



SYSTEMS OF FAMILY  
AND  
MARITAL PSYCHOTHERAPY

*by*

A. C. Robin Skynner

M.B., M.R.C. Psych., D.P.M.



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Mental Health in Independent School Communities  
400 Washington Street • Hartford, CT 06106  
(860) 545-7093

# I SYSTEMS, ORDER, HIERARCHY

*Something mysteriously formed,  
Born before heaven and earth.  
In the silence and the void,  
Standing alone and unchanging,  
Ever present and in motion.  
Perhaps it is the mother of ten thousand things.  
I do not know its name.  
Call it Tao,  
For lack of a better word, I call it great.*

*Being great, it flows.  
It flows far away.  
Having gone far, it returns.*

*Therefore, "Tao is great;  
Heaven is great;  
Earth is great;  
The king is also great."  
These are the four great powers  
of the universe,  
And the king is one of them.*

*Man follows the earth.  
Earth follows heaven,  
Heaven follows the Tao.  
Tao follows what is natural.*

*Lao Tzu, Tao Te Ching*

*No man is an island intire of itself; every man is a  
peece of the Continent, a part of the maine.*

*John Donne, Devotions*

A number of basic principles underlie the functioning of natural groups and must be taken into account in order to work with them therapeutically. Much confusion and conflict among schools of psychological thought arise from a failure to formulate such underlying as-

sumptions systematically. Concentration on detail and superficiality, whatever the subject, must always give an impression of diversity and unrelatedness; a deeper examination usually reveals common patterns and relationships invisible to a narrower focus. Further, the broadest perspective, spanning customary divisions between "subjects" and asking simple and seemingly trivial questions to which the answers seem so obvious that they hardly appear worth examining, often uncovers an increasing simplicity and elegance in the fundamental principles from whose combination the detailed diversity and complexity stem.

This viewpoint probably corresponds with the nature of the universe itself—that at all levels its diversity and complexity are the product of the interaction of a few simple laws—but such a view is not fully demonstrable by scientific means and it is in no way necessary to accept it to use the therapeutic techniques described here. For those who prefer a more pragmatic and positivistic approach these principles can be regarded merely as convenient abstractions, concepts that allow us to order and classify our experience so as to grasp and examine it more readily.

As will be seen, these ideas are so closely interrelated that they could be presented in any order; they all say something about the order and structure of the universe and the living systems it contains, but viewed from different perspectives, much as the plan, elevation and section of architectural drawings provide complementary information about a three-dimensional building.

#### SAMENESS AND DIFFERENCE

The universe as we know it is neither completely homogeneous nor totally discrepant, but composed of *parts* (or regions showing different characteristics) we can discriminate, between which relationships of various kinds can be observed. In other words it has a *structure*; the parts can be ordered in various ways. The relationships between the parts are not static, but change at varying rates, more rapidly in the combustion of a fire, less rapidly in the movement of a river, slower still in the erosion of a cliff by the sea. The universe not only has structure, but seen over time is a *process*, a changing structure where the changes also show relationships one to another.

Living systems are processes that maintain a persistent structure over relatively long periods despite rapid exchange of their component parts

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with the surrounding world—even in bone, for example, the molecules are repeatedly replaced though its form and hardness show little variation. The structure reproduces itself, the form is maintained, the difference between the inside and the outside of the living thing persists, despite the fact that it is the most vulnerable of entities, constantly threatened with destruction. It utilizes energy (or rather order—negative entropy) from its surroundings to maintain its own pattern in the face of the inevitable law of change and decay which surrounds and permeates it, and it does so by repairing and replacing its elements or by replicating its whole pattern faster than the copies can be destroyed.

At the limits of the living thing, dividing it from the surrounding world, is the *boundary*. This boundary permits, or ensures, that certain materials pass across it, entering the organism from outside or passing from it out into the surroundings, while restricting or preventing the exchange of other elements.

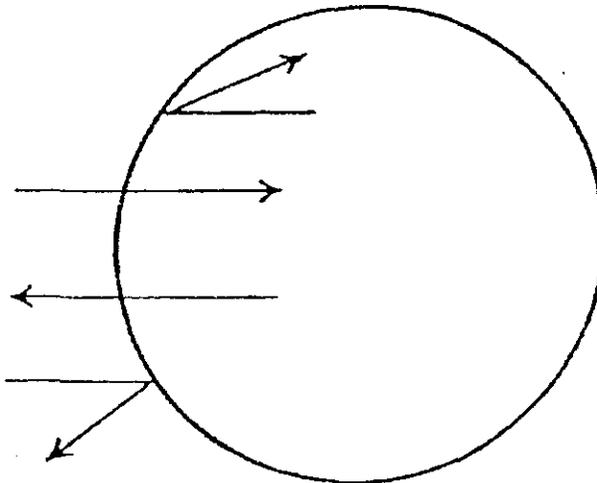


FIGURE 1.1 The semi-permeable boundary of living systems

*Failure of the boundary to restrict exchange across it leads to a loss of difference between the living thing and its surroundings, of its separate identity; instead, there develops an identity of inside and outside, one meaning of death. Too impermeable a boundary, preventing any exchange, brings another form of death, the fixed and stained tissue we see beneath the microscope.*

On the psychological level, the formation and preservation of individual identity similarly requires effective boundaries or defenses, ensuring sufficient communication to transmit information adequately from one generation to another, while at the same time permitting each individual to select some influences and reject others and to retain some information within a private sphere not open to the inspection of his neighbors. Differences as well as similarities in psychic function are thus assured.

On the psychological as on the physical level, living systems are made up of parts which are themselves systems on a smaller scale (*sub-systems*, in systems theory language) and are related to other systems in still larger organizations (*supra-systems*) (1). Each level has its own boundary, across which the passage of information is restricted relative to that occurring beyond the boundary region, whether inside or outside.

