

**Dr. D. L. N. Murti Rao Oration**

**FAMILY AS A POTENT THERAPEUTIC FORCE**

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It is privilege for me to be addressing this distinguished audience. It is nice at having been added to the distinguished list of Dr. D. L. N. Murti Rao Orators. It comes to very few of us to pay homage to the memory of India's eminent psychiatrist. Prof. Murthy Rao gave a definite direction to Psychiatry in the country and largely succeeded in making Psychiatry an overall part of health care system in the country. That I was not destined to meet the great Craftsman of Psychiatry has always made me feel that I missed a great occasion but I do consider myself rather fortunate that I am able to pay my respects to the memory of Prof. Murti Rao. Like many of my contemporaries who have been his students and have touched great professional heights, I too perhaps could have benefited in a similar fashion. It is my loss.

I have chosen for my presentation a topic of great contemporary interest, which must have been closer to his heart too—the Indian Family. The priorities both at family and at social levels gradually started changing soon after independence and the primarily agrarian Indian society started a fast movement towards attaining an industrial identity. The social systems, ways of living and livelihood all have changed resulting in a kind of system which is breeding a number of psychiatric illnesses. We all are concerned about this and this concern has now turned into a nightmare. Many of us, through epidemiological studies and through international collaborative stu-

dies, have realised outstanding role of family in the area of mental health and I believe, a discussion of the same at this point in time will be great tribute to the departed soul.

The family has a unique and tremendous potential as a therapeutic milieu and this concept is not novel to us. As an universal primary social unit, its key position in social psychiatry rests in its multiple functions in relation to overall development of its members, their protection and overall well being. And therefore, it would emerge that not only the social and physical well being of the individual is taken care of by the family but also the psychological well being. A specific therapeutic role of the family gets support from our day to day clinical observations. From a number of epidemiological studies, International Pilot Study of Schizophrenia, ICMR Study on Factors Affecting Course and Outcome of Schizophrenia, from contemporary International literature and number of reports by Lidz and his contemporaries around late 1940's, I am convinced that the family can offer an important reinforcement to us in psychiatric therapeutic armamentarium and we should fully utilize the same. In the following discussions I will try to highlight the same, both in respect of what we have done and what we can do to make the same more effective.

Family has been defined in the Oxford dictionary as (i) The body of persons who live in one house or under one head,

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including parents, children, servants etc.

(ii) The group consisting of parents and their children, whether living together or not; in wider sense, all those who are nearly connected by blood or affinity

(iii) A person's children reared collectively

(iv) Those descended, or claiming descent from a common ancestor. In Psychiatry, the family denotes a group of individuals who live together during important phases of their life time and are bound to each other by biological and /or social, psychological relationship. It is a group defined by a sex relationship sufficiently precise and enduring to provide for the procreation and upbringing of children. It may include collateral or subsidiary relationships, but it is constituted by living together of mates, forming with their offsprings a distinctive unity. This unity has certain common characteristics in all societies although the relationships between the individuals, family, society, culture and civilization are variable and complex.

### **FAMILY FUNCTIONS**

Before I proceed to discuss several aspects of the family which provide leads to a therapeutic potential, it seems most pertinent to narrate the functions of the family, since most of the therapeutic roles it may play, have roots in these functions. The family functions are primarily Biological, Psychological, Social and Cultural. Biological functions provide the offsprings a particular genotype, on which manifests phenotypic functions which are laid down through psychological, social and cultural channels.

The biological functions, in addition, give way to propagation of generation and thus the system of the family is continued in its vertical paradigm and systems of marriages and matings provide horizontal paradigm to the family. Thus, there develops around a nucleus, a system, in

which vertical and horizontal relatives inhabitate in a cohesive manner sharing the joy and sorrow of each other and thus fulfilling their mutual requirements.

This system is not specific to humans alone but is found in almost all living beings and the examples can be seen most vividly in lower animals living in colonies such as ants, bees, wasps etc. Even simians, who may be called as immediate predecessors of humans are widely known for living in such a system of family.

It is this peculiarity of the family that helps humanization or animalization of its biological offsprings through psycho-social and cultural heritage. In case of humans the psychosocial and cultural endowments to individuals play an important role not only in development of adaptive behaviour but maladaptive behaviour as well. It is in this background that family is of immense importance in therapies of those having maladaptive behaviour.

