THE IMPORTANCE OF THE FAMILY IN THE PREVENTION OF MENTAL ILLNESS

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IN the discussion of this subject I feel I need to first develop briefly why it seems to many persons that the family as a unit may become the most important dynamic entity with which to deal and plan in relation to the prevention of mental illness. In order to think in this way it seems appropriate to consider the soundness of the idea that the family is the medium wherein is produced the basis of the personality structure, and given its potentialities of growth.

Historically this type of thinking about the family is relatively recent, and it comes to us from two sources: (1) the study of the individual within the family which got its impetus primarily from the psychoanalytical study of the individual, and which viewpoint was expounded in the now classic study in this field, that of Flügel (1), published in the 1920's. (2) About this same time sociologists and anthropologists, as represented by Margaret Mead and Ernest Burgess, made the second contribution to the concept of dynamics and its relationship to personality in the family growth when they introduced the idea of the family as a unit of interacting personalities (2) rather than as a unit influenced and molded merely by such external factors as economic change, migration, and social custom.

The combination of these two approaches, the analytical and anthropological, is now giving promise of continued major contributions in the study of personality as represented by the work of Abram Kardiner (3).

As a result of these studies, a practical working concept of the family useful for the sciences of psychiatry, sociology, anthropology then became the following: The family is a unit of interacting personalities, each with a history and function in

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a cultural milieu (4, 5). Psychiatry and psychoanalysis have contributed and continue to contribute with their findings to the first aspect of this definition. Sociology and anthropology have given us and will continue to give us contributions relative to the second aspect of this definition, the cultural milieu.

Biology has also exhibited much interest in the family from the heredity standpoint in that it sees the family as a transmitter of certain genic traits and their perpetuation (6). The reflection of this interest exists, of course, today in the persistent discussion in regard to eugenics and so-called selective breeding. To round out our definition, a restatement of the working concept of the family and its relation to personality development then becomes, as Meyer Nimkoff, for research purposes has so well put it (7), "The family is a mediator of genic factors on the one hand and cultural factors on the other, in the formation of the basic personailty structure."

I have emphasized that each of these sciences will continue to give us contributions because I wish to emphasize that these concepts are dynamic in character. It is because they are dynamic, not static, that they are usable as a working definition in the field, adaptable to the infinite variety of personalities encountered, and capable of projective thinking into the future, which are the two necessities for "preventive" thinking and planning as to personality development.

Section II

THE INDIVIDUAL INTERREACTIONS WITHIN THE FAMILY

As a unit the family is conceived of in our culture as parents and one or more children. To the formation of the family each parent brings his own background and lifetime emotional experience which go to form the image each has of himself or herself in the role of husband or wife. These concepts are rarely expressed verbally by either of the parents, but each becomes aware of the other's concept of himself as a connubial figure over a period of time through the acting out by each parent of these roles. This process is often barely begun before children enter

the picture which again calls for the further reorientation on the part of each parent of themselves in relation to each other by way of the personality of the child.

In the growth of the children in the family, each parent, both consciously and unconsciously makes a contribution to the personality structure of their children, but at the same time the parents have reawakened in them certain problems related to their own growth and development. The dynamic force of these problems seems dependent upon the extent to which they themselves were able or unable to satisfactorily resolve them in their own growth. Also, many families have as part of their make-up one or more grandparents living intimately with them. This situation often complicates the process of parental maturity, since the presence of the grandparents reawakens or emphasizes certain disturbing child-parent problems, and this in turn causes reverberation upon the grandchildren and their developing personalities.

Psychiatry has elucidated for us to some extent that one of the main problems each individual has is the working through of his emotional dependency-independency relationship with his parents. This is made more or less difficult for each child depending upon the balance of each parent's dependency and independency needs and further complicated by the influence of such factors as sex of the child, position in the family, parental attitudes at the time of conception, chronic illness and other environmental factors or hereditary traits.

