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The Study and Reduction of Group Tensions in the Family*

Child guidance workers all over the world have come to recognize more and more clearly that the overt problem which is brought to the Clinic in the person of the child is not the real problem; the problem which as a rule we need to solve is the tension among all the different members of the family. Child guidance is thus concerned not with children but with the total family structure of the child who is brought for treatment. This outlook is especially helpful when we think of the family group as a structured group of a kind not dissimilar in its nature and dynamics from any other structured group, for instance a factory group. Many of the same principles of approach appear to apply. Those working in the field of industrial relations have often emphasized how much they have learned from those of us working in clinics. We on the child guidance side now feel it is our turn to be grateful, because in the last two years we have learned a great deal from the experience and methods of our industrially oriented colleagues.

In the case of both child guidance and industrial consultation, the problem which is brought, be it a child who bites his nails, or a difficulty in selecting foremen, is seen to be but a symptom of a more complex problem. In each case the problem is commonly found to involve many, even all, the people with whom the so-called patient comes into contact. With the child, the problem usually lies in the relationships between him or her and the members of the family. With the industrial worker, it lies in the relationships among all members of the factory, from management downwards. In each case our first task is to reorient those consulting us, in order to help them see the real problem, of which they themselves are probably a part, and to see the alleged problem in its true light as a symptom. Such reorientation is, of course, the traditional role of the physician who, consulted about headache or rash, is concerned to discover the disease process, in the knowledge that treatment of the symptom only is futile and perhaps dangerous.

It is notorious in child guidance work that one of our principal difficulties is

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that of obtaining parental co-operation in resolving the adverse family relations. A similar difficulty arises, often less obviously but no less really, in industrial work, where management may be very loath to continue co-operation when it realizes that this may require extensive reconsideration of its relations with workers. Faced with a situation where the co-operation of key people is difficult to maintain, there is a temptation for the professional worker to solve the group problem by removing one or more of the individuals concerned. In industry, management may wish to sack the trouble-maker. A similar procedure in child guidance has been to take the child out of the home and put him or her elsewhere. Although occasionally unavoidable, this seems to me a policy of despair.

The procedure which we are using in the Tavistock—in child guidance, in adult patient groups and in industrial work—is different. In all these situations where there is tension in a group of people, it is our aim to help them to live together and to resolve their tensions. We do this in the belief that the experience of understanding and working through these tensions is itself valuable as giving all members of the group insight into the nature of their difficulties, and insight also into the techniques whereby similar problems can be overcome in future.

Procedures of this kind presuppose that members of the group have a need and a drive to live together in accord. One of the striking things which we meet with in child guidance work is the tremendously strong drive which exists in almost all parents and children to live together in greater harmony. We find that, though caught up in mutual jealousies and hostilities, none of them enjoys the situation, and all are desperately seeking for happier relations. Our task is thus one of promoting conditions in which the constructive forces latent in social groups can come into play. I liken it to the job of a surgeon: not to mend bones but to try to create conditions which permit bones to mend themselves. In group therapy, and in treating the tensions of groups, the aim should be to bring about those conditions which permit the group to heal itself.

Now, there are many ways of setting about this. The purpose of this paper is to indicate some of the methods which we are trying in the child guidance clinic at this time. I emphasize *trying*, as we certainly have not arrived at any clear conclusions. First, we do not nowadays undertake systematic, individual treatment of a case until we have made a contact with the father. To those of us who hitherto have not done this as a routine, the experience is a revelation. In the past many of us have tended to leave the father out until we have got into difficulties, and then have sought to bring him in. But by insisting that everyone relevant in the case should have an early opportunity of making his contribution, and of finding out whether he wants to collaborate with us, we find the way towards collaboration very much smoother. These first steps in a

case are vital and repay very careful study, but I shall not say more about them here.

The clinical problems with which we are faced are, very often, those of families where there is a nagging mother, and a child who is rebelling; there is mutual irritation and jealousy and father is tending to take one side or the other, thereby making matters worse. In addition to individual interviewing, we have been attempting, experimentally, to deal with these tensions by bringing all parties together in a long session and examining the problems from the point of view of each.

An Illustrative Case

To illustrate this technique I will describe a case that I have been treating for a long time now. When originally referred 2½ years before the time of this writing, Henry was aged 13 and was attending a grammar school, for which he was well suited on grounds of intelligence. However, his work was poor and he had a bad reputation for being lazy, untidy and unco-operative. His mother, a very unhappy woman, was intensely bitter about him and poured forth complaints about his behavior at home. He was dirty, untidy, disobedient and cruel to his sister (five years younger than he), and forever meddling with the electricity or plumbing, so that either they had no electric light or the house was flooded. The history showed that there had been tension between this boy and his mother since his early years, that it had become exacerbated after his sister's birth and had festered on ever since.

The nature of the problem and its origins were fairly clear. The solution, however, was far from easy. The mother had no insight into the part she was playing, and blamed the boy. The boy was equally hostile and critical towards his mother, and had equally little insight into his own contribution. Each wanted to get the Clinic on his or her side against the other. Because of this intense mutual suspicion, and because I feared I would not get the boy's co-operation if his mother also came to the Clinic, I decided (probably mistakenly) to work alone with the boy, keeping in touch with the home and discussing the situation with the headmaster to see how far the boy could be helped at school. Progress was imperceptible. School reports remained very bad and the tension situation at home acute, as was shown by occasional interviews with father or mother. During therapeutic sessions Henry was evasive, although, as time went on, confidence in the therapist's good intentions increased. As might be expected there was a very strong negative transference, and opposition to analytic work was as pronounced as was his opposition to school work or helping in the home. (All these connections were, of course, interpreted.)