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HOW WELL IS YOUR FAMILY?

HALBERT L. DUNN

Chief, National Office of Vital Statistics
U. S. Department of Health, Education, and Welfare, Public Health Service, Washington
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The author discusses how a family can become sick in more or less the same way that a person does. In this connection he analyses what relationships of the family members with each other are, what activities the family and its members occupy, what values are important to the family and its members, and to what degree the illness or wellness of a family member reflects the health status of the family as a unit.

»Sorry, Boss. But maybe I better knock off work and go home. Must be getting a cold. My joints are aching, and I feel weak as everything. Sore throat, and sick at my stomach, too. Just not worth my salt around here.«

»Sure thing, Bill. You do look all dragged out. Your face is flushed – do you feel feverish? Take care of yourself. Better get to bed and have a doctor look you over.«

Each of us, at one time or another, has had the experience of getting sick. And, the background symptoms experienced by Bill are more or less the same for any acute illness of any person. There are variations, of course, but in general they take these forms – the patient »feels sick« and »looks sick,« he lacks energy and feels »all dragged out«; there are vague aches and pains in the joints, the appetite flags, the stomach is upset, the face is flushed, the person becomes irritable and unreasonable.

We now know that these general symptoms are due to the struggle which the body and mind make against the invasion of disease or the destructiveness of high tension situations. As Dr. Hans Selye puts it, »The very concept of illness presupposes a clash between forces of aggression and our defenses.«

The physician who sees the patient with such symptoms starts looking for the cause of the trouble. A careful history comes first. Not only the character and the duration of the symptoms are important but also the family history and the previous illnesses of the individual, since these might give clues to the cause of the present sickness. The social and work environments sometimes hold the answer. For instance, certain occupations involve unusual risks; certain communities, special hazards. A newcomer to this class of special risks that you will be hearing a great deal about in the next few years is »radiological health.« Atomic fallout

and the increasing use of radiation for diagnosis and treatment will contribute their quota of health hazards.

A penetrating patient history taken by a skilled physician may seem unspectacular, but it is worth the price you pay. Some physicians estimate that the history of the patient, properly taken, may contribute 50 percent to the correct diagnosis. This fact gives the general family practitioner, who knows the members of the family both individually and as a group, a real edge in diagnosis over his city cousin, the specialist, and puts him in a better position to diagnose those disease conditions which have their roots in everyday living and in family and community problems.

A family can become sick in more or less the same way that a person does.

It is important to recognize that the degree of illness of the family must, in the end, be measured in terms of what it does to the persons who make it up – particularly to the parents and the children, but also eddying out to others who have contact with the family, such as grandparents and grandchildren, more distant relatives, and friends of the family members. In short, the influence of a family unit, for better or for worse, and in wellness or in sickness, goes rippling outward through the community, the job, the church and society generally. The attitudes and values of the family members, and the feelings of personal security or insecurity which they reflect in their daily life come for the most part from the unity and cohesiveness of the family group or from its conflicts and dissensions.

Not only do we recognize the signs of approaching illness in the individual, but all of us are concerned that the one who is becoming sick take care of himself. However, it is startling to realize that we do not ordinarily recognize the general symptoms of family sickness, and that, when we do, we tend to keep our observations discreetly to ourselves or pass them on as whisperings to our friends. Rarely, indeed, do we talk them over with the family concerned, which is probably seriously in need of diagnosis, help, and advice. How inconsistent we are in this, since many times the illness of the individual with whom we are concerned has its beginnings in a sick family. Family sickness can and does, all too often, give rise to mental breakdown and to chronic disease. It frequently is the source of social ills, such as distorted values, warped personalities, juvenile delinquency, and sometimes even suicide or murder.

Let us examine some of the general symptoms of a sick family. In doing so, we must remember that these symptoms represent stress reaction of the family members to a struggle against factors which threaten the family with breakdown. Up to a point, these symptoms of family stress can be beneficial, particularly if they lead to a recognition of the causes of the family sickness. If the cause is known to the family, corrective measures can usually be instituted.

