CONVERGENCES OF PSYCHIATRY AND SOCIOLOGY IN THE FIELD OF FAMILY STUDIES

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One of the concerns of sociology is that universal unit of social structure, the family. The persistence and stability of a society depend, in part, on the adequacy of the family as an institution which regulates reproductions and socializes individuals into acceptable (or at least tolerable) adult behavior patterns. The stability of individuals is of concern also to psychiatry, a branch of medicine which deals with unacceptable (or intolerable) behavior. In this article I should like to suggest that in the family, psychiatry and sociology find a common ground for attention. I wish to suggest further that, especially in the last two decades, psychiatry and sociology have made similar conceptualizations, have developed many similar theoretical propositions, and have learned much from each other methodologically. Finally, I shall argue that the convergences that have taken place have been beneficial to both fields.

It might immediately be objected that psychiatry, during most of its history, has given its attention to diseases of the organic substrata of disturbed behavior rather than to disordered behavior itself. In terms of the explicitly formulated theories of psychiatry this is certainly true. However, at the level of practice, psychiatry has seldom been totally insensitive to the effects of the social environment, and, so long as it intervenes to treat, has effects upon the social environment.

CONCEPTUAL CONVERGENCES

Even before psychoanalytic psychology revolutionized it, psychiatry had assimilated many concepts familiar to sociology. From our present-day perspective both fields had naive and oversimplified concepts and explanations, but the effects of the broken home, of migration, of living conditions, of political loyalties, and family background appear in the psychiatric and social thought of the 18th and 19th centuries.1 As early as 1890 principles were stated about how families should be handled

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when dealing with 'poor persons of defective persons.' 2

Psychoanalysis, like other streams of thought in psychiatry, 3 provided a view of individual development which narrowed the focus greatly and threw the strongest light upon the interaction of family life and the mental life of the child. For sociology psychoanalysis seemed to provide the keys to the motivation of behavior which any dynamic view of social groups and especially the family, needed. For psychoanalysis sociology seemed to provide a rich understanding of the more complex forms of the psychopathology of everyday life. Even before 1920 a strong impetus to joint examination of deviant behavior and to cross-disciplinary experience and training was evident. 4 Except for some transplanting of language, little appears to have emerged from this early contact. Concepts and formulations central to the thought of both fields are difficult to find. 5

The resurgence of mutual interests and contacts after World War II produced a different story. By this time both fields had advanced far in the development of theory. The conceptual approaches represented by general systems theory, the general theory of action, the unified theory of human behavior and the transactional approach provided models for seeing that individual and group formulations were complementary, not alternatives. The central notion of these systems approaches is that behavior patterns of any unit (individual, family, community, etc.) is a system which simultaneously influences and is influenced by broader systems. Assigning priority, ontologically or casually, to any one pattern then becomes meaningless and arbitrary. No longer could such statements as the cold, rejecting mother causing neurosis in the child be accepted as the whole truth. Such a statement may contain a partial truth, but it needs to be examined successively in the framework of the total relationship of mother and child, of mother's other relationships, (Does her husband support and expect this maternal behavior?) of the patterns of the whole group (Are her activities highly differentiated and isolated from her husbands? Is there a sharp differentiation of rights and obligations of generation?) and of the total cultural pattern (Is the accepted cultural norm that mothers are cold and rejecting or warm and accepting?).

3 Adolf Meyer, for instance, put great emphasis on the careful reconstruction of the individual's life history. His methods bear resemblance to those of early sociologists of the Chicago School such as W. I. Thomas and F. Znaniecki.
Spiegel and Bell, a psychiatrist-psychoanalyst and a sociologist respectively, have expressed this point of view in more general form.

'...the transactional point of view postulated that the events involving the sick individual with his family occur within a total system of interdependent subsystems, any one of which — for example the individual, the family, the community, the value system — may become, temporarily, a focus of observation. The 'world' being observed must include the observer and his act of observing. Within the field encompassing the interconnected subsystems, a com­ponent system, such as the individual, can be isolated and studied as an entity, but this is a heuristic device which always involves some distortion and sacrifices of precision or predictive ability.

'...this point of view alters the concept of casuality. Viewing one entity or process as causing another, or as dependent upon another is possible only if their interrelations can be isolated from total context. Putting variable within the total context shifts the question from 'What in the family 'causes' pathology in the individual?' to 'What processes occurring between the individual and the family are associated with the behaviors which are called 'pathology'?