### **THE FAMILY : PAST AND PRESENT TRENDS**

In every society, family has witnessed changes that have occurred in that society. The casual relationship between family characteristics and social change or human history, are circular and complex rather than linear. Due to family's central importance in human development and in socio-cultural continuity not only historians, social anthropologists but also legal scholars, economists, philosophers and sociologists have written about the family. The ancient Indian literature is full of such inscriptions and the roles of the various members of the family towards each other and that of the family as a whole towards society, have been profusely described. The significance of the family in western world is equally important as is obvious by three

of the 'Ten Commandments' which specifically concern family relations.

In most of the societies about a century ago, the family was the most valued system in almost all spheres of life and human living. The families used to be large, both horizontally and vertically, and it was responsibility of family to take care of psychosocial, cultural and occupational requirements of its members. The urbanization and industrialization were yet to begin at that time and since the means of subsistence were only agriculture, hunting and small village based occupations, families remained cemented. The members of a family, therefore, used to live in a closely knit environment. At the beginning of the century, economic depressions of first and second world wars and emerging military dominance paved ways for the development of an economic order, which on one hand started eroding agrarian set up and on the other provided a fertile ground for urbanization and industrialization trends to set in. This economic order promoted influx of rural based population to cities and thus the cohesive family system started eroding. The new pressures and the new order of families from joint and extended to nuclear ones emerged. This trend is dominating the entire world; and the modern technological revolution which remained confined to urbanized and industrialized pockets of the countries, made city living more alluring, causing further movements of populations and breaking up of family systems. The strong emotional bonds, which existed amongst members of the family and all pervasive roles for religious and social values, which elders of a family played, were no more available to newer members and hence, there developed a personality which drifted away from prevalent values of the families.

In India, inspite of fast developing

urbanization and industrialization, majority of the population is rural based and we still have strong family systems. The large traditional Indian families are globally known for their peculiarities and valued institutional bonds. The Indian family reflects the socio-cultural fabric of Indian society, its philosophy and its values. The Indian family system rests on the civilizations of Indus valley, **Mohanjodaro** and **Harappa** and derives its notions and values from Indian mythological literature, particularly **Rig Veda** and **law of Manu**. The Hindu law clearly emphasises the importance of joint families in the areas of marriage and inheritance.

The Indian joint family is identified by its strong bonds of emotional attachment, interpersonal relationships and considerable social and economic support. The ideal Hindu family cannot be conceived without the existence of an authoritarian head of the family (**The Karta**), who decides about family affairs and represents the family in social activities (Majumdar, 1961). Since Hindus understood only one type of family (i.e., the joint family) the normative pattern of their actions was characterised by the orientation to this group (Desai, 1964). Family therefore, constituted a perpetual generation to generation transfer of norms, values and property. Devotion and sense of belonging with strong over-tones of identification resulted in a relatively greater degree of maturity. Individual initiative, responsibility and obligations were all tied up with these family processes. Further, the individuals were held together by joint property, a joint system of collecting money and maintaining accounts.

The influence of the family on the life of different members was quite an impressive one and issues such as schooling, training for various trades and occu-

pations, choice of a marriage partner and the question of dowry were all decided upon by the family. Little scope was left for individual decision making. A close participation of family members occurred in health or sickness, in matter of joy or mourning and other religious ceremonies. A sense of collectiveness was, thus, deeply ingrained.

There are some factors which we believe are responsible for transforming the Indian Society and the Indian family and which may well be triggering off maladaptive patterns of behaviour such as :—

- (i) A vast segment of the Indian Society is getting urbanized and industrialised. This process is increasing exponentially.
- (ii) The change in work ethics (from agriculture to industry) and domicile (from rural to urban) is being accompanied by fragmentation of joint family and adoption of nuclear unit.
- (iii) The change in family is a matter of concern because traditionally the Indian family was a joint one and therefore for a majority of Indians it is a point of reference for their psychosocial activity. One may generate a corollary that a family pattern other than a joint one would be alien to a majority of Indians.
- (iv) It is reasonable to assume that since the above processes are occurring at a rapid pace, a substantial number of persons would be experiencing such a transition (from rural to urban and/or joint to nuclear) in their life time and therefore, being subjected to the stresses in terms of readjustments, reorientation and the making-breaking of human ties.

