

Family Process

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The Individual and the Larger Contexts

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WE ARE ON the edge of a new era in psychiatry and the related disciplines of psychology, social work, anthropology and sociology. In this new era we will come to look at human nature in a much more complex way than ever before. From this threshold the view is not of the individual *in vitro* but of the small or larger group within which any particular individual's behavior is adaptive. We will move from individual assessment to analysis of the contexts, or more precisely, the *system* from which individual conduct is inseparable.

Now this is obviously a very recondite area, one in which a beginning is just being made in family research, utilizing a patchwork of systems theory, cybernetics and information theory, but I think there is a great promise that this group-oriented approach will tremendously enhance our knowledge of human behavior. Further, the conceptual problems we face in family study are shared by students of political, biological, and even artificial or inorganic systems, so there is a situation, rare and exciting in science, in which we can seek broad theoretical solutions of vital interest to incredibly diverse fields of study. At the moment, however, let us examine a few of the issues which arise when the family system of an individual is studied.

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For ever ten years I have been studying family interaction to see whether and how such interaction relates to psychopathology or deviant behavior in one or more family members. For the past five years a group at the Mental Research Institute in Palo Alto has been studying the "normal" as well as the "disturbed" family in order to have some base line for the pathological. Our approach has been interaction-oriented because we believe that individual personality, character and deviance are shaped by the individual's relations with his fellows. As Shibutani has stated:

... many of the things men do take a certain form not so much from instincts as from the necessity of adjusting to their fellows. What characterizes the interactionist approach is the contention that human nature and the social order are products of communication ... the direction taken by a person's conduct is seen as something that is constructed in the reciprocal give and take of interdependent men who are adjusting to one another. Furthermore, a man's personality—those distinctive behavior patterns that characterize a given individual—is regarded as developing and being reaffirmed from day to day in his interaction with his associates.(1) (*Italics omitted*)

We view symptoms, defenses, character structure, and personality as terms describing the individual's typical interactions which occur in response to a particular interpersonal context, rather than as intrapsychic entities. Since the family is the most influential learning context, surely a more detailed study of family process will yield valuable clues to the etiology of such typical modes of interaction. Whether one thinks in terms of "role," "tactics," or "behavior repertoire," it is obvious that the individual is shaped by, and in turn helps to shape, his family. This may not at first appear to be such a startlingly new approach but rather the most commonplace social psychology or, at best merely a shift of emphasis, an accentuation of ideas which are implicit in many of the great theories of contemporary behavioral science which refer to "interaction," "relationships," etc. But it has been our experience, which I want to share with you, that when one begins to approach or even gather the data, it makes all the difference in the world exactly where the primary emphasis lies. One finds oneself almost immediately faced with certain conceptual watersheds, certain discontinuities between interactional data and individual theories. I would like to discuss two of these critical problems.

The first is the question of the basic unit of study: is it the "individual" or the system as what L. K. Frank called an "*organized com-*

plexity”? Operating from the interactionist view, our original approach to the family was, and somewhat unavoidably has continued to be, the search for common processes in families with a schizophrenic, a delinquent, an asthmatic, or other “abnormal” *individual* member. My dissatisfaction comes from the fact that, although this investigation of the influences of the family on the individual patient has yielded many new and useful concepts, hunches and observations, it also contains inherent difficulties and potential fallacies. We must remain constantly alert to the dangers inherent in using an individual as a starting point from which to investigate family interaction data.

Especially if we use the symptom as our starting point, our problem is immediately that the psychiatric nosology or system for labeling deviance is almost totally individual-oriented, not at all well suited to considering the *interpersonal context* in which the patient’s behavior takes place. The absence of psychiatric labeling, which is our only referent for normality, only seemingly avoids this inadequacy, for on consideration it is the same problem in converse. Further, the inadequacies of individual classification schemes can only lead to compounded confusion in family classification.

