

JOHN WHITE,
*Department of Psychiatry,
University of Manitoba,
and Health Sciences Centre,
Winnipeg, Manitoba.*

FADS AND FASHIONS*

ABSTRACT: The folly of clambering onto fashionable counselling band-wagons is challenged. The author discusses the question of whether family therapy is a counselling fad. He points out that human beings alienated from families are not sub-human, and that total humanity must include man's existential need for meaning in life, his need for an answer to true guilt, and his growing fascination with mystery and magic.

It bugs me to throw away a suit (shiny maybe, but good for a year or two's wear) simply because the lapels are narrow or the pants ride high on my belly. As a matter of fact I don't throw it away. But I do buy a new one (wide-lapel jacket and hip-hugging slacks) to wear on occasions like this. I do so because men's fashion designers out-manoeuvre me. They sweep the stores clean of the old styles to shame me into buying the new.

In counselling, too, we have fashions. We are not so crassly commercial about them — more pompous, more decorous, but every bit as zealous as the advocates of minis, midis, and maxis. As with fashion design, reputations and even fortunes ride on the crest of the latest trends in psychotherapy and counselling.

And there never cease to be trends and fashions. Our naiveté consists in hailing each in turn as the fundamental solution to our problems when common sense should tell us that the process will go on. We never learn. Like people divorced for the sixth time we sense in our latest love that unique something which for all our lives we have waited.

In the Department of Psychiatry to which I belong it is amusing

*Address delivered at the June, 1973, Canadian Guidance and Counselling Association Convention.

to watch the impact of each "fundamentally new approach" on the faculty and residents in training. Generally we divide ourselves into the avant-garde and the cynical reactionaries, each group having its shared indignations and its unique brand of in-humour.

Is family therapy a fad that will pass in the night? I have deeply personal reasons for asking. Having for years acted as what some people would call a priest, I find myself in my church involved with families in turmoil. Christianity, like most religions, is concerned with families. Yet the priest sits in the confessional as well as in the home and must carry the secrets of each individual in his heart.

Again, I was a family doctor before I became a psychiatrist. Doctors used to be partners of parish priests — each, doctor and priest, from his special vantage point, and with his peculiar insight, moving into the home in moments of calm or crisis. And though the days of such involvement with the home will never return, all of us regret their passing. But the doctor, like the priest, more often found himself face to face with a man or woman behind the closed door of his office and not only with the family.

Why did the idea of one-to-one therapy/counselling become so ingrained a tradition? Why is it that family therapy is such a Johnny-come-lately? Clearly the early psychoanalytic movement exerted a profound influence. Perhaps, too, the sturdy individualism associated with the Protestant ethic created in the West a climate in which the individual's needs and development became all-important. Yet such suggestions seem to me to be academic speculation — meaningless because behind them is the suggestion that somehow family therapy is to replace the outmoded one-to-one relationship.

Indeed the thought is frequently expressed that group psychotherapy, group counselling, etc., are somehow to be superseded by family therapy. The family group is the natural, real-life group. Other groups are artificial microcosms in society providing but a distorted representation of the real world around. What are we to say of such views?

What we are to say will depend on what we feel about Man. Is a man only a man when part of a family? Or of a broader community? What if he *chooses* to live a life of solitude? Does he become sub-human?

When I talk about Man I must digress in order to make two points.

First I wish to clarify to the feminists among us that I use the word Man not to mean male, but to mean homo-sapiens. I sincerely beg your pardon if it will offend some of you, but I am going to say "man" when I equally mean "woman," "he" when I also mean "she," and "him" when I also mean "her." I shall do so for practical reasons not from chauvinism. It becomes too cumbersome to say "she or he" when one word will do. And the fact that I am a male is not going to make me feel guilty about the latent chauvinism in the English tongue. I also use the word Man because we are all agreed, whether or not we believe there are innate differences in men and women, that men and women *equally represent the species in all its essential characteristics*. We must see homo-sapiens in broader terms than merely sexual ones.

My second point is that we must view Man in terms that are not only broader than sex but also broader than science. Philosophers may seem to have gone in circles in their obsession with the question: What is Man? They have raised far more questions than they have answered. But at least they have not buried their heads in the sand. We counsellors and psychiatrists, however, like to feel we are "scientific" whereas the truth is we are terrified of asking basic questions. We take refuge behind a pseudo-scientific *non-view* of man. We do so whether we are psychoanalytic, behaviourist, organicist, or whatever.