Similarly, boundaries exist on different levels, dividing greater psychological systems from lesser ones within them, like a series of Chinese boxes. At the very least, we can recognize a boundary within the individual, separating those aspects of his psyche which are unconscious from the contents of his conscious awareness; another between him as an individual and those around him, guarding and maintaining his separate total identity; yet another around the family as a whole, governing its exchange with the wider world and both expressing and maintaining its difference from other families; perhaps a vaguer one bordering the extended family, or in other cultures the tribe; and eventually national boundaries with materials, people and information moving back and forth across the frontier in each direction in a selective way—gold, wanted criminals and atomic secrets being restricted from going out, "pot" and pornography from coming in. Not all systems show this simple arrangement whereby one is included in the other. Schools, professional organizations and international business corporations do not show a simple Chinese box arrangement but overlap in a more complicated way.

The characteristics of the boundaries between successive systems, each included in the other, will show definite relationships. Families containing schizophrenic members, for example, appear to have excessively permeable boundaries between the individuals which comprise them: Murray Bowen (2) speaks of an "undifferentiated family ego mass," while Lidz (3) and Wynne (4) have shown that schizophrenic pathology is associated with lack of clear boundaries between the generations and so anxiety over inadequately controlled incestuous, emotional

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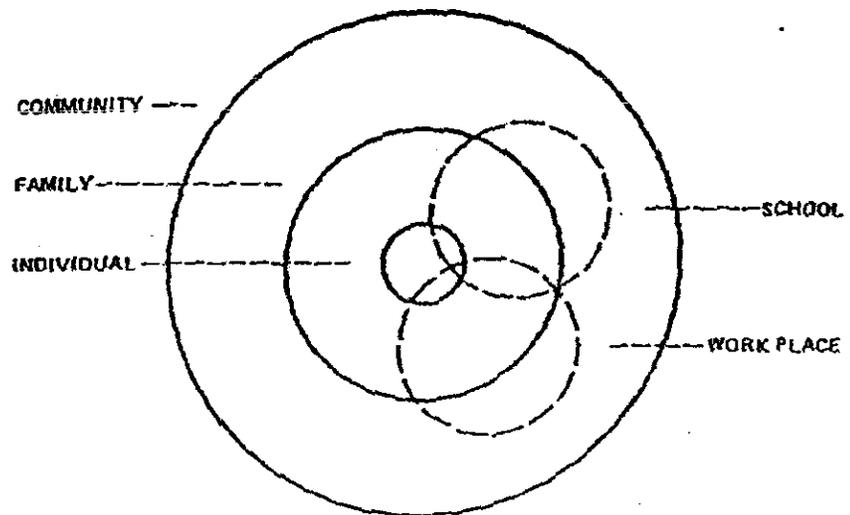


FIGURE 1.2. Systems within systems

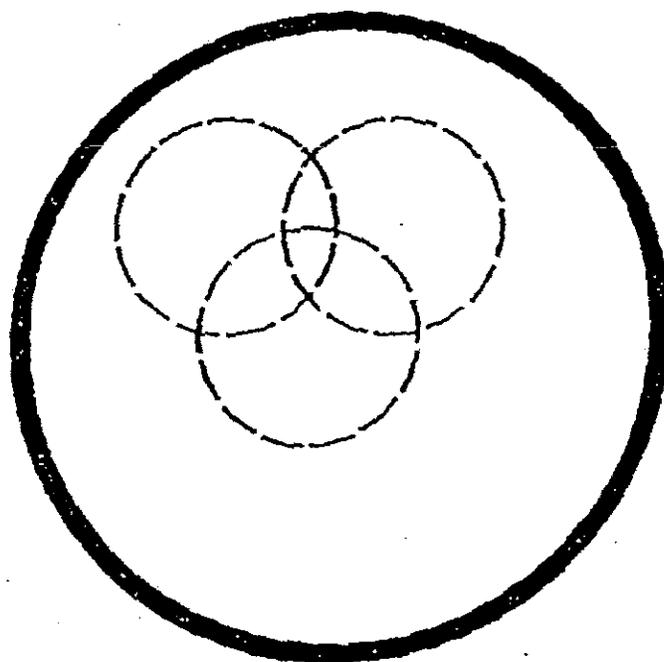


FIGURE 1.3. Diffuse over-involved intra-family relationships together with isolation of family from community

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involvements. At the same time, such families appear to possess excessively rigid and impermeable boundaries between the family as a whole and the outside world, preventing the entry of information which might facilitate more healthy functioning.

Other families demonstrate excessively rigid boundaries between the members and a lack of family cohesiveness in relation to the social environment—in one such family the children were required to make appointments with their parents on a bulletin-board, while the parents spent most of their time attending committees and fulfilling important civic responsibilities.

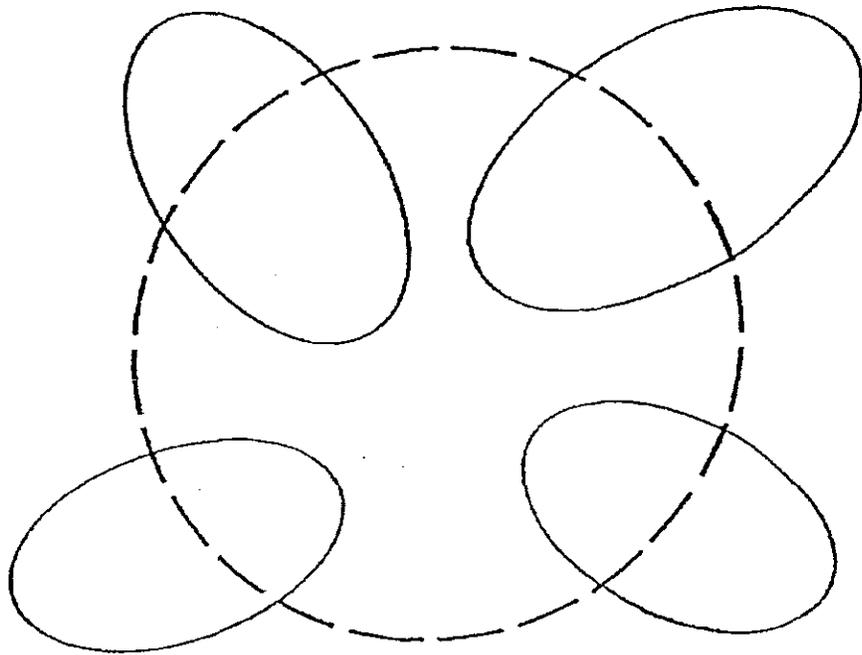


FIGURE 1.4. High involvement of individual members in community, with lack of family cohesion

At this point it may be helpful to look at the boundary characteristics in an actual family, showing how the intrapsychic and interpersonal boundaries may be connected in meaningful ways (5).

