Notes for a Cultural History of Family Therapy*

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The official history of family therapy describes its beginnings as a daring technical and philosophical departure from traditional individual treatment in the 1960s, inspired especially by the "system thinking" of Gregory Bateson. This celebrated origin story needs to be supplemented with a longer and larger history of both practice and thought about the family, and that is the subject of this article. The longer history goes back to the founding of social work by Mary Richmond, of pragmatism by William James, and of the organic view of social systems intervention by John Dewey. Seen against this background, family therapy is, among other things, a consequence of the development of persistent elements of American professional culture, experience, and philosophy. The taking of this historical-anthropological view discloses also the origins of two other histories that have made their contribution to the development of family therapy: a science of observing communication processes that starts with Edward Sapir and leads to contemporary conversation analysis, and a history of mesmerism in the United States that culminates in Milton Erickson and his followers.

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FAMILY THERAPY seems to be suffering an identity crisis. As teachers and developers of a distinct practice and discipline, we family therapists seem to be losing ground, or at least losing definition. Family therapy training institutes, whose founding was one of the distinctive features of the discipline, have been closing. "Schools" of family therapy, whose differences were once the focus of our journals, no longer appear at the top of their table of contents, if they appear at all. Some of us—especially the older generation who were there at the beginning—are alarmed at the ease with which eternal verities such as "systems thinking" can be set aside. And our most popular journal is no longer named *The Family Therapy Networker:* it is now merely *Psychotherapy Networker.*

And yet, if we turn our attention from these theoretical labels and definitions, our work is thriving. A glance at the contents of our journals and the programs of our conferences shows that we are teaching (and learning) more in collaboration with others who do not define themselves as family therapists: community organizers, clinicians responsible for populations with special needs, anthropologists, social policy experts, people responsible for what we call "larger systems," meaning

* This article is based partly on *A Different Story: The Rise of Narrative in Psychotherapy* (Beels, 2001). I will also consider—from a historical point of view—certain issues concerning the role of theory in the development of family therapy, which were first raised in Newmark and Beels (1994).

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larger than the family. A look at our longer history and our place in the larger culture of American healing practices will help to explain what is going on. Our identity crisis may be the result of a narrow perception of how we got that identity in the first place. The "discipline" some of us feel we are losing was hatched in a very special atmosphere of the middle of the last century.

THE OFFICIAL HISTORY

Trying to reconstruct a history of family therapy from the pages of its oldest journal, *Family Process* (first issue, 1962), I am struck by its self-conscious image as a new invention.[1] One of the few explicit histories reviewed, a chapter in Guerin's *Family Therapy, Theory and Practice* (1976) refers to "the first twenty-five years," which would put the beginning of that history in the 1950s. Another historical piece is John E. Bell's (1967) reprinting of his first account (1953) of having imported this invention from the Tavistock Institute where, as a visiting fellow, he had heard that John Bowlby saw family members together.

There are three independent stories of invention referred to frequently in these pages, all involving psychiatrists. In one, Nathan Ackerman, a child psychoanalyst, began seeing the families of children in his New York practice in the late 1930s, and taught it at Jewish Family Service beginning in the early 1940s. In another, Murray Bowen had a ward at the NIMH in Maryland, where the families of schizophrenic research subjects lived under the observation of the staff, in 1956.

But most important, and most emblematic of the "invention" theme, is the story of the "double blind." The British anthropologist, Gregory Bateson, had a grant to investigate the communication of the families of schizophrenic patients at The Palo Alto Veterans Administration Hospital, and he recruited a psychoanalyst, Don Jackson, who had just completed a fellowship at Chestnut Lodge, to be the psychiatric member of his team. The others were Jay Haley, an expert in communication, and John Weakland, an engineer turned anthropologist. The "Theory of Schizophrenia" this group proposed in 1956 (Bateson, Jackson, Haley, & Weakland, 1956) described the form of communication exchanged between family members as the source of the thought disorder in the patient. This was the prototype for papers about the new science of cybernetics—self-regulation in a social or biological system—and its novel use in the description of family pathology, and, later on, methods of treatment.

Jackson, Haley, and Weakland went on to found the Mental Research Institute (MRI) at Palo Alto, and their work over the years perpetuated the ethos of scientific invention. Their development of strategic brief therapy was an application of systems discoveries to the technical problem of creating change efficiently, in a single intervention if possible. This efficiency was contrasted with the much longer time taken by psychoanalysis to deal with supposedly similar problems, and was evidence that the family therapists had discovered or invented something new and better. Although no well-designed study ever actually compared the effectiveness of psychoanalysis and family therapy in well-matched cases with measured outcomes, the myth persisted among family therapists, who derided analysts for using up patients' time and money, and often making matters worse. We may never know the justice of

[1] Examples from Volume 1 are the review of Ackerman's "Psychodynamics of Family Life" by Martin Grotjahn, p. 169; the review of John E. Bell's monograph, p. 171; and the citation of Bowen's study at NIMH, pp. 154, 156, 158. For the "breakthrough" language, see especially the letter from Louis Paul, p. 342.

this claim for the technical superiority of family therapy (see Pinsof & Wynne, 1995, for a review of current effectiveness research). But, in this history, the competition between family therapy and psychoanalysis is important because of the imagery of the comparison. Though they were fundamentally different in theory and practice, each claimed, in its time, to be a new scientific discovery and improvement.