These pitfalls have led us to a few ground rules about interactional research, especially in regard to the concept of the individual. First, though our practical and clinical interests may be served by classifying families according to the presence or absence of individual pathology, we must avoid imposing the elements of individual theory onto the family model. That is, there is no evidence for the isomorphy of the two theoretical models. The shift from individual to interactional thinking may be a discontinuous one in psychiatry, and we must scrupulously examine the basic premises and methods of the former model before applying it to the latter. *It is likely that what we mean by the term “individual” when we take the family system into account may be quite different from what this term presently describes.* It is unlikely that a typology of families as systems will simply be able to use individual nosology. Specifically, we must not let our desire to understand, and to ameliorate, individual pathology, carry us into family process with individual-oriented theories, lest we do disservice to both theory and therapy. This error has two forms: we might treat the family as only an additive compound of its individual members and neglect the transactions and the whole; or, out of habit, we might encase these members in hypothetical skin and apply to this unit the theoretical models of the individual.

In the second place, the tendency to these kinds of errors leads us to examine not only our theories of family structure, but more basically, our philosophy of causality. The behavioral sciences are only now coming to the transition made by many of the natural sciences in this century, i.e., from a mechanical to a systems theory. Specifically, our traditional model of causality does not encompass those feedback processes of a system which *achieve outcomes*. The problem of like causes which do not produce like results (or, conversely, identical results from unlike antecedents) has been analyzed in cybernetics in terms of positive and negative feedback mechanisms. A random event introduced into a system with deviation-amplifying tendencies, for instance, will produce a final result quite different from the same event in a system with deviation-counteracting processes. Thus the study of single elements or static "before and after" situations will not be too enlightening. Neither, then, is the study of essentially accidental historical events feasible. Adopting the premise of the family as a system requires us to *attend only to present (observable) process*, that is, to ecology rather than genesis.

The circular, or feedback, model of causality is a necessary corollary to our basic axioms of communication. It is impossible to think in terms of interpersonal systems with the ordinary cause-and-effect notions. The strictly individual point of view tends to minimize the two-way effect of persons on each other.

These assumptions have enormous influence on the daily practice of psychiatry, on parents' attitudes toward various child-rearing practices, and on those most important of citizens, our educators. It is not uncommon to encounter a schizophrenic who has been denied a possible chance of recovery by the psychiatrist's attitude toward the label "schizophrenia" as a heredito-constitutional thought disorder. The label is framed by the parents' earnest willingness to supply various details that demonstrate that the disorder was present from birth. Our research group noted that in twenty-one of twenty-two first interviews with the parents of a group of young schizophrenics, head injury and the school systems were uniformly mentioned by the parents as important causative factors.

What seems like ordinary common sense can also lead us astray. If we remember John as a little boy, especially if he used to be a trouble-making little stinker, and we see John twenty years later in the clutches of the law, we are apt to be impressed with the fixity of the human character and the infant molding which has occurred. We may

forget to be impressed with the fixity of the system within which John lived. The variation of responses permissible within this system may be small and those responses which the social sieve quickly filters out might bring John to the attention of its agencies. Or we may forget that certain other kids were also stinkers at John's age but turned out to be decent God-fearing adults. In fact, there have been a few studies of normal subjects who reported traumatic backgrounds essentially similar to those of the general run of analytic patients with neurotic disorders. If we exclude the *clichés* of genetic predisposition, the only explanation for such differences lies in family and social processes, in those vital relationships where the trauma is amplified or counter-acted.

Maruyama, in a personal communication, points out that by a "deviation-amplifying mutual causal process" a relatively small kick can be enlarged by the system over time to sizable deviations. In this light, the difference between the environment of identical twins does not have to be large in order finally to produce sizeable differences between them. He also points out that a small set of rules can generate a very complex pattern. This might be important to the family rules, because some will be more vulnerable to mutual deviation-amplifying effects than others. He states further that it requires much *more* information to go from the adult pattern back to the embryo than to study the rules of the embryo and understand how it becomes adult. This has relevance to the historical method in psychiatry, where inferences and implications are made about the adult state based on assumptions about what the early state must have been.