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Susan, aged twelve, was referred by a pediatrician because of repeated hospitalization for abdominal pain, for which no physical cause had been found. When this case was first seen in the conventional way for diagnosis, history-taking from Susan and her mother revealed a pattern of response to distress with abdominal pain in both parents, together with a recent stress in the form of great anxiety over an elder sister who had left home and become increasingly promiscuous and finally addicted to drugs. This sister was making her living, at the time Susan was seen, as a "hostess" in a night club. The sister's place in the family's dynamics was perhaps summarized very clearly by the fact that she had apparently spoken of wanting to leave this form of life and come to live near her family again, but she had expressed fear of doing so in case she upset them once more by her "bad tempers."

A family session was subsequently arranged for the parents and both daughters, and it was no doubt significant that the sister was once again excluded because the parents "forgot" to ask her to come. Nevertheless, this family session outlined the family problems very clearly, through their behavior rather than through what was said.

Susan said, on inquiry, that her pain had been much the same. After a brief discussion of this, the mother suddenly said that father suffered pains similar to Susan's, adding that he suffered acute indigestion for two or three weeks at a time, after which the pain would cease completely for a period. The father denied that this had any significance, claiming that the pain was physical, but the mother countered by saying that it usually began the day after a severe shock, giving as examples the time when a load fell off a truck just in front of father's motorcycle, and another occasion when he had seen one of the children up on a roof and in danger when they were younger.

After this discussion had continued for about ten minutes, the father suddenly said, "Talking about this has brought my pain on." He turned to Susan and added, "What about you?" Susan answered, "Yes, my belly hurts as well." The father then pulled out a packet of indigestion tablets, took two for himself and gave two to Susan, after which they both sat leaning towards each other, their heads close, as if sharing some important experience through their pain and its relief. The mother, who had not been asked whether she felt pain or offered any tablets, sat at the other end of the table looking annoyed and very obviously excluded from this close relationship between father and daughter (which had not emerged at all in the previous history-taking). Further discussion led to the father's saying that any form of unpleasantness led to pain of this kind, such as their worry over the sister's drug addiction or Susan's anxiety over a forthcoming examination.

They went on to emphasize how they never had arguments at home, and were therefore such a happy family that only unpleasantness arising outside

the family circle could affect them. Their exclusion and self-exclusion of the sister, who seemed to be containing all the family's aggression and sexuality, appeared increasingly relevant in this context.

We continued to talk about the apparent connection between suppression of feeling and development of symptoms. The mother said that she tended to avoid expressing her feelings for fear of upsetting others in the family and giving them pain, though she admitted she felt much better when she could express her emotions freely. The father then went on to describe a recent disagreement with his boss, where he had stood up to him for the first time. No pain had followed on this occasion, he reported, but from past experience he thought it would have followed if he had not answered back.

Figure 1.5 illustrates in a simple way the manner in which the boundaries within the family as a whole mirror that within each individual. Certain elements of the personality, related to aggressiveness and genital sexuality, are dissociated from consciousness in mother, father and Susan. A similar boundary at the family level appears to have occurred between the three individuals and the elder sister, who shows a similar split but with the signs reversed, for she acts out the aggression and sexuality for the whole family but seems to lack the ordinary virtues or ego-strengths of the others.

Because the elder sister was admitted to an addiction-treatment center some considerable distance away, making conjoint therapy impracticable, and also because Susan was adolescent and separate treatment appeared to have a reasonable chance of success, she was invited to join a group of young adolescent girls which she attended for about six months until its termination. As she improved, the mother became increasingly depressed though she expressed pleasure that Susan was beginning to lose her temper and to reject her sometimes. At one point, the mother reported that she had been helped by taking the tonic prescribed for Susan by the general practitioner, an event which perhaps demonstrates that the medicine sometimes gets into the right person, despite all our mistakes! However, Susan's abdominal pains, though reduced in severity and frequency, still continued. A few weeks after the end of the group, she relapsed and spent two weeks out of school, when I saw her for a few individual sessions. It emerged that her relapse followed a visit to her sister's apartment, where it had been obvious to Susan that the sister was once again taking drugs and lying to her. At a session shortly after, she reported several disturbing dreams. In the first, her mother and father were going to disown the sister, who went mad and committed suicide. In previous dreams, she had several times experienced her sister coming home well, and often wept on waking that this was not true. An interpretation of her intense ambivalence toward her sister was for the first time accepted, and she began to face her depressive anxiety instead of denying it. In another dream on the same night, a man in the kitchen,

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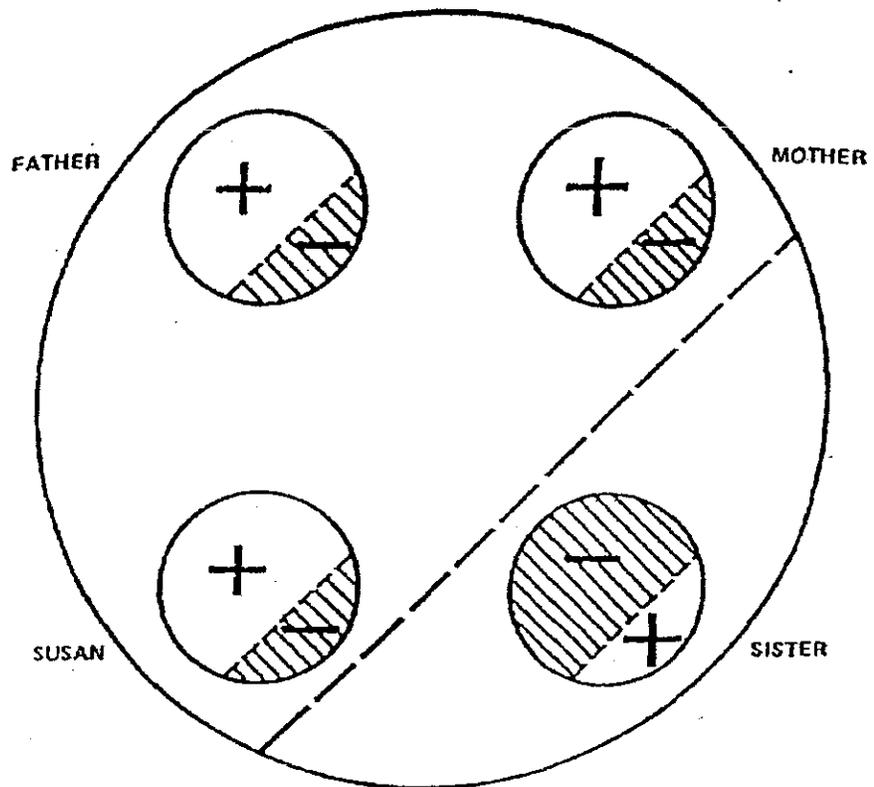