Psychoanalysis, which was undergoing its parallel and independent development from 1910 to 1950, actually fitted this image of a scientific invention. It was presented as such by Freud in his famous Clark University lectures in 1909. Psychoanalysis was a medical response to the welter of competing therapies available at the time, and as such was especially distinguished by the Boston neurologists, who had started its propagation in America, as their professional property (Hale, 1971). They were an influential medical elite, and they sponsored not only the technique of analysis but also the whole theoretical scheme of child development and normal and abnormal psychology that it entailed. By the early 1940s, because of these special claims, it had captured the attention and control of the entire establishment of medical psychiatry, both research and practice, not to mention areas of social science, philosophy, and the arts.

Thus, to most of us who were learning psychotherapy of any kind in the middle of the century, psychoanalysis was the force to be reckoned with—the argument to be answered, the invention to be improved upon. We inherited from the example of psychoanalysis, as well as from the general ethos of medicine and psychology, a glorification of the image of the great medical innovator. Pasteur, Ehrlich, Koch, and others besides Freud were culture heroes, and provided a model for how great healing inventions came about. The founders of family therapy were psychiatrists who had been trained as (or by) psychoanalysts, and they had inherited an expectation for that standard of theory. If their inventions were to hold up, they needed theories of their own, derived from a new epistemology, with enough sweep and novelty to put them on a par with Freud's revelations. Batesonian systems theory, Bowenian intergenerational theory (1966), structural theories of Minuchin (1974) and of Selvini-Palazzoli and her colleagues (1978) all were grand enough to calm the anxieties of the academic disciplines that came to sponsor family work. They spoke of social systems and their laws of operation in the same high scientific way Freud had spoken of the operation of the unconscious.

The effect was to reinforce the idea that we were engaged in something quite new—indeed, novelty became our unthinking criterion of interest, since we were putting distance between ourselves and those incorrigible traditionalists, the psychoanalysts. We tended to ascribe our effectiveness to the fact that we were using a new theory, rather than to our optimism, our attunement to resonant folk-traditions, or our imaginative embracing of alternatives. This expectation of the technical or theoretical breakthrough colored everything. Murray Bowen invented hundred-point medical scales of differentiation, a "three-generation hypothesis," and neologisms like "ego mass," which gave his ideas an aura of scientific discovery. Edgar Auerswald, a brilliant and imaginative clinician and organizer of natural social supports, maintained that systems theory, "a new epistemology," was the source of his insights, though his kind of thinking had been building—unlabelled as to theory—in the tradition of imaginative social work for a long time.

The image of family therapy as a new technique constricted our thinking. In retrospect, one of the most interesting

constrictions was the way in which Haley, at Bateson's suggestion, interviewed Milton Erickson, and then expounded his methods to the new breed of therapists—especially family therapists—in 1973. This book, *Uncommon Therapy,* portrayed Erickson as a masterful tactician whose hypnotic devices were simply a novel version of paradoxical power tactics, following theories similar to others that had been developed at MRI. It was the first most of us had heard of Erickson, and from this emphasis on power, novelty, and invention, we missed the long tradition of mesmeric and hypnotic healing that lay behind his work, to which I will return at the end of my description of the second history.

As a witness and participant in those discussions in the 1960s about family therapy as a technical improvement, I can give my view of the effect of systems thinking on our attitudes toward what we were doing. Ideas such as paradoxical instruction, strategic therapy, solution-based therapy and others that came out of MRI, had the effect of shaking up our thinking. They liberated us to look elsewhere in the system for strategic moves not directed at the symptomatic patient, and this liberation was a great aid to invention, imparting hopefulness to therapist and client alike. Systems thinking did encourage family therapists to look for solutions to the presenting problems in other places in society and the family besides the part that presented the symptoms. On the one hand, it loosened up our ideas about options for intervention, and for that it deserves credit. On the other hand, the ethos of the scientific invention gave us an exaggerated sense of power, and an interest in power as the name of our game.

In sum, like surgeons after invention of x-ray devices, we knew where to operate. And like surgeons, we have to accept, on later reflection, some of the downside of our over-confidence. It is known that Bateson himself was appalled at the uses to which his insights were put (Bateson & Bateson, 1987). And then, in terms of effectiveness, did Bateson's system theory actually improve the treatment of particular conditions? The record in the treatment of schizophrenia, for example, is negative. Whether such theories always or usually pointed in the right direction is a scientific, rather than historical, question, which I take up elsewhere (Beels, 2001).