'... the transactional approach attempts to articulate the structure and process of events in the individual with the structure and process of events in the family and culture. This involves developing and articulating theories of group and cultural behavior comparable to the relatively well-worked-out theory of individual behavior provided by psychoanalysis.8

One of the earliest attempts to set forth a set of concepts directed to this level of system interrelationships is the work of Richardson.7 Noting that illness — both physical and psychological did not appear randomly and that restoration of health in one family member was often accompanied by breakdown in another, he tried to view the family as the unit of illness, with characteristics not reducable to individual motivations. His concepts, honorable ones in the history of physiology, were that the family was a system whose state of equilibrium or disequilibrium affects each member. It is a system of people or relationships, to be described in terms of imitation, identification, dominance, focus, coalitions, motivations, and integration with the culture. Using such concepts he developed a classification of family types in terms of equilibrium (stable and unstable) and dominance (single or multipolar). For Richardson these types were of help in explaining the family patterns of illness (i.e. who was well and who was sick) and suggesting a treatment strategy. Sometimes the treatment of choice consisted of strengthening the family position of the weakest member, even when he was not presented as the ill person.

Richardson's concepts were used with the fine intuition of the good clinician: Relative to present-day methods, his seem crude and inexact but the concepts he set forth are still in general use. More than ten years after Richardson's book appeared Jackson published his in-

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fluential paper on family homeostasis.\textsuperscript{8} Approaching the family as a communication system, Jackson set forth the view that there is an extremely sensitive equilibrium in disturbed families which, when disturbed, brings forth maneuvers to restore a balance. Sometimes this preservation of an equilibrium involved one member to participate in the communication system in distorted ways. The group of which Jackson is a member went on to produce a long series of studies, both clinical and experimental,\textsuperscript{9} employing this sort of concept. Many of the studies have focused on the 'double-bind,' a concept which subsumes a complex set of relationships and processes among two or more individuals.\textsuperscript{10} Other studies have dealt with the kind of roles (norms) which disturbed families exhibit.\textsuperscript{11}

Richardson conceived of people as being the units of the family system. This is fairly widespread among sociologists, but suffers from the fact that people are very gross and complex units. One can see in sociology the tendency to move to a unit more analytical and unitary, that of role. A large number of psychiatrists interested in the family have followed this lead, and speak of the complementarity or lack of complementarity of the various role relationships in which people engage. Wynne, a psychiatrist and social psychologist, has proposed the concepts of pseudomutuality and pseudohostility to describe a type of role relationship in which\textsuperscript{12} overt action does not reflect private feelings but the overt forms are preserved at the expense of the individual's sense of identity and of the family's sense of purpose and flexibility. Lidz and his coworkers have similarly advanced concepts of marital schism and marital skew\textsuperscript{13} to describe sets of role relationships in which a relationship is preserved despite the lack of interaction or the presence of gross distortion to accommodate to the needs of one member. Even such a brief summary of a few of the leading psychiatric thinkers about the family suggests the extent to which they have moved to adopt concepts familiar to, often emerging from, sociology. Perhaps it would be more accurate to say that psychiatry and sociology, con-

fronted by family phenomena, have evolved a shared language for describing and classifying these phenomena.

Of course, the development of a shared language is not, in itself, an unusual or great achievement. The process, however, has gone much further. Each field has contributed to the refinement of many of these concepts. The concept of role, for instance, has been loosely used by sociologists, denoting behavior, expectations, definitions of the situation, and norms. In the hands of psychiatrists, or psychiatrists and sociologists collaboratively, a good deal more precision in definitions and assessment (measurement) of the concept has been achieved. And in the light of psychiatric data, some sociological concepts, such as dominance and role differentiation require considerable revision. Psychiatric observations suggest, for instance, that dominance is a type of relationship in which the control may be exercised as much by the person dominated as by the dominator. On close examination some societies long classified by sociologists as husband-dominated, turn out to have remarkably equalitarian, sometimes even wife-dominated family relationships.

CONVERGENCES IN FORMULATIONS

As with concepts, so with propositions or tentative conclusions, there is a great deal of overlap between sociological and psychiatric findings. In some instances new depth to old sociological observations has been provided. Lidz, for example, working from very detailed and extensive clinical material, has argued that there are several structural principles that the family must meet in order to be successful as a socializing group: a coalition of the parents, the maintenance of boundaries between generations, and the maintenance of sex-linked roles.14 Other investigators have provided fresh evidence regarding other structural characteristics of the family such as effects of incest taboos, role differentiation, integration with the larger society, and culture conflicts on the functioning of the family as a group. The study of families which are failing, especially when undertaken in comparison with families which have no manifest difficulties, can provide an opportunity to test many propositions long felt by sociologists to be generic to family groups. To take a single example, Lennard, a sociologist, has studied disturbed families to establish what values exist for a proposition such as that there must be a minimum level of contact within a group before it can function adequately and maintain itself over time.15 Other studies have focused more on group processes, showing how the

behavior of one individual member is stimulated by processes in the group. It has been possible to show further that the behavior of one individual, even though very disturbed, contributes to the maintenance of a given state of affairs. At a general level, for example, the psychoanalyst Spiegel, has suggested that the mechanisms by which a family resolves conflicts, has a strong influence on the nature of individual adjustment. The conflicts may spring from a variety of individual, social and cultural sources, but it is not the source nor the intensity of the conflict, but the manner in which the family copes with it.