Finally, in this question of the appropriate model of causality, it must be emphasized that the linear, cause-and-effect train goes by only once, and once past, is incapable of being retrieved. The accumulation of evidence is that self-or-parent-reported histories are notoriously unreliable, filtering the past through the present as well as through the selective vagaries of human memory. Whatever an individual says about his past is also a comment on, or way of handling, the interviewer; that is, the "history" is a metaphor about the present relationship. Such methods, therefore, make impossible the distinction between cause and effect which they seek to clarify. The same charge, incidentally, must be leveled at an unfortunately large amount of present family research which, though purporting to study interaction, actually applies standard individual testing methods to individuals who happen to be related. The impossible question must logically be

asked of such research: are the family members such and such a way because one member is ill or is that member ill because the other family members are the way they are and, presumably, were when the patient was born? Only the study of the family as a contemporary, ongoing system with circular networks of interaction can avoid this pointless and irresolvable debate.

All this is not merely armchair philosophy. It is my contention that psychiatry must consider such systems analysis if it is going to fulfill its present obligations and open up new possibilities in the improvement of psychotherapeutic intervention. If, for example, a psychiatrist interviews a couple who complain of marital difficulty, he might describe the wife as hypochondriacal, ineffectual, dependent, with hysterical tendencies, and the husband as cold, efficient, passive-aggressive, etc. Short of sending them immediately to an attorney, his recommendation is apt to be based on the notion that "each" of these individuals is disturbed and will require a good deal of therapy if he is to live with the other. However, there is another way of looking at this particular couple. They can be viewed as a mutual causative system, whose complementary communication reinforces the nature of their interaction. The therapist can look for rules that govern this system; therapy then consists of the therapist behaving in such a way that the rules must change. Rather than focusing on individual pathology, he might notice that this couple behaves in a remarkably consistent manner, the paradigm of which might be:

The wife demands, in any one of dozens of possible ways, that the husband love her. (Paradoxical, since "love" has to be spontaneous.)

The husband replies tangentially, or perfunctorily, that he does.

Wife is enraged and refuses his message, saying she doesn't need it anyway.

Husband is hurt and withdraws. (Paradoxical in the framework of marriage.)

Wife responds by demanding he love her, and the game begins again.

If you will accept my description of this couple's interaction as no less accurate or more inferential than the usual psychiatric formulation, then let us consider some of the differences in emphasis from a more traditional view.

(a) Neither is more wrong, or sick, than the other, and thus could be said to "start things." The wife's paradoxical command, "Love

me," is of course impossible to respond to appropriately; but the husband's withdrawal within the context of marriage, which therefore amounts to a denial that he is *really* withdrawing, is equally impossible to decipher and deal with.

(b) It matters little how this got started, since once under way it tends to be self-perpetuating and mutually causative. The responses each makes are about the only ones available to them, and the longer the process continues, the more rigidly such responses will be made, thus inevitably triggering the sequence.

(c) Individual psychiatric symptoms can be seen as functional, even necessary, in such a system. Psychosomatic symptoms on the part of the wife would engender the husband's solicitude and involvement; or a third party, one of the children, might become such a problem that the parents are brought into a coalition in order to deal with him and are able to focus all their difficulties on him. The important point here is that the behavior which is usually seen as symptomatic in terms of the individual can be seen as adaptive, even appropriate, in terms of the vital system within which the individual operates.

It may be protested at this point that our present theories supply us with terms such as "sado-masochistic symbiosis" to describe the above, and perhaps any other, two-party relationship. However, I feel such a term is not useful because it reductionistically obscures the important elements of causality. Such a formulation implies that a sadist met a masochist and they lived happily ever after because they were "made for each other." On the contrary, we are constantly defining and *being defined by* the nature of our relationships. (Another objection to this particular description of a relationship is the connotation of force and morality attached to any of the "domination" words. The power of passivity has been demonstrated to us from Christ to Ghandi and the present success of "sit ins," and we must begin to consider the many levels of communication other than overt individual power seeking which control the nature of relationships.)