A NEW (OLDER) HISTORY

As the family therapy field today shifts about, trying to find a comfortable new posture in a changing world, a different view of history may help us to find our place. The appearance of family therapy simultaneously in many different places in mid-twentieth century United States is part of a much larger story than the one I have sketched above. Certainly it is part of the larger story of eclectic psychotherapy. In his book, *Mind Games: American Culture and the Birth of Psychotherapy* (1998), Eric Caplan calls for a history of nonpsychoanalytic treatment. Responding to the preoccupation of other historians and critics with Freud studies, he begins his history, not with Freud, but with the early history of the railroads, and the concerns of American railroad surgeons to understand the nature and treatment of psychological trauma following collisions, long before anything called "psychotherapy" was thought of. Caplan goes on to include in his history some of the followers of mesmerism in the early nineteenth century, as well as the broad, pragmatic origins of American psychiatry and psychology a whole generation before Freud's arrival. There was something going on in the professional part of American collective thought that was already moving in the same direction that family therapy would eventually go. If the history of

these ideas and practices could be traced, we might see ourselves in a different perspective, and could understand some apparent contradictions of the present differently.

Social Work

To begin with the practice of seeing families in order to help them, consider the early history of the social work profession.[2] Roy Lubove (1965) shows how parish visits by ministers and deacons were gradually organized by civic associations into an upper-class program of "repressing mendicancy" among the poor in northeastern cities such as Philadelphia, New York, Boston, and Buffalo. These visits focused on the resources of the family. The earliest debates were about whether the most effective approach was "alms" or "a friend"—whether the poor benefited from carefully rationed grants of money or simply from contact with the inspiring example of success and organization provided by their betters.

The career of Mary Richmond shows how both of these paternalistic models were discarded in favor of a new and different form of consultation to the families and their resources—a consultation based on "facts." Richmond began as the secretary and treasurer of one of those organizations, and ended, after a fellowship at the Russell Sage Foundation, as the author of *Social Diagnosis* (Richmond, 1917), the founding document of the social work profession. In it, she describes a method of assembling "facts" from visiting and assessing the real environment of distressed people, most especially the family environment. Richmond was a true "systems" thinker, seeing the family in interaction with many levels of community and society around it. She also relied on the psychiatric insights of the earliest students of "juvenile delinquency"—William Healy at the Judge Baker Clinic, for example, with its detailed medical and social case records—to provide a complex, multidimensionally unique assessment of each "case." The purpose of such work changed from the relief of poverty and of its contributing causes, such as alcoholism, to the relief of suffering.

Reading *Social Diagnosis,* I am impressed, first, by what an intensely empirical document it is. Richmond compiled this handbook of casework practice from an enormous amount of experience. She employed two assistants for a year to search the written records of hundreds of different agencies in five cities. This was the beginning of more years of surveys, conferences, questionnaires, and statistical study. Her method is based, then, on an interest in the details of what is actually being done in the field, rather than on moral or theoretical precepts of how things ought to be. This is what she means by "facts" and their investigation, an interest that is part of the broadly empirical tradition in American social science that I think we encounter repeatedly in this longer history.

Further, I am impressed by the openness to complexity, to alternate explanations, that *Social Diagnosis* recommends to the caseworker. The worker's job at that time, after all, was not to do family therapy, but to classify and identify the problem in the case, and recommend a solution. Within those confines, however, Richmond recommends a strongly collaborative stance, an open mind, and a willingness to search out the whole field of social support before coming to a conclu-

[2] In the successive editions of textbooks of family therapy that have appeared under the editorship of William Nichols since 1984, there have been detailed and thoughtful introductory chapters on its history. The earlier versions of that chapter were very much along the lines of the official history I have described; but the latest, Nichols & Schwartz (1991), prompted by Bradhill & Saunders' 1988 Handbook, acknowledges the contribution of social work.

sion. "What are the family's plans and ambitions for the future? What moral and temperamental characteristics of each member can be reckoned with as assets, or must be recognized as liabilities in the shaping of that future?" (p. 381).

Ann Hartman and Joan Laird, in the historical introduction to their *Family-Centered Casework* (1983), point out that Richmond's *Social Diagnosis* described the family as "the case." Richmond was lecturing on the importance of the family as the determinant of behavior and thought as early as 1908. Her position on this was later challenged by other leaders of the field, who urged the alternative, working in individual interviews with single clients, hoping to bring into their practice the new ideas of individual psychology and psychoanalysis. Thus began a long struggle, documented by Hartman and Laird, between family, individual, and group or community practice (and theory) within social work.

There are a number of later contributions by social workers to the history of family therapy that, when assembled together, are striking in their pragmatic and eclectic point of view. The first that comes to mind is the contribution of early teachers such as Virginia Satir. A social worker with long experience with families in private practice in Chicago, plus "nine years on the couch" (personal communication). Satir was the first director of training at MRI. She was interested in systems theory, but a look at her books and training tapes over the years shows her to be eclectic, appropriating experiential, psychodramatic, and other approaches, plus a language of her own that owed much to the Human Potential Movement of her time, and her association with Fritz Perls and Gestalt Therapy. I think a complete history of family therapy would review the origins of other early centers of training and distinguish the contributions their social workers made to training and practice—Braulio Montalvo in Philadelphia, Peggy Papp at Ackerman, Alice Cornelison at Yale, and others.

