

Individual and Family Therapy

CHILDLESSNESS

AND THE

FAMILY

LIFE CYCLE



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CHILDLESSNESS AND THE FAMILY LIFE CYCLE

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CHILDLESSNESS AND THE FAMILY LIFE CYCLE

At the moment of conception, life shakes hands with death.

— Edward Munch

I finally feel my wife and I are able to be models for our child (about to be born).

— Analysand toward end of analysis

In psychology the concept of the individual life cycle (ILC) with its developmental tasks and sequences, as most elaborated by Erikson (1950), has become part of our conventional scientific wisdom. In the emerging family systems approaches the importance of the family life cycle (FLC) has recently received greater attention (Zilbach 1968, Duvall 1962, Rhodes 1977). Haley's book *Uncommon Therapy* (1973), for example, is organized around the concept of the family life cycle. He notes how frequently emotional disorders correspond to critical stages in the family's development.

At the Albert Einstein College of Medicine family therapy training program, a seven-stage family life cycle sequence has been included in a family diagnostic evaluation form. It has here been expanded to eight stages. An integration of the individual life cycle and such a family life cycle has yet to be attempted. Erikson did this indirectly, in noting, for example, the importance of basic trust for such later stages as the establishment of intimacy when a new family unit is formed (1950, pp. 230-231). Below the two sets of stages are listed, and a diagrammatic integration is then introduced in which the FLC sequence is placed in contiguity with Erikson's eight stages.

Erikson's eight stages of the Individual Life Cycle (ILC)

Eight stages of the Family Life Cycle (FLC)

I. Trust vs. Distrust

4. Family with infant 0-2½

II. Autonomy vs. Shame

5. Family with preschool child

III. Initiative vs. Guilt

6. Family with school-aged child

IV. Industry vs. Inferiority

7. Family with adolescents

V. Identity vs. Role Diffusion

1. Courtship

VI. Intimacy vs. Isolation

2. Marriage

VII. Generativity vs. Stagnation

3. Pregnancy

VIII. Integrity vs. Despair

8. Family with children launched (Grandparenthood)

The stages of family development here presented are somewhat arbitrary but reflect the sense that the family unit organizes itself differently over the years largely around the stages of development of its children. By way of caution, this chronological sequence of FLC stages serves a primarily heuristic purpose. The present high rate of divorce and remarriage contributes to many modern families not fitting easily into this schema. They usually can be represented as a “combination” of these stages. There are also the many recent “alternatives” to the traditional family unit that further makes this categorization hard to apply universally. This points to the more general problem of the absence and perhaps impossibility of any acceptable typology of families. The behavioral sciences have yet to evolve typologies that do justice to the developmental, structural, ethnic, and most clinically relevant, the functional dimensions of families.¹ The present model is a statistically “normative” one that, however, makes no assumptions about the health or normality of individuals or families. Varying degrees of health and pathology can be noted in families at any stage of their evolution. Also, it is possible for a family that does not go from stage 2 to 3, for example, to be a healthy family if the generative impulse has some outlet other than direct child rearing. The question of what constitutes health in a family, value loaded as that is, is even more complex than the question of what constitutes individual psychological health. Only very recently has the question of what constitutes a healthy family been reviewed and addressed more systematically (Lewis et al. 1976). Also in this discussion there is no attempt to discuss the impact or influence of the wider culture or of subcultures upon these unfolding sequences. Different cultures and subcultures place varying importance on each of the individual and family stages. The present schema certainly reflects our heightened cultural focus upon childhood and youth as well as psychology’s reliance on the Freudian emphasis on child development. Five of the eight individual stages of Erikson deal with the first quarter of the average life span.²

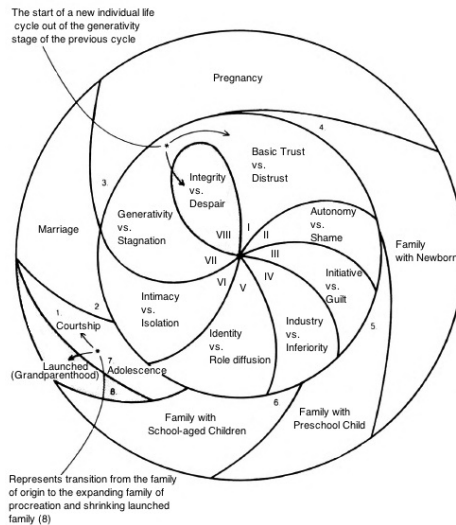
In the attempt to diagram an integration of the individual and family life cycles, I wished to include the cyclical or phasic interdependence of individuals forming families which in turn produce the next generation of individuals. This overlapping of the two cycles over time suggested the following spiral shape. Certain difficulties then emerged in integrating these cycles that turned out to reflect some of the inherent dilemmas or points of strain for the individual and the family in our culture. These cycles at their end stages (VIII and 8) could not easily be integrated with one another. Individuals toward the end of their lives tend in our more mobile and highly differentiated social system to have family ties

attenuated. These senior citizens, as we have euphemistically come to call them, frequently live alone, and there is evidence that many of these individuals, cut off from their families in the later years, are more prone to the despair that Erikson describes as the unfortunate outcome of that stage of development.

