

## FAMILY THERAPY

DEAR SIR,

I was very interested to read recently the first article published on family therapy in this *Journal* (Bruggen and Davies, November 1977, 131, 433-47).

I felt that the systems perspective offered was a very narrow one, confined as it was to the family subsystem. There are clearly many important determinants of behaviour which lie outside the family, for instance within the health care delivery systems, as there are, too, arising out of biological, temperamental and maturational factors within the individuals of a family. A systems model offers as powerful a method of examining the interaction of these factors as it does to the study of homeostasis in biological systems (or to the understanding of development, as Leon Eisenberg recently illustrated in this *Journal*, September 1977). While a systems analysis may lead one to concentrate on trying to effect change within the family (and Hafner's recent papers in this *Journal*, May and September 1977, suggest this may be just as important in aiding the remission of some adult psychiatric disorders as it is for disorders in childhood or adolescence) similar changes may be equally or better achieved by restructuring the interface between the family system and the school or health care system, etc. The laws that one part of a system cannot be altered without resulting in some changes to the remainder, and that several different interventions may produce the same desired change, are fundamental to therapeutic models based on systems theory. This is very clearly argued in the paper by Montalvo and Haley (1973) 'In Defense of Child Therapy'; both are prominent as family system therapists. It equally clearly forms the basis of Minuchin's model of intervention with families, which not infrequently involves manipulating extra-family systems. The writings of these authors and others' work earlier (e.g. Ackerman, 1967; von Bertalanffy, 1948) may well contribute as much to the understanding of human behaviour as Keynes did to the understanding of the behaviour of national economies!

My other concern about Bruggen and Davies' otherwise informative review was the claim that family therapy is most often conducted by co-therapists. This is most certainly not the case in North America, where family therapy is quite widely practised, and I have often wondered how much practice of using co-therapists in Britain has represented a typically British compromise to deal with the hierarchical upset Bruggen and Davies acknowledge may occur with the introduction of family therapy to a clinic. The training aspect of co-therapy is obviously

an important one, although the use of one-way screens and videotape play-back offers a valuable alternative; an excellent review of such a supervisory method is provided by Montalvo (1973).

Quantification in family therapy and therapy outcome research has begun. Epstein and his colleagues in this department, for instance, have carefully defined levels of therapist competence (Cleghorn and Levin, 1973), and are completing a series of family therapy outcome studies.

As diverse studies as those by Hafner previously cited, and by Cunningham and Barkley in Oregon (1978) on the effect on maternal behaviour of sedation of children clearly point the way to some fascinating research on how family members behave. It is perhaps in research such as this and, in the studies of Rutter and his colleagues in England (1975), and Thomas and Chess in the United States (1977), that early models of integration of theoretical approach are being pioneered. It is unfortunate that while social learning/behaviouristic approach has been frequently represented in these attempts, a psychoanalytic perspective has yet to be introduced.

Department of Psychiatry,  
McMaster University,  
Hamilton, Ontario, Canada

ROBERT M. WRATE

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