A contribution that has been of particular interest to me is that of Carol Anderson and Gerald Hogarty (Anderson, Hogarty, & Reiss, 1981) to the treatment of schizophrenia, when they were social workers in charge of a research project on the family aspects of that illness. It is important to remember that the dominant theories of family relations in schizophrenia at the time were psychoanalytic (Fromm-Reichmann's schizophrenogenic mother) and family-systems (Bateson's double bind, and Laing's "mystification"), strongly blaming the family environment for causing the illness. These theories had elegance of observation and sweeping literary and philosophical connections to recommend them. They held out little prospect for change other than liberating the patient from the clutches of the family. They were magnificent, but Anderson and Hogarty were in a position to observe that they didn't work as a basis for helping families and patients to live lives of progressive emancipation from the illness. Instead, Anderson and Hogarty set out to construct an eclectic practice that combined what was becoming known of the biology of the illness; the construction the family members made of their own experience; an established social work practice of sympathetic interviewing and joining; and an educational and multifamily group work practice that borrowed from cognitive psychology as well. They then documented the effectiveness of their eclectic method. The effective triumph of their model of psychoeducational treatment of schizophrenia over the more glamorous and "interesting" theories is for me a model of how scientific thinking should work in our business.

Another example of the pragmatic resolution of theoretical debate by a group of social workers is The Women's Project.

Here a group of four social workers, Marianne Walters, Betty Carter, Peggy Papp, and Olga Silverstein (1988)—each of whom had been taught in earlier times by male psychiatrists of quite different theoretical positions (Bowen, Ackerman, and Minuchin)—got together to see what they could make of their common experience as women and therapists. The result was a contribution to a very pragmatic feminist family therapy.

Finally, two social workers from Australia and New Zealand, Michael White and David Epston, have made a significant addition to our work without claiming it as an invention. The influence their writings and teaching have had on the spread of narrative approaches to family therapy, as well as to therapies in general, began in the eminently pragmatic environment of a part of the world where social work practice, feminism, and community work were all more important than psychoanalysis as models of therapy. They started with videotapes of American family therapists. This led to a conceptualization of family work quite different from what had gone before, even from the American models they studied early in their careers. They were liberated, it seems to me, from the American need to have a general systems theory that could stand up to psychoanalytic theory. Each of these three developments—psychoeducation, the feminist critique, and narrative—has been a departure from the formal elegance of Batesonian systems thinking.

Social Psychiatry

My own experience of family therapy began in a very pragmatic situation. I first encountered it on a tree-lined street in the Bronx where, as a first-year psychiatric resident in 1962, I went to work at a day hospital—an experimental alternative to hospital admission. The patients were mostly suffering a relapse with a recurrence of schizophrenic symptoms, and the purpose of the day hospital was to offer them and their families an alternative to the locked ward. The patients usually liked the idea, but in order to sell it to the families, we had to offer them immediate and strong sympathy for the distressing experiences that had led them to the emergency room, plus hope that in return for their trouble of getting the patient up in the morning to come to spend the day with us, the life they and their unfortunate family member were having would improve. And we quickly learned to conduct a kind of friendly, intensely involved and supportive, nonblaming family meeting that was quite different from the more elegant and magisterial models of the time.

Thus I entered family therapy through the treatment of schizophrenia, as part of the new movement of social and community psychiatry. The following year, 1963, President Kennedy announced federal support for that movement as a "bold new approach" to mental illness, embodied in the Community Mental Health Centers Act. As Israel Zwerling (1965) said, the strengthening of work with the family was one of the distinctive foundations of community psychiatry, the others being responsibility for patient populations rather than individual patients, and the preventive, anticipatory stance that resulted from that responsibility. So the decision to treat the severely mentally ill in the community was one of the cultural determinants of family therapy.

But the treatment of psychosis was only one of the three doors that then opened between a professional discipline and the practice of "treating" more than one person in the room. Since it was associated with a psychiatric illness, it was the door through which many psychiatrists entered family work (Jackson, Bowen, and Wynne, come to mind). The other two doors—the family treatment of child/ado-

lescent problems and marital therapy—had been open for a long time. Child guidance clinics that worked with families, and marriage counseling for couples, were both part of the social work practice of the 1920s (Nichols & Schwartz, 1991), which in turn grew out of a pragmatic understanding of how family organization is one of the natural keys to social support. The importance of families to schizophrenia, parents to children, and husbands and wives to each other, led to family therapy as a problem-solving enterprise promoting collaboration and common focus among family members. It arose out of evident need in many different places before, and independent of, systems theory. I have used the word "pragmatic" to describe many of these developments, and a theory for this kind of therapy, if it had to have one, would be pragmatism.

William James and Pragmatism

George Santayana quipped that pragmatism was not so much a philosophy as an excuse for not having one. The reader may feel that in that spirit I have been sweeping everything into the catchall of a history of family therapy and using "pragmatism" as a string to bind it together. To counter that objection I want to look into the origins of pragmatism at the beginning of the twentieth century, to disclose there the historical connection between looking at the practical consequences of psychological phenomena and taking a widely inclusive approach to social psychology.