### INDIAN FAMILY VIS-A-VIS WESTERN FAMILY

The so called traditional family differs

in structure and interaction patterns from the western family. The western family is usually a single nucleus family having a limited life span, during which the individuals meet, court, marry and rear children, who aspire to become self-sufficient individuals to repeat the entire process. In contrast, the traditional Indian family has lasting roots in the past generation which extend onto future generations. Owing to this continuity, the family and its member's behaviour reflects on all the preceding generations and will have an influence on all the future generations. Further still, an individual's behaviour represents to a considerable extent the collective qualities of the family including their ancestral attributes.

The core relationship in the western family hinges between the husband and wife, whereas in the Indian family it rests between the parent and child. Likewise marriage in the family is not an individual or personal decision based on love but is considered to be the appropriate commitment in order to fulfil family obligations. In a sense, marriages are not between individuals but between families. In Indian families, the decision making power is usually invested in the parents. In areas of cohesion and differentiation, the traditional Indian family places heavy emphasis on proper attitude and conduct in accordance with the prescribed roles, obligations and duties whereas in the western families individuality is stressed upon without adherence to rigid rules. The Indian family seeks ideological uniformity, and the group pressure of conformity often results in non-expression of individual disagreements against the majority's opinion. In the Indian family, the emphasis on boundaries seems to be more between family members and outsiders while in the western family the emphasis is more on the individuals within the family itself. In the area of commu-

nication, Indian families often utilize subtle and indirect ways to express feelings and reveal information usually suppressing critical comments and negative emotions, whereas, in the western family ideas and feelings are expressed openly and directly. The Indian family emphasises more of a mutual dependence and collaterality, hierarchy and compromise, whereas the western family emphasises more independence and autonomy, equality and righteousness. In India, the families are held responsible for the individual family member's behaviour whereas in the west achievements as well as failures are attributed to the individual.

### **FAMILIES IN TRANSITION AND IMPACT**

Because of new socio-economic order, the families are in a phase of transition. This transitional state is most distinct in our country, where the families are undergoing a drastic transformation from an extended kin to a primary kin structure. However, the traditional joint family has not yet completely metamorphosed into primary kin nuclear units. The families though structurally tending to become nuclear, functionally often tend to maintain jointedness (Gore, 1968). It has been noted that the new nuclear family type exists as a sector of the continuous family management instead of existing as a separate entity (Gupta, 1978). The individual strives for a nuclear family, without renouncing the advantage of an extended family type thus, many Indian families existing today have transitional and ambiguous pattern and as a result, the spontaneous and rich support system available in a joint family is disintegrating (Sharma et al, 1985). In this situation, the Indian women who provide the most basic joining bond have also undergone tremendous change. Socio-economic pressures have compelled

Indian women to take up outdoor jobs and involve themselves in responsibilities same as men. The professional and familial responsibilities place immense pressure and due to non-reconciliation between these demands, role conflicts, anxiety sets in, leading to familial conflicts and marital maladjustment (Kaul, 1974; Sinha, 1981). In the background of financial gains, child rearing suffers leading to faulty development of children who inturn develop vulnerability towards a number of psychiatric disorders (Prasad and Prasad, 1975).

A number of studies having primarily epidemiological dimensions have been carried out all over the world exploring the psychiatric morbidity patterns in different kinds of families. Majority of Indian studies pertains to this, where western studies concern themselves with etiological dimensions exploring such familial issues as intrafamilial communication, interaction and effects of socialization in the development of mental disorders. Concepts such as faulty parental behaviours, double bind hypothesis, marital schism and marital skew, emotional divorce etc. have been coined in relation to families of schizophrenics. The most recent development in this regard are the concepts of expressed emotions attributed to play an important role in schizophrenic relapse and that of interactional patterns amongst primary network members of neurotics.

As stated earlier, there are a host of studies from India exploring the patterns of psychiatric morbidity in different kinds of families. On many an occasion, I have discussed the reports (Sethi, 1988) in India and abroad, that some of the common mental disorders are found to be more localized in nuclear families. There are some studies of intrafamilial psychopathology as well but the reports are not conclusive. One of the major

shortcomings in these investigations has been a rather complete neglect of families in therapeutic management of mental disorders. We all know of the central importance a family and its members can play, but the same has not been systematically investigated. In the following discussions therefore, I would mainly confine myself to therapeutic role a family can play and what best can be done to strengthen the same.

