

ECOLOGICAL PERSPECTIVES IN FAMILY AND COMMUNITY MENTAL HEALTH PRACTICE

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The family therapy movement has been growing in strength in North America and is now maturing into its "middle-age years." Just thirty years ago family therapy was unknown as a unique interventive modality. It was introduced in the early 1950's when several psychoanalysts began to experiment with interviewing family members together (Jackson, 1974). This had traditionally been discouraged in analytic practice because of the complexity it was thought to bring to "transference" reactions. Individuals such as Bowen, Jackson and Spiegel (Guerin, 1976) were, independent of one another, researching the impact of family interviewing on the behaviour of schizophrenics. During the American Orthopsychiatry Conference in 1957, several of these therapists reported their initial research efforts. This national meeting was the first at which ideas were presented about work with families with members suffering psychopathology and is considered the initiation of what has been called the family therapy movement (Guerin, 1976).

The major thrust of mental health intervention has traditionally focused on the individual with the focal point of intervention being the individual's intrapsychic functioning. In the 1950's and 1960's the work of theorists such as Bowen (1960), Ackerman (1966), Jackson, (1965), and Bateson (1972) attempted to influence a shifting of the emphasis in the study and treatment of human behavioural phenomena away from the individual person and more extensively on the family unit. During the late 1960's and early 1970's the family therapy movement began to broaden its focus on the family to include the important influence of environmental factors such as cultural, religious, and vocational spheres. There

was an expanding awareness of the importance of community factors in the life of the family (Auerswald, 1968; Hoffman and Long, 1969). Early family therapy models had emphasized that the family as a behavioural unit was more profound than being simply a collection of the behaviour of individual members. However, the emphasis had remained on the family as a dynamic unit, but largely with little attention given to the impact of social, cultural, and community factors on family functioning. As general systems theory grew in its recognition by the social sciences (Miller, 1978), a beginning body of coherent theory developed to support the work with family systems (Freeman, 1981). The family became recognized not only as a supra-system to the individual, but simultaneously as a sub-system of the community. This theoretical shift may be identified as the ecological approach to family therapy in which the family is seen to be simultaneously in interaction with its immediate environment while being influenced by the internal activities of its individual members.

In terms of their emphasis on the inter-dynamics of individual and environmental aspects of human behaviour, family mental health practitioners and community mental health specialists have a great deal in common. They share a range of interventive strategies that are rooted in systems theory. Within the community mental health field, classical systems theory (von Bertalanffy, 1968) has served as a foundation for the ecological approach (Bronfenbrenner, 1977; Holahan, et al., 1979; Germain, 1981; Wilkinson & O'Connor, 1982). Similarly, the systems perspective has been of significant impact on the conceptualizations of family functioning and strategies of fam-

ily therapy (Minuchin, 1974; Steinglass, 1978; Hoffman, 1981). From these common origins in the system model, several major themes have emerged that are of mutual importance to both groups of mental health practitioners; those that focus on family and those whose main concern involves community aspects of human functioning. First, the traditional psychiatric emphasis on individual behaviour change is viewed as being incomplete and greater attention is drawn to the behavioural implications of transactional patterns within dyads, families and social systems. The patterns of inter-personal transactions become a major focus of intervention and individual behaviour is viewed as inextricably woven into a person's social environment. Further, more extensive consideration is focused on the situational context in which human communication and activity is framed. That is, individual behaviour is seen as being anchored in a series of environmental contexts (Moos, 1974). To facilitate positive human functioning, there is recognition that mental health practice should attend to the social implications of a human act and not attend solely to intra-psychic phenomena largely divorced from a client's natural environment (Auerswald 1968; Hoffman and Long, 1969). Finally, family and community practitioners have given careful attention to social networks and acknowledge the influential role these can play in personal adjustment and mental well-being (Speck & Attneave 1973; Caplan, 1974; Saulnier, 1982).

