

Interview with Warren Brodey  
Conducted by Catherine Rakow

Part 2

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For the Murray Bowen Archives Project of Leaders for Tomorrow at History of Science Division of the National Library of Medicine.

Narrator: Welcome to Part 2 of the September 2002 conversation between Catherine Rakow and Dr. Warren Brodey. To preserve the privacy of patient histories and references, you'll notice certain pinpoint moments of silence. We hope these do not detract from the flow of the ideas. And in any case, don't worry. It is not your audio playback system malfunctioning. However, for about seven or eight minutes, you will encounter a part of the original cassette recording that sounds "wobbly." Various enhancements were made to add clarity, for this digital version, but that temporary speed irregularity on the original tape could not be solved.

As noted at the start of Part 1, Dr. Warren Brodey was a co-investigator on Dr. Murray Bowen's 1954 to 59 NIMH research project. At the start of this second part, Dr. Brodey is examining handwritten records from that research, for the purpose of identifying any materials that were his. This discussion offers you an inside look at the practices within that project, from someone who was there.

It's a project that laid the groundwork for the formation of Bowen Family Systems Theory. And the papers from that research are now housed at the National Library of Medicine.

Rakow: This is from, ah, family relationships. It's schizophrenia, (which) has Dr. Bowen's name on it. Um, another thing I've been finding was that whenever the therapists worked with one family, this is talking about in the group, anxiety would be kicked up among the other families. Then the focus would shift over to another family. We could never work through an issue with the original family. So he set up a format that said one therapist was in charge on a given day, and the focus would be on one family. So, rather than everyone coming together, apparently the, the family staff meeting started off, with talking someone started, then, and it- you could talk with any family, and then it changed, the structure changed. Or one therapist- and that's what I'm wondering, if these are the notes.

Brodey: Or one therapist- and that's what I'm wondering, if these are the notes. Well even, even with family (use) you know, I can't remember. Almost- I'm fairly certain it took the questions. (inaudible). Um, [rustling microphone noises] I'm (not) certain I could answer the question now.

Rakow: It says, "And there was a working rule that the other families would not get involved in that one family's problems. That was the format we developed during the last two years of the project." Now, he's saying this in 1979, it's many years later.

Brodey: [rustling and silence] Well- I think that it (inaudible).

Rakow: Okay. Well that's- that's what I was thinking. These notes might have ben rela- because, they seem to be all they're a different day, but they're only one family. So this would seem to me to be consistent with, with that format. So,

Brodey: I-I just want to say, you're very welcome (inaudible). And, ah, (there wasn't this) (inaudible) (inaudible)

Hargrove: Now, as (inaudible)

Brodey: And, there was one (inaudible)

Hargrove: (Right).

Brodey: I (want) to keep focusing (what was) (inaudible).

Rakow: Oh, okay, don't worry. I'll get my agenda back. [laughter] This is a little different writing.

Brodey: Yeah, that's fine.

Rakow: It's similar to the last, but just a little bit different. Okay.

Brodey: No, (that's not me).

Rakow: Yeah, people's writing does change, from day to day, so.

Brodey: And mine changes (a lot).

Rakow: Well, this, this person seemed to be doing a lot of doodling.

Brodey: Yeah. (Well, I-I couldn't-)

Rakow: So, I-I'm guessing it is (Disenger).

Brodey: What if- have you seen (Jack and) (inaudible) somewhere or other?

Rakow: Boy, that's a new one.

Brodey: Somebody-

Rakow: (Go away)

Brodey: Somebody-somebody who doodles about

Rakow: Marge, well, I can't ask, can I?

Brodey: - maybe it's, it's, it's Marge. [tape cut]

Rakow: No way to find out from her.

Brodey: (inaudible)

Rakow: Okay. So, okay. Well, What's the date on that one? I want to make a note of that.

Brodey: Looks to me like-

Rakow: 10/29.

Brodey: But, you probably (inaudible) (be left to read) (inaudible)

Rakow: You know, the project's coming to an end. In December, they're discharged. So, you know, this is October. (Now) does any of this look like your writing? (Any of these) on down? [silence]

Brodey: (Two's) looks a little different than the earlier versions.

Rakow: No, (I don't think so). This looks the same as that other one.

Brodey: (No.)

Rakow: I'm going to-

Brodey: No. No.

Rakow: Okay. And who's this? Must've been somebody- And that (inaudible) [noise on tape] Okay. So, that took care of these. We know it's not yours.

Brodey: Yes.

Rakow: [microphone rustling] [silence] [writing] The other thing - was there a family who had an autistic child, who was part of this research?

Brodey: [silence] (Not) that I know of. [tape cut] May have been other (inaudible).

Rakow: Okay, not that you remember. Inpatient. I think it was- a family with an autistic child. That was part of this, okay, which is this, okay, I think this is, well, here's some (typed) with no author, there's all kinds of [tape cut] -I'll let you go through this - all kinds of handwritten notes. Somewhere in one of these, there's a discussion of medical problems occurring. As change occurred in the family. That the mothers had a

gynecological problems, that the fathers had prostate problems. And how was that getting talked about?

Brodey: Yeah. Well we took that as, ah, one of- one of the things we noticed. That there was a shift within the essentially, the- as, as a family changed, within the energies (that weren't-) didn't surrender, to becoming, ah, we'll call it the sick energy, or the symptoms only. They're often shifted from one place to another But the- so the- we- we assumed, then, that the fact that it was able to shift, was a progression.