It is not easy for the individual in a particular family group to recognize and evaluate the general symptoms of illness in his own family, because he is involved personally in the situation. It is for this reason that the members of a sick family have need of a wise and trusted counselor to whom they can turn for help in seeking understanding of the causes behind the general symptoms of their own family sickness. Of course a family can and often does cure itself, when its members see the reasons for its sickness and are willing to discuss them frankly and to make the necessary adjustments.

»Is *my* family sick?« you ask.

Before we undertake to answer that question, it would be helpful to consider the major functions which must be carried out within the framework of the modern American family if it is to perform its function successfully. Authorities are agreed that the two predominating functions are (1) the rearing of children and (2) the stabilization of the personalities of members of the family. A hundred years ago, there were other major functions. At that time, the family was an economic unit, producing a substantial part of the goods and food consumed by the family. It also afforded protection for its members and provided much of the education of the children. Now, the ties that bind the family as a unit are usually not so close-knit. Several generations rarely live under the same roof. However, the home is still considered to be the best place to rear children and to lay a firm foundation for the growth of a mature and stable personality. Hence the importance that the quality of responsive awareness to other individuals and the attitudes, habit patterns, and scale of values acquired within the family circle be adequate to permit members of the family to develop and maintain the emotional balance so essential to cope with the conflicts and adjustments required by the increasingly complex demands of the modern world.

To judge whether or not your family is sick, evaluate its position relative to the following four major areas of assessment:

1. What are the relationship of the family members with each other?

Are quarreling and dissension a matter of course, or do they occur only occasionally? When differences do arise, are they talked over objectively? Do they result in readjustment and some new basis of understanding and conduct? If so, dissension has helped to make the family healthier. If not, the unsettled dissension will fester and tend to increase the tension and irritability of family members.

Is boredom the rule in your family, or is there a feeling of zestful anticipation in its activities? (By boredom is meant indifference to practically everything.) Is there usually some family project or projects under way in which *all* members of the family can participate? If so,

this builds cohesiveness in the family unit through a common interest. Boredom invites the members to escape into more interesting activities elsewhere and a scattering, each to his own taste.

To what degree do the family members feel secure within the family circle? If insecurity exists, to what is it due? Uncertainty or inconsistency in behavior? Lack of responsive awareness to others, or love, or trust? Is there an absence of understanding or appreciation of one's partner? Or of one's parents? Love grows from the quickening of responsive awareness, and it cannot continue to exist without trust. Are these essentials lacking among the members of your family?

To what degree have family attitudes and practices limited freedom of the individuals within the group? Can family members realize their own potentials? Or, is there intolerance of the other fellow's viewpoint and special interests? Is there discredit of his attempt at creative expression? Is father insisting that Junior follow in his footsteps, against the latter's yearning to explore a different pathway?

Is there criticism by family members of each other in front of outsiders? How common it is to hear a wife criticize a husband, or a husband a wife, before a group of mutual friends, thereby embarrassing the friends and discrediting the partner. Is rigidity or flexibility the rule in meeting the criticism and viewpoints of other family members? Is the family run in an authoritarian fashion, or is there democratic management of its affairs?

A new balance through adjustment often represents a new level of harmony, building towards a more mature expression of family life.

2. *What activities occupy the family and its members?*

Families, of necessity, are ordinarily concerned with practical, day-by-day living arrangements and, therefore, need to be well run, dependable, and solvent. This involves the shouldering of responsibilities. Who shoulders responsibilities in your family? Does one person do it all? Is it shared? Is responsibility allocated in a clear-cut way? Is it exacted or excused in the children when they ignore it? Are children shielded from responsibility?

Is planned effort made to see that some projects are carried out as joint enterprises, such as reading out loud together, so stimulating to constructive discussion? Or has television been permitted to supplant reading completely?

Are money matters talked over between husband and wife? Is the family income discussed as an overall family matter with older children participating? How to spend and conserve the family income wisely can be great fun, while at the same time teaching family members to share responsibilities.