FIGURE 1.5. Isomorphy of individual (intrapersonal) and family (interpersonal) boundaries

who was being scolded by her mother, threw a knife at Susan's lower abdomen, whereupon she woke with her characteristic pain. For the first time she accepted a sexual interpretation, and confirmed that she was preoccupied with sexual thoughts. She said that she could not talk about such matters to her mother, who believed that sex was the evil at the root of all her sister's problems.

Over the next two weeks, Susan accepted her hate as well as her love for her sister and said, "You have to be cruel to be kind sometimes," and, "It has to work itself out the way it will." She began to concentrate on her own life, found a boyfriend, and started to detach herself emotionally from her family. There was no relapse over the two-year follow-up. In this case it was possible to change the intrapersonal boundary of the referred child without altering the family boundary since the child was at an age where

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she could move increasingly outside the latter. By withdrawing projections into herself she was able to establish a true boundary between herself and the other family members.

## CONSCIOUSNESS AND SELF-ACCEPTANCE

The example just given illustrates two principles fundamental to all psychotherapeutic work: first, that nature balances automatically what we do not balance consciously, a condition clearly expressed by Jung in regard to the complementary nature of unconscious and conscious functioning; and second, that aspects of the psyche excluded from conscious awareness operate autonomously, continuing to find expression but doing so in a manner disconnected from, and often harmful to, the personality as a whole. Thus, denied and dissociated parts of the personality, like sexuality and aggression in the family just described, do not cease to exist when they are put "beyond the pale." They simply disappear from view but continue to gain expression in disguised form or appear somewhere else, or in *someone* else, instead. In the individual, or within the family system, such emotions may achieve expression as apparently meaningless symptoms in one or more members, or the emotions denied expression may burst through in one member who acts as a safety-valve for the whole group but has to be expelled from the family system, or to expel himself from it, in order to make this possible. Such dissociated psychic contents are like soldiers who, cut off from their army and isolated from control by headquarters, become marauding bandits seeking only their own satisfaction and neglecting the welfare of their comrades. A constructive solution requires the re-establishing of connections between the part and the whole, as such errant soldiers might again serve a useful function if accepted back and re-integrated under military discipline.

An interesting example of such a situation, at a level intermediate between family and society, occurred during an experiment in which four members of a child guidance unit, representing each discipline (psychiatrist, psychologist, psychiatric social worker and child analyst), visited by invitation a school in an area where children and families showed unusually high levels of social and emotional disturbance (6). The unit met with all the staff who wished to attend, once a month for one hour at lunch time over a period of about two-and-a-half years.

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The group was large, rarely less than 30 and up to 60 at times. The meetings were based on a case-discussion approach, it being agreed that the children would not be seen by us so that we would, in fact, have to see them through the eyes of the staff, while they at the same time would share the understanding of members of the unit.

After a presentation of a hopeless case at the first session, already committed to an approved school, the cases discussed showed symptoms indicating increasingly primitive violence related to early emotional deprivation, with corresponding degrees of rejection by the staff based on their anxiety over the underlying infantile conflicts which they clearly recognized unconsciously, but denied through anxiety, leading to vicious circles of increasing rejection by the staff and reactive violence in the children concerned. Increasing understanding, through our discussions, that the overt violence stemmed from feelings of helplessness and unfulfilled longings for parental care led to increased acceptance of these children by the staff, so that their needs for inclusion and affection were met and the symptoms improved. The children came to be, as it were, embraced by the school as a corporate entity and fed emotionally through the real attention they began to receive when the staff's perceptions, previously blocked by anxiety, were freed and enabled to receive the information which had been there all the time.

One good illustration of this was a case considered the most difficult by the school itself, a boy whose uncontrollable screaming aroused panic and rejection in others. As it happened, this lad gave a blood-curdling demonstration, at a critical point in our discussion, outside the door of the library in which we met, whereupon I reported a spontaneous fantasy of wishing to strangle him. This remark led, after some obvious shock that a psychiatrist should express such feelings, to the acknowledgment of similarly violent but previously denied feelings in the staff, enabling everyone to accept such alarming emotions more easily and so also to accept the boy himself.

Other cases discussed were usually not mentioned again for some time, presumably indicating improvement or at least increased staff tolerance, until after some months we would often be told how much improved they were. However, the teachers said they felt this case was beyond them and the headmaster requested firmly that the boy be taken on for treatment at the clinic. The psychiatric unit had no alternative but to agree, but to let him wait for two months. As it was hoped he was no longer a serious problem by that time. My notes of the initial treatment interview state "an open, warm and friendly boy, who agreed he used to get into trouble but said he had improved because 'the teachers are different this term.'" He found it hard to explain the difference but made such comments as, "If I

am asked a question and I don't know it, they will tell me now, so the work is easier for me." I have no doubt that the teachers always answered him on a factual basis but perhaps this was his way of describing a needed emotional response he was not given before. A further school report obtained just before the interview confirmed these improvements, and a few months later these were still continuing so that no further action was needed.

The principle indicated here seems applicable at all levels. Society's deviants are characteristically those denied a place within its structure, so that security and the satisfaction of ordinary needs are not available in normal ways, and demands have consequently to be made in ways which are inevitably violent and disruptive to the larger social context. On the level of the individual the emotion which is denied a place produces disruptive symptoms; on a family scale the individual carrying the rejected aspects becomes a scapegoat; on a national scale we see similar consequences in the link between childhood emotional deprivation and crime; and on an international scale the world suffers such consequences as the hijackings and killings of Black September, where the Palestinian refugees, who have no real place either in Israel or in the neighboring Arab countries in which they have taken refuge, seek increasingly desperate and violent solutions.

