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The Study and Reduction of Group Tensions in the Family*

Child guidance workers all over the world have come to recognize more and more clearly that the overt problem which is brought to the Clinic in the person of the child is not the real problem; the problem which as a rule we need to solve is the tension among all the different members of the family. Child guidance is thus concerned not with children but with the total family structure of the child who is brought for treatment. This outlook is especially helpful when we think of the family group as a structured group of a kind not dissimilar in its nature and dynamics from any other structured group, for instance a factory group. Many of the same principles of approach appear to apply. Those working in the field of industrial relations have often emphasized how much they have learned from those of us working in clinics. We on the child guidance side now feel it is our turn to be grateful, because in the last two years we have learned a great deal from the experience and methods of our industrially oriented colleagues.

In the case of both child guidance and industrial consultation, the problem which is brought, be it a child who bites his nails, or a difficulty in selecting foremen, is seen to be but a symptom of a more complex problem. In each case the problem is commonly found to involve many, even all, the people with whom the so-called patient comes into contact. With the child, the problem usually lies in the relationships between him or her and the members of the family. With the industrial worker, it lies in the relationships among all members of the factory, from management downwards. In each case our first task is to reorient those consulting us, in order to help them see the real problem, of which they themselves are probably a part, and to see the alleged problem in its true light as a symptom. Such reorientation is, of course, the traditional role of the physician who, consulted about headache or rash, is concerned to discover the disease process, in the knowledge that treatment of the symptom only is futile and perhaps dangerous.

It is notorious in child guidance work that one of our principal difficulties is

that of obtaining parental co-operation in resolving the adverse family relations. A similar difficulty arises, often less obviously but no less really, in industrial work, where management may be very loath to continue co-operation when it realizes that this may require extensive reconsideration of its relations with workers. Faced with a situation where the co-operation of key people is difficult to maintain, there is a temptation for the professional worker to solve the group problem by removing one or more of the individuals concerned. In industry, management may wish to sack the trouble-maker. A similar procedure in child guidance has been to take the child out of the home and put him or her elsewhere. Although occasionally unavoidable, this seems to me a policy of despair.

The procedure which we are using in the Tavistock—in child guidance, in adult patient groups and in industrial work—is different. In all these situations where there is tension in a group of people, it is our aim to help them to live together and to resolve their tensions. We do this in the belief that the experience of understanding and working through these tensions is itself valuable as giving all members of the group insight into the nature of their difficulties, and insight also into the techniques whereby similar problems can be overcome in future.

Procedures of this kind presuppose that members of the group have a need and a drive to live together in accord. One of the striking things which we meet with in child guidance work is the tremendously strong drive which exists in almost all parents and children to live together in greater harmony. We find that, though caught up in mutual jealousies and hostilities, none of them enjoys the situation, and all are desperately seeking for happier relations. Our task is thus one of promoting conditions in which the constructive forces latent in social groups can come into play. I liken it to the job of a surgeon: not to mend bones but to try to create conditions which permit bones to mend themselves. In group therapy, and in treating the tensions of groups, the aim should be to bring about those conditions which permit the group to heal itself.

Now, there are many ways of setting about this. The purpose of this paper is to indicate some of the methods which we are trying in the child guidance clinic at this time. I emphasize *trying,* as we certainly have not arrived at any clear conclusions. First, we do not nowadays undertake systematic, individual treatment of a case until we have made a contact with the father. To those of us who hitherto have not done this as a routine, the experience is a revelation. In the past many of us have tended to leave the father out until we have got into difficulties, and then have sought to bring him in. But by insisting that everyone relevant in the case should have an early opportunity of making his contribution, and of finding out whether he wants to collaborate with us, we find the way towards collaboration very much smoother. These first steps in a

case are vital and repay very careful study, but I shall not say more about them here.

The clinical problems with which we are faced are, very often, those of families where there is a nagging mother, and a child who is rebelling; there is mutual irritation and jealousy and father is tending to take one side or the other, thereby making matters worse. In addition to individual interviewing, we have been attempting, experimentally, to deal with these tensions by bringing all parties together in a long session and examining the problems from the point of view of each.

An Illustrative Case

To illustrate this technique I will describe a case that I have been treating for a long time now. When originally referred 2½ years before the time of this writing, Henry was aged 13 and was attending a grammar school, for which he was well suited on grounds of intelligence. However, his work was poor and he had a bad reputation for being lazy, untidy and unco-operative. His mother, a very unhappy woman, was intensely bitter about him and poured forth complaints about his behavior at home. He was dirty, untidy, disobedient and cruel to his sister (five years younger than he), and forever meddling with the electricity or plumbing, so that either they had no electric light or the house was flooded. The history showed that there had been tension between this boy and his mother since his early years, that it had become exacerbated after his sister's birth and had festered on ever since.