Augustine of Hippo, perhaps the most influential Western thinker since Plato (I exclude Jesus since there is nothing particularly Western about His unique thinking) once stated "Thou (God) hast made us for Thyself, and our hearts are restless till they find their rest in Thee." The human sciences are willing (in common, ironically enough, with oriental mysticism) to accept such a statement, provided we define "God" only in terms of the subject's "belief system" or "world view." We accept God, not as being *there*, so to speak, but just as a psychologically helpful idea.

But Augustine didn't mean that, and neither do I. It would be inappropriate to argue about the existence of God here, and I make my statement to clarify where I stand rather than to get in a commercial plug for a Divine Sponsor. Yet I have to raise it for what must be obvious reasons.

We are facing a world in which there is a resurgence of interest in the occult that is truly astounding in its dimensions and in its force. As early as 1948 I came across a paper by an anthropologist who linked the great increase in witchcraft in west African countries where he was at that time, with the breakdown of tribal structures and the concomitant impact of scientific thinking in the new educational systems. One would have predicted that the breakdown of tribal culture and the impact of scientific thinking would have *lessened* preoccupation with witchcraft. The reverse was true.

Shrewd journalists are now the first to point out a coincidence. In the Anglo-Saxon world reawakened interest in the occult (which is not confined to the counter-culture) seems to have coincided with two things: the triumph of technology and the sell-out of theology (by Jewish and Protestant theologians particularly) to science. Miracles are now "true" in a subtle mythical sense rather than in a crude literal one.

So God died, and Man became of age. But no sooner did Man become of age than he began to grovel in the graveyards of the gods and devils of his forebears, terrified of the vast emptinesses of the universe technology opened to him.

Now back to family therapy.

It has not *arrived* upon the scene but *re-arrived*. In some ways it has lost what may never be regained. In other ways it has gained greatly.

As I have already pointed out, priests, rabbis, and doctors of the last century were, in their own bumbling, but sometimes wise and

intuitive ways, deeply involved with families. Now communications analysts have made something new of the family. That which a hundred years ago was practised at the bedside as an art, is now a scientific clinical technique practised in modern offices, often with the aid of videotapes. The family that used to anticipate with dread the ring of the doorbell from doctor or man of God now giggle as they sit in the counsellor's waiting room, and quarrel in the car on the way home, as they rehash their latest fifty-minute hour.

Family therapy has returned *to stay*. It will stay, not because of communications jargon (ironic juxtaposition of words) that clutter books and journals, or because of the new mystiques that trail in its wake, but because people belong in families more than in any other kind of group, and because there are times when a counsellor is not dealing with an individual client at all. He seems (if I may coin a mixed metaphor) to be dealing with a bleeding fragment of a family. In such cases it may be simpler, more appropriate, and less painful to collect the other bleeding fragments and see whether they can be fitted back together into a living, functioning unit.

Communications analysts and experienced psychoanalysts have done more for therapists and counsellors than restore to us an awareness of the family's importance. They have provided us with technical skills by means of which we can enable people living in the same house to discover that it is safe to express affection and resentment, or that there are simpler ways of gaining one's ends than by playing destructive inter-personal games. You see, *some* families break apart when they really do not wish to. Their members may wound and be wounded when their deepest longings are for harmony and healing. More than this they may turn and destroy the personality of one of their members when all the time the family's real goals call for no such sacrifice.

You will notice that I emphasize the word "some." Some families face such problems. Others are different. For one reason or another their members prefer to wound and be wounded. They seem bent on mutual destruction. They sense very quickly the cost of mutual helpfulness and refuse to pay it. Such families are referred to among professionals as "unworkable."

The therapist's skill may in some cases spell the difference between a "workable" and an "unworkable" family. One surgeon may be able to sew on a severed limb and make it function when most surgeons cannot. Ackerman or Satir might find a family workable that would tax most of our skills beyond endurance.

But some families are unworkable by anyone. What attitude do we adopt to such a family? What attitude *can* we adopt but to leave it alone?

Yet if one of its members appeals to us for help how dare we refuse them? Clearly none of us can abandon Mary, the wife of an alcoholic whose husband Jimmy *will* not come for help. Mary needs help and *wants* it. We cannot withhold it from her because Jimmy isn't there. Again, what shall we say when Joan comes weeping to us because her lesbian room-mate has abandoned her for Valerie?

What family is there to invite?

For Man does not cease to be Man when the family breaks apart. He does not cease to be Man though he remain a virgin all his life. He does not get beyond the range of our help though he be deprived of parental affection, brutalized by cruelty and rejection, alienated from human society.

