

Family Council

Editor's Note: The Family Council consists of a judge, a psychiatrist, three clergymen, a newspaper editor, a women's editor and two writers. Each article is a summary of an actual case history. The Council reports on problems that have been dealt with by responsible agencies and counselors.

Everett H.-Nat is the patient. What do they want from me?

Mrs. M. H.-The doctor says he must see the whole family.

Everett H.-My brother is a mental patient in the Veterans Hospital here. Instead of just treating him and letting him come home, they have a different idea. They want to treat the whole family, too, even though Nat is the one who fell apart.

My mother has been down there a few times, and so have my father, my uncle and my three sister. Now they want to see me. I'm willing to go there once, just to play along. But I'm not going to give up a half day's work every time some doctor there wants to look busy.

Seeing us all won't help Nat, but it may help a few college boys get their Ph.D.'s. If the rest of the family took a firm stand, the doctors would cut out the stalling and get to work on Nat.

Mrs. M. H.-I wish Everett would cooperate. I agree it certainly is annoying to have to keep appointments at the hospital each week, and be examined and asked all kinds of questions just because your brother is sick. But maybe there's something in it. Maybe they're on the track of something that will cure Nat fast.

We have a large household and the doctors want to know how Nat got along at home. And they want to hear it from us, not Nat.

Nat never could take crowds and noise, and I guess going into the service shook him up quite a bit. He stuck it out though, and got an honorable discharge. Then he started studying law and suddenly he seemed to panic.

He couldn't concentrate or sleep. One day at breakfast a cup of hot coffee fell right out of his hands and he began to cry uncontrollably. We called the doctor and that's how Nat landed in the hospital.

The doctors are very hopeful. But they want to get to know us thoroughly. One doctor even called at the house. Everett should stop throwing cold water on the idea.

The Council: The H.'s are fortunate to be early beneficiaries of one of the newest and most promising techniques for treating mental and emotional illness. By working with the patient's family, as well as with the patient himself, the therapists can analyze the soil in which the disturbance took root and grew.

This, in all likelihood, is the soil to which he will have to be returned and they'd like to know: Can it be improved? If not, can the patient be fortified to withstand it?

If the doctors find that the home setting is too destructive for a particular patient, or that he is too disruptive a force for the rest of the family, he can be eased into a different residential arrangement.

Reports are coming in from clinics all over the country of success with the new "en masse" family approach. Whenever this can be achieved, recovery rates zoom.

Nat's doctors might try to arrange special hours for Everett so that he can attend sessions without losing time at work. But Everett's recalcitrance may bespeak some fear of what the physicians will uncover. He should do a quick about-face, rather than remain the lone hold-out where his brother's health is concerned.

Out of the literature on family therapy comes this startling conversation piece: "Often the one the family considers ill is not the real patient."

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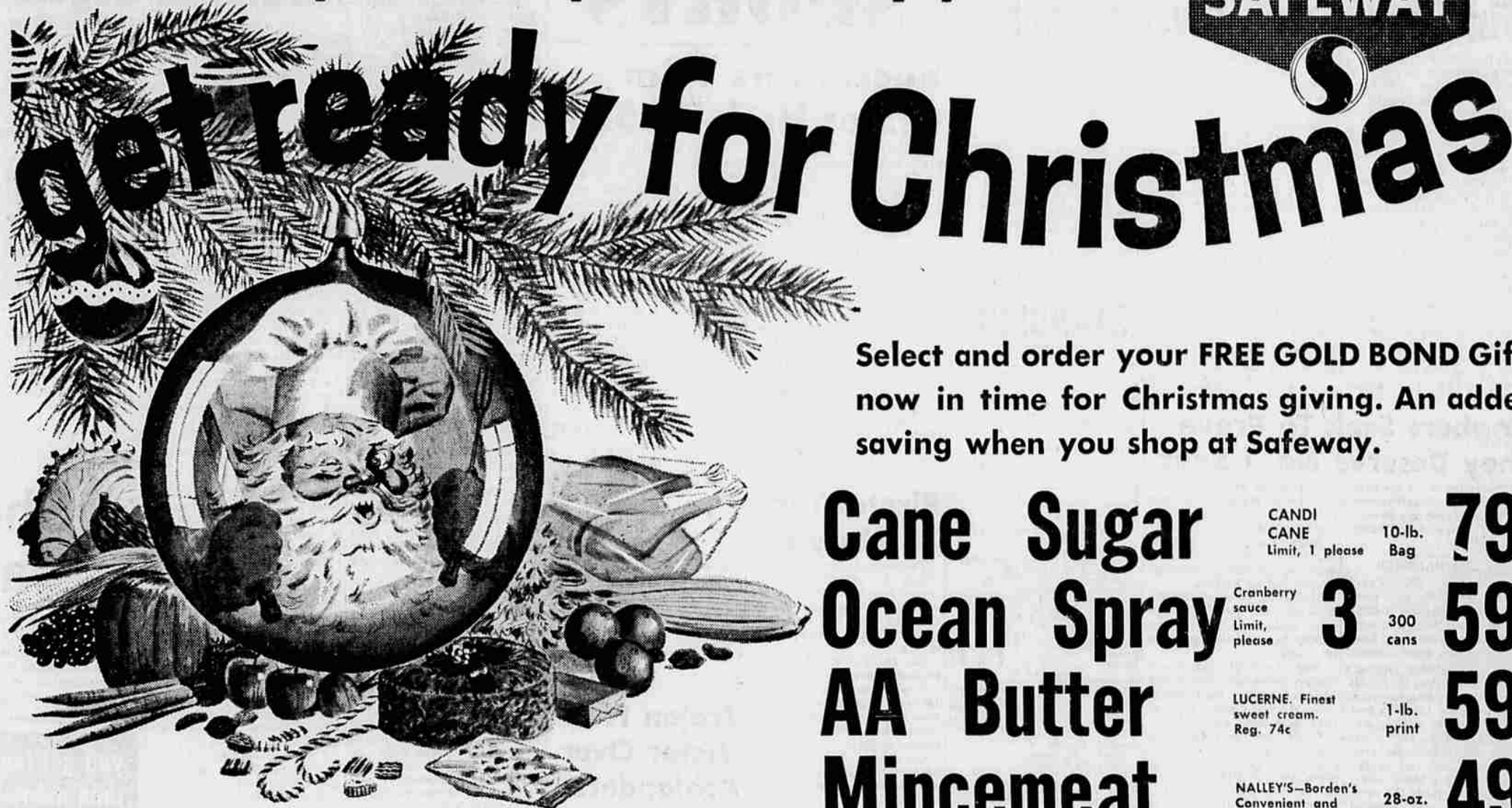
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