The nature of the problem and its origins were fairly clear. The solution, however, was far from easy. The mother had no insight into the part she was playing, and blamed the boy. The boy was equally hostile and critical towards his mother, and had equally little insight into his own contribution. Each wanted to get the Clinic on his or her side against the other. Because of this intense mutual suspicion, and because I feared I would not get the boy's co-operation if his mother also came to the Clinic, I decided (probably mistakenly) to work alone with the boy, keeping in touch with the home and discussing the situation with the headmaster to see how far the boy could be helped at school. Progress was imperceptible. School reports remained very bad and the tension situation at home acute, as was shown by occasional interviews with father or mother. During therapeutic sessions Henry was evasive, although, as time went on, confidence in the therapist's good intentions increased. As might be expected there was a very strong negative transference, and opposition to analytic work was as pronounced as was his opposition to school work or helping in the home. (All these connections were, of course, interpreted.)

After two years of weekly treatment sessions, very many of which were missed, I decided to confront the main actors with the problem as I saw it. Thus, I planned a session in which I could see father, mother and boy together. This proved a very interesting and valuable session, and it is important to note that it lasted two hours, since it would have been very little use had it been limited to one.

Most of the first hour was spent in each member of the family complaining how very unpleasant and difficult the others were. A great deal of bitter feeling was expressed and, had we left off at that point, the session would have been most unconstructive. During this time I had spoken little, but during the second hour I began making interpretations. I made it clear to them that I thought each one of them was contributing to the problem, and described the techniques of hostility each used. I also traced out the history of the tension, starting, as I knew it had, in the boy's early years, and gave illustrations of the incidents which had occurred. I pointed out that the mother's treatment of the boy, especially her insistence on immediate obedience and her persistent nagging, had had a very adverse effect on Henry's behavior, but I also stated that I felt sure that her mistaken treatment of Henry was the result of her own childhood, which I had little doubt had been unhappy. For nearly half an hour thereafter she told us, through her tears, about her childhood and of her very unhappy relation with her parents—this, remember, in front of her husband, who may have known, and her 15-year-old son, who undoubtedly knew little of it.

After 90 minutes the atmosphere had changed very greatly and all three were beginning to have sympathy for the situation of the other. It was at this point that the desire of each one of them to live together happily with the others began to come into the open—it was of course present from the beginning, for without it the session would have had no chance of success. However, in the final half hour this need, which each one of them felt, to live more amicably with the others, manifested itself openly and each one of them realized that it was present in the others. A constructive discussion followed. We discussed Henry's irritating and self-frustrating behavior at home and at school from the point of view of how best he could be helped to change, which he obviously wanted to do, and how nagging made him worse. We discussed his mother's nagging from the point of view of her anxiety and its relation to her childhood; father remarked that the neighbors had for long criticized them both for nagging the boy too much. We discussed father's educational ambitions for Henry and the bitterness his son's failure had induced in him. In this final half hour all three found themselves co-operating in an honest endeavor to find new techniques for living together, each realizing that there was a common need to do so and that the ways they had set about it in the past had defeated their object. This proved the turning point in the case.

Relation of Joint Interview Technique to Other Therapeutic Techniques

This technique stems directly from techniques used by Bion (1948; Bion and Rickman, 1943) in adult group therapy and by members of the Tavistock Institute of Human Relations for dealing with tensions in social groups in industry (Jaques, 1948). It is a technique whereby the real tensions existing between individuals in the group are dealt with freely and openly in the group, much as, in an individual analysis, the tensions existing between different psychic systems within the individual are dealt with freely and openly with the analyst. At what point in handling a case the technique of joint interview is appropriate we do not yet know, though it appears that, before it can be used effectively, some private contact must be made with each member separately. Private interviews afterwards, to work through material raised, are also essential. My next interview in the case described was with the mother, to work through her childhood history and its reference to the present, and to work through also her relation to myself. Though she resented what she had felt to be my criticism of her treatment of her son, she also remarked what a good thing it would have been had her own parents had the benefits of clinical help. After a joint session of the kind described, private interviews are very different from what they are before. In the first place, the attempt of each party in the dispute to get the therapist on his side, and his fear that another party has probably already succeeded in this, are both much reduced. There has been a first hand demonstration of neutrality. Secondly, each has had a demonstration of the existence in the others of a desire to mend the relationship. The real situation, even if bad, is then found to be far less alarming and hopeless than the fantasy each had had of it.