What are the relationships of family members to outsiders? Do the children (or husband or wife) want to bring their friends to the home? Are they encouraged to do so?

Is there a reasonable balance in family activities? between individual interests and family interests? between work and play? between responsibility and carefreeness? between tension and rest?

3. What values are important to the family and its members?

Einstein once said, »He is considered successful in our day who gets more out of life than he puts in. But a man of value gives more than he receives.« To what degree is the scale of values followed within your family based primarily on »getting« or »giving«?

Probably nothing affects the individual so much as the scale of values followed within his family. This is particularly true of the child, since its personality is largely shaped in the first six years of life. To what degree have greed and violence become a scale of value in your family? Are you struggling to »keep up with the Joneses«? Is money or social prestige perched high on your family altar? Or do creative expression and altruistic activities rank high in the scale of family ideals?

When values clash and contradict each other within the family circle, real trouble arises. To stand for one thing in public and live in a different way in private destroy the fabric of one's inner self.

Are you a father who teaches his son the virtues of honesty and then brags openly about how he got the best of someone in a shady business deal? Or a mother who believes in truth and integrity for her children, but gets caught »red handed« in untruths about money or where babies come from, or who fails to keep her promises?

A young child can take almost any shock in stride, except the loss of confidence in his parental haven of security.

Another value of particular importance to the growing child is the degree of emphasis placed on knowledge as contrasted to that placed on wisdom. Dr. Brock Chisholm, first director of the World Health Organization, has emphasized that we can and should start teaching children wisdom in the very early years. Professor Hans Thirring, of Vienna, believes that young people might be called wise who: (1) Possess the knowledge and good will for a better understanding of, and insight into, themselves and their fellow man; (2) possess a good sense for a proper order of rank of the various values and human issues, duties, and responsibilities.

Values are not usually black and white affairs; all good or all bad. Neither are people perfect, or all evil. Children need to be taught tolerance in not expecting perfection in others. The teaching of wisdom

as applied to values involves passing on to younger minds a portion of this ability to judge people and situations. Later on, in the mature person, this ability is one of the marks of ripe experience.

Can wisdom, defined in such terms, ever be well learned unless the lessons begin in the behaviour patterns fostered within the family at an early age? How else can the child achieve a reasonable degree of integration into society as he grows and matures?

4. To what degree does the illness or wellness of a family member reflect the health status of the family as a unit?

After long study, the Congressional Committee on Juvenile Delinquency urges searching examination by the social sciences of the relation between family living and juvenile delinquency.

»Do disturbed children tend to watch television more than nondistrubed children? What does this mean in terms of the future behavior of the child? What are the basic personality characteristics and family environments of nondelinquent children brought up in disorganized and undesirable neighborhoods? Do comic books reinforce, discourage, or encourage antisocial behavior?

It is common for the psychiatrist to find that the roots of a profound neurosis, a schizophrenia, or other mental condition go back to the early years in family life. To what degree is chronic illness in family members a direct result of maladjustments in family living?

And, finally, the degree of use of drugs, sedatives, tranquilizers, alcohol, and sometimes even excessive use of tobacco might well be an indicator, at least in part, of maladjustments and deficiencies in the home environment. Can one suppress anxiety through such means without losing his sensitiveness and responsiveness to others? Yet it is responsive awareness which leads to love, affection, altruism - qualities essential to the spirit of man. The degree of use of drugs by family members is probably directly correlated with the feeling of aloneness, frustration, or disharmony, which would largely be neutralized by a healthy family life.