At the family level the relatively isolated nuclear family has a more discrete beginning, middle, and end phase than the earlier extended family structure. The well-functioning modern family is thus paradoxically more self-dissolving than its earlier counterpart. So it also tends to drop out in the final stage.

In the following diagram these discontinuities are represented by shading to indicate the relative “phasing out” of “the individual” and “the family” at their end stages.³

Erikson’s Stages of Individual Development Correlated with Eight Stages of the Family Life Cycle



In the individual life cycle schema of Erikson the assumption is made that the problems of each

stage of development are colored by the way in which the earlier stages of development have been experienced. In the present context this assumption is extended to the family life cycle in that the modes of traversing the difficulties and tasks of its phases have their precursors in the earlier individual life cycles of each parent. As children go through the varying phases of development, there is a complex interplay of the parents' partial and complex recapitulation of their own development in the next generation. This view of the generational transmission of emotional disturbance has been most articulated by Bowen (1966) and Nagy and Spark (1973). There are also numerous illustrations in the psychoanalytic literature of this phenomenon, which will be noted in chapters 5 and 6. This perspective has led some family therapists to extend their therapeutic intervention to the families of origin of, for example, a married couple, even if they are living at great distances from these families (Framo, 1976, Napier and Whitaker 1978).

The schema presented here is highly condensed and does not imply a simple and direct one-to-one correspondence of the two cycles. The overlapping, for example, of the family with a newborn (FLC #4) stage and the Basic Trust stage (ILC #1) merely notes the central importance of these stages to one another. The parents of a newborn must also deal with other life cycle issues in one way or another. It is just that the presence of a newborn in the home especially touches upon conflicts in the parents around the issues of basic trust. If that stage has been successfully traversed by the parents the likelihood of difficulty in those individual and family stages is lessened.

Similarly when a child, for example, has a school phobia, it is not uncommon to find a comparable conflict in one of the parents around that stage in their own development. This again does not imply that a school phobia does not have earlier developmental precursors in parent and child (as for example problems with separation-individuation). Most disturbances at any stage except in unusual reactive situations (e.g., the unexpected death of a family member) result in part from such earlier conflicts. It is just that the most immediate forces in the development of symptoms frequently flow from the contemporaneous family context. It is such a view that places importance on the evaluation of and intervention in that context *before* embarking upon individual treatment where intrapsychic factors are then seen to be more determinative of continuing pathology.⁴

Returning to these interweaving family and individual life cycles, where does one find a point of

entry? The biological conception of the first child is in some ways the family's most critical stage. This stage is instinctually rooted in biology and assures the preservation of the species. It also actualizes the parents' childhood wish of displacing and/or identifying with their own parents by having a baby. This wish, repressed in childhood, when enacted in derivative form in adulthood extends (from stage 2 to stage 4) the family structure quantitatively and qualitatively while simultaneously beginning a new individual life cycle. Its importance in the FLC is perhaps comparable in significance to the separation-individuation process (stages I and II of Erikson) in the individual cycle. A child who has not successfully individuated self from object struggles with developmental arrest, just as a married couple that does not actualize a generative impulse (which need not be limited to biological offspring) also struggles with developmental arrest and stagnation. While this FLC stage is most commonly defined by the addition of a new member, the separation-individuation process is facilitated by the presence of another person besides the maternal object, usually, though not necessarily, the father (Abelin 1971). The adage two's company and three's a crowd with its romantic connotation probably has its roots in this early stage of individual and family development. Either the arrival of a sibling and/or the presence of the father disturbs the mother-infant symbiotic tie while simultaneously facilitating individual development.

