

EDITORIAL

FAMILY AND PSYCHIATRY

Family is a social unit that consists of people related by blood or marriage living in the same household and sharing the same kitchen. It may comprise of only a couple and their unmarried children in a nuclear family set up, or a spectrum of related individuals in collateral and conjugate series in a joint family set up. The family provides emotional support to an individual as well as plays a major role in the formation of one's personality. It has therefore attracted attention of psychiatric workers who have been trying to determine the "mysterious" aetiopathogenesis of various behavioural disorders. The structure, size, socio-economic status of family, the state of emotional health of family members, education, religion and migratory status of families have been observed to be related to various specific psychiatric illnesses. A review of studies reveals that psychoneurotic and depressed patients are over represented in the unitary and small-sized families, where as hysteria is observed more commonly in females from joint families. The reason being that in a unitary family there is lesser dilution and fewer opportunities for sharing of emotion, particularly in times of stress which leads to swelling of emotions, in turn leading to formation of a nidus for subsequent precipitation in the form of depression. On the other hand in a joint family 'restrictive' environment women are to observe more restraint, all must be subject to command of the 'elders', which now a days leads to interpersonal maladjustment. Hysterical manifestations may arise or may get perpetuated because of easy availability of a secondary gain. The upsurge of broken marriages in western culture has reflected in ever increasing problems of juvenile delinquency, adult aggression, suicide, and drug addiction. Attempt has also been made to establish an association of marital status and family pattern with the nature and rate of mental disorders as well as their prognosis. Such studies have revealed better prognosis in patients living with their spouse as compared to patients living with parents. A higher rate of ill health is observed in the parents of larger families. Abnormalities of family interaction greatly affect the child development in terms of attentional and perceptual capacities. The concept of schizoprenogenic mother; 'Marital schism' and 'Marital skew' are well documented in the literature. Latest observations have been that either over involvement or excessive criticism by family members are both indicators of a higher chance of relapse in schizoprenics. These are the characteristics of family that can be modified by 'family therapy' in order to improve the prognosis. Besides structure, size, communication and interaction, sibling position has also received attention. Psychiatric disorders occur in a significantly greater frequency among the eldest siblings. The reasons for this have been detailed by Sethi and Gupta (1973). Similarly workers have observed higher psychiatric morbidity in migrated families, and in families with lower socio economic status.

In India despite some marked and drastic social, political, economic and religious changes the country has gone through over the last thirty years, the family has retained its primarily joint or extended characteristics. There has been an increasing number of intercaste and interreligious marriages which would help to wipe away caste and religious distinctions, discrimination and segregation. Some of the changes which have recently taken place in the Indian joint family indicate that freedom of children is

greater than in the past, parental authority confrontations are on the increase and are likely to become more severe. The Indian family is now failing as a "social security" system, and this family function is being transferred over to other social groups and institutions. The Indian family is also failing as an "emotional security system", mate selection by romantic love and by partners concerned is more prevalent, the dowry system is under a threat of extinction, residential and geographical stability is becoming more dominant, there is much change in house-hold types and young people are receiving better education than their parents. Indian family is now observing a trend towards a greater degree of equalitarian family relations, with less sexual segregation and limited subjugation of women to an inferior status. There is emphasis on individualism and independence and a greater differentiation and specialised functioning of social institutions are to be observed. Life in an urban setting is witnessing efforts at birth control and family planning. Social morbidity, marital disruption, neglect and improper care for the elderly are in motion. In more ways than one the policies and planning being adopted are having an influence on family activities.

Some of these changes would be most welcome, for they represent progress, but at the same time there are others that are detrimental to the emotional health of individuals necessitating a greater emphasis on familial aspects of management of psychiatric illnesses. Indian psychiatrists, therefore, now need to focus their attention on the changing pattern of family structure, size and intra-familial communication and interaction which would in turn lead to a change in the presentation of psychiatric illnesses. In India most of the work done on families relates to structure and size. Now Indian psychiatry should also move on to study the influences of changing pattern of communication and interaction so that it may fulfill the expectations of the present day population. It is widely believed that for a long time we shall not have adequate number of psychiatrists to handle the ever increasing number of emotionally sick individuals, hence in planning or formulating our therapeutic intervention, we must keep the family and its useful role in view.

B. B. SETHI

REFERENCE :

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