Rakow: Mmhmm.

Brodey: Because, about at the same time, that- we hadn't- we hadn't cured anything, we just sort of brought about this shift, which, ah, allowed them to go to another level of defense.

Rakow: Alright.

Brodey: So, ah, but- that- still, it was a progress, because things shifting are easier to deal with than not shifting.

Rakow: Right. Yes, it tells you there's something happening.

Brodey: One, it tells you there's something happening, but two, that something is happening. Is a- is a means of do- as it were, the knot is loosening up.

Rakow: But- can you go

Brodey: It was tied so tight that nothing- nothing would change. But we've actually saw, going from first A then moving over to B, and then going somewhere else. Or one symptom's going to move between the family members, right? This is within-

Rakow: But it came up-

Brodey: the family body. Within the particular people's body.

Rakow: But it came about in response to changes in how family members were related to each other. So,

Brodey: Yeah.

Rakow: how are you- how did that then (get out)? You-you're saying something about energy, you're talking about an energy in the group.

Brodey: But we didn't think much in energy, in those days.

Rakow: I-I was thinking you probably didn't

Brodey: No. But, ah, the transfer of symptoms from one to the other, was common. So that, we thought more in terms of anxiety. Instead of talking about energy. Talked about the anxiety would move from one person to the other.

Rakow: How-how is- how are you understanding it though? That as one family member, I don't know how to say this, you know, would, would get a better-

Brodey: I think (the other) would get worse.

Rakow: Right. Ha- how- I know that you could see that, but-

Brodey: Well they maintain the family equilibrium. By, by shifting. From- symptom, from one place to another, but the anxiety just moves in the family. Now, the question is, did you think of it, at that time, as them getting better? Because it moved in the family. I think the answer's no.

Rakow: Okay.

Brodey: That- we didn't see it as being an improvement, that it moved from A to B.

Rakow: There's a lot of talk in the papers, about family equilibrium, but you don't hear that later. So I'm curious, how-how that idea was being thought about. Equilibrium. In the family.

Brodey: Well, the-the family sort of, ah, the family, you didn't use the word container, in those days, but the family as a unit, ah, [silence]. As a creature, you could call it. It just- it sort of could shift, ah, it could, it could shift things between themselves. Without changing the family. So, the symptoms would, the symptoms if (you're thinking) in the family, the symptom was the same. Except it just shifted from one person to another.

Rakow: Except it just shifted from one person to another. So, as you would have, say, the offspring grew, and you have a parent, with physical symptoms,

Brodey: Yeah.

Rakow: So. So, observing that's one thing, but having a way, to conceptualize what's happening?

Brodey: Well, I think, when we saw that sort of thing, we would, we would share it with the family. [silence] So we'd say- we would say something about, "The anxiety seems to have moved, today."

Rakow: Okay.

Brodey: And, sort of, help them to become aware of their own dynamic.

Rakow: That goes- that goes to the next question, which is, "What were the markers, for change?" That- you could say something has changed in this family, so one marker would have been, the anxiety has moved.

Brodey: That hasn't changed the family very much. It changes, it changes,

Rakow: the (inaudible)

Brodey: who- who is containing the symptom today.

Rakow: So what were the markers for what would be called change for the better, or chang- improvement? What-what were the markers?

Brodey: That's a very good question. Um, [silence] well, frankly, the way we did it was more, um,

Rakow: Okay.

Brodey: how well they managed (on) work. We didn't have any sort of, ah, measures that we trusted, which were sort of a technicalized men- measures. We didn't have those. Well, because they didn't exist, as far as we were concerned. All the measures, you can do psychological tests and all that, they were irrelevant, because, after all, if a symptom can move from one to the other to the other family, so could be better in one, worse in the other. So, so our, our measures, more or less, was how does this family relate to its environment? And are they relating in a more, ah, honestly, a more- a less problematic method- way?

Rakow: And that would be within the family, as well as within the larger environments? Okay.

Brodey: Well, no, no, we're relating to within the family.

Rakow: [laughter] Ok. Alright.

Brodey: We're relating to the family, and its environment. So, if the family was more able to deal with the stresses in the environment, and had a- some sort of more insight into their own way of relating, to the environment, and used that insight, in a positive way, now, positive, of course, relates to us who are the environment. I mean, we can get easier to relate to and more difficult to relate to, so that

Rakow: Now, I-I,

Brodey: these instill in the subject a field.

Rakow: you know, I think the experience that you had, had there, or it came in with, and deepened there, you know, is still difficult to get this idea. That I would say, that you

would look at, how the family members were relating to each other. But then you corrected that to say, "No, the family, and the environment." And I- that-

Brodey: Yeah.

Rakow: Yes, the- it's, um,

Brodey: This is the essence of what we're looking at.

Rakow: you know, as much as I've looked at all this, and studied this, just grasping that, still, is- shows up that it's not there in the way that you all were thinking about. So-

Brodey: No. We really had a very specific way of thinking. And I think, if in your mind's eye, you would use- you would have the sense of an animal, the animal was a family. Here's an animal that makes its home in this, you know, this-this anthill, or this, (say anything), chooses the way to arrange the timber and the bricks and the (wattle).

Rakow: Mmhmm.

