines our rather extensive understanding of individual functioning with a family system level of explanation.

Psychoanalysis remains the most comprehensive psychological theory of individual development; though it has also become in practice the most individually oriented of all the psychological approaches, its theory is so grounded in family experiences that it could be expanded to include the observation and

treatment of families from a psychoanalytic point of view. This is further explored in chapters 5 and 6 where the works of Freud and other psychoanalytic writers on the family are reviewed.

The psychoanalytic point of view regarding Hamlet quite naturally begins with the Oedipus complex. Without going into the already extensive psychoanalytic writings on Hamlet (see Eissler 1971, Wertham 1941, Lidz 1975, Sharpe 1929, Holland 1966) there is general agreement that Hamlet's internal oedipal conflict was complicated by a family situation that *in reality* directly mirrored his unconscious fantasies. Although, as we mentioned earlier, his conflicts were fairly well internalized, he was also embroiled in a rather severe ongoing pathological family system marked by denial, externalization, projection, and acting out.

Geleerd's discussion (1961) of the role of reality factors that contribute to neurosis in adolescents is most relevant here:

> I draw attention to the traumata which are not primarily staged by the adolescent but *are part of real life* [italics mine] and happen to be a repetition of infantile traumata or fantasies. These traumata intensify the neurosis ... one might say they "fixate" the infantile neurosis. [p. 403]

Hamlet's dilemma could not be better summarized. Psychoanalysis has, however, for complex reasons discussed in chapter 6, chosen not to deal directly with such traumatic external realities except to acknowledge that psychoanalytic treatment is usually not indicated at such times (A. Freud 1968). Yet such traumatic external realities are more a part of everyday family life than we have cared to recognize. In fact the increasing privacy of family life in the industrial era has contributed to the increasingly idiosyncratic methods of child rearing unmonitored by the wider social system (Laslett 1973). These aspects of family life can be studied and treated far more often than has been done up until the present time. The modern family, itself more variable, is probably creating greater variability and individuality (as well as aberrancy) in its offspring than ever before. There are some who feel that the recent greater incidence of narcissistic disorders are a reflection of this increase in familial disturbances.

Hamlet can serve here to illustrate the possible therapeutic options in such situations where both internal and external factors are so prominent. Should a patient present himself for help because of symptoms of anxiety or depression stirred up by his life situation, individual treatment is usually appropriate, especially if the person is aware of the need to change aspects of himself. If however,

externalization predominates and family members see one another as the cause of their difficulties or complain of rebellious behavior and seek hospitalization for their disturbed relative (as Claudius might have done in the modern era), a recommendation that the family come for exploratory sessions is indicated. As Langsley et al. (1968) recently demonstrated, hospitalization can in a high percentage of such cases be averted (see chapter 9 for further discussion of the indications for individual and family therapy).

The decision to treat the individual or the family should be determined by the specific clinical situation. Up until 1950 the basic psychiatric paradigm precluded such a choice and dictated treatment only of the individual. Since 1950 the possibility of treating a family conjointly was introduced, and we turn now to T.S. Eliot's *The Cocktail Party*, which illustrates the emergence of this modality and the questions it raises.

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Notes

1 While this chapter will not specifically analyze the interaction of the characters, it is worth noting at this point that the inability of the other characters to look at themselves is especially illustrated in their tendency to spy upon others. Claudius and Polonius have a veritable CIA in Rosencrantz, Cuildenstern, and Reynaldo, whom they send to keep a close eye on Hamlet and Laertes.