So though family therapy has returned to stay, it has returned not as a panacea, but as one group, among a broad range of techniques, by which we may help suffering people.

For the family was made for Man, not Man for the family. Indeed the best family in the world cannot make a Man whole and happy. There are things a family can do and there are other things it can't. It can give a man acceptance — loving acceptance. It can train him to live with others and to love. It can teach him to tolerate and even to grow on the frustrations of reality. Yet, whether it is the family into which he is born, or the family he helps to found, it may fail to satisfy him. Its acceptance is not enough. It leaves him at times with a strange sense of emptiness and futility, as it thrusts him from its warmth into a world devoid of meaning.

It does so because of a paradox that lies at the heart of Man's nature. "No man is an island," you say. True. Yet equally truly we may say: Every man is an island. No man will ever realize his humanity until he knows what it is to be an island. The one side of the coin is as real as the other.

We need to be known and loved. Yet at times we are and must know ourselves to be alone in the most profound sense, if we are to be truly human.

We die alone. Whether a hospital curtain surrounds our death bed or a circle of dearly loved faces makes no difference. Whether tender hands caress us as we slide into death, or whether we are hooked up in isolation with tubes, bottles, and computers — it is all one. We may fool ourselves all our lives but when death comes to us (and this is what makes us fear it) we can no longer avoid the terror and the beauty of our aloneness. The boats slip away from the shores of our island and we are left with the lapping waves.

Perhaps I am expressing it badly. Perhaps what I am trying to say is that Man's emotional needs can never be fully met by his fellow humans, inside or outside the family; inside or outside of the club, the church, the community, and for that matter inside or outside of therapy. There is a dimension to man which goes beyond human relationships. And if you are a counsellor who refuses to recognize this, you will be frustrated and cynical before long — at least about many of your clients.

Let me begin, for instance, where people like Carl Rogers begin, by looking at the therapist as someone who provides an accepting relationship in which it becomes safe for the client to make discoveries about himself, and therefore to grow. There is no need for me, in such a group as this, to emphasize what Carl Rogers emphasizes, that the key to the therapist's helpfulness lies in how his client perceives him. If client perceives therapist as deeply interested, warmly accept-

ing, and intuitively helpful, then there is hope. The therapist's theoretical orientation and training are infinitely less important than his attitude and personality.

But Rogerian client-centredness (just like the perfect family) is not enough. It goes so far, then stops short. It stops short, not because there may be limits to the counsellor's acceptance or interest, but because the counsellor is too small.

I well remember the despair of an exceptionally brilliant young patient, crushed under a load of unutterable guilt. Mood-elevating drugs and ECT would not have helped him. My own acceptance of him (which I believe was heart-felt and genuine) left his need unmet. "I need to be forgiven," he told me, "but the forgiveness would have to be a cosmic forgiveness and there *is* no cosmic forgiveness." He was despairing, not grandiose. To have talked to him about self-acceptance and self-forgiveness would have been to offer a cliché. He was listening to the voice of his own despair echoing endlessly along the empty vastnesses of an indifferent universe.

Let me mention three things both about Man and about the counsellor himself, which the counsellor must recognize whether he deals with a group, a family, or an individual.

The first one comes to us from Victor Frankl. Man's life must have meaning. In his book, *The Doctor and the Soul*, Frankl quotes a number of independent research studies which indicate that as many as 20 percent of patients seeking psychiatric help are suffering from what Frankl calls "noögenic neurosis" or "existential neurosis" — despair over the meaning of one's own life.

In a paragraph in the introduction of his book he writes, "I remember my dilemma in a concentration camp when faced with a man and a woman who were close to suicide; both had told me they were expecting nothing more from life. I asked both my fellow-prisoners whether the question really was what *we* expected from life. Was it not, rather, what life was expecting from us? I suggested that life was awaiting something from them. In fact, the woman was being awaited by her child abroad, and the man had a series of books which he had begun to write and publish but had not yet finished (p.x.)."

In his bestseller *Man's Search for Meaning*, Frankl quotes Nietzsche: "He who has a *why* to live for, can bear almost any *how* (p. 164)." Frankl knows what he is talking about.