Brodey: In the (inaudible) So on and so forth around itself. And relates to another beast, which is another- a neighbor family.

Rakow: Yes, yes, it's-

Brodey: Then you come closer to it. So, you have to think of this as, a beast, as a creature, as- beast is not a nice word, so we should leave it out maybe. I usually think the word 'beast,' because

Rakow: [laughter] [distortion on tape] I can live with it.

Brodey: beasties are fun. It's- it's- or you (can think of) it as a paramecium, a one-celled organism. And it has its stomach, and it has its feet, and it has its ah, you know, its movement, it has its reproductive organization and stuff. And this family has the same.

Rakow: But then there-

Brodey: So, in, in, in, you see this this creature that is- is a family, which is you know, this is, this is the vision we had which is very different than anybody else.

Rakow: Yes, I-I-I'm hearing that. Yeah, each day you sat in these meetings, with parts of this beast, observing, the inner workings. Of that.

Brodey: Well we didn't sit with the parts of the beast, we sat with the beast.

Rakow: [laughter] Yes, I know! But

Brodey: And those beasts- we had five beasts, or six beasts, you know, and they're all relating to us, and we were another beast. It was-

Rakow: But the beast (had) many voices! [laughter]

Brodey: But we didn't care about the voices. We were not listening to the voices, we were listening to the beast. The beast had many voices, but the beast -the beast is the (thing), we go back to use the hand. The voice are the fingers of the hand. The whole [handslap] hand functions as a- a you know, all, together, and the whole human race, and all the pictures of the Earth, function together. They have a common life, the Earth is alive, it's a beast too. And these beasts are, you know, what you choose to call a beast has to do with what you want, what you can name. It's much more a problem of that we have learned to name certain things and not other things. We learn to name family- when families were very strong, in the old days, (gain) think this way, the family in ancient times, was like a tribal family. And the tribal family was really a family. And again, they had people who did this and just did that. They were a- it was a family. Or, because, cause sometimes it- you know, all the uncles looked after the children, or the aunts looked after the then you have this family organization we have now, a very different organization. The women went (to the) marriage, the marriages, they went to the uncle's family, or something like that, and then the men came, and, and, and impregnated them, on feast day, or something like that. So, this family that we know of as the family unit, is not the only kind of beast that is around.

Rakow: Okay. I'm trying to stay with the (inaudible), I'm trying to get

Brodey: I jumped from one thing to another, I know.

Rakow: I know you did, and I'm going back, to that. So you would be in these meetings, relating to the beast, watching the transfer of anxiety, or what's referred to as reciprocal functioning. That, ah, s- (inaudible). So, in some ways, you were- it wasn't only, and this is where I think I get tripped up- the beast in the environment but it was, the- the well, let me get this cause I might be off the track, but, the beast within itself.

Brodey: Right.

Rakow: And how it was functioning. As a unit. Itself.

Brodey: Yeah, that's right.

Rakow: Okay. Now that-

Brodey: So you were involved with the beast, itself. And how it functioned within itself. But we weren't- but that was only in order to understand how it was functioning, in as a unit. Now that we're (inaudible) this-this

Rakow: See- there- you were not only learning how it worked.



Brodey: Yeah, go ahead.

Rakow: That this level of anxiety, for lack of a better- (inaudible).

Brodey: Mmm. We were talking about the fact that we're trying, in the project, to relate ourselves to family as a creature. Rather than to people as individuals. We-we felt that the individuals were sort of just parts of the creature. And that was a very difficult concept to hold onto. Cause it (inaudible) was the only way of thinking. And, the- it was sometimes desperately difficult, to do that. But, we all supported each other, and, and working this way. Now, there were people in the group who were not engaged in this kind of theoretical or engaged in, in this family unit concept. They were there, in like some nurses, to do the best they could

Rakow: Mmhmm.

Brodey: to make everybody comfortable, each person comfortable. And when they saw us, for example, allowing families to operate in relations to each other, and we didn't solve their problems, but it seemed that the mother would look after the fact that the father would look out for something, for the mother, the father, and so forth? [laughter] And it was a real problem. Ah, the nurses were extraordinarily anxious, because they didn't see this as a family unit problem,

Rakow: And-and I-

Brodey: they saw it as an individual problem. And- knowing that the nursing staff and the head nurse at, at the NIH, would become very disturbed with us. Because of this.

Rakow: I don't remember- don't know who that was.

Brodey: Well, anyway, there was a lot of pressure on, on, on, the head nurse.

Rakow: On Marge. From, I guess, the day shift.

Brodey: On Marge. From, from- Yes. Because they felt that they were not behaving as good nurses.

Rakow: I'll have to think that this got around, in- in the administrative system, that there- that this was a- a view, that, that issue about research and therapy, the conflict, is what he says, but whether it's accurate or not, that this had to come up, you know, about "What all were you doing, or were you doing anything?"

Brodey: That's right. And, and this is where- where Bob Cohen said, "Please, you know, you have to get these people to write."

Rakow: Okay.

Brodey: And you have to get them to report. Because otherwise, it's nothing going on there. As far as, the function of a research unit, and all this money going in. To, to, make all of us who were on the staff more skilled in understanding families. Was not enough, unless we reported out, and this is the old publish or perish.

Rakow: So, that implies to me, there would have been pressure on him, and-and that

Brodey: Huh? Oh, yes.