BOUNDARY MAINTENANCE, HIERARCHY AND CONTROL

In the example of the school just described, how was the staff enabled to tolerate the inclusion within the school group as a whole, and within their own individual psyches, of the primitive emotions these disturbed children represented? To some extent it was due, of course, to increased understanding, and even more to the example of the team. My own reaction of wanting to strangle the screaming boy, and the laughter and relief that followed after the initial shock, provided a good example; by showing I was not alarmed at containing murderous impulses I perhaps gave them permission to acknowledge similar feelings in themselves.

But, in addition, a safe situation had to be provided—a secure boundary whereby the staff could feel protected against acting out the regressive emotions which, emerging into their own consciousness, raised their anxiety and threatened their own self-control. This was well illustrated by the problems that arose in the management of this large group in the early stages:

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The first session was well attended by about 30 teachers, and I led it in a rather passive and unstructured way as I might do a small analytic group (at the time of this experiment I had little knowledge of the special dynamics and management requirements of large-group situations). It may therefore have been their feeling that the large-group situation was too chaotic (7) that led the senior staff to alter the arrangements for our second visit, without prior agreement or warning. Only four teachers were present and it was explained to us that these were "the only ones concerned with the case." The meeting was inevitably more formal, and the case itself centered around anxieties about control. A twelve-year-old boy had aroused anxieties in the school staff by his violent rages, particularly as he had, during one episode, injured another child with a milk bottle. This boy lived alone with his grandfather, and in the course of our discussion the lack of a mother figure appeared increasingly relevant. The staff gradually perceived that the boy's rages were related to his deprivation and realized he was calmed by a nurturing, maternal attitude on their part. However, there was a constant demand that the clinic team should relieve the staff's anxiety by taking action or responsibility rather than by the more gradual and uncomfortable process of offering understanding and insight. They asked: Should not the boy be referred to the clinic? Should he not be sent away to a boarding-school? What would happen if he were more accurate with the next milk bottle?! These insistent demands for a practical and immediate solution made real discussion difficult and interfered with the help we could offer with our knowledge.

We emphasized the need to stick to our original plan of working with as many of the school staff as possible, but the third visit brought a crisis. We arrived on time to find the library locked, while the teachers were still eating and paying little attention to our presence in the dining-room from which the library was approached. A teacher finally saw us and fetched the key but the deputy head was five minutes late and made inadequate excuses for his colleagues, who drifted in without apology over the next fifteen minutes. The case presented was of a boy who avoided effort and difficulty and was supported in this by an overprotective mother! She sent notes claiming that he was delicate and asked that he be excused from games and exercises. The staff appeared sympathetic about the inadequacies and fears of both boy and mother and this seemed to inhibit them from acknowledging or accepting the frustration and anger they also felt. They wondered whether they should listen to his excuses. Was he really unfit for physical exercise? They appeared to seek an external authority, in the form of medical sanction, to enable them to apply the firmness that they sensed was necessary without running the risk of damaging him. The clinic team sought to help the staff see that the two needs of the child to which they were responding—to challenge the manipulation and firmly demand

effort, while at the same time providing nurturance and support—were not incompatible but were in fact complementary. Throughout the discussion, the difficulty of integrating these two aspects of parental care, perhaps representing a union of paternal and maternal stereotypes, appeared again and again. Exactly as the session was due to end, a second case was raised which took up ten minutes over our time and shortened our own brief lunch period. It was no doubt significant that the problem was one of stealing!

I perceived the significance of this too late and my colleagues were annoyed. I thought, at my allowing the school staff to steal from us. Two of them confirmed this by arriving exactly ten minutes late to the staff conference which followed at the clinic, saying that they had needed extra time to finish their lunch, but they refused to accept any suggestion on my part that their lateness had any connection with their feelings over the events at the school.

This refusal of my colleagues to accept an interpretation of their behavior which was blatantly obvious led me to realize that my management of the situation, at clinic and school, was permitting anxiety to rise to excessively high levels, thereby threatening the project with breakdown and leading individuals to set up their own personal boundaries because those I was providing were inadequate. It was at this point that I became convinced that more structure was needed, for I perceived that the headmaster's authority was in fact passed to us by his sanction during the session, so that I, as leader of our group, must be prepared to take over his role to some extent, as a pilot undertakes responsibility from the captain for guiding the ship into a difficult harbor. Accordingly, I telephoned the headmaster and "carpeted" him for his staff's lateness and the disrespect this implied. At the next session, the reproof had clearly not only been registered but also been passed on down the line. The turn-out was large, everyone was on time, and the previously demoralized atmosphere was replaced by a much keener, more alert and cooperative response. From this point on the discussions went well, and though the difficulties were repeated later in various forms, we appeared to deal with them more adequately.

Such problems of boundary maintenance and control arise in all living systems at any level. The structure of the system has within it certain limits to be maintained, despite the passage of materials, energy or information across its boundary. All such exchange, whether food intake, urine output, news of a death or of winning a lottery, provokes temporary disturbance to the pattern, but homeostatic mechanisms, set in motion by feedback loops, act to restore the equilibrium. Nevertheless, there are limits beyond which the system cannot be disturbed without

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the change becoming irreversible—prolonged oxygen lack may lead not only to temporary confusion and unconsciousness but to permanent brain damage or even death, and there is a limit to the damage and disruption society can suffer if it is not to fall into chaos and become displaced by another stronger, more integrated social organization. One function of the boundary is to restrict the input of matter/energy/information to an amount the system can cope with, in order to avoid such irreversible change.