The idea begins with William James, the founder of academic psychology in the United States. As the professor of that new department at Harvard, he sponsored its first PhD, awarded in 1878 to G. Stanley Hall (later president of Clark University and host to Freud's lectures). Of course, this social conception of mind was not unique to James. Here is James Jackson Putnam, his medical school classmate, a correspondent and admirer of Freud, and a founder of the Boston Psychoanalytic Society, quoted by Mary Richmond (1917) on the first page of *Social Diagnosis:*

> One of the most striking facts with regard to the consciousness of any human being is that it is interwoven with the lives of others. It is in each man's social relations that his mental history is mainly written, and it is in his social relations likewise that the causes of the disorders that threaten his happiness and his effectiveness, and the means for securing his recovery, are to be mainly sought.

This was an American idea of psychology, articulated early in the 1880s, and clearly, by William James.[3] He believed that what is experienced as the "self" is conditional in large part on the social theatre: "a man has as many social selves as there are individuals who recognize him and carry an image of him in their mind" (James, 1981, pp. 281–282). There may be "a discordant splitting, as where one is afraid to let one set of his acquaintances know him as he is elsewhere." This fear is a tribute to the power of a social self to determine identity, an example of the fact that the social selves are as important as those other more individual ones, the incarnation in the bodily self, and the spiritual self that is in touch with higher and greater things.

When he later came to write about the spiritual self in *The Varieties of Religious Experience* (1902), James scoured the world, both the anecdotal present and the

[3] Caplan gives a fascinating account of the roles James, Hall, Putnam, Boris Sidis, Adolf Meyer, and Morton Prince played in the founding of a remarkably contemporary American system of psychology/psychiatry. They had an idea of the unconscious based on Janet and Bernheim, quite independent of Freud's system. This group of two psychologists, two neurologists, and two psychiatrists met frequently at Prince's house in Boston in the 1880s.

scriptural and literary past, for instances, examined in detail, of this mysterious phenomenon. His method was eclectic and empirical, his curiosity directed toward effects and phenomena. In addition to describing the transports of Sts. Theresa and Francis and the exercises of St. Ignatius, he looked at religion as therapy—the "cure of the sick soul." His leading example was New Thought, "the religion of healthy-mindedness," which he described, at the time of those lectures (1902), as "recently poured over America, and seems to be gathering force every day" (p. 92).

New Thought was a philosophy and method propagated by a network of lay healers whose origins can be traced to mesmerism. Its "doctrinal sources," James noted were various: the Gospels; transcendentalism; Berkeleyan idealism; spiritism—especially the idea of spirits as seeking enlightenment and development; popular notions of evolution; Hinduism, with its image of the rebirth of souls. "The leaders in this faith have had an intuitive belief in the all-saving power of healthy-minded attitudes as such, in the conquering efficacy of courage, hope and trust, and a correlative contempt for doubt, fear, worry, and all nervously precautionary states of mind" (p. 93). To this ideological background, New Thought added as technique "an unprecedentedly great use of the subconscious life . . . exercise in passive relaxation, concentration and meditation . . . and something like hypnotic practice." An important difference between New Thought mind cures and Christian Science was the willingness of New Thought to integrate its practice with religion and medicine: it did not, as Christian Science did, ask its followers to reject their doctors and their churches.

James was actually giving his listeners a piece of his own experience. He suffered from long and disabling bouts of depression, and found intermittent relief in his sessions with a specialist in "mind-cure," a Boston woman whose methods (but not her name) we know from James' correspondence (Simon, 1998). At that time, the 1880s, psychotherapy was not thought of as a professional activity requiring an academic degree. Clearly, the psychology, psychiatry, and social work professions were only beginning to define themselves, let alone specify their relationship to psychotherapy. James had a pragmatic approach to the professionalization of psychotherapy. When his medical colleagues in Massachusetts tried to define it as a medical specialty in 1898, and outlaw practices such as mind cure, he objected strenuously. His position was: "What the real interest of medicine requires is that mental therapeutics should not be stamped out, but studied and its laws ascertained" (Caplan, 1998, p. 63).

By "mental therapeutics" he meant not only the mind cure of New Thought. There were other psychotherapies available in James' Boston. The "Emmanuel Movement" was slightly more respectable since it was sponsored by Emmanuel Episcopal Church. It was a combination of education, group ritual, and pastoral counseling (Hale, 1971). And there was Christian Science, which James also tried, but found unsatisfactory. What really cured his depressions, he wrote later in life, was the continual inspiration of his relationship with his wife, Alice (Simon, 1998, p. 282). This is a judgment that brings him into agreement with a current idea about marital therapy—the healing power of an intimate relationship (Lewis, 2000).

Besides his support of and participation in nonmedical psychotherapy, James spent a large part of his professional energies investigating the claims of mediums who appeared to be in touch with the spirits of the dead, a serious concern of several of his fellow psychologists at that time. He found neither mesmeric psycho-

therapy nor spiritism incompatible with pragmatism. On the contrary, his approach to lay healing practices was a prime example of pragmatism. He saw psychological healing, as he did his own profession, medicine, as something that contained a great deal of "humbug," but also had some obvious usefulness. If mind-cure worked, if ghosts had messages for us, and those messages had consequences, James wanted to know about it, and never mind the theoretical contradictions that might ensue. Such phenomena were to be investigated empirically, much like medical physiology, and the boundaries of the organism under investigation were defined by pragmatic investigation—the group, the family, the person, the ghostly dead, whatever suited the project of understanding how it worked.