Rakow: if, if something could get published, then it would ease the pressure that was coming to him. He might have been impersonally, individually, and content to allow you to continue doing what you doing [sic]. That you were doing important work and might get somewhere with it, but- but the larger system was saying, "These families, they're trouble.

Brodey: they're upset- they're upsetting the whole hospital. From one floor to another, anxiety breaks out on each floor. (It) goes up in the elevator, that's who used to (talk to it).

Rakow: And the she laughed. What was- and this question's never occurred to me before- but what was it like after they left? Did you learn any more?

Brodey: It was better. No, but we-we had learned what we know from them, and then we went on

Rakow: [laughter]

Brodey: and we kept on. But I think we were sort of more sure of our grounds. And we were sort of- we had really come to the stage of conceptualization more. I mean, we were capable of writing more. But, you know,

Rakow: What's the question? Was that-

Brodey: I think what's the, ah, Murray, really stubborn guy. I mean, he coulda written more. He was holding on to this "Let's keep it open," and not, not trying

Rakow: Mmhmm, mmhmm, mmhmm.

Brodey: to cut it all down into words right away. And so I'm- and I, you know, I, I wrote what I thought fairly soon after- I guess it was the paper in the, in the study, (Sankman) Study of the Child, (was the) one in psychiatry, all those papers, were my effort, to take responsibility for writing about the project. And the Psychoanalytic Study of the Child, I had

Rakow: Mmhmm.

Brodey: I had part two of (second) published, which went further into the analysis of how these families operate. But it was too much (of) the psychoanalytic community, and maybe wasn't written well enough, I don't know. And anyway, they didn't publish it. [tape cut]

Rakow: Because they left in October '57.

Brodey: Yeah.

Rakow: And the project ran to December. '58. So, things would have formed more at the conceptual level, if I'm following what you said- I'm just repeating what you said. Or do you wanna?

Brodey: I-I think this is true.

Rakow: Sure I have- do you wanna pen, or something?

Brodey: Yeah, yeah.

Rakow: I- here, I have a pencil, here's a pen. Um, [noise of writing]

Brodey: M'kay.

Rakow: I- well it does seem to me, that, the disturbance they created, in some ways, generated the need for decisions to get made, that in the long run were useful. That they-they were kind of an irritation that produces

Brodey: Oh, yeah.

Rakow: some pearls.

Brodey: Yeah, I think so too. They were, sort of, our delegates to the outside world.

Rakow: [laughter]

Brodey: Terrible (inaudible). But, ah, yeah, and I think you're right about the pressure on, is on, and I think this, this aspect of Murray, just sort of not submitting to pressure, not in any way compromising, had its good sides and its bad sides. The bad sides was, that you couldn't he wasn't really able to provide people with what they needed in order to support him.

Rakow: Well, yeah that was my question, what kind of compromises could have been made?

Brodey: Well, we could have written. Now, they gave us the last six months to write,

Rakow: Right. It doesn't seem like much got done in that last six months.

Brodey: And a lot of- Well, because Murray was fighting it.

Rakow: It- did- (seem) that was churning-

Brodey: And they were fighting with Murray.

Rakow: that he was attempting to keep the project.

Brodey: I think he wanted to keep the project going, and at the same time, he-he- Til May.

Brodey: We were out reporting, you know we were out to the, um,

Rakow: Mmhmm, right, right.

Brodey: giving lectures and so on, so it wasn't Murray was lecturing, I was doing my own things, and so we were busy at work. But somehow or other, he continued to-

Rakow: Well since the door was already closed,

Brodey: that fight went on. The door was closed.

Rakow: And he was attempting to do something that was impossible. Wasn't going to get done, for whatever reasons. He- was motivated, to do that.

Brodey: Well, let's think about the fact that he got- he got accepted over at- over at Georgetown University, started a unit there. If he hadn't, there would have been a great loss.

Rakow: Well, I suppose it would have gone somewhere else.

Brodey: Maybe.

Rakow: You know there were some job offers, there were other job offers. Wisconsin, and So. Yeah, Les- I think (Leslie Osbourne),

Brodey: Okay. I didn't (know).

Rakow: had attempted to find some place, but but it seems to me, thatHe was from Wisconsin's,

Brodey: Leslie Osbourne, who's he?

Rakow: State- head of the Department of Mental Health, in Wisconsin I think. Um, so, well this is what

Brodey: Okay.

Rakow: (that) if I look at the researchers, who were there, at the same time, they went on to other positions at universities, or in governmental positions. To some level of fame. Whereas, my- this is my sense, of this, that the researchers who were there made careers, for themselves, whereas the researchers on this project, Dr. Bowen, you could speak for yourself on this, created theory. From this? So the outcome, was very different. The outcome was the creation of theory,

Brodey: Mmm.

Rakow: not career. And, you know Dr. Bowen went on to a

Brodey: yeah.

Rakow: career at Georgetown, but really in a very not highly focused, or fame, or bringing accolades to the university, or really a- in some ways, an irritation there, too!

Brodey: No, no, no, no.

Rakow: [laughter] To continue, doing what he's developing, this theory. Which would- didn't seem to be well understood, and I think our conversation earlier, is- is a piece, at least, if not the kernel of it. This change in thinking.

Brodey: Yeah, well we were, we were sort of into this holistic thinking about the family. And, holistic thinking, by its nature, is- is accepting complexity.