While usually the source of joy and celebration, the arrival of a newborn is nonetheless also accompanied by anxiety and usually unacknowledged or repressed anger. The responsibilities of parenthood must be met, and the intimate marital relationship, fantasied or otherwise, is to varying degrees attenuated. That the arrival of a newborn is attended by rather significant amounts of stress can be noted in its association with overt mental illness. Postpartum illnesses most frequently encountered in the mother have been described on occasion in other family members (Asch 1974). Lomas (1967) clinically noted in his family-oriented paper on postpartum illness the critical role of the home atmosphere, which is at times particularly unreceptive to a newcomer. The stressfulness of this stage is also suggested by its accompanied high rate of separation and divorce.

While most married couples may experience the arrival of a newborn as a normative stress, all too often an already strained marriage will attempt consciously or unconsciously to achieve a firmer equilibrium by having a child. Depending on the specific psychodynamics involved, this may immediately fail with an ending of the marriage or it may establish a new homeostasis that works with complications for each member's psychological development. In such an instance the above adage might

be reversed. Two's a crowd and three's company. This is especially true in families with a schizophrenic offspring. In families with a young schizophrenic offspring the parents are often at a loss for words when asked to imagine what their lives would be like without their child. The history often includes the parents never having taken a vacation without their child or children. Family therapists have seen case after case in treatment where assisting parents in taking a weekend together without their schizophrenic offspring for the first time in years, has the following sequelae. Having left their son or daughter with relatives, they then call home to see "if everything is all right," thus setting in motion a premature ending of their time together. As we shall note in the next chapter on T.S. Eliot's *The Family Reunion* (about schizophrenia and the family) such separation means the loss of a symbiotic bond with its accompanying fear of death and disintegration. This fear was dramatized in *The Family Reunion*, by the actual death of the mother upon the individuation and departure of her son.

The equilibrating third person or activity that helps diminish the threat of object loss and/or deflects the hostility that endangering a dyadic relationship, may be a child, an extramarital partner, a parent, overwork, alcohol, or drugs. The family systems approaches, especially the work of Bowen (1978), has emphasized the pathogenic impact of such tendencies toward "triangling" in a person or activity.

With this brief discussion of the relationship of the individual and family life cycles as background, we turn to Edward Albee's *Who's Afraid of Virginia Woolf?* This epochal drama portrays a married couple unable to make the transition from stage 2 to 3 except through the creation of a triangle via a secretly shared fantasied child. The play is about their difficulty in creating generational continuity given their own traumatic pasts. From the opening scene, in dramatic structure and content, the play deals with this impasse. Their ambivalence toward one another, extended to the unexpected guest, the newcomer, the child and to some degree the next generation, resolves itself in childlessness.

THE PLAY

Imagine how we might view the cast of characters if they were to be seen clinically. In the initial diagnostic evaluation of a family seeking help we usually note the biographical data identifying each family member.

The Players

Martha:	A large, boisterous woman, 52, looking somewhat younger. Ample but not fleshy.
George:	Her husband, 46. Thin; hair going gray.
Honey:	26, a petite blonde girl, rather plain.
Nick:	30, her husband. Blond, well put-together, good

The Scene

The living room of a house on the campus of a small New England college.

We are apparently confronted with two childless couples. We note that Martha is older than her husband, and within minutes of the play's opening that detail is to take on greater significance. After demanding one drink after another Martha adds the aggressive demand that George "give your Mommy a big sloppy kiss." Defining herself albeit mockingly as mother to George, she then asks him for affection. In more technical terms she introduces a generational boundary into the marriage while simultaneously confusing that boundary with a contradictory communication. It is not unlike parents who, when kissing their children goodnight, ask that they be kissed goodnight.

The other couple, we note, are young enough to be Martha and George's children, and they are in fact soon alluded to as "kids" when they arrive as guests. That Nick and Honey are substitute children is further illustrated in George mistaking Nick's age as twenty-one, the age of their soon-to-be-revealed fantasied son. They are also *new* to the campus, quasi-orphans who at the last campus in Kansas "had to make our way all by ourselves ..." (p. 27). Martha has invited them for drinks at 2:00 A.M. after a party given by her father, the president of the college. Two o'clock in the morning is a peculiar time for the arrival of guests. The only other newcomers known to put in an appearance at such an hour are newborns, not yet acquainted with the culturally appropriate times for arrivals and departures. Birth and death, marking the two ends of the individual life cycle, continue as universally unscheduled arrivals and departures.

But what of children, we query? George and Martha might have checked with one another and answered in the negative. They would be unwilling at first to reveal their fantasied son who has grown

up with them and whose twenty-first birthday was the next day. Nick and Honey plan to have children “when we’re more settled.” The play, after the arrival of Honey and Nick, is a long early morning’s journey into day during which each person’s vulnerabilities and secrets are uncovered in not-so-funny games titled “Humiliate the Host,” “Hump the Hostess,” and “Bringing Up Baby.” At the end the imaginary son is given up, leaving George and Martha alone, “just the two of us.”