I think of Jenny, a Scandinavian woman who spoke to me recently in quiet desperation in my office. "My life is made up of little pieces," she told me. "No. I am not depressed. It is just that I am not one whole. There is my husband and family. And that is good. I am grateful. And there is my church. I like it. It is good there. And there are my friends. But they are all separate things — even though my family and friends go to the church. It is not one whole. I need a purpose to my life to bring these things together and to give them meaning." She said she was not depressed. But her blue eyes were circles of despair. Jenny's problem was her problem *alone*. I cannot really say that interpersonal relations in her family were as rosy

as she made out. I had met with her family. But to say that her plea was an oblique message to her family inviting more expression of appreciation of role, would be to close our eyes to its existential reality. Jenny admitted, eventually, that she would like more appreciation from her family — but both of us knew she would never get it. Jenny was stuck with her existential despair.

A therapist can pretend that values and meaning are irrelevant, but in doing so he is only fooling himself, and he may be driving his client closer to suicide. Unless we can help people to find the *why* of living we may never be able to help them with a *how*.

I have already referred to the second thing we must understand. Man hungers for mystery, the mystery that science has stripped from life. Deep within him is the need to bow and worship. Deep within him too, is the yearning to transcend the limits of his body. It is not without significance that the book *Jonathan Livingston Seagull* is still so high on the bestseller list.

You may think I am grinding an axe. Possibly so. But what are you going to do with your occult-dabbling client when he gets in over his head? A close friend of mine who is a school counsellor found six of his students had listed the initials of a club unknown to him. It turned out to be a small witches' coven. There were books, spells, incantations, and a good spirit named Mandrake who helped them all.

But then an evil spirit began to interfere. My friend carefully and tactfully elicited stories from all six of them. The details tallied, though the attitudes of the junior-high students varied. Some were more scared than others.

There were appearances and voices all along, but their control over the manifestation began to lessen. The little fire they used to build began to behave in a way that was frightening to them all and that they no longer had control of. At one point they all turned tail and ran from the garage where they held their meetings.

If you have never had such clients to counsel — you soon may, for witches and seances are "in," will you suggest a family therapy session with parents? Will you tell the kids it was all in their heads? Will you talk to them about girl friends and masturbation? Or will you pass the buck and send them to see a psychiatrist?

I see such people too. Do you believe in occult forces? We all know that 95 percent of what goes on is hocus pocus, but what of the rest? And more important what of the deep hunger that drives old and young alike to read their horoscopes, sit with their gurus, join with the Jesus People?

Many such clients and their cronies wind up killing themselves or else being unhelped, but doped up with doctor-prescribed drugs. What have *we* to offer them?

In primitive savage tribes where I have been I have known young Christian converts to cast out the demons and let the power of the God of the universe fill empty lives and take away their fears. But modern priests no longer believe in demons or God, and psychiatrists and social workers never have.

Personally I've got to. I hesitate to say much — for I know so

little. I only know that things happen in my practice that no "scientific" theory can satisfactorily explain. I think of the 25-year-old homosexual girl (prominent organizer of a gay league) whom I had labelled "manic-depressive" and of the strange hour when I followed the old rituals of exorcism in my office with her. She remembers little of it. The palms of her hands were cut deeply where her fingernails pressed through the tough skin. Her skirt was soaked with the tears that washed from her face as in a stupor she alternately wept and laughed. "My God," she said as she left the office, "What have you been doing to me?"

"What have you been doing to her?" they asked me in the Day Care Centre to which she returned. "She's transformed."

I saw what they meant a week later on her next visit. I could hardly tell it was the same girl. "Know what?" she asked me, "I'm not a lesbian any more."

"Oh?" (a good psychiatric word) "what made you decide to change?"

"Decide, *nothing!*" she replied indignantly. "I didn't decide. It *happened*. I'm just not anymore and that's all there is to it. It's all gone." Over six months have passed and the only changes I see, during our occasional contacts, are those of maturation, confidence, and a new, purposeful life-style.

Success story? If you think that's why I'm telling it you're missing the point. In our society we are in the midst of a widespread and reckless plunging back into mysticism and magic. To pretend this is not so and to avoid it in our work is to close our eye to reality. No therapist can afford to do that.

The third point about Man brings me back to the cosmic forgiveness my despairing friend talked about. Paul Tournier, the Swiss psychiatrist, develops the point well in his book *Guilt and Grace*. For *acceptance* (and this is where Carl Rogers lets us down) and *forgiveness* are not synonymous. My friend did not question my acceptance of him. What he did question was my capacity to provide him with the forgiveness he craved.

Now there are as many ways of tackling guilt as there are of skinning a cat. But we are being fools if we think of guilt *only* as a symptom and not as a reality. Glasser, Mowrer and others have a point here. If someone has a flea, you don't condition him not to itch — *you help him get rid of the flea*.