It is equally true that when the members of a family are well in a positive sense, alive with the zest and joy of living to the full, this offers an important clue as to *how well* the family is a a whole. For many years, high authorities in the fields of medicine and health have declared that good health is something very much more than just the absence of disease. Even the Constitution of the World Health Organization declares that »Health is a state of complete physical, mental, and social well-being and not merely the absence of disease of infirmity.« And, in the same document, especial attention is paid to the child: »Healthy development of the child is of basic importance; the

ability to live harmoniously in a changing total environment is essential to such development.«

These statements are true because they relate to the basic needs common to all people – the need for emotional security and affection, met by loving and being loved; for social recognition and status, met by respecting and being respected by people who count in one's world; and for a sense of one's own worth, met by fulfilling one's responsibilities and living up to one's ideals.

Elsewhere, the author has advocated that doctors and health workers devote a substantial segment of their time, energies, and resources towards the problems of diagnosing *levels of wellness* in more or less the same way as they now do in diagnosing sickness. If this were done, it would become recognized generally that the state of *being well* is not a homogeneous and relatively uninteresting area for professional activity, but rather that it is a multilevelled, ever-changing, and interrelated panorama of life itself, and that well individuals are living at different levels of wellness which vary from year to year and sometimes from day to day.

It is true that much research will need to be carried out before the physician can diagnose the level of wellness of a particular individual by the objective measurements possible through biochemistry, physiology, psychology, and psychiatry. The extensive area of research on stress opened up by Dr. Selye will need to be pursued much further in this direction of positive health. Also, much work needs to be undertaken to clarify the significance and character of tension in man, his family, and other social groups.

When objective tests do become available to measure the level of wellness of the individual, I, for one, will be very greatly surprised if the laboratory does not eventually prove that a person cannot enjoy a high level of wellness without a substantial amount of creative expression, together with a generous portion of altruism and love in his daily life. Perhaps eventually consideration and effort along these lines might help to bridge the gap in our knowledge between the biological nature of man and the intellectual and spiritual factors so intertwined in his physical well-being.

Furthermore, as a science of wellness in a positive sense emerges, man will start changing his social structure and bettering it. As Gardner Murphy, in his classic book on »Personality,« so aptly points out, »Man is not passive in relation to these pressures (the norms of society); he reaches out, accepts, rejects, compromises, integrates. So important are the individual demands that the organism is injured or stunted if they cannot be met; this holds as much for the purely social demands as for the demand for oxygen, water, or food.« These things are so because all mankind experiences certain universal longings – the unity of all life, the brotherhood of man, the value of love, and idealism in its many different forms.

There are levels of wellness in family living just as there are degrees of sickness. Instead of considering sickness and wellness as a dichotomy, it is more useful, with respect to the concept of both individual and of family health, to think of health as a graduated scale. In this scale, we might locate death at the bottom and consider that all points on the scale up to the middle represent degrees of illness. Proceeding upward from the middle, we would come to the state of positive health, and at the extreme top of the scale would be a point marked »top-level« wellness. The two extremes on the scale, for the individual would be death and a vibrant aliveness; for the family, dissolution and a zestful, vital harmony of awareness as a family unit, »pulling together.«

We do not yet have a crystal-clear picture of high-level wellness, either for the individual or the family. When we can see the goal clearly, few persons will want to settle for less than top-level health, both themselves and their families. For in both, it will undoubtedly represent a dynamic, poised equilibrium of awareness and competence quite beyond our present experience.

Are we perhaps aiming too high? Should we be satisfied with something less? With freedom from sickness? With a contented and placid family existence?

In the author's opinion, it is doubtful if man *can afford to settle* for anything less than high-level wellness for himself, his family, and his world – not if mankind is to survive. The world is too complex. The physical powers under man's control are too vast.

Sadržaj

KAKO JE VAŠA OBITELJ*

Autor raspravlja o tome, kako obitelj može postati bolesna na sličan način kao i pojedinac, pa s time u vezi analizira odnose članova obitelji među sobom, njihovu djelatnost u obitelji i izvan obitelji, stepenovanje raznih vrednota u vezi s razvojem obitelji, te utjecaj fizičkog i psihičkog zdravlja na obitelj kao cjelinu.

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* Dr. H. L. Dunn je jedan od boraca za mir, poznat u SAD po svojim nastojanjima na području suradnje među narodima.