Rakow: It seems there was some experimenting, though. I mean, I have- on some of these notes, I have here, um, this is from the paper called Family Relationships and Schizophrenia. It talks about "The parent who functions in the adequate position initiates treatment, so that parent who's enthusiastic, the parent in the inadequate position opposes the idea. We've made it an operating rule to deal with the parent in the adequate position, that parent can accomplish things in the family not possible for outsiders to accomplish.

Our first basic rule is that family works on its own problem in the hour, while the therapist tends to analyze. It is essentially impossible for these families to keep this structure. Their inability to do this becomes the subject of therapy." [silence] So you were really talking with the beast about being a beast.

Brodey: Being?

Rakow: Being- its essence.

Brodey: We were just- yes, we were (inaudible) its essence.

Rakow: And,

Brodey: The essence that it could - that it could experience.

Rakow: But- but it was contributing to a theory.

Brodey: Not some theoretical essence.

Rakow: This all contributes, to a theory. Of how human behavior works. So, they- it was going on, there were many things going on. Now, oh, here, this is what I wanted to go back to. "The parent in the adequate position, that parent can accomplish things in the family not possible for outsiders to accomplish." How do you understand that? That the- that the family, can self-correct.

Brodey: Yeah, because- Well, let's put it this way. The [silence] the creature is stuck. In certain habits. In certain structures. Sometimes these structures, they really left behind. But the structures, well let me see,

Rakow: Wait- wait, you mean they were useful at some point? And continued when they're no longer needed? Okay.

Brodey: Useful at some point. That's right. And - but, they're held onto. And the person who needs them least, as the adequate person, is able to, sort of, give up these structures. When he gives them up they're no longer tenable. And no longer- their existence is reduced. And so the family can move to a higher level.

Rakow: [silence] But it's- what I'm hearing, though, that there was something innate, in the organism. That when, when it operates, has much greater implications. Then, I mean, it would be possible for others to see what's needed. But when the family figures out what's needed, and does it, the outcome- it can be much greater.

Brodey: Much deeper, much stronger, much greater.

Rakow: And how do you understand that? And- in other words, what is that? What are we saying, that is? Just life itself? It's just a force of life? No, it's- It's saying that [long silence] when an organism self-corrects, then all the pieces of the organism, shift. Because it's all in, in what I call, it's un, (intimately covered).

Brodey: The piece you're (inaudible) connected. Ah, I use the word intraconnected. instead of interconnected. And when they're intraconnected, or intimately connected, then when one thing moves, all the other things move too. And so one may make a real improvement, when there's an adjustment in the family, it gives up some of the old behaviors. Which are really no longer supported. No longer necessary. Then, ah, then the whole the whole family moves up, and so it's- it's much more- it's quite different than

someone from outside, ah, the outside person can give it a knock. Give it a slap. Whatever. And then it may start to readjust itself, it may not. [silence] But it's sort of saying, you know, it's sort of saying, you know, "I can help you to change. But I can't change you."

Rakow: You know, I mean, I do think it says something about a life force, or something.

Brodey: Well, I-I agree with you, but- all what I'm saying, all these beasts have life force. And they are, they are- boundaries are not, are not

Rakow: But you know, the question is, what-

Brodey: by chance.

Rakow: And what makes it so hard, for that kind of change to occur within? I mean, I'm hearing that it wouldn't- some of these families went months, I-I do get the impression that families in this project, did make gains. Important gains.

Brodey: Mmm.

Rakow: For themselves. But that it (took months). So my impression is what makes it so hard, for that to be initiated and have impact? That's one piece. That-that would be one- what makes it so hard, for that to happen? And the other, question has to do with, how as a as someone outside of that family, but relating to them, who can see what's needed. How do you not- not interfere with that process but can you assist it?

Brodey: Well,

Rakow: Which is what I think you all were attempting to do.

Brodey: That's relatively (good). Not, if you take If you take the outcome from all this work that we did, and you look at family counseling, and it's going on all over the, you know, marriage counseling, which is just another form of family counseling, and the family's all coming together, sometimes the children are involved too, all of this grew out of our work, so it's-it's enormous result, that came. Now, the dynamic of the family, has to do with this is an organism, that is able to crea- recreate itself, and it's, you know, has children, it's- it's an organism which has this intimacy, this dense interconnectedness. Within its boundaries. Not always,

Rakow: Yeah, I mean it varies.

Brodey: but sometimes. Sometimes. Yeah, but sometimes. And, it has vitality,

Rakow: Oh, I think it's pretty dense for everybody, but, a few it's less dense!  
[laughter]

Brodey: Yeah. Well, there's some families which I've talked to, woman on the train yesterday, and she said she went to a convent when she was a child, as an orphan. An orphan, convent-orphanage. And people said, you know, isn't it terrible you're in an orphanage?" "No," she says. I've got four meals a day, my father doesn't come home drunk and beat me up. And,

Rakow: And probably had multiple figures,

Brodey: I'm happy as a clam here. (inaudible)

Rakow: not just two, [laughter] or one, had multiple figures to be, interact with. That were useful to her!

Brodey: Yeah, right. Yeah, so this is this is the other side. (In a) dysfunctional family, somebody who's able gets out of it, it can be very help- healthy for them. Cause they don't have the burden of (blah blah blah). Anyway. But,

Rakow: Yeah, right.