In examining the role of the individual within a system, I have relied thus far on examples from the family, surely a vital, virtually universal, yet readily investigable interpersonal unit. Let us expand this kind of analysis to international systems with an example from the philosopher, C. E. M. Joad:

... if, as they maintain, the best way to preserve peace is to prepare war,

it is not altogether clear why all nations should regard the armaments of other nations as a menace to peace. However, they do so regard them, and are accordingly stimulated to increase their armaments to overtop the armaments by which they conceive themselves to be threatened . . . These increased arms being in their turn regarded as a menace by nation A whose allegedly defensive armaments have provoked them, are used by nation A as a pretext for accumulating yet greater armaments wherewith to defend itself against the menace. These yet greater armaments are in turn interpreted by neighboring nations as constituting a menace to themselves and so on . . . (2)

This form of analysis makes it clear that the behavior of nation A stimulates the behavior of nation B, which in turn spurs on nation A, such escalation being abetted by one-sightedness on the parts of both nations who see only their individual *reactions* and not their mutual roles in an extremely dangerous system.

We know that the Wright brothers flew roughly 100 yards at Kittyhawk in 1908, and today men travel in 1700-mile-per-hour jets. This is progress; it is sure and almost dull and commonplace. However, progress in psychiatry is never thought of in such terms, because we don't know in what direction to head or how to get there. That is, we cannot expand what we now have and consider it progress. Ten thousand psychiatrists doing what a thousand are now doing will result in increased coverage but little progress. To fulfill its promise, psychiatry must develop a frame of reference that is supra-individual while retaining its traditional model as well. Einstein did not nullify the work of Clerk-Maxwell, but his frame of reference represented a spectacular departure from his predecessors. We can keep our traditional ideas about individual motivation and personality and learn also to examine contexts. This sort of tolerance has been necessary in other, more "scientific" fields. Several years ago the Quaker mathematician, Lewis Fry Richardson, had this to say when he noticed that the outbreaks of wars throughout history follow simply and precisely a well known statistical formula, the Poisson distribution:

This explanation of the occurrence of wars is certainly far removed from such explanations as ordinarily appear in newspapers, including the protracted and critical negotiations, the inordinate ambition and the hideous perfidy of the opposing statesmen, and the suspect movements of their armed personnel. The two types of explanations are, however, not necessarily contradictory; they can be reconciled by saying that each can sepa-

rately be true as far as it goes, but cannot be the whole truth. A similar diversity of explanation occurs in regard to marriage: on the one hand we have the impersonal and moderately constant marriage rate; on the other hand we have the intense and fluctuating personal emotions of a love-story; yet both types of description can be true. (3)

As psychiatrists, we cannot view diverse theories in an "either-or" fashion but must live with the idea that many discontinuous approaches should be investigated and given credence.

Thus, all this is not to deny individuality as a value nor to belittle the importance of the subjective experience of ourselves as individuals. I mean rather to emphasize a new dimension in the study of human behavior, an interactional perspective which all who would involve themselves in the affairs of mankind have a responsibility to recognize. Attention to the individual in the extreme is artificial and cannot be the basis for realistic actions. Recently, the Nobel Prize-winning geneticist, H. J. Muller, proposed a eugenic program which would:

... aim at the ideals of *intelligence, creativity, cooperative temperament, joy of life, vigor and perceptivity* that have allowed men to reach their present high position. (4) (italics mine)

I feel all the qualities which Dr. Muller cites as individual properties take form and meaning only in interaction and are in fact inseparable from the persons with whom the individual is involved. One who is joyful in isolation is very likely to find himself taken to a mental hospital. We have the enormous job of translating such intuitively obvious notions into precise scientific language.

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Discussion of the "Individual and the Larger Contexts"

With this issue FAMILY PROCESS begins a policy of having certain articles followed by critical comment of invited discussants. We wish to thank Dr. Jackson for permitting publication of comment on his paper, and we are fortunate to have discussions from Dr. George Vassiliou, Dr. Nathan B. Epstein, and Dr. Lyman Wynne.