### **THERAPEUTIC ROLE OF FAMILY IN MANAGEMENT OF PSYCHIATRIC DISORDERS :**

In discussing family as a therapeutic unit, one will have to assign the most basic task to three popular segments of the population, namely, the individual, the family and the society. Seen in depth, it would emerge that the family is the most basic functional unit of the society, since the family is the subsystem of the society and the individual being a subsystem of the family, it does make the family the most active unit.

I have already stated that family as a functional unit performs a number of functions which are chiefly biological, social and cultural. At a more molecular level these functions are (i) the satisfaction of the affectional needs of the family members; (ii) the satisfaction of sexual needs by reproduction; (iii) the protection, upbringing and socialisation of children; (iv) the material maintenance of the members of the family by forming an economic unit and (v) the normally subsidiary functions that may have a political, ritual or religious connotations. A therapeutic role of family emerges out of these functions and the abilities of the family to fulfil these functions. What I wish to emphasise here is the crucial role of these abilities of the families, in that the failure of the same may be responsible for a number of emotional disorders;

and the effective carrying out of which may lead to healthy and harmonious living. This, then, is the mainstay of therapeutic manoeuvres which I am striving to point out. These abilities are: —

- (1) The ability to provide for physical, spiritual and emotional needs of the family.
- (2) The ability to be sensitive to the needs of the family members.
- (3) The ability to communicate effectively,
- (4) The ability to provide support, security and encouragement.
- (5) The ability to initiate and maintain growth, producing relationships and experiences within and without the family.
- (6) The capacity to maintain and create constructive and responsible relationships.
- (7) The ability to grow with and through children.
- (8) An ability for self help and the ability to accept help when appropriate.
- (9) An ability to perform family roles flexibly,
- (10) An ability for mutual respect for the individuality of family members.
- (11) An ability to use a crisis or seemingly injurious experiences, as a means of growth,
- (12) A concern for family unity, loyalty and inter-family cooperation.

These are the family abilities which can be meaningfully exploited in treating the emotional problems arising out of failure to carry out these abilities effectively. We as clinicians, must understand here that this is one aspect of family therapy wherein psychiatric symptoms arise out of family problems. The other aspect and perhaps much broader aspect is the situation where family dynamics play hardly any role and psychiatric symptoms arise independent of the family.

These are the broad group of functional and organic psychoses, where to family can play a potent therapeutic role.

In delineating this group, I may be accused of ignoring the role of family pathology in a variety of functional psychoses (for example schizophrenia, depression etc.) as propounded by a number of workers investigating families in late 1940's. I am aware of the literature in this regard but during the past four decades concepts such as double bind, marital schisms, etc. in the light of psycho-biological developments have lost their relevance and at the moment are only of a transient significance. It is for this reason that in elucidating the role of family in therapy and for reasons of clarity, I have made the following two categorizations.

- (I) Psychiatric illnesses due to family pathology.
- (II) Psychiatric illnesses developing endogenously.

### **PSYCHIATRIC ILLNESSES DUE TO FAMILY PATHOLOGY :**

Psychiatric illnesses developing as a result of family pathology (external milieu of family) are mostly neurotic and adjustment problems and at times, resulting in drug addictions. Although the individual is affected, yet the whole family is sick because of inter or intra psychic problems and the motive of treatment here is to produce a healthy family unit. Such a goal may be achieved by a variety of means deployed in such a situation namely, family psychotherapy, vector therapy and use of community procedures (social therapy) to bring about adjustment of the individuals in and of the family. These therapies are complimentary to each other and I would strongly advocate the employment of these procedures simultaneously.

The family psychotherapy means treatment of individual and the family

and which can be carried out in a number of ways. It may be practised with an individual (individual therapy) a dyad (dyadic therapy as joint therapy), a whole family (family group therapy or conjoint family therapy). The therapy may be practised employing Freudian concepts or recently advocated therapies such as supportive psychotherapy or brief supportive therapies as crisis interventions.

The vector therapy is concerned with effecting changes in the pattern of the emotional forces within the life space of the family, within and without the family, to bring improvement in the family. The forces in the life space can be thought of in terms of fields of force. These fields of force are (a) within the individual, (b) outside the individual and within the family (c) outside the individual and the family and within the community (d) outside the individual, family and community and within the culture. The purpose of vector therapy is to realign these forces to provide a healthy living to individual and family. The vector therapy can involve (i) A change in the magnitude of the emotional force, e.g. father's aggression may be diminished, (ii) A change in the direction of the emotional force with no change in its magnitude, (iii) A change in the length of time during which emotional force operates, (iv) A change in the quality of emotional force, when one force replaces another e.g. father treats his son with kindness instead of aggression. Vector therapy not only nullifies the effect of past trauma, but also by producing optimal conditions for emotional growth, it prevents trauma for the present. Vector therapy is often very rewarding in minor emotional problems.