Brodey: that's the exception. The fact is that the family is, as a unit, has its

Rakow: Yeah, it sure does.

Brodey: its organic power. (Descent), you know. Ah, I personally think that the part of the problem, is that the- a four-person family is has so much power, and so much intimacy, that it really can't function. And a twelve person family, the old family, it's an extended family, had so much more choice involved. How much, you know, if someone wasn't functioning, (you still had) so Aunt Lily came in and looked after the kids, or

Rakow: Okay.

Brodey: all of this was going on, the kids would, you know, I lived in a commune for awhile, and kids get bored with me, they went over to somebody else and watched them.

Rakow: Mmmhm. The exposure.

Brodey: And they learned from them. And, You know-

Rakow: Mmhmm.

Brodey: The exposure was enormous. And it's- part of the problem with why we were so involved with sick families, is because it's socially an impossible situation.

Rakow: Well, is that happening? I mean, I'm- I'm not in touch with the world as much as you are, we didn't are you seeing that everywhere? (I know it's) not



Brodey: Where-where, well, it's in, mostly in America,

Rakow: in third world countries, probably.

Brodey: in America and Europe, then we have the breakdown, of the family to the individual family, you know, three or four people family. Four family unit. In other parts of the world, the extended family still exists, and in the European countries, it still exists. It still exists here as an exception. Rather than the rule.

Rakow: Do you- I (know) this is, you know, really off the topic of this project, but it's a question, you know, my, my son's neighbor, who's a good friend is with- here in Maryland, her daughter had a severe head injury. She's- an accident happened. And, they have no family here. Their family is, you know, in Florida, or whatever, but no family attended when this occurred in this family. There was no gathering. Of extended family. But, certainly the neighbors, had done that. Now, I think that's useful. But do you think

Brodey: (inaudible)

Rakow: do you think there's an inherent difference, does it make a difference, whether it's (fam)

Brodey: I've thought a lot about this- this is one of the things, and act- the last-- in the last chapter in my book, The Family Dance, it's taken up, probably to the consternation of many psychiatrists and the like. Because I suggest that we need the family of friends, rather than blood relatives. That blood families have an advantage, because they have a biological (cherry). But we also, since we don't have extended families with people are (moving), we need families of friends. And that's, in some respects, is happening with people (inaudible).

Rakow: I remember that now. I-I- when I read your book I remember that.

Brodey: People get divorced, and people get divorced, and -and then the divorced couple is- becomes more a family of four adults. And kids are shared. And sometimes even more than that, you know, they get divorced again

Rakow: Mmhmm.

Brodey: so you get these big, new families. Which sometimes function very well. So, this is a question- I personally think that the biological -biological program, allows a family to function more easily than in these

Rakow: Okay.

Brodey: in these friendship families. That when we're biological

Rakow: That was really my question, I was won-

Brodey: Yeah, I think so. I think the biological- shared- to share the same genetic structure, makes it much easier to communicate. That's-that's my answer to the question. But at the same time, if you have a larger pool of people, that you share with, like in an extended family, that's even better. And if you don't have extended families, as we don't now, because of the industrialization and moving people about, then at least we need families of friends.

Rakow: I mean, certainly the emotional connection can replicate the biological family. But, but it's really a question I had, as to whether it makes a difference.

Brodey: Yeah. I don't think it's the same. I have two adopted kids. And three blood- my blood kids. The adopted kids are my wife's,- were my wife's. My relation to them is very different

Rakow: MMhmm.

Brodey: than to my blood kids. Very different. And I- you know, in some ways, just as good and in some ways better.

Rakow: Mmhmm.

Brodey: Because I don't see myself in everything they do.

Rakow: Mmhmm, right. [laughter] Yeah. [laughter]

Brodey: And you know- and you

Rakow: What a relief!

Brodey: I always remember, you know, you see the kids up on the stage, you know, and hearing someone make a tooting, they're all in this orchestra, and one foul toot, you know, comes, and you think, "Oh my God, is it my child?" You know. Who's making this terrible sound! And, and then, then you sort of, cause with adopted children, you don't get into that so much. You know, so "S'alright, it doesn't matter", you don't feel you don't feel so connected. That everything they do is sort of part of your body.

Rakow: Depends on when you adopted them, I think. [laughter] (inaudible)

Brodey: (inaudible) I think that's true too. Yeah, that's true too. I agree. Yeah, cause they were 6 and 8. (No, ah, 6 and 10).

Rakow: You know, it's-it's really, I was just a question I had wondered and wondered and wondered about. I think I'm ready to take a break, I don't know about you, I'm getting [tape cuts out]

Okay, so, I was talking about third Thursday, and -and the patterns that I had seen in that (month). But there was a month in August, I don't know- remember if I talked with you about this. where one- where there were three -three patients of other doctors admitted to Dr. Bowen's ward. And you know, it just seemed so clear to me, And I always question, "Now are you reading something in, here?" But there was a dominance, there-there was a -a hierarchy forming, with this. And-and that the

Brodey: Mmhmm. Mmhmm.

Rakow: -the individual whose mother went AWOL would have been the lowest ranking in the group. You know, who- she didn't have anybody, that's when the quadruplets were on the unit too. So everybody had someone, but her, and she's the one

Brodey: Mmm.