George Vassiliou, M.D., Director of the Athenian Institute of Anthropos, Athens, Greece

I will gladly comment on Dr. Jackson's paper since at the Athenian Institute of Anthropos we are operating on the ideas expressed in his opening statement. Currently¹ we are presenting data concerning transaction within the Greek family, which illustrate exactly the point that the individual should not be examined *in vitro* but within the context of the group in which he lives and within his total socio-cultural milieu. The subject under discussion there is the significance of the dependence that the Greek family fosters. Our research data concerning variables related to family transaction such as husband-wife relations, parent-child relations, family roles, attitudes, stereotypes, child-rearing practices, maternal intervention in peer group formation, patterns of disciplining children, investigated on the basis of samples representative of the general urban population, indicate that the Greek family indeed does *foster dependence*. This is supported by motivational patterns of 12 year-old and 18 year-old normal achieving adolescents as detected by Story Sequence Analysis which show them as being definitely on the dependence pole of the dependence-

¹ G. Vassiliou, Aspects of Parent-Adolescent Transaction in the Greek Family. In *The Adolescent in a Changing World*. Kaplan and Lebovici (Eds.) Basic Books. In print.

independence dimension. Reviewers of these findings tend to conclude that this kind of family is a "sick family," that we deal with a "sick culture." These reviewers, as we have repeated in a formal occasion recently,² examine things *in vitro*. They do not take under consideration at all the sociocultural matrices within which these family patterns have been developed for centuries exactly because they have a high adaptational value. As further research, supported significantly from cross-cultural studies,³ has shown, in the Greek milieu the In-Group (defined as family, friends and friends of friends) is perceived as a "mothering" entity with a highly nurturant and supportive role comparable only to mother-child role. Progress in life, from sheer biological survival onwards, depends on the skill of the individual in securing and actualizing interdependencies in his life. Conclusion: we deal with patterns which cannot be qualified as adaptive or maladaptive but which can be evaluated only in the context of the group and the milieu in which the individual lives. Such conclusions should have been obvious if psychiatry in the late sixties were not still permeated by the most progressive thinking of the past century. The discussant can only agree with melancholy with the conclusion of the writer that behavioral sciences are following the natural sciences with a lag of fifty years. It seems though that we are finally overcoming our intellectual inertia. We are entering a stage in which mental reactions are viewed as multifactorial. Biological, intrapsychic, interpersonal, intergroup and sociocultural variables are perceived not as mutually exclusive causative factors but as processes developing in a multilateral transaction. Nevertheless, in trying to overcome reductionism we should keep in mind that one of the reinforcements of reductionism is the inevitable need for the clinician to focus on something circumscribed in order to function diagnostically and therapeutically. Clinicians using general systems theory will inevitably feel the same need and they will "focus." We agree with the writer that it makes a tremendous difference on what one *focuses* in clinical practice. We want only to stress something which we hope that he shares: that the clinician will always keep in mind that he is "focusing" and that by doing so he leaves at the moment much out of his scope and his therapeutic maneuvers.

If we let systems theory be perceived as a polar opposite of psycho-

² G. Vassiliou, Formal Discussion of Roy R. Grinker's Sr. paper, "Normality Viewed as a System", General Systems Theory Session, APA Meeting, Detroit, May 8-12, 1967.

³ Triandis, Harry, V. Vassiliou and M. Nassiakou "Some Cross-Cultural Studies of Subjective Culture". *Technical Report No. 45*. Urbana: Group Effectiveness Lab., 1967.

dynamic theories which are trying to explain the individual and the interpersonal phenomena as *nothing but* an affirmative multiplication of the individual processes, we run the risk of developing not a new approach to the study of psychiatric phenomena, but an equally dangerous one-sidedness which this time might be called abstractionism, in contradistinction to reductionism.

To be more specific, symptoms, defenses, etc., should not be viewed as terms of interpersonal transaction *or* intrapsychic entities. These two views of one and the same phenomenon should not be understood and described as mutually exclusive, but as complementary. We agree with the writer that as clinicians we have to focus on some part of the continuum each time, and our emphasis on which part of the continuum we focus influences heavily (and so often untherapeutically) our practice. It is not despite, but because of this that we do not want to perpetuate dichotomies. We feel that Dr. Jackson agrees with us, but we feel obliged to make certain points more explicit because we have already started experiencing the danger of seeing the whole effort to which he has contributed so much going astray.

Ecology is as important as genesis. If two different processes A and B, examined ecologically, are found to produce the same result X, biogenetics and psychogenetics are important in contributing to our understanding of the intrinsic differences between them. In turn the understanding of their exact differences will eventually contribute to the understanding of possible intervening processes, amplifying or counteracting.