The major schools of dynamic psychological thought, the psychoanalytical and the gestalt schools, have postulated concepts of growth and development which in the main consist of factors primarily within the individual. For example, Freudian psychology conceives of the workings of the personality as resulting from the interaction of three components designated as id, superego, and ego, and that there is a common pattern of growth which can be separated into levels of experience characterized by certain predictable interactions of the id, superego, and ego. These have labeled oral, anal, and genital

periods—having for their orientation bodily areas of muco-cutaneous junctions which are seemingly predominant in tension or sensation at certain periods of growth. Offshoots of the classic Freudian theory have emphasized other dynamic factors —such as the organ inferiority of Adler—or the libido and collective unconscious of Jung. In this latter concept, Jung was the first to emphasize the importance of the "race" or "archaic experience of mankind" as of primary importance in the internal dynamics of personality growth. This approach has been further modified by recent psychiatric thought which gives much weight to cultural factors in the understanding of personality formation and adaption. The psychobiological concepts of Adolph Meyer show this, and psychoanalysts are healthily beginning to question their own classic concepts. For example, Erickson recently elaborated upon a factor which he has named "group identity," and which he believes is as important as ego identity in the dynamics of personality growth (8).

Section III

THE CULTURAL CONSIDERATIONS

Certainly one consistent charcteristic of the Ameican family which even the most casual observer would grant is its diversity. This is not unexpected since our nation is composed of various cultural groups nationally, racially, and regionally. Another reason for the diversity is that all families seem to be in transition, or cultural change, toward a more or less common pattern, as suggested by certain sociologists, yet out of all this diversity there still can be found certain characteristics which give us more or less generalized standards and a sense of orientation in the observation of families (9). Because the sociologists have identified these characteristics, we can have a sense of comparison of the stage of movement of one family toward the common pattern, and can therefore begin to perceive what the problems of a family are still going to be. This allows us to make possible predictions relative to the problems a family has to face in its growth as a unit. This, combined with some knowl-

edge of the individual personalities within the family, can give us impressions which will allow us to make scientific guesses as to the capacities of the individual and the family to meet the problems. Once we can do this, we have a tool which will enable us to think preventively.

Burgess has identified certain chief traits which apply to the American family:

1. Modifiability or adaptability
2. Urbanization
3. Secularization
4. Instability
5. Specialization
6. A trend to companionship

For purpose of our discussion I wish to amplify the concepts of companionship and adaptability. As to the companionship type of family the sociologists mean a family in which the cohesive unity in a family is found in the interpersonal relationships of its members as contrasted with the families which are labeled as institutional where families are held together predominantly by such forces as law, public opinion, custom, and duty. This does not mean that companionship between family members, affection, and happiness is necessarily absent in institutional families but rather it is that such is not the primary reason for formation of a family. Rather more important for institutional families are having children, social status, fulfilment of family social and economic functions in society (10).

The concept of adaptability of a family resides in the functioning personalities of the individual members. It seems to depend upon three factors: (1) psychological, or the degree of flexibility in emotional reaction to change or confronting a new situation; (2) the cultural or educational factor influencing the person to act in an appropriate way; and (3) the possession of knowledge and skills which aids in the making of an adjustment. Sociological research seems to show that the growing adaptability of the companionship type of marriage seems to

make for the greater stability for the family in the long run. In other words, family stability arises from the strength of the interpersonal relationships of its members, that is, affection, rapport, common interests and objectives, not the force of public opinion, customs, law, etc.

Another sociological contribution we have found of much importance in understanding family problems is the use of classification of families according to the locus of authority within the family. These are listed as:

1. Patriarchal (Amish of Pennsylvania)
2. Kinship control (certain Southern families, and Ozark mountaineers)
3. Semipatriarchal (Italian immigrant)
4. Emancipated (rooming house)
5. Patricentric (lower middle class)
6. Matricentric (suburban)
7. Equalitarian (apartment house)

Since internal migration of families is so prevalent in this country, the forces put into play when a family by reason of migration changes from one pattern of living to another, with consequent reorganization of its members to the locus of authority, will inevitably result in some increase in problems for the parents and their children in regard to each other's role and their emotional attitude to each other.

Section IV

THE APPLICATION OF THE ABOVE PRINCIPLES IN PRACTICE

Since the family in its growth toward stability depends on interaction of personalities, we will expect: (1) personality clashes will from time to time exist between members of a family; (2) the children will be involved, since they are part of the family unit, with resulting influences on their own growth and development.