Rakow: where the new patient will wander into her room, the new patient will get into a fight, set a fire in there, and it seemed so clear to me that there was some adjustment that I recall, a hierarchical adjustment. Taking place. But, you know, how in the project,

Brodey: Mmm.

Rakow: there's dominant, dominant, submissive, those terms get used. When -when those terms are used in the project, are you -were you using them- were they being used to describe anything hierarchical or just what was going on between two people? Dominant/Submissive. And did you think about hierarchy, at all? Because there's some point, where, where there's a note, that says, Dr. Bowen's saying something about, he tried to give a little status to the impaired offspring, by saying such and such and such. That's a hierarchical statement. [long silence]

Brodey: I don't think I can answer that, cause I-I was never particularly interested in hierarchical, cause, you know, (I mean) there was the-the concept was used, [silence] it was much, much dominant in the sense of hierarchy, I think was victim and victim and, and predator.

Rakow: (See now) that doesn't, that doesn't get written! [laughter] Okay.

Brodey: No, No- But I- wasn't used, this is my way of thinking, I'm saying, I don't think it was the hierarchical in terms of the apes, was in there, and they- and, and Murray was involved with that to some degree, but I think he gradually got less involved with it.

Rakow: Well, I'm won- you know, I mean I see that taking place, it's very clear to me, I have confidence that that is what was taking place.

Brodey: Well I'm not-not questioning-

Rakow: No no, I know you're not, but I'm thinking that's a group, that's a group process.

Brodey: But what I'm trying to point out all along today is that, we'd be more interested in hierarchy in families. Which family was lording over the other ones.

Rakow: And it- and you're, you're going right where my thinking goes, which is, were you seeing (that)?

Brodey: Ah, I don't remember discussing it really.

Rakow: I mean certainly the, the trouble making family, I mean, I don't know what you'd say about the mother in the trouble-making family.

Brodey: Well what we did find, I think, was blaming. Within one- when there was anxiety in one family they would blame the others. You know, the anxiety would be prominent (when), if somebody was in, in, were, was more anxious-anxiety in one family, when they would blame the other one for not letting them sleep, or bothering them, or

Rakow: Mmhmm.

Brodey: Or, ah, you know, making noise, interfering, whatever. So this was-

Rakow: And what's the difference between blaming and stating the fact? I mean, how is that different?

Brodey: [silence] Well- [silence]

Rakow: Mmhmm.

Brodey: stating a fact means that some such behavior did occur. But

Rakow: "And I couldn't sleep because the behavior occurred."

Brodey: blaming has to do that it was- Yeah, but blaming has to do with, ah, you take-you- you stop looking at your own behavior. And see what you're doing. And you only project onto the other people. (What's happening). It's- you know, it's like you're blaming your mother for bad childhood. Ah, [silence]

Rakow: [sigh]

Brodey: well, you blame her, means that you tie your emotions to her as the cause. And you give up thinking about what-what in you, as a principle, I think we start out with "I can only change myself." I'm going to have a hard time changing anybody else, really. Unless I change myself.

Rakow: Well, I think the- it seems to me, that the emotions that (get at that)- that go with that, go with it, are maybe the piece that gets considered (to it). [tape cut] And that, you know, here was this other family acting wild and crazy and nobody would put any restraints. On them. And that, part of that does come over in some of the notes, which is, who will who will do something here? In the family meetings, you know. Who will do something, about [tape cut] and their behavior. And it isn't clear to me, you know, reading those notes, how -how that was being thought out. There seems to be a lot of discussion about responsibility, nurses, psychiatrists, families, who-whose to do what, and how will that get defined, and seems to be-

Brodey: Well what we tried to do, is take it up in family meetings. How we get them to talk then, and try and get them to talk to each other.

Rakow: Well, let's say you had somebody causing a ruckus that others couldn't sleep, then you would talk about that in the family meeting. And, where does that go? I see that in the notes, but then what?

Brodey: Well, ah, we didn't really set any limits on them doing it. so if the- they continued, so it continued. So, they had to deal with it.

Rakow: So, if I said, "You know, Dr. Brodey, I'd really like it if you would do something so I could sleep," and there was this ruckus disturbing it, then what?

Brodey: Well, I might say, "Well, you know, you, you can talk to [tape cut], see what you can do with her, and what she's upset by, and you know, why's - is there a reason why she (kept) disturbing you all the time? Maybe there's some reason that she's, something she's upset about, you oughta think about that."

Rakow: Okay.

Brodey: And not- you wouldn't-

Rakow: How much would people do that? How much, then, would, let's say this was what happened, and I then took something [tape cut] "and I'd really like it if you'd be quiet, cause I'm having a hard time sleeping. And then I'm grumpy, and I'd really appreciate it if you could be quiet." How much would they actually do that? M'kay.

Brodey: Well, I think the answer's I don't know. Cause I wasn't- I wasn't on the intimate side of the work.

Rakow: Okay, but so they weren't doing it in the meetings.

Brodey: Ah, [silence] they may have been, but I again, I think I'll have to define my position as being a little bit distant.

Rakow: Okay.

Brodey: And not getting involved with the details of that.

Rakow: Okay. So you wouldn't- if it happened, it's not something you'd remember?  
Okay.

Brodey: Cause it seemed- No, not really. Ah, no, strange situation cause, a lot of that was handled by Murray.