These developments in family and community mental health practice have challenged traditional mental health clinical paradigms and have offered an alternative orientation to human problems (Haley, 1970). Perhaps the most profound difference rests in the focus and range of clinical assessment and problem definition. How one defines a problem leads ultimately to the selection of strategies of problem resolution. If one believes that behavioural problems rest within and are supported by social

systems, then one must strive to understand how social systems contribute to behavioural problems and act to ameliorate negative interactions. If one believes that the individual is the key focus and the central element in human difficulties, then one expects basic change to occur primarily within the individual and intervention is focused on the individual. The key issue in assessment then is the degree to which family and environmental factors are incorporated into the definition of the presenting mental health problem. Traditional mental health treatment has maintained a primary emphasis on the individual and treatment alternatives have centered on the person identified as the patient. Ecological theory suggests that individual problems are integrally embedded in social systems such as the family. If positive and permanent individual behavioural change is to happen, it must occur in concert with the expectations and functioning of the individual's surrounding social systems.

The family can be reviewed as representing the meso-system (Bronfenbrenner, 1977) between the individual and the community. As such it represents a significant context in the understanding and resolution of human behavioural difficulties. The family therapy movement has provided us with functional approaches in the assessment and management of mental health dysfunctions in what can be considered as humankind's most vital social system. Certainly from a community mental health perspective, the family represents the first and foremost social system in which patterns of human behaviour, social roles and interpersonal communication are learned and enforced. If change is to be attained in social functioning and patterns of communication, this primary human system is a most appropriate and relevant target for mental health intervention.

The papers in this monograph move us in the direction of encompassing a perspective of "person-in-family-in-environment." The collection is clustered into three main sections spanning practice, policy and re-

search themes. The first section, "Family Treatment and the Social Environment," draws attention to the ecological implications of family mental health treatment. Kuypers and Bengston reflect on the dynamics of what has been known as the social breakdown syndrome and how this can be an important interactional theme in older families with aging parents. Leahey and Slive apply an ecological perspective to the institutional treatment of disturbed adolescents and their families. Dacros and Levesque consider necessary support services to facilitate the entry of the aged into a new environment; that of a nursing home. Section two, "Current Issues in Family Practice," highlights important contemporary family themes in mental health services. Schlesinger reviews factors involved in successful marriages in the 1980's, highlights the findings of a Toronto survey, and sketches out important interpersonal dynamics linked to marital satisfaction. Czukar details the social and legal implications surrounding public policy in regard to mentally retarded persons right to marry and have children. Jehu and Gazan offer a comprehensive analysis of the factors related to the emotional, sexual and interpersonal adjustment of women who had experienced sexual assault as a child or adolescent. Lefebvre and Moral consider the alteration of family structure at the time of a child's marriage and the issues inherent

in parent-child separation. The final section of this collection, "Research and Family Practice," contains two papers which both describe research methodologies that are relevant to the study of family systems. Skinner, Steinhauer, and Santa-Barbara, present their inventory of family functioning "The Family Assessment Measure (FAM)." They review the underlying concepts in their operational model, describe the measurement properties of the FAM Scale and offer a sample case to explicate the application of this assessment tool. White presents marital topography as an alternative approach to family measurement in which an empirical framework may be applied to the naturalistic observation of human systems.

Mental health practioners who focus on family dynamics and those with key interest in community concerns in human distress, are relative newcomers to public mental health services in Canada. It is our belief that these two orientations have a great deal in common, both in their view of the roots and causes of psychological distress and in terms of their priorities in the organization of service delivery. The intent of this collection of papers is to offer theoretical and research material that is of mutual interest to family and community practitioners in Canada to promote conceptual bridging and collaborative efforts between these two kindred mental health constituencies.

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 a person who made a strong contribution to
 Community Mental Health Services in Canada.

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John T. Hull
 une personne qui a largement contribué
 au développement de la Santé Mentale
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