Reinforcement of Family Ties

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DURING the past several years, there has been increasing concern about an apparent weakening of the family as a strong, effectively functioning entity. This concern is shared by other countries across the world, where industrialization and other "benefits" of Western culture are accompanied by a breakdown in family life.

There have been many attempts to explain the reasons for this situation which we will not try to explore, but it does behoove each of us who has a responsibility for working with families to ask whether our efforts contribute to or threaten any aspect of family security and strength.

The importance of the family, both as a social force and as the basis for healthy personality development, is consistently stressed. We have swung from rigid routines in baby care to self-demand feeding, from early toilet training to self-discipline, and have made many changes in our ideas of what is "good for people." But at least intellectual acceptance of the value of the family has remained constant. Emphasis is, in general, on the primary family with some recognition that it does not exist in a vacuum, but is a member of a community. There is less expressed recognition that this family is also a member of a family, and of a social group from which it derives its identity.

Relationships inherent in the extended family have almost disappeared from segments of our population. In certain groups these broad family ties still exist and are important. And, for those of us who may have lost these close ties, there is often a sense that here we may have lost something of value. How often have we heard our mobile friends say wistfully that "the family is so separated," a note of regret that there is, for their children, so little sense of family that reaches beyond the typical American home? One of the plausible explanations of the cause of weakened family effectiveness is the lack of roots in broader family relationships. What additional strains are placed on parents where support from and close identification with their own families are missing? What is lacking for a child who does not feel a close part of a family which reaches beyond his own household? If we can concede that these are important relationships to conserve and strengthen, we must consider the part we play in strengthening or threatening these ties and, thereby, in affecting the ability of the family to meet its obligations successfully.

The Figure of Authority

Studies have been made to evaluate the secondary effects of health programs which substitute professional authority for the traditional teaching by older family members, experienced neighbors, or other key persons in the social group. It seems safe to speculate that these changes in authority figures are not without significance. And we might further speculate that, when these persons are divested of authority and respect in such vital fields as family health and child rearing, this may carry over into other areas of relationship. Can members of the family or social group, whose ideas on

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these matters have been labeled "wrong," "misinformed," even "bad," be expected to retain respectful consideration for their attempts to support social values basic to family functioning within the specific culture?

No one of us who has worked in public health questions that there are health practices which we must attempt to change. This is a large part of our reason for being. But we may need to weigh the actual health implications of some ill-favored practices against the possibility of strained relationships within the family or social group.

In the past few years we have become imbued with the importance of "culture." We find extensive material in health journals stressing the need for knowledge about and respect for the cultural background, beliefs, and customs of any group affected by health programs.

Culture is, of course, not the exclusive property of these groups sometimes described as "backward" and "interesting." As health workers we have a definitely ascribed culture which influences our own attitudes and behavior. Practices of child care, family management, medical care, and general patterns of family living which differ from the accepted theories and practices of the culture to which we belong, or aspire, may be labeled as "wrong," "misinformed," or, even worse, as "quaint" and "amusing" and therefore not to be considered seriously.

With our "scientifically oriented" beliefs about what contributes to or threatens health, there is a strong temptation for professional workers to have a sense of the rightness of our authority. After all, don't we represent a way of life which produces statistics showing significant decreases in morbidity and mortality, better teeth, and children who can tip the scales at a higher level? This very assurance of authority has contributed to parents having a tendency to become dependent on professional workers. If the professional worker feels that his role entitles him to this authority and derives satisfaction from having people depend on him for advice and help, he may voluntarily or involuntarily develop willing and compliant followers. But the professional worker cannot and would not be willing to fulfill the role of those persons who may be estranged by this tranfer of dependency, nor can he satisfy the emotional needs which can only be met within the family or social group.

Any attempt to bring about changes which may result in friction, resentment, or lessened sense of value to any important family member, or threaten the parents' position in the social group with which he is identified, should be made only with full knowledge of possible consequences. When, after such a careful evaluation, we feel convinced that change is important for the welfare of the family, we must make as earnest an effort to handle possible family tensions as we make to alter the health practice itself. Pressure for change tends to produce strain, since it implies criticism of previous methods. We can partially balance this strain by consciously reinforcing those things in the culture which are important and which provide stability.

To deprive the older family member of her authority on what constitutes proper feeding of the family and the appropriate way to treat a child's illness, and still show respect for her role, is not easy. It can be done convincingly only if we have real conviction of her importance. The effect of a tolerant but condescending smile, the summary dismissal of a family health practice or social custom, may have more disrupting effect on family relationships than we realize; on the other hand, the genuine respect of a professional worker for the authority figures in a social group may give them much-needed support in fulfilling their roles and contributing to family strengths.

In a number of instances, programs reflect an attempt to avoid or mitigate the threat to family and group solidarity from situations produced by change. Classes for expectant mothers, for example, have included expectant fathers and grandmothers, as well as other group members who represent authority. This would seem to be worth while since there is no time in a young woman's life when she is more in need of family acceptance and support. It is also a most important event for the total family.

An important consideration in the success of such an experiment is the purpose and method of including these additional persons. How are these family "authorities" viewed by the pro-

fessional worker? Are they expected to sit as listeners while we attempt to impart our health culture? Or are they encouraged to participate as recognized and respected authorities, with every possible support given their ideas even though some of them may have little scientific basis according to our present knowledge?