In order to gauge the family's behavior and the trend toward healthy stability of the family, we need to ask ourselves

wherein do workers who deal with families get the opportunity of learning about these family problems, and the family members' capacities to cope with them. Normally the opportunity comes when the family is confronted with new situations which increase the anxieties of its members and call for readjustments to each other. Such opportunities, for example, would be during the time of pregnancy of the mother where one gets a chance to learn of what her concept of the mother role is, her attitude toward the children, her pregnancy, and her husband. The well-baby clinics and doctors' offices wherein the problems of feeding, toilet training, and identification of children with parents give us inside attitudes of the parents about each other and their children and their attitude to the social group. Illness in the family of one or more members allows us to judge how well the family fares in its adaptability to crises and whether the dependency-independency relationship of the individual members is being handled satisfactorily.

There are other situations which force families to seek outside help such as economic crises, deaths, and the adjustments to war which gives the social workers, school teachers, ministers, physicians, nurses, and others an inkling of what the problems are in interpersonal relationships. To scientifically and skillfully help a family, a worker should listen and provide himself with a knowledge of the following: (1) Tentative evaluation of the personalities involved; and (2) a picture of the trend of the family in its adaptability pattern. We have found however, that most secure and competent family workers will spontaneously admit they are lacking in training and preparation for acquiring this basic information. At the same time, by studying their field functioning, we have also discovered what is needed by workers who attempt to help families with their problems (11). They need: (1) Knowledge and skill of what constitutes good interviewing and counseling, including a knowledge of the therapeutic relationship, appropriate to the professional functions of the workers; (2) a working knowledge of the growth and development of the individual; and (3) a

working knowledge of the cultural and social family problems in their communities.

SECTION V

ATTEMPT AT APPLICATION IN THE FIELD

As part of the exploration of the developing of a mental health program in health departments, we have been studying how to find ways in which to teach nurses on the job what they might do in working with their patients as part of their families in their adjustment. With the cooperation of the staff of a local health department, we have established what we call a family consultation clinic. This clinic meets once a week to which certain of the nurses refer a family which interests them and has given them problems in guidance, usually because of personal attitudes they are confronted with on the job. One or more members of such a family come to the clinic to have an hour's conversation with myself and the nurses about their problems. These are families which have been seen previously by the nurses in well-baby, tuberculosis, venereal disease clinics, or other services.

As part of the evaluation of a situation we must know the cultural background of the family, that is, of each parent, for example, whether the father came from an Italian semipatriarchal family or the mother came from a suburban matricentric family, the evaluation of the person as to his flexibility, and the nature of the personality defenses being used in the adjustment by himself as a person. A history of how the family met previous crises and what happened becomes important in judging the trends toward adaptation or defeat.

Next we draw our attention toward the children in the family, especially as to their growth needs. We are especially interested in: (1) attitudes of parents toward the child (a) at time of conception, and (b) in early infancy—feeding and toilet training; (2) the period of identification at the age of four or five in which the girl identifies with the mother in the family role, and the boy with the father's. We are concerned

especially when we find either one of the parents absent at this period or parents with ineffective personalities; (3) as to the school-age child we are especially interested in learning of the individual's behavior at the beginning independency period when he begins to be more critical of the parents and more accepting of group standards, and his success in establishing group relations between the ages of six and ten; (4) the early adolescent period where the growth forces again reactivates individual and family problems; and (5) the distribution and use of authority by the parents in the preschool, school, and adolescent periods we feel is of special importance for the growing individual who is to play his part in a democratic society.

We are finding that the concepts enumerated above are teachable, by means of a case discussion technique, to nurses in the field who have had relatively little or no exposure to individual casework practice as based on modern psychological and sociological ideas. Furthermore, it seems possible to do this with relative efficiency and as part of the daily work program of the typical small health department, provided there is good leadership present in the health officer and directress of nurses. We are thus encouraged that this may become one of the important methods of getting a practical and meaningful preventive mental health service to larger numbers of people.

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