Given that in each interpersonal encounter two *different* personalities transact, we feel that autobiographic "material" is as valuable, as the observable "here and now" transaction. Not because we find it "objective" but exactly because its alterations, being related to the other each time, illuminate aspects of the transaction. Focusing on the present or the past exclusively will eventually introduce limitations.

Personally, we accept, on the basis of overall logistics related to the available time of the therapist, that it is more economical to focus and deal with observable patterns of transaction developing "here and now." But we do this really to integrate the historical dimension as well. Genetics become of course a largely meaningless museum document, if examined independently of the dynamics of the given interpersonal field. But on the other hand, dynamics lose much of their significant, *personal* meaning if examined independently of genetics.

After all the constant re-writing of the past by the individual, the sequence of its variations, are "genetics" revealing much about dynamics.

It is undeniable that reductionism in the behavioral sciences has led to dehumanization. General systems theory can be easily misunderstood, misapplied and made to lead to a polar opposite of reductionism, an abstractionism, with equally dehumanizing effects.

It is not advisable at all to reverse the pendulum if we are going to take it to the other end. We have to keep it in balance, otherwise we are going to develop a "Psychiatry of the Absurd," a psychiatry based on reductionistic or abstractionistic approaches. And this will inevitably happen if we forget the very essence of systems theory, which is complementarity and synthesis, and if we attempt instead to counteract reductionism by adopting its polar opposites, by perpetuating artificial dichotomies and by insisting on mutually exclusive concepts.

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Those of us who know Don Jackson through personal contact and/or his writings are aware that he is a brilliant, erudite, articulate man who writes clearly and lucidly. In his research work he demonstrates an unusual sensitivity to the nuances of communication in human interaction and knowledge of a number of conceptual systems applicable to behaviour. The conceptual systems to which he refers most frequently in his work are general systems theory, cybernetics, communication theory, interactional theory and psychodynamic theory. All of these qualities are demonstrated quite clearly in this paper on which I have been asked to comment.

There is yet another quality manifested in the paper, a quality frequently associated with the role of pioneer, and a pioneer in the field of family psychiatry Don Jackson certainly is. This quality is that of advocate or "pitchman" (in this instance an extremely eloquent one). It appears in the first of the two distinct parts of which this paper is composed and leads the author to disregard his own advice given in the second portion of the paper (the last 1/8th) where he states: "As psychiatrists, we cannot view diverse theories in an 'either-or' fashion, but must live with the idea that many discontinuous approaches should be investigated and given credence."

In the paper Jackson makes the "big pitch" for the study of the individual within the context of the groups in which he operates. This is a laudable directive. The only quarrel I have with it is the manner in which it is made—in the first 7/8th of the paper. In this portion he presents the various theoretic approaches in dichotomous either-or terms, with one side being "good" and the other "bad," and only fit for the ash can.

The dichotomies as presented in categorical and dogmatic terms include:

- (1) The social sciences of psychology, social work, anthropology and sociology vs. (by implication) the "harder" natural and physical sciences as genetics, neurophysiology, neuropharmacology, neurochemistry, psychoendocrinology, etc.
- (2) The study of the system vs. study of the individual, or only a portion of him.
- (3) The systems approach to causality vs. the mechanical.
- (4) The study of present process vs. past genesis.

The positions acceptable to the author are presented first in my above list.

Such dogmatic advocacy has the useful function of alerting students and workers to approaches hitherto ignored or unknown. There are several inherent dangers, including: throwing the baby out with the wash; encouraging polemical debate rather than scientific discussion based upon presentation of *facts* gathered by well designed and conceived studies based upon well defined hypotheses arising out of various conceptual systems or theoretical models.

Those of us involved in the study of human behaviour are not in a position to disregard any approach that might prove useful for purposes of investigation. Our colleagues and students should be encouraged to become conversive with all available approaches, and to learn how to apply them in an objective, scientific manner. The primary problem facing us is the development of satisfactory techniques of scientific investigation. Unnecessary polemics merely serve as time-wasting, energy-draining diversions.