Attention has not been confined to the structure and process of relationships within the group, which many sociologists would take for granted. The ways in which the family are related to extended family groups, to the community in general, and to particular organizations such as hospitals, have been examined in detail. In such studies interest has not centered on one kind of variable as a cause of others, but rather in concomitant variations or how each influences the other. Thus role differentiation between spouses varies with the interconnectedness of friendship groups of the two partners. Parental role differentiation in turn is interdependent with occupational role-involvements, child-rearing practices, and the partners sex life. Though little systematic work has been done, there obviously are many possibilities for hypothesis testing, such as the relationship between child-rearing and the connectedness of friendship groups.

CONVERGENCES IN METHODS

In some settings there has been such a mutual education about methods that it is difficult to distinguish what is uniquely sociological or psychiatric. Psychiatrists have learned many of the tools of sociology — survey research, experimental designs, systematic interviewing. At the same time they have developed a variety of testing methods to get at the quality and feeling level of relationships, which sociologists have traditionally dealt with in intuitive, imprecise ways. Sociologists have, of course, made significant contributions in applying experimental methods to problems of interest to psychiatry as well as sociology. Cheek, for instance, working within a theoretical framework of deviance and social control obtained parallel measures of mothers'...

behavior on questionnaires and in standard interaction situations and demonstrated the different inferences that can be drawn from what mothers of schizophrenic patients say and what they do. Cheek goes further to suggest that the competing (and to some extent conflicting) characterizations of these mothers by psychiatrists correspond to the inferences one would make from their words and their deeds. Though it is no easier than with other problems, there are many propositions current in psychiatry which are amenable to experimental investigation by sociological methods.

Though the evidence is much harder to cite specifically, it is easy to get the impression that for their part sociologists have become much more sophisticated about their own techniques. The dynamics of interviewing, the construction of questionnaires and appreciation of how the research relationship affects the data obtained all seem to have benefited from some acquaintance with psychiatrists' skills in understanding people.

Partly as a result of the greatly increased interest and sophistication of psychiatry in regard to the family, a new movement has grown rapidly—that of family therapy. This logical corollary of viewing the family as the unit of illness is viewing the family as the unit of treatment. The development of a set of techniques, rationales, professional controls, and institutional support has been slow in coming (Thus presenting some interesting problems for the sociology of knowledge.) but is now widespread. For sociologists family therapy presents new opportunities for the investigation of questions about continuity and change in family relationships, about modes of interpersonal influence, and about the internal and external stresses felt by families. Such problems are difficult to approach without having the degree of involvement in a meaningful relationship over substantial periods of time. Family therapy provides a situation which, in many ways, is particularly appropriate. Indeed, psychiatrists have made considerable use of this type of data. Sociologists and anthropologists have recognized the possibilities in this area and can be expected to develop them in the near future.

DISCUSSION

It has been argued above that psychiatry and sociology have long had common interests in regard to the family and that in the last 20 years there have been many convergences in types of concepts used, in theoretical formulations, and in methods of investigation. This is not to say that, even in America, all psychiatrists have become amateur

sociologists and all sociologists amateur psychiatrists. But considerable change has taken place. Some have been more central than others to these developments. In considering the implications of these developments, one may look to the structure of professions and to the substantive results.

One of the interesting by-products of the convergences described above has been the vastly increased openness between the professions of sociology and psychiatry that is involved. The kinds of developments that have taken place imply a degree of mutual acceptance and understanding, a degree of tolerance and desire to collaborate which has not always existed between sociology and the medical professions. Obviously, there are some dangers of one profession or the other losing its identity and becoming subservient to the other. So far this has not been a serious problem. The benefits have exceeded the dangers. It can be argued that psychiatry's involvement in the world and responsibilities for taking action is a valuable counter balance to the tendency of sociology to be, in a scholarly fashion, above and outside of the society it presumes to analyze. Some problems are best approached from a detailed point of view. Others require the humanizing of the sociologists, his involvement in the midst of real life, not as the detached observer-scholar, but as a sensitive, feeling being, involved but able to observe himself and society and the meeting of the two.

A more immediate question is whether these convergences, with the professional and social changes that have accompanied them, have contributed anything of substance to sociology. Some, concerned with grander theories and designs, may feel that attention to the finer detail of behavior in families is misplaced. To some extent this is a matter of personal interests and personal definitions of what is most central. But I have tried to suggest that some of the findings that emerge from the psychiatric sociology (or sociological psychiatry) of the family pose some direct challenges to the types of categories sociologists use. The example cited above may serve to recapitulate: When a sociologist describes a society (or community, or group, or case) as patriarchal or father dominant, what precisely does he mean? Can such a label continue to be used without specification of how that authority is exercised and how it is balanced so that an integrated and stable system is preserved? Presumably, sociologists are interested in general principles which apply at both the macro- and micro-levels of social life.*

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