John Dewey: Pragmatic Social Systems

That inclusive, social-organic view of mind is certainly what John Dewey, James' most influential student, learned from him. Dewey was, more than anyone else, responsible for bringing it alive into American professional and academic life. As the founding chairman of what was then called philosophy at the University of Chicago, he put pragmatism into action in the form of the empirical research activities of the social sciences. Dewey guided the expansion of the philosophy department's activities into social psychology, education, anthropology, and the analysis of communication (Faris, 1967). His students invented the opinion poll, and studied the anthropology of the Polish peasant in order to understand the problems of Polish immigrants in Chicago. Dewey himself started the famous Laboratory School for working out the social conditions in which children learned.

At the conceptual heart of the department was Dewey's closest colleague, George Herbert Mead, another graduate student of James'. Mead lectured on the indivisibly *social* nature of mind. His ideas, brought together in a collection called *Mind, Self and Society* (1962), centered on a picture of communication arising in the animal world as a patterned set of signals with which animals indicate their *intentions* to one another. The play of dogs, for example, the growls, whines, baring of teeth, tail-wagging, and bowing to the ground, was not, as Charles Darwin supposed, an expression of urgent "inner" emotional states. It was rather a series of moves in a forward-looking game of bids for hierarchy and subordination, a patterned communication sequence that contained proposals and responses for what will be the structure of the group. It was what Bateson would have called a self-regulating system, serving smooth group functioning. And it was the model for the detailed study of human communication, of language, and gesture.

Edward Sapir: Process of Communication

The study of those "higher" forms of mental life—language, gesture, and the ideation that accompanied them—was vigorously empirical at Chicago. Outstanding among the second generation of social scientists there was the anthropologist and linguist (and poet and literary critic) Edward Sapir (1968) whose specialty was the structure of Native American languages. He taught that language was a social process that shaped the forms of thought (the "Sapir-Whorf hypothesis"). Sapir also formulated a language of gestures and body movements, "an elaborate and secret code that is written nowhere, known by none, and understood by all" (Sapir, 1968, p. 556), which was the precursor of Scheflen and Birdwhistell's "context analysis" (Scheflen, 1964, 1965). This was a system of analyzing the movements and gestures coordinated with speech in conversations, such

as their movies of family interviews conducted by Carl Whitaker and James Malone. The most recent appearance of this approach is "conversational analysis," developed as a qualitative technique in the investigation of family therapy process (Gale & Newfield, 1992; Kogan & Gale, 1997). I emphasize this lineage from anthropology and linguistics because it is one of the places where a rigorous natural history method of observing interaction has made an important appearance as an analytic aid to research in family therapy.

In his own time, however, Sapir's most important and enduring impact on our history was in what he taught Harry Stack Sullivan, the American psychiatrist who invented interpersonal psychotherapy.[4] They were close colleagues. Sullivan the psychiatrist taught Sapir and his fellow anthropologists much that would be useful in their project of linking childrearing practices and ethnic character, but Sapir taught Sullivan about the impact of cultural categories on the formation of psychopathology—the importance of linguistic and other symbolic processes in the shaping of normal and abnormal thought. And through Sullivan, this notion has entered the world of non-Freudian psychotherapy: not only interpersonal relationships but also cultural forms of thought from the larger society influence both psychopathology and its treatment. The modern development of psychoanalytic thinking that has been called "intersubjective" originated with Sullivan.[5]

THE BEGINNING OF "FAMILY THERAPY"

If these ideas had been around for so long in social work and psychology, and had been introduced into psychiatry by Sullivan in the 1930s, why did family therapy take another 20 years to appear? What produced the "invention" of family therapy in the late 1950s? It was the fact that some psychiatrists, the emblematic therapists of that day, broke away from the confidential individual interview that was their profession's gold standard of practice. If a psychiatrist saw a family, it was news, and it required a supporting theory. They were emboldened by the new community psychiatry practice of meeting patients in their "natural" environments, as well as their experience, in World War II, of treating battle trauma through brief, supportive and "group" methods. In many centers, psychiatrists provided the prestige, and social workers, who were already comfortable meeting with families, did the practical teaching.

For some in all disciplines, a new, supra-professional identification as "family therapists" became more important than the professional degree that legitimized their practice and determined their fees. For many social workers this was an advance into a position of leadership in family therapy institutes and a training responsibility that would not have been theirs inside the boundary of their profession.

There were other social phenomena of the 1960s that contributed to the timing of family therapy's emergence. The family-centeredness of that era's social ideals has been well documented (Coontz, 1992). Another example is the public confession of private life, a fruition of what James

[4] See Vol. *64*(1) of *Psychiatry* (2001) for Sapir's first (1938) contribution to Sullivan's new journal, with four modern commentaries on their relationship.