Jackson obviously recognizes this in the final segment of this paper when he returns to the scientific position. He is too fine a behavioural scientist to stray too far too long. There are many roads to the "Promised Land."

Lyman C. Wynne, M.D. Ph.D., Chief of Adult Psychiatry Branch, National Institute of Mental Health, Bethesda

I am sorry that Dr. Jackson did not re-read and edit this paper more carefully. At the beginning, he roars down what appears to be a one-way street, with sirens blaring, as if he had the one worthwhile objective in mind (the study of family systems) and the one reliable means of getting there (observation of ongoing family process).

The first question he raises is in either-or terms: whether "*the* basic unit of study" is "the 'individual' *or* the system" (italics mine). Up to the concluding paragraphs, he gives no hint that in his view "individuals" can *also* be regarded as systems in their own right. At most, he concedes that his attention to individual family members has continued "somewhat unavoidably" to serve "practical and clinical interests"—certainly not as a legitimate conceptual and methodologic alternative.

Knowing Don Jackson personally, I did not believe he believed what he appeared to be saying. This supposition turned out to be right. At the end, he graciously suggests that psychiatry may retain "its traditional model *as well as* developing a supra-individual one, and that "as psychiatrists, we cannot view diverse theories in an 'either-or' fashion"—a rather startling reversal of the earlier pages.

Without lauching into a lengthy paper of my own, I suggest that a more comprehensive and thoroughgoing systems theory is in order, based upon the principle of *open linked* systems, in which two (but not the only two) systems which can be linked are individual personality systems and family systems. Using this formulation, the family as a system may be a distinctive starting point, but so is individual personality. (In the last few years, as the result of cross-cultural observations, I am more impressed than I once was with the many circumstances and contexts in which families do *not* behave as systems. But more of that on another occasion.)

Obviously, no open system can be adequately described—or hardly described at all!—without detailed attention to its transactions with other systems, for examples, personalities with other personalities, personalities with families, families with families. The "*typical*" transactions of an individual or a family are then used, always merely as a convenient abstraction or generalization, to characterize that individual or that family. To be sure, some clinicians and researchers do

get caught up with a concretized, reified belief in some kind of ultimate "reality" which they see in their own abstractions. This has happened with distinguished writers in many fields. Many a Freudian analyst has implicitly come to believe in the little men of ego, id, and superego, warring, wooing, and compromising in their intrapsychic domain. However, I hope that we do not think we are improving our theories if we turn the rascals out only to replace them in a "new era" with a breed of neo-dinosaurs called family systems.

The more insightful reader will readily see that I agree with what Don Jackson meant. I just wish he had said what he meant. We all have a long way to go from there. Let's get on with it.

Don D. Jackson, M.D., Director of Mental Research Institute, Palo Alto

Dr. Vassiliou's remarks are penetrating and his admonitions are well taken. In fact, I can find nothing to disagree with in his comments and am glad, for this reason, that I hope to study at his institute next year.

I quite agree also with Dr. Epstein's admonitions and add another point to the "pitchman" characteristic that he so correctly puts his finger on. That is, it is quite possible that pitchman are reacted to, in part, because of fear of changing the status quo. Those of us who have spent many thousands of hours and thousands of dollars learning to become psychoanalysts have a real investment in not throwing this particular baby out with any bath water. Yet I suspect this bias will in the long run prove to be costly to us and will take a lot of "pitching" to radically alter the thinking of the middle aged and older generations. This brings me to Dr. Lyman Wynne's comments. He also suggests that I have created too much of an either/or position and would substitute the idea of open link systems in which two of the systems that can be linked are individual personality and family systems. Again, that sounds very good and like peace in the world and motherhood, I'm all for it; yet I wonder if "open linked systems" isn't also an attempt to save psychoanalytic tenets which have grown rusty and reified over the years.

Finally, it is entirely possible to agree with Dr. Wynne's final comments, "Let's get on with it." There is a great deal to be done, but according to the philosopher of science, Kuhn, all significant scientific advances have been breakthroughs. If this is true, we won't get on with it by hard work alone but by having new ideas—at whatever cost to the old.