

SCHIZOPHRENIA , THE FAMILY, AND PSYCHOTHERAPY
A SERIOUS WAY OF WONDERING

Schizophrenia, The Family and Psychotherapy

A Serious Way of Wondering

Many of the first generation of family therapists had major interest and experience with schizophrenia. This group included Whitaker, Ackerman, Don Jackson, Minuchin, and others, as well as Dr. Bowen. To even think of doing therapy with schizophrenia was going against the prevailing opinion (Freud) that therapy with these people was not possible. Gregory Bateson, an anthropologist not a therapist, should also be included in this early group of people

What was the lens these people brought to their interest in schizophrenia? The predominant force was the effort to learn about something that was very poorly understood at the time. Was it possible to think about psychotic processes? This lens opened the door for exploring multiple questions. These early questions led to enlarging the lens from the individual, intrapsychic, to including the interactional variables present in relationships. For example, symptoms were hypothesized to be a result (and a solution) of communication and behavior (Bateson/Jackson). What is the nature of the interaction between mother and child; what role does a “symbiotic relationship” play in triggering severe symptoms (Bowen)? How might the child’s psychosis be functional for the health of the family (Ackerman)?

In the early years, research and hypothesis were the driving forces, not psychotherapy, although Carl Whitaker was trying out all kinds of ideas, e.g., bottle feeding. At some point, it was inevitable that the hypotheses were tested and observed in a therapy process. It is important to note that the therapy was connected to research thinking — testing hypotheses, rejecting some, revising others, enlarging the lens and the questions; in Dr. Bowen’s words “years of step by step work on theory.” The efforts were largely individual, with each pioneer following his own investigations and the articulation of the important variables involved in emotional processes.

Certain key observations served as a foundation for Bowen in his search for a theoretical framework that would account for the “hows.” * These observations included: The individual is connected in relationships and with the larger environment; emotional information passes back and forth among the individuals, one’s relationships and one’s environment; there is variation in how one responds to these processes and the response becomes part of the relationship pattern; everyone plays a part; what happened before is a part of what happens now and what will happen in the future; if there is variation there must be options; if there is reactivity the brain is involved. Therefore, all of these variables are rooted in biological, interactive processes.

Included are three letters in reference to schizophrenic processes, with the focus on observation, description and hypothesis about the “hows.” The letter of July 1973 is to a mother who has one son with schizophrenia and another son going to medical school. His principles and the directions for “lending a hand” are articulated.

The second and third letters of March and September of 1990 are to the parents of a severely impaired grown daughter. He focuses on the processes of schizophrenia, the professional debates of the extremes in their looking for *the* cause. His position is one of continuing to think and “wonder” about the emotional forces and how they work, not what causes it, much like the same lens he began with.

* This obviously is a subjective reconstruction. No one was ever in the head of any of these pioneers. However, there are clues in writings and biographies. There were steps and a logic to the observations, hypothesis, and theoretical concept journey.

July 29, 1973

Dear Mrs.

This is a response Thank you for sending graduation program and for the news of your family. I will return the program to you, since it probably will have more value to someone in your family than to my file. Also, thanks for sending statement about his motivation for Medicine. You have to have much pride in determination, persistence, and accomplishment. Probably enough pride in him to somehow offset some of the utter frustration in life course.

That part of motivation for medicine has something to do with plight, I would have no doubt, but I have long since ceased to give more than passing interest to such things. It is factual that a family member in functioning position in the family, can have a powerful influence (indirect) on a person in position, if he is motivated to learn about family systems and to lend a hand here and there. Any family member can do this, but the best functioning family member can do it best, merely by virtue of being more adept at all kinds of life goals. It works sort of like adding a strong player to any team. It is not a question of any direct help to the weaker player. The strong player just keeps on doing her best, in his own way, and the different life orientation adds new incentive for all.

My orientation to schizophrenia has changed much in 20 years. Back in the NIMH days, I was still confident that somehow, someday, there was an answer to schizophrenia within the immediate family. I have long since given up that kind of idealism, but the family approach is in the right direction, and hundreds of indirect dividends have come from that work. I think the problem is still in the family, but it is multigenerational in depth, and it is not going to be changed on a one generation level. The person in position is not basically unhappy with his lot in life, but he is reactive to attitudes and expectations and guilts in the family and in all other people around him. It usually gets expressed as his unhappiness at being a failure, not because he has basic concerns about failure, but because everyone else is worried about his failure. No time to go into a philosophical dissertation on this here. My guess is that will have as much pride in success as the rest of the family (is proud). cannot envy success, unless that gets transmitted from others. I will shut up and not try to make sense of this in a letter.