At those times when the living system itself is growing and changing, the boundary characteristics may need to alter in order to provide greater protection against disturbing inputs (or outflows); this is especially necessary at times of greater vulnerability when the organization is particularly loose, or when the system variables are already close to that limit of tolerance beyond which irreversible breakdown of the sustained pattern will occur. There is a need for communication and coordination of information about the state of affairs within the boundary, and of events impinging or likely to impinge on it from outside, in order that the boundary characteristics may be varied appropriately. In the case of psychological systems it is usually arranged that input is reduced (or that external conditions are maintained steady, which is the same thing) when the system is in a particular state of instability and change—when, for example, the reorganization consequent upon a spurt in growth is taking place, or immediately after some previously disturbing upset. The bereaved or the sick traditionally have reduced demands made on them, and are shielded from normal stresses, while the pregnant mother arouses a natural protectiveness for the same reason. In all psychotherapy, where a change in growth is being facilitated, boundary conditions are given particular importance and the time, place, duration and characteristics of the situation are kept as constant as possible, except for those changes which are deliberately planned to facilitate the therapeutic movement.

In the case of the school described above, the time of beginning, the duration, the number of participants and the agreed program were all fluctuating wildly and restoration of some of these constants was necessary in order to provide sufficiently secure boundary conditions for the staff to be able to cope with the inevitable temporary disequilibrium necessary for change to occur, without suffering intolerable anxiety, which was in this case a signal of real danger. Similar principles apply in all therapy or training situations: The need for boundary constancy becomes greater as the instability of the situation increases.

We have already noted that all systems have their existence within larger ones, with a succession of boundaries like concentric or overlapping circles. The functions of these boundaries show relationships to each other, in that an increase in the permeability of one may require, in order to maintain adequate stability, greater impermeability of those interior or exterior to it. It is difficult, for example, for an individual to allow previously unconscious emotions into his awareness while he is exposed to the ordinary demands of life, and this is one reason for the couch, the quiet room, the analyst's silence and the undisturbed analytic hour. An analytic group or therapeutic community also requires some insulation from the wider social system, at least at certain periods, if the persons within it are to be able to let down the normal social barriers and communicate with each other more freely.

Boundary maintenance is a basic responsibility of therapists, case-workers and all those in the helping services, at least where help means facilitating growth rather than simply performing tasks for those unable to fulfill them personally. The same applies to those responsible for the functioning of businesses and other organizations. For example Rice (8), writing of such organizations, states: "Because the regulation of interaction between the internal and external environments of an enterprise is a major task of leadership, the functions of leadership must be located on the boundary between the enterprise and the external environment," and "the primary task of leadership is to manage the relations between an enterprise and its environment so as to permit optimal performance of the primary task of the enterprise. For an enterprise, the environment consists of its total political, social and economic surroundings; for a part of an enterprise, the environment includes other parts and the whole."

#### COORDINATION AND CONTROL

The maintenance of the unity of a dynamic system, and persistence of its capacity to perform its characteristic function require not only some restriction across its boundary, but also some provision for ensuring that within the boundary the changes in the parts of the system are coordinated one with another. This maintenance of a certain degree of order despite change requires that some part of the system be concerned with obtaining information about the disposition of other parts, comparing this with information about the system's goals, and where neces-

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sary sending back commands correcting the disposition so that certain necessary relationships are preserved.

The part of the system fulfilling this coordinating function is called, in systems theory, the "decider-subsystem" (9). *To perform its function, it must be so constituted that it can overrule any other part and impose its will on the whole, if conflict harmful to the system arises.* The legs of the caterpillar must move in a certain order, must submit to a general pattern of movement, if the whole animal is to move forwards instead of falling over. A group of people who wish to pass through a revolving door have similarly to give up the right to do so in any way they wish, and must agree to go through one at a time—submitting to a certain order in which each has a place—if they are to get through as swiftly as possible with a minimum of trapped fingers.

This is not to say that the brain of a caterpillar is "better" in any absolute sense than the legs, or that the first man through the revolving door, or the man who decides what the order shall be, is necessarily "better" than the others; but in each case an inequality, predominance or hierarchy is necessary if the task is to be accomplished effectively. In living systems, the decider-subsystem itself contains a hierarchy, lower levels making simpler decisions but being overruled by higher levels if conflict at lower levels arises. However, although the function of the decider-subsystem is to overrule some part of the system when it acts in conflict with the general requirements of the whole, the function of deciding may nevertheless be more or less dispersed throughout the system.

## SERVING THE WELFARE OF THE WHOLE

It will be readily apparent that, to perform its functions adequately, the decider-subsystem, like the other subsystems, must *serve* the whole. Its function in the organism, and the special characteristics which enable that function to be carried out, both derive in fact from its *capacity to be aware of the whole* in a way that other parts cannot achieve. In living systems other than man, this principle that the decider serves the total system seems generally to be the case. The nervous system of the caterpillar does not arbitrarily impose its will on the legs to their disadvantage, but enables them to perform their function effectively so that they, in turn, serve the organism by moving the animal towards a source of food. The nervous system is dominant because it knows what is good

for the legs (the order of movement) in a way that the legs do not know what is good for each other or for the brain. I labor this point, perhaps, but only because the concepts of hierarchy and control are currently out of fashion and are so often viewed as involving the exploitation of one part of the system by another. Man does indeed appear to be so constituted that the individuals to whom decision-making power is delegated often tend to seek their selfish advantage at the expense of the system they are supposed to serve, unless careful safeguards are built in to restrict this tendency. But a decision-making *process*, and so a hierarchical organization of some sort, is inevitable if the individual, the family or society-as-a-whole is to work at all. Whether it is the casting vote of the chairman of a committee, the flip of a coin to decide the kick-off at a football game, or the formation of a line at a bus stop on the basis of first come-first served, some method is necessary to order and coordinate human interaction.

Further, coordination at its most effective is a *mutual* process. If the decisions are to be of maximum benefit to the whole system, then the decider-subsystem must be provided with the fullest information about the whole system, and about details of any conflicts between other subsystems, before any choice is made. Lack of such connection and concern with the whole leads eventually to harmful consequences, not only for the disconnected parts but for the remaining parts as well. A part of the body whose nerve supply is damaged may suffer injury at the expense of the rest, as when we unwittingly bite our cheek after dental anaesthesia; the scapegoated child, as we saw in the family containing the drug-addicted sister, represents a loss to the family of psychic qualities necessary to normal functioning as well as a disturbance in the individual suffering the rejection. For the most effective functioning of any system, authority and power must be related to and dependent upon *responsibility*. The most effective leader *serves* those he leads, a point clearly recognized in the army where the officer does not eat and sleep himself until he has ensured that his men are fed and housed.