I wish to emphasize that, so far as its use at the Tavistock Clinic is concerned, this technique is still in an experimental stage. Though we rarely employ it more than once or twice in a particular case, we are coming to use it almost as routine after the initial examination and before treatment is inaugurated. A joint interview at this time is valuable as being an opportunity for the workers to convey their opinion of the problem to parents and child together, extending help to all and blaming none. Though one such joint interview can never effect entirely the reorientation required—phantasies and misconceptions of many kinds will remain—experience suggests that it sets a process of reorientation in train, which can be developed later in private interviews. These private interviews are commonly carried on by two professional workers, psychiatrist or psychotherapist with the child, psychiatric social worker with the mother. When this is the plan, it is essential that both workers should participate in the joint interview, since strong emotional responses are evoked,

which cannot be dealt with later by a worker who was not present. In particular it is essential for the psychiatric social worker to be present at such a joint interview, since it will usually be his or her task to continue work with the parents, helping them to understand their part in the problem and the nature and origin of any unfavorable attitudes they may have to the child.

When I first came to consider this technique, I felt not a little apprehensive of the scenes in which I might get involved. How much safer to keep the warring parties apart, to divide and conquer! But the recognition of the basic fact that people really do want to live happily together and that this drive is working for us gives confidence, much as a knowledge of the miraculous healing powers of the body gives confidence to the surgeon. Even so, one cannot help asking oneself whether it is a good thing for all these problems to be discussed in front of the child. But, once again, the answer is reassuring—in a fragmentary and recriminatory way they have already been discussed many times before. There is nothing new in the material discussed—but the atmosphere in which it is discussed is different and, one hopes better. I have come, in fact, no longer to be alarmed by the hideous scenes which may occasionally ensue in the use of this technique—the violent accusations, the cruel sarcasm, the vitriolic threats. The fact that these scenes occur in one's consulting room is most unpleasant, but we know that they have occurred before and that, if they occur in our consulting rooms, there is a chance that the parent may be helped towards a different view, and the child can observe that the therapist is, at least, not allying him- or herself with his accuser. By focussing our work on the tension existing between the child patient and the members of his family group, we are adding to the child guidance techniques already in use—psychotherapy along analytic lines, therapeutic interviews with parents, remedial teaching and so on—and developing techniques which permit of the direct study and therapy of the tension within the group.

Circular Reactions in Family and Other Social Groups

Moreover, it is not unimportant that the use of these techniques influences the social behavior of others besides the child. In the case I have described it was not only Henry who was helped in his social relations; his father and mother were helped also. And just as Henry's relations at school have been materially better during the past months, so, I believe, have his father's in the factory and his mother's in her office. Thus, child guidance work may be expected to contribute towards more co-operative *industrial* relations, in the same way that social psychologists working in the industrial field may be expected to contribute towards better *family* relations, through their influence on industrial personnel who are also parents. Margaret Mead (1948) has spoken of the vicious

circle of insecure parents creating insecure children, who grow up to create an insecure society which in its turn creates more insecure parents. It is clear that there is much truth in this picture, yet it is only half the truth. The interconnections which Margaret Mead emphasizes can lead to beneficent circles as well as vicious. Though tension and friction in industry will lead to irritable workers taking it out on their spouses and children at home, happy and co-operative relations in the factory will lead to contented workers treating their spouses and children kindly. Moreover, employees in a factory are likely, to a degree far greater than they realize, to model their behavior towards their children on the pattern the management adopts towards them. Dictatorial and punishing management is likely to increase the dictatorial and punishing attitudes of the workers towards their children; equally, democratic and participatory behavior by management will encourage such parental attitudes in their employees. In a similar way changes brought about within the family group may lead to children growing up to be individually either more anxious and difficult and likely to increase tension and friction at their work and in their homes, or else friendly and co-operative, and thus able to adopt friendly give-and-take relations in their working and domestic lives. Such repercussions are obvious and will one day have to be taken into account quantitatively when we assess the value of our therapeutic techniques.

Techniques of changing key social relationships can thus have far reaching repercussions either for good or for evil, in the same way that man's agricultural methods can greatly improve soil fertility or finally destroy it. We see, furthermore, that to attain the end of a secure, contented and co-operative community in which parents can give love and security to their children, enabling them to grow up to be stable and contented people, able to sustain and further a just and friendly society, no one point in the circle is more vital than another. The vicious circle may be broken at any point, the virtuous circle may be promoted at any point. We may thus review our therapeutic resources— each designed for its particular task and each originating to some extent independently of the others—social therapy in industry, child guidance, marriage guidance, group therapy of adults, psychoanalysis of individuals, therapeutic transitional communities, and others—as specialized parts of one great therapeutic endeavor: that of reducing tensions and of fostering understanding co-operation within groups of human beings.

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