I use the term "present knowledge" advisedly. Some of us remember the days when we, with complete professional sincerity, contributed to making grandmother a dangerous character to be watched or she might rock the baby or slip him a between-feeding snack. Many a child was saved from the rigid schedule only because grandma knew too much to go along with the "education" of that day. And at how many foods and home remedies have we looked down our professional noses, only to go back to encouraging their use at a later date? Even when we can feel reasonably certain that a custom has no scientific health value, this does not mean that it holds no social value for the members of the group. Unless the practice is actually harmful, it can at least be given respectful consideration. Many a skillful nurse encourages the expectant mother to follow her own mother's advice regarding the *muneco*, or cloth band, around her waist to keep the fetus in place, at the same time that she attempts to influence her diet and general prenatal care. And at some of the hospitals caring for our southwest Indians, highly skilled physicians have realized the value of inviting medicine men to participate in the treatment of certain patients.

With all our best efforts to gain social group support for a family, there will be times when we have to encourage a parent to take a stand which we know may produce conflict. In these instances, we can at least attempt to develop sympathetic understanding of the feelings which may be aroused and lend our help so that the situation can be handled with minimum guilt and resentment. We must be as much concerned with helping parents maintain the best relationships possible as in supporting them to remain firm about a controversial family issue. Identification with a young mother against her unreasonable relatives or neighbors will serve no purpose. An attitude of "I am on your side; pay no attention to those misinformed and misguided advisers" will not be of lasting help. She will need these relationships long after we have moved out of the picture.

When changes may bring conflict between husband and wife, we need to take an even longer look at the advisability of supporting such recommendations. It may be of questionable value to have a child with good teeth and strong muscles, who is fed, toileted, and disciplined according to the latest theories, if friction between parents prevents family unity necessary for healthy emotional development.

Family Cohesion

Probably the most critical events in the life of any family, those experiences which have throughout time drawn families closest together, are childbirth and illness. The development of modern facilities is removing both of these from the home and away from the family.

Many of us have probably been in some way connected with a home delivery. This was certainly a family affair, with relatives and neighbors participating, and father and children waiting for a signal to claim the mother and new baby. The contrast with delivery in some of our hospitals has caused many thoughtful persons to question what may be the effect on family life and on the ultimate welfare of mother and child. In some of our hospitals we have come through the period when, for reasons of obsession with sterility or hospital routine, the mother disappeared into the mysterious recesses of the hospital, not to reappear again until it was "all over." The baby was immediately relegated to a separate nursery, scarcely to be seen thereafter except through a glass wall. The only visitor permitted on the ward was the father, and he was often so awed by the professional atmosphere that he sat out his visiting hour, stiff and uncomfortable, not daring to touch the baby which had been made so formidable by sterile precautions.

I will not be so heretical as to suggest that the figures presented to show increases in hospital deliveries may not always indicate unmitigated blessings. But certainly we can question hospital policies which preclude family participation. Some of our leading physicians and hospital administrators are successfully taking steps to

reinstate the arrival of a baby as a family affair. Rooming-in has proved most successful where properly administered. More flexible visiting policies which encourage families to visit the mother and baby have brought no alarming increases in infections nor have had damaging effects on mother and child. The era of rigid seclusion, however, has left its imprint. Certainly not all hospitals in this country have shown recognition that childbirth has more than physical significance. And our contribution to health practices all over the world will long be felt. Recently a physician from one of the medical schools in the United States told of an experience while visiting a hospital in South America. The local physician, who had spent some time at a medical school in this country, showed him the maternity ward. Mothers and babies contentedly shared the same room, with a basket for the baby attached to the bed. Relatives were visiting comfortably, making proper exclamations of pride over the new family member. The doctor apologized for the "primitive" conditions and explained that a new ward was soon to be constructed where babies could be segregated in a nursery according to the best standards in the United States. The U.S. doctor could only protest, "Don't let them! We are now trying to build a new ward to accomplish what you already have here."

The old picture of the family doctor sitting by the bed of the sick child, with parents standing tensely together at the foot, still hangs on many a wall. No one wants to return to that day. The parent of any seriously ill child gives deep thanks for the facilities of the modern hospital. But no parent wishes to be excluded from his child's care at such a time. It has been adequately demonstrated that effective hospital care does not mean taking over a child and excluding the family from any significant part of the experience. Yet any one of us could tell of cases where the sick child has become the property of the hospital, with visiting hours and conditions prohibitive of family involvement, no planned efforts to maintain the patient as part of the family, and no apparent recognition of family fears, customs, or rightful interest. We could also cite problems arising when we have tried to get these children back in the families at the time the hospital is ready to give up its claim. I hope we can balance these experiences with those where the child was given medical care with an understanding that he was and must remain part of a family, that there were a number of family members and friends important to him, and where the the whole experience was one that contributed to the child's development and to the ties which draw a family closer together.

I do not lay at the feet of the already overburdened and conscientious health worker the total responsibility for the rise and fall of family life. The most and the least that we can do, as professional persons concerned with total family health, is to consider all our efforts in the light of their significance for family functioning. We are in a position to make meaningful contributions to family life. When the day comes that all aspects of health, as defined by the World Health Organization, physical, social, and emotional, receive equal concern and emphasis, we may be able to play an even more important role.