Social therapy is a part of community approach and derives its root from the fact that family is a subsystem of the community, of the culture and of the

society. In recent years with the emergence of socio-economic and demographic pressures and breaking of family jointedness increasing attention is being paid to the ways the community, culture and society impinges on psychiatry. A consensus of opinion is in favour that community (social) resources can be effectively utilized in family therapies and emotional problems secondary to family pathology. The Indian culture provides rich material for the same. The value of family head, community head, community priests, village head etc. is still cherished in our culture and often they are helpful in sorting out family problems and bringing equilibrium in the family. The community, social, cultural and transcultural psychiatry of today have their roots in socio-cultural matrix of a population and the outcome of researches in these fields if directed in these areas, may provide meaningful therapeutic strategies. Community based therapeutic strategies such as 'therapeutic community', 'milieu therapy', 'therapeutic groups of addicts' etc. are of immense use wherein family can play important therapeutic roles. Families can also participate in health promotion and prevention by spreading their experiences to population at large. The role of families in after care programmes and in rehabilitating programmes is widely known.

#### **PSYCHIATRIC ILLNESSES ARISING ENDOGENOUSLY :**

The role of families as therapeutic force in endogenously arising functional psychoses may not be direct one particularly in acute stages of the illness. The limited role which a family can play at this stage is that of seeking treatment for the ill from the sources where it is available. In other words, the role of family in secondary prevention of endogenously arising psychiatric illnesses is a

limited one except for arranging resources for seeking treatment, ensuring drug compliance and providing required nursing care. The role of family in such psychiatric illnesses however, is much more in situations of tertiary prevention and to a reasonable extent, in primary prevention. The family can provide the best kind of atmosphere for any kind of therapy to be instituted. Family can actively participate in rehabilitative programmes, vocational and occupational therapies and by providing required emotional support to its ill members. Getting patient back to his job, learning new skills, making him involved in new occupations etc., all fall within the perview of tertiary prevention and the role of family is an important one. Disability prevention is an important aspect of treatment and families can be of immense help.

In the area of primary prevention the families can help in health promotion, early detection of cases and can prevent future morbidity by adhering to principles of genetic and psycho-social counselling. Breeding schizophrenics, affective psychotics and mental retardations of genetic aetiology can be prevented by means of genetic counselling if families play an active role.

The families can also help in prevention of relapses particularly in schizophrenics through balanced expressions of their emotions and by providing a supportive environment to recovered mentally sick.

#### **CONCLUDING REMARKS :**

The subject of family psychiatry is vast, extensively researched through all ages but less extensively practised all over the world. It may be because of the fact that family as an institution has ceased to exist in developed countries and it is in a rapid phase of transition, if not extinct, in developing countries. Such

a situation may be tolerated in developed nations where alternative models of upbringing and care have emerged. The same, however, cannot be afforded in developing nations where alternatives have not come into being. It is for this reason that we will have to preserve our system of family. Minimizing emergence of nuclear families in today's environment of socio-economic pressures may prove to be a utopia and the situation is likely to continue till the living condition of masses improve and job opportunities in near by places flourish. But, we can certainly foster a sense of strong belongingness in various members of the families at present drifting apart due to socio-economic pressures. This may help in preserving the glory of our family institution and then the same can be meaningfully utilized in a variety of therapeutic strategies. The family will have to be given the importance it deserves.

Humanity flows through time. The past reaches the present and flows into the future. This is a dynamic process in which civilizations change their character with time and modern society is no exception. Industrialization has brought a decline in the importance of inherited wealth and with it social mobility, as the class structure narrows and family as a system of living disintegrates. There is a great physical mobility in the present period of our existence. Women have come forward to earn their own livelihood and hence the strong bonds developing

out of dependence have been eroded, resulting in break up of families. The present environment cannot prevent this and hence the primary network of the individuals which can provide a model of families will have to be encouraged. A climate of family living will have to flourish through the involvements of psychiatric professionals, social workers, anthropologists, etc. It is with this approach that the potentials of family as therapeutic force can be utilized.

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