[5] Writing about Sapir and Sullivan leads me to think of my own debt to the anthropologist Vivian Garrison and her studies of *espiritismo.* Part of this history of the academic connections of family therapy might be a series of pairs of anthropologists and psychiatrists. In addition to Sapir and Sullivan, Gregory Bateson and Don Jackson (or Jurgen Ruesch) would be a second pair. Ray Birdwhistell and Albert Scheflen would be a third. Florence Kluckhohn, for a fourth, educated the whole Group for the Advancement of Psychiatry (GAP) Committee on the Family in the 1960s.

would have called "the religion of healthy-mindedness." Communes, be-ins, love-ins, marathon groups, open sexuality, and new forms of ritual in the theater, encouraged Americans to think that mental health was promoted by the open demonstration of feeling in an atmosphere of "naturally" intimate group support. Family therapists domesticated this cultural sanction for the exposure of feelings.

The Heritage of Mesmer

We come now to the third part of the American therapeutic culture, besides psychology and social work, that had an important cultural influence on family therapy. Naming it is a problem, because the people who make it up all have such different beliefs that they might be revolted by finding themselves grouped together. That (literally) anomalous quality is, as we shall see, one of its curious strengths. I will call it mesmerism, as several historians have done. We have already met it in James' description of "New Thought."

This development originated with Anton Mesmer, the eighteenth-century Austrian physician who had his greatest influence in pre-revolutionary Paris as a protégé of Marie Antoinette. Although Mesmer's ideas of animal magnetism were discredited in his own time by no less an authority than a scientific review committee headed by Benjamin Franklin and Antoine Lavoisier, his ideas and practice persisted and replicated themselves throughout the popular psychology: of France (Darnton, 1968), of England (Winter, 1998), and the United States (Fuller, 1982; Caplan, 1998) as well. This popular mesmerism was more than a way of experimenting with trance and other altered states: it was a model of transpersonal influence or intersubjective psychology. It was subject to a great variety of fanciful explanations, from Mesmer's original "scientific" idea of magnetic attraction and influence between minds, to the many spiritual and religious systems that later became attached to it.

One explanatory system that took over part of it was medicine. A Scottish surgeon, James Braid, became interested in it in 1840 as a form of anesthesia and of experimentation with the nervous system (Miller, 1995). Thus medicalized, and renamed "hypnosis," it began to have a certain professional respectability and has continued to be the subject of serious psychological and physiological investigation. But popular mesmerism also continued to flourish and grow as an entertainment and as a practice that explained or amplified systems of folk psychology and religious faith healing. One way it entered the United States was through the Hispanic Caribbean and Brazil (Garrison, 1982) where it was an important part of the Latino folk-healing cult, *espiritismo.*

It entered into the dominant American culture in 1832 as the teaching of a French mesmerist, and gained, according to Fuller and Caplan, a particularly energetic following under the leadership of the American itinerant lecturer Phineas P. Quimby, whose students included Mary Baker Eddy (Christian Science), and Julius and Maretta Dresser (New Thought). New England transcendentalism provided a particularly fertile soil for the spread of training programs in lay therapy based on the Dressers' system, and there were mind cure therapists, mostly women, doing individual therapy (such as that of James' "doctoress") and conducting retreats in many parts of the Northeast. One text, Hudson's *The Laws of Psychic Phenomena* (1893; cited in Caplan, p. 82), sold 100,000 copies. Meyer (1980) describes the various religious groups that descended from this tradition, not only Christian Science, but also Norman Vincent Peale's Positive Thinking, the Dale Carnegie movement, and the Inner Child people of our own time.

What was the key to the American success of the mesmeric tradition? Fuller suggests that, in Europe, political, medical, and religious spheres of life were compartmentalized by long historical traditions. "By contrast, mesmerism found America still without institutions cohesive enough to impart order to personal and social life" (p. 15). It was a sort of freewheeling and vital no-man's land, untrammeled by state religion, but yearning for transcendence and deliverance. New Thought flourished in the educated middle-class of New England cities and towns, at the same time as revivaltent evangelistic healing flourished among the Protestant working- and middle-class. As with institutions, I think, so also with language and ideas. Perhaps the very absence of settled science and articulated theory allowed the mesmeric groups to speak in a poetic, popular, and religious vernacular, embracing popular forms of speech and belief that professional psychotherapy has not allowed itself until recently.

Milton Erickson: Hypnotherapy

The person who pulled all this together for family therapy was Milton Erickson. His genius was to put all this spiritual story-telling together with medical hypnosis in a form that was useful in many kinds of therapy, including working with families. As a famous teacher, and president of the Society of Medical Hypnotists, he brought together the respectable and the fanciful parts of the mesmeric tradition. Erickson noticed the importance of rituals, stories, fantasies, and fairy tales in the procedures of hypnotherapy. Most important, he was interested in the mutual influences between these imaginings and group and family process. He saw that trance was not a special physiological state induced by a medical practitioner into a passive "subject" with a measurable degree of "hypnotizeability." He proposed instead that the hypnotist and the subject were collaborating on a story project together, and the collaborative trance could include family members and group members as well. Trance, he said, was what we all put each other into all the time, and it is endemic to family life, producing both symptoms and the relief of symptoms. This is especially well worked out by a family therapist who was a student of both Erickson and Minuchin—Michelle Ritterman (1983).