I recall another patient, psychotic, fearful, guilt-ridden, and suicidal. His delusions responded neither to psychotropic medication nor to shock treatments. He remained as he was when he came into hospital — deluded, afraid, and despairing. One day in my office we found ourselves on the same waveband. He was talking about his wickedness, — the wickedness the ECT had made no dent on. When I asked him what his religion was he told me he was a Greek Catholic. "And why, according to Greek Catholics, did Jesus die?"

He gave me the stock answer "So our sins could be forgiven."

"And *your* sins?" (To my mind they seemed trivial — but no matter.)

"I'm not good enough to be forgiven."

"You mean you're too proud to be forgiven."

For a moment he looked puzzled. Then again, "No, I'm too bad."

"It seems to me that you don't believe in your religion at all."

"But I do."

"Then this Jesus of yours died in vain."

"Oh no, it's just that I'm too bad."

"Not too bad. Too proud. It's not that you're not good enough, *but that you're too good* — too good for a cheap price like the death of the Son of God. God's death isn't big enough for you. You've got to add to it."

Suddenly he began to cry and to pray at the same time. I have never heard a prayer like it because I have never heard the prayer of a man who talked to God without realizing he was "praying." It must have gone on for twenty minutes. He was radiant and wet-faced as he left my office.

Deliberately I ignored him for the next seven days. I did not share our discussion with the nursing staff, though I wrote it up carefully in my personal notes. I wanted not to influence them. Then one day he came to my office again, "Doctor, I've just got to talk to you." He sat down. He seemed eager, alert. "Doctor, it's as though all my life I've been blind, and now I can see."

I checked him carefully for signs of psychosis. His depression was gone. His thought processes were logical and clear. There was still a trace of fear that he might have a (non-existent) cancer — but "I guess I've just been imagining it." The nursing reports checked. From the time of our dramatic encounter until his second request to see me his return to normal had been uninterrupted.

It was then I let a golden opportunity slip through my fingers. I should have written a book on Cosmic Forgiveness and started a new psychotherapeutic movement. Who knows — I might have been able to raise funds to build a Cosmic Forgiveness Institute in California. Maybe I'd even have family therapy licked as an "in" movement.

But of course I would have been doing the very thing I warned us all against in my opening remarks — of starting a wave to end all waves.

Man is more complex than we do him credit for. We can reduce him to a set of genitals and an instinct for aggression. We can treat him as a laboratory rat or a complex communications system; we can place him in his family and teach him how to communicate there.

In a sense we are in no position to criticize any of these views. It is just that each alone, indeed all of them together, are not enough.

We must also take seriously Man's yearning for mystery and stand beside him as he struggles with the transcendental. We must acknowledge his right to look for meaning in his life. We must also recognize that there are times when our acceptance and our closeness may dissatisfy and even stifle him. One day he will die alone, and before that day we must be prepared to lead him to the antechamber where he can clothe his nakedness before facing, alone, the God of the Universe.

Jesus once accused the Pharisees of being blind leaders of the blind. We counsellors and psychotherapists are not in danger of being anything like that. We are blind all right — blind to existential despair, blind to the implications of man's groping for mystery, blind in our bland acceptingness of his sin. But make no mistake we are not blind leaders of the blind.

We are blind leaders of those who see. We think we know what our clients need, while they *know* what they need. We must open our eyes before it is too late. The floods of the living are sweeping against our doors. But they are also sweeping beyond us. And the flood will subside. Impossible as it now may seem the volume of those who demand our services will reach a peak and then drop.

Many of us are going to be left sitting on mud banks, having little seminars on an imaginary flood that no longer exists, blissfully unaware that all we are left with are the corpses, the garbage and the debris . . .

RESUME: On conteste la sottise d'adhérer à fond de train aux nouvelles façons de faire du counseling. L'auteur se demande si la thérapie familiale ne prend pas l'allure d'une mode en counseling. Il met en relief le fait que les individus aliénés de leur famille ne sont pas des membres d'une espèce inférieure. Il propose aussi que ce qu'il y a d'humain dans l'individu doit inclure le besoin existentiel de l'homme à trouver une signification à la vie ainsi que son besoin d'une réponse à une culpabilité réelle et à sa fascination pour le mystérieux et le magique.

REFERENCES

- Frankl, V. E. *The doctor and the soul*. New York: Bantam, 1967.
 Frankl, V. E. *Man's search for meaning*. New York: Washington Square Press, 1963.