If ever has the motivation to talk about schizophrenia and like things, tell him to call sometime when he is here for a visit. Best wishes to you, and your whole family.

Sincerely,

Murray Bowen, M.D.

9-23-90

Mr.

This thing about _____ has been harder than usual to write because she is in the middle of a giant professional debate about the origin of classical schizophrenia. It still rages. A page about it in a recent Am Psychiatric newspaper is longer than usual because I was trying to stay in the middle without taking sides.

The severe side says the original deficit was genetic in origin, that is was knowable from birth, and total collapse occurs, at the beginning of adolescence, when the person shifts from childhood to adult life. That is _____. I knew it from the beginning, but I tried to stay on the milder side, in the "hope" it could be a psychological state modified by careful handling. It never worked out, despite the efforts of the parents. _____ has been determined to say she can never deal with the rigors of reality.

Non-professional evaluators (mostly social workers) are caught in this theoretical debate. Less severe people live at home with the parents, work a week as a security guard, get fired, go a few months until they get another menial job, get fired from that within days, and on and on throughout life. I knew one recently who worked months to get a job on security at the Washington Monument. He was fired within days, only to begin the search for another menial (paying) job. This is what state evaluators want to make a decision about "self support". _____ never reached that level of inner strength.

In my letter, I tried to cover the various loop holes of inexperienced evaluators. Some would say that a person is okay if they takes drugs. Others would wonder how _____ could exit without you, if you can be away from the home while she gets along without you.

This answers the length of my letter about _____. I tried to cover the process of "classical" schizophrenia, as an inexorable process that continues through life, no matter what is done. Inexperienced people do not understand, nor know the word "classical". The term "schizophrenia" is all mixed up in this. Schizophrenia is so loosely used that it means no more than any kind of adult psychosis that waxes and wanes with stress. People can get a psychotic episode, and become "self supporting" until the next episode comes along.

Whatever one calls it, _____ has had a deep impairment that goes back to childhood. Her absolute best was continued voices and hallucinations at home, while you did all that could be done to make life easy for her. This confounded debate continues on an international level. The profession has now gone to the severe side, looking for an elusive gene to explain it all. The less severe professional people, refer to the "genetic chase" as preposterous, and cite facts on the other side. People with the sophisticated new "scanners" search for some kind of abnormality the brain itself, and on and on.

The main point of my letter is to say that _____ illness is a deep one, that she has never been "self supporting", and I do not believe she will ever be able to support herself.

I will get this on its way to you.

MURRAY BOWEN, M.D.
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March 23, 1990

Dear Mr.

This is a summary of my professional experience with your daughter, and also with you and Mrs. and other members of the family. I first saw on . You later mentioned she had read something about my work in a popular magazine. I found the copy of the Saturday Evening Post for August 1, 1962. It contained a feature story about "Family Psychiatry", in which it detailed my effort to create family therapy at the National Institute of Mental Health in the 1950's. I have continued to see in regular but infrequent appointments through the years.

I was known as a specialist in schizophrenia at the Menninger Clinic in the 1940's, and also for research in schizophrenia at NIMH in Bethesda, Maryland during 1954-1959. had been different from her more normal siblings since childhood. The original prodromal state erupted into chronic schizophrenia early in her adolescence. The symptoms included psychotic thinking, seclusion, suicidal thoughts, and actions that were not normal. The symptom pattern is well known, but psychiatry has never developed a treatment that goes beyond symptom relief. Since I had been active in the creation of family psychiatry and family therapy, the family was willing to do its best; and I agreed to use my knowledge in the search for clues that would alleviate the situation.

You and Mrs. have had a positive effect on . She is the kind of person who usually would spend the rest of her life in a state hospital. She has used the family home as a refuge where she hallucinates constantly, and responds loudly to imaginary voices. Over the years, we have tried numerous devices that have worked with others. She takes her drugs reasonably on schedule, but strangers are afraid of her behavior and talking to herself. A series of "Network Meetings" permitted neighbors not to respond to loud cries that begin with talking back to the inner voices.

is dependent on you and Mrs. . She keeps the psychosis contained within the walls of the house, as long as she

knows you will return. You have been fortunate in having a long term maid, who functions as a member of the family. As long as you know the maid is available for regular visits, you are free to spend a short time away from the chronic psychosis of home.

is a seriously impaired person who will never function beyond her infantile childishness. She is the victim of what she thinks others think of her. The chronic psychosis permits her to exist within the family home. If this is threatened, she will move toward life in a state institution. She has never made a little spending money through odd jobs or menial tasks. She will never become self supporting in any way. If the family can no longer pay her living expense, she will surely become the object of public funds. This is the nature of her basic impediment.

Sincerely,

Murray Bowen, MD