Ritterman emphasizes an Ericksonian idea even more important for the working out of this third strain in our history of family therapy. By concentrating on the way in which a group, whether hypnotist and subject, husband and wife, or a group of family members, use local, indigenous, vernacular materials to construct the metaphors they use in their improvisational mutual hypnosis, Erickson's students opened the door to a new understanding of the ritual, religious, and apparently magical aspects of therapy. In this way, the interpersonal experience of what is called "psychotherapy" in our scientific culture is like the altered mental states common to healing experiences in all cultures. Our next agenda —now going on in journals such as "The Anthropology of Consciousness" as well as the work of psychiatrist-anthropologists such as Arthur Kleinman—is to use anthropological observation to study these phenomena, perhaps to generate what James called the laws of "mental therapeutics."

The Anthropology of Consciousness[6]

As a beginning on this project, if we lay side-by-side anthropological studies of healing or religious practices, hypnother-

[6] This is the title of a journal, published since 1993, in which hypnosis, trance states found in the healing rituals of many cultures, and a variety of related social and psychological phenomena, are analyzed by anthropologists and members of other disciplines. William James would be at home in these pages, and in fact is occasionally cited.

apy texts (such as "The Structure of Magic" (Grinder & Bandler, 1976), and writings on narrative therapy, the similarities are striking. The narrative therapists have an anthropological interest in incorporating the vernacular beliefs—the uniquely expressed personal histories—of the group they are consulting with, granting them validity in their own terms. Ericksonian hypnotherapists are studying the natural history of the trance states of their subjects, trying to be as gentle and non-interfering as possible, working within the language of the subject's own mental world. The main difference between the anthropologists studying a religious or ritual practice, and the therapists doing hypnosis or family therapy, is that the therapists have been asked to make some desired change in the phenomenon under study, to shift for example one metaphor for a preferred one, staying nevertheless within the indigenous belief system with which the family validates its experience.

There is a place here to integrate our understanding of family therapy, narrative therapy, hypnotherapy, behavior therapy, and perhaps others—perhaps even psychoanalysis. Once you stop trying to look for "scientifically correct" theory and simply pay attention as an anthropologist would to sequences of events, patterns of behavior, states of mind, and small predictable outcomes—microsuccesses in the process—you can see a way of bringing these into a natural history, and thence perhaps a science, of nonpsychoanalytic therapies. The methods of thought and observation involved in examining these therapies are contributed by the line of investigators running from G. H. Mead and Sapir down through the semioticists who inspired Margaret Mead and Gregory Bateson to take sequential photographs of breast-feeding and baby-washing in different cultures. The next generation of systematic observers is typified by Stern's (1985) videotapes of mothers and newborns, documenting "attachment," and the whole video-generation of the 60s and 70s, watching therapy rather than writing about it, or at least doing a lot of watching before writing.

This anthropological point of view would also comprehend the intersection here with another part of American history—the construction of ideal communities: utopias, support groups, retreats, healing cults, communes, etc. If we look at these intentionally prosthetic groups or communities of short or long duration, we can see them as fictive ideal families, designed to supply a missing element in our intimate lives. This radical fringe has always developed outside the boundaries of official approval, combining the danger of anti-science (here Christian Science is an infamous example) with other conditions that promote creativity. Such research would also carry a public health challenge: to identify the signs of danger—as, for example, the danger of closed and exclusive healing cults that exploit the vulnerability of isolated, traumatized young people.

CONCLUSION

In conclusion, then, we discover two roles for science in the evaluation of therapies. One is the description and measurement of harm and benefit, the ultimate pragmatic standard. The model for such study is the rigorous epidemiological, clinical trial, with good definition of cases and comparison groups. The theory used in this work is "experimental," with hypotheses meant to be challenged, infirmed, "falsified," weighed against contraries of the comparison group, and if found wanting, discarded. In this way we acquire "evidence-based" therapeutics, and identify harmful practice.

The other kind of theory—scientific in quite a different way—is akin to narrative, and qualitative work such as conver-

sation analysis is essential to it. Its task is not to challenge but to describe carefully and with understanding. Thus the careful natural-history examination of the fine details of the process of therapy uncover—in the anthropological tradition—the hidden similarities and differences in practice that add to the official explanations that healers give for their methods.

Apart from helping to settle the place of "science" in our work, what benefits might we expect from the exploration of a broader cultural history of family therapy? Contrasting such a history with that of psychoanalysis might help us understand their separate fates in the present, and shed light on what can be expected of them in the future. The origin of analysis as the special practice of an elite with scientific credentials helps to understand why today there is still so much theoretical and "scientific" argument over the legacy of Freud, so much effort to rescue a continuity with his theory from the attacks of philosophical and empirical critics.

Family therapy, on the other hand, appears to be drifting, without much protest, into a varied stream of healing practices where its unique conceptual contribution, "systems thinking," is less and less asserted or defended. It has even been questioned, in some quarters, whether "systems thinking," is the *sine qua non* of theory in family therapy (Hoffman, 1990). History may be a way of recognizing ourselves as participating in the larger stream of culture I have been describing. And looking at that history, we can see that the coming together within family therapy of narrative, hypnotic, educational, larger-systems interventions, as well as our developing alliance with anthropology, with spirituality, and perhaps (John Dewey would add) with political activism—all have roots in a long American past.

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