In human groups, the individuals who have ultimate control of the passage of materials and information within the system, and across its boundary with the exterior, have control of the system itself. This applies whether those controlling the system are seeking their own selfish advantage or serving the general welfare. Dictators always seize control of the press, radio and TV; they jam foreign broadcasts and censor written material from abroad, forbid public gatherings and set up a network

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of informers, both to ensure that they receive the maximum information about the system's functioning themselves and to restrict, by intimidation, communications between others. The same principle applies to families. Malfunction will usually be associated with excessive control of communication by one member or subgroup, putting its own selfish advantage above the welfare of the family as a whole. Discussion of certain topics is characteristically discouraged, and contact with people outside the family who might stimulate interest in such topics is also restricted. Further, in disturbed families the control is usually secret, hidden. The scapegoated child does not comprehend the real reason for his rejection; there is no appeal or possible remedy, and restrictions on conversation cannot be challenged and discussed because they are not explicit but conveyed by gesture and posture, by "black looks" and tones of voice. In the healthy family, restrictions and controls on communication and outside contacts are present as well, to be sure, but these are in the open, reasons are given, the decisions are negotiable and punishment for breaking the rules is understandable and leads to reacceptance.

The analogy between totalitarian social systems and constricted families should not be taken too far, of course. Repressive social control is often conscious, deliberate, vicious and evil, while in the families I see professionally this is rare, and the constriction on the family's function is most often unconscious and no more than an automatic consequence of an equivalent split within the psyche of the most powerful member(s) (deliberately malevolent control is perhaps more common in some pathological families least likely to seek psychiatric help). The comparison is apt, however, in that in all cases an attempt to change such a rigid constricting pattern requires the application of some degree of force, whether physical or emotional. There is inevitably some form of confrontation or struggle, or at least the taking of a firm hold on the situation, setting up a different hierarchy serving different values. The crucial session at the school certainly involved this; not only was it necessary to insist firmly on accurate time-keeping, regular attendance, and adherence to the contract originally made, but I was also aware of a change in my whole manner in the subsequent sessions—a crisper, more forthright tone of voice, more definite gestures, a firm interruption of irrelevant material, more definite encouragement of information that was being withheld through anxiety, and an altogether tighter grasp of the situation. Family situations often require a similar temporary period in which the therapist takes charge, and frequently show a similarly

positive response to firm and forceful intervention where leadership patterns in the family itself are chaotic, divisive or repressive. The following case presents an excellent example (10):

Pam, the referred patient, was a girl of almost 14 at the time of the first family session, and had a history of repeated separations from the mother, beginning at the age of ten months, which had clearly damaged the relationship between them. The original symptoms twelve years earlier included destructiveness and hostility to the mother, together with depression and separation anxiety which took the central place as she grew older, as well as difficulty in spelling. As she entered adolescence, behavior problems, including stealing, truanting and sexual acting-out, gained prominence.

The mother was a vulnerable, unstable person, with several admissions to the hospital for severe depression; during one of these, lasting almost a year, the children had been taken into foster care and had not seen her throughout this time. She felt herself to be intellectually and socially superior to the father, an aggressive, forthright "rough diamond." Just as Pam, the referred patient, had been used all her life as the container of all the family's unacceptable aspects, Sarah, three years older and 17 at the time I first saw her, was the receptacle into whom all the family's good qualities were projected for safe-keeping. Their appearance was in line with this: Pam sullen, bad-tempered, evasive, poorly controlled, sitting clumsily slumped in her chair; Sarah sitting calm, straight, with a clear level gaze, gentle yet naturally commanding respect.

At the first interview, I invited the family to put me in the picture about the current problems. The mother at once expressed intense anxiety about Pam's stealing and truanting, while the father was more concerned about Pam's failure to return home at the proper time at night, clearly fearing sexual misbehavior. Pam hung her head, looked miserable and about to cry, and angrily refused to contribute. The elder sister, Sarah, opened up the conversation several times: first by saying that father was too strict; then that Pam lost all her friends by being too possessive; and later that she felt Pam was jealous of her and that this was partly caused by the unfair treatment of the parents, who praised her (Sarah) and blamed Pam.

Most of the early part of the session was nevertheless devoted to Pam and her difficult behavior, and attempts to clarify this led us to focus on the way Pam always felt herself to be deprived and left out. Here it was possible to confront Pam with the fact that she was in fact depriving herself by the way she was refusing to participate in the interview, despite our attempts to include her.

The conversation then moved on to criticism by the children, and later mother, of father for being rigid and restrictive, particularly in his refusal to allow his daughters to have boyfriends. This was then partly explained

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by the way he expressed unhappiness at losing his former close relationship with Pam as she entered adolescence and made more contacts outside the home. Next, as the girls described their enjoyment at fooling about with father, tickling and teasing him, the first criticism of mother, until then carefully avoided, began to appear as they complained that she would "moan" and sulk when father and daughters behaved in this way. The mother now became increasingly tense and uncomfortable, as if angry, yet ashamed, and attempted to conceal her annoyance. The rest of the family, suddenly realizing this, became silent and behaved as if paralyzed. I pointed this out, and the mother encouraged them to speak freely, but they clearly felt she could not tolerate criticism. I tried to bring the situation more into the open, pointing out how mother had seemed to opt out of a rivalry situation with the two daughters. Father's next statement, that he treated wife and daughters "just the same," did nothing to improve matters and I questioned whether this was appropriate!

At this point the interview suddenly turned into a discussion of a marital problem, the mother complaining that father was unsympathetic and did not try to understand her disability, the father countering by saying the mother spent all her time talking to doctors and social workers instead of asking for help from him.

One of the functions Pam served in the family was clearly demonstrated when on several occasions they escaped from the marital conflict by uniting to attack Pam again, but this ceased and the marital conflict resumed each time I pointed out this defense. When it was time to stop, the father and daughters appeared involved and interested, and keenly accepted the offer of a further joint interview, but the mother appeared angry and upset that I was proposing no special treatment for Pam.