Rakow: Well, I'm suspecting that they could have done that they wouldn't have been there. I-I'm suspecting that there's something, that would have kept them from direct request of another. Something-

Brodey: Well, but they're requesting- they'd make a request to another in such a way,

Rakow: Right. Right.

Brodey: that it would fuel the other person's attacking again.

Rakow: So, making it in such a way as they would get what they're requesting. That- so,

Brodey: That's exactly (it). Exactly. They would be doing it in such a way, you know, let's take some, some family in a neighborhood,

Rakow: Mmhmm.

Brodey: who becomes a target of everybody in the neighborhood.

Rakow: Mmhmm.

Brodey: And they tell other people you know, "Please, don't walk across the lawn. It upsets me so much." That's (inaudible) one patient. "Don't walk across the lawn." So you put up a fence to prevent the children from walking across the lawn,

Rakow: Mmhmm.

Brodey: They put up a fence that's this high, (these) children (inaudible) some flowers, so their children are trying to take flowers to, and, you know, they call the old crabs and everybody's (going), you know, the parents don't stop them from walking on the lawn, because so this is, this would be the kind of family we're talking about. Or, to put it theoretically, cause that seems to be my territory, the symptom that means of reducing the symptom by the patient is exactly that which fires the symptom. As the effort to- the effort to- to get away from the, from the symptom, is the thing that gives energy back to the system. Otherwise it doesn't persist. That's true, that's a generalization, (that) for instance, if the woman who's lonely, gets her-her-her son-in-law, or her nephew, or

niece comes and visits, and she sits there and all she does is tell him how terrible it is that nobody's visiting.

Rakow: [laughter] She's going to be even lonelier!

Brodey: You know.

Rakow: But isn't that the way? Right? Honest to God, Warren, you have just- I mean, there must be seven million individuals who fit what you're describing out there! [laughter]

Brodey: (Of) course, and course- and this is- this is the way with all symptoms. The woman-woman is, you know, I have these pictures in my again, pictures from patients mostly, the woman says, you know, in the store they never serve me, so she goes off when somebody's being served, and she sort of stands post and sort of gets too close and bugs the guy, salesman, who's trying to sell this other person, and he doesn't do anything except with his body language says, you know, "I'm busy now," And so she wanders away, she makes a circle around, and then she comes back again, and bugs him again. And he- picking exactly the wrong time, and then she wanders around and now, now she just watches him from a distance, and probably notices he's watching - she's watching him, and gets upset by it, picks up her anxiety, and really doesn't want to see this woman. And then this goes on with her, you know, wandering around, having the same thing happen, and finally, she takes her arm and she goes over to the table, and she takes all the wares and throws them off the table. And then, you know, they all come a grab her. And she can't understand why everybody's so angry with her, and so hostile. And you know, why she lives in a hostile world. That's the perfect description of the- what- so, she fuels in her effort to, sort of, be nice, she makes everything worse.

Rakow: This morning, you talked about you used the term defense, the symptom as a defense, that there's this shifting of symptoms, and it could show up at some-

Brodey: We didn't use the word defense, in the project, much.

Rakow: I know. I know that. But it's used enough, for me to ask, a defense against what? Losing self, or what-what?

Brodey: Ah, it's defense against

Rakow: it-it shows up a number of times, in the papers, but

Brodey: Yeah, well I think there's- [silence] defense, against de- changing the equilibrium. You know, they've got the symptom, they have the symptom (cycling), so that it's feeding itself, and they have the system sort of you know, stabilized, so that they don't have to change much. Everything's sort of- you don't have to go through sort of, the creative newness. You've got everything stable and the same. That's my way of thinking of it. The defense is sort of- could be a defense against anxiety, but you don't

get more anxious, could be defense against feeling your territory's being invaded, ah, defense against your, you know, feeling your sense of ego's being destroyed.

Rakow: Well-well then what you're saying would be that there's some potential, for harm. Imagined

Brodey: But those-but

Rakow: potential for harm. Or real potential for harm. Some, something.

Brodey: Yeah.

Rakow: Cause I-I have read that, so many times,

Brodey: Yeah.

Rakow: and I keep wondering, what is it that's- what is the-

Brodey: Well, it is the potential for harm, in the family, is that you have an equilibrium set up, (remember) that- I described in this-this narcissistic family relationship, this, these people are living their own theater,

Rakow: Right.

Brodey: and someone jumps onto the stage and starts to make it more difficult for them to live in their own theater, they have to see the reality of it. They have to see another reality. And their own reality is kind of artificial. That's sustained with some effort, cause it's not true. It's-it's-it's- Their own reality's not anchored in their bodies, in their being. It's sort of a make a make believe reality they're living in. And, and then like, again, when we confront Mr. [tape cut], that they're following the boy. And you know, they deny that they're (following the boy). But they have to follow him cause it's necessary to maintain safety, cause he's selling newspapers from door to door, magazines. He might get into trouble, you know. (Schizophrenic). Not very good at these kinds of relations. And then, they deny that, and then we say, "What- (but you were) you were, driving a car." We won't say that you shouldn't have driven a car, we don't say you shouldn't have followed him, we just say, "Well, and you followed him in the car?" "Oh yes, we did. We thought it was necessary." So then we were-

Rakow: And that that could be known by the son.

Brodey: That the son knows that, means that there's (this new) reality appears, cause reality's coming back. [tape cut]