Because of the mother's history and her agitation at the end of the first session, she was offered appointments as she needed them with the psychiatric social worker who had been treating her for some years (later the mother gradually gave these up). Seen individually in this way a week later, the mother was still angry that I was "not going to do anything for Pam." I had been "casual," had not seemed worried about the extent of her anxiety. She had felt "utterly defeated." Yet she admitted she was pleased, nevertheless, that the focus had not been on Pam, and she was preoccupied with my remark that she (mother) had appeared not to be emotionally involved in the discussion, despite her attempts to appear so. Pam, it seemed, had left the interview "on top of the world" and had stayed home for two evenings after it.

The interval between the first and second interviews, due to pressure on evening appointments, was two months and this was too long. Nevertheless, the pattern had changed and even though the parents began by accusing and blaming Pam as if nothing had altered, Pam was, in fact, strikingly more

open, cooperative and appreciative. She participated more helpfully in the interview and this greater responsiveness contrasted sharply with the rejecting behavior of the parents, who seemed to refuse to see the improvement demonstrated before them; I felt angered by the way they seemed determined to destroy any progress we made. Sarah hesitantly supported Pam, and the argument gradually developed from a focus on Pam's behavior to the familiar quarrel of adolescence with adulthood, especially over symbols of sexual freedom, an important change in the family structuring.

The third interview was arranged after only a month's interval, a spacing which was subsequently adhered to, and progress was more satisfactory. The session began with the usual attack by the parents on Pam, but the realignment reached at the previous session had persisted and the girls were now united in criticism of both parents, while the parental coalition, though partly defensive against the marital conflict, was also more secure and healthy as compared with the previous pairing of each parent with one of the children. Indeed, it was Sarah, the "good" one, who this time received the main attack from father. Nevertheless, movement was blocked by the parents' refusal to acknowledge any share in the difficulty and every approach to understanding would be negated by subtly destructive maneuvers.

At some point in the interview I realized that I was failing to deal with this straightforwardly in response to my fear that to pursue the truth might risk the mother's sanity, and decided that the danger must be risked and, if necessary, coped with. I then confronted the parents with what I saw as their failure to involve themselves honestly in the transactions, and, as if released by my more active control of the situation, the parents at once began to speak of their feelings of failure and inadequacy. This led, in turn, to a sharing of feelings of concern and responsibility by the children, and painful recollections of the early separations and the mother's illnesses appeared.

At the fourth interview, a dramatic change was evident in the entire family, dating from the previous session. Both parents were now showing warmth and almost weeping with relief as if they had passed through a depression too deep to risk acknowledging at the time of its greatest intensity. The children both expressed very positive feelings in return and, since the previous interview, all the initial complaints had been in abeyance. Pam was cooperative and helpful, and they were getting on well.

In the rest of this fourth session we focused on the family problem of envy which, by making the parents deny their contribution to the solution of the problem, led them to feel they had no persisting control of the situation and so to fear a relapse. The fifth session, to which father was obliged to come late, revealed the parents' diffuse ego boundaries and the mutual projection which constantly occurred between them; this was an object lesson in the dangers of treating one parent alone. Also, at this session the mother's

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need to keep Pam ill, or to keep her own illness in Pam, was pointed out by Sarah in relation to the intense separation fears of mother and, indeed, of both parents.

The sixth session was the last of the treatment series (though follow-ups continued for two years) and all improvements persisted in general although Pam became a problem for a time again in school when mother was admitted to the hospital for a hysterectomy early in the year. Pam had a good report from school later, had been helpful and friendly about the house, and had become a comfort and support to mother, who almost wept at the warmth of Pam's response and now seemed able to reveal and let the children satisfy her own needs in a way she had not been able to do before.

The original paper contains a verbatim transcript of the crucial (third) session in which a clear boundary was finally established and the parents ceased scapegoating the referred patient.

I would like to emphasize once again that authority and control, as described here, are to be regarded simply as tools providing sufficient order and coordination in a system to enable its task to be accomplished. I do not wish to suggest that authority has any value in itself, for if it is there to serve the total process this can never be the case. Indeed, there seems little doubt that the most happy, productive and creative organizations are those in which deciding functions are dispersed widely throughout the system; or, to put it another way, where *responsibility* for the welfare of the group is most fully shared and accepted by all its members. The degree of formal organization required to maintain the necessary level of communication will of course depend on many factors, including the size of the organization.

Though the development of the commune is seen by many today as a possible substitute for the conventional family, the study by Speck and his colleagues (11) indicates that the rapid disintegration of most communes, within a few months of their formation, is due to a lack of such differentiation and structure in the service of maintaining the organization, although a hierarchy of *privilege* was found often enough. Some politically oriented communes, with the external discipline provided by a common goal, survived longer.

## NOTES AND REFERENCES

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1. The following books and papers are relevant to the application of systems theory to psychological and social systems. The paper by Miller is a superb outline of basic concepts, and the book edited by Emery is also a good introduction.
 

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5. This case study and some other material in this chapter originally appeared in a paper by the author entitled "Boundaries," in *Social Work Today*, 5, 290, 1974. It is used again here by kind permission of the Editor.
6. The full account of the experiment appeared as a paper by the author entitled "An Experiment in Group Consultation with the Staff of a Comprehensive School," in *Group Process*, 6, 99, 1974. It is abstracted here by kind permission of the Editor.

*Notes and References*

7. At the time of this work with the school my knowledge of large group dynamics was very limited. Subsequent experience of large training groups at the Institute of Group Analysis and elsewhere has made it clear that large groups require more structure and active leadership in the early stages. This is discussed in a chapter by the author entitled "The Large Group in Training," in KATZNER, L., *The Large Group: Dynamics and Therapy* (London, Constable, 1975).
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9. There is a particularly clear account of this concept in MILLER, J. G., *op. cit.* (1965).
10. This case summary, together with a transcript of the crucial session, appeared in a paper by the author entitled "A Group-Analytic Approach to Conjoint Family Therapy," in *Journal of Child Psychology & Psychiatry*, 10, 81, 1969. It is reprinted by kind permission of the Editor.
11. SPECK, R. *et al.* *The New Families* (New York, Basic Books, 1972; London, Tavistock Social Science Paperback, 1974).