The setting is on a college campus, our society’s traditional transitional stage between youth and adulthood. The college is in a town called New Carthage. More of that detail later.

The Newcomer and the Formation of a Triangle

The first lines of a novel, as often the first utterance in a psychotherapeutic session, foreshadows what is to follow. The opening of the play starts at once with the electrifying, murderous dueling of Martha and George. They are coming home after another of Martha’s father’s parties for the faculty.

(Set in darkness. Crash against front door. Martha’s laughter heard. Front door opens, lights are switched on. Martha enters, followed by George)

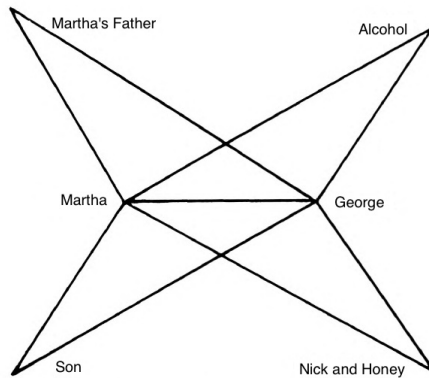
Martha: Jesus. . . .

George: . . . Shhhhhhh. . . .

Martha: . . . H. Christ. . . .

George: For God’s sake, Martha, it’s two o’clock in the
[p. 3]

The stage directions call for a crash against the door as the couple goes from darkness into light, all images suggestive of the birth delivery. Martha then invokes the product of a virgin birth, the savior of mankind. This opens a play about a fantasied child created to save a sadomasochistic marriage as Christ was “born to save mankind.” We never do learn what she is exclaiming about. The exclamation is merely a cue for George to shush her and begin another cycle of their characteristic vitriolic battling. This characteristic battling has already become an informal diagnostic category. In clinical settings it is not uncommon for a case presentation to invoke a comparison with George and Martha.⁵



As mentioned in the beginning to this chapter the family systems approaches have pointed to the need for such a triangle or triangles to stabilize the escalating violence. For George and Martha there are several triangles that deflect these feelings:

1. There is Martha's father, the college president to whom Martha compares George unfavorably and upon whom they are both dependent.
2. Alcohol does not contain their rages but serves to trigger even greater levels of fighting. Steinglass and his associates (1976) have recently described the intricate patterns of a couple's interaction which alcohol elicits and participates in. In their work alcoholism is viewed less as a specific medical illness than as part of an interpersonal process.
3. The creation of an imaginary child helped stabilize twenty- one years of their twenty-three-year marriage. At the time of the play he is "away at college."
4. His place is taken during the course of the play by the guests, Nick and Honey. They then share in the triangling process with alcohol, which in turn serves to reveal aspects of their own troubled relationship.

Families of Origin

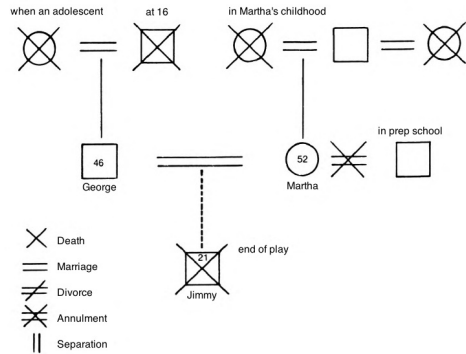
What earlier life experience and family structures are here repeated or transformed, requiring this pathological triangling? What do we learn of Martha's and George's parents? Are there any siblings?

Siblings often help defuse the more intense involvement of only children in the primary family triangle. Martha and George are apparently only children. Martha “grew up with daddy,” who is described by George as a patriarchal figure in the college where he demands and expects his staff to “cling to the walls of this place, like the ivy” (p. 41). When they die the staff are buried on campus to fertilize the grounds while the old man defies the life cycle and never dies. George fantasizes that he must already be two-hundred years old. On the other hand, Martha’s mother died “early.” We are not told at what age, but the implication is that Martha was motherless. Her motherlessness is reinforced by the added detail that her father remarried, for money, an old lady with warts. She died soon after. Martha idealized her father and planned to marry a faculty member who would ultimately succeed him. George could not live up to this idealized image, hence the debunking of him and the hoped-for compensation via the fantasied son. Martha, in having a fantasied child, could control the mother-child relationship that was disrupted in her own development.

George, we learn, killed both of his parents accidentally. He killed his mother with a shotgun during early adolescence. Then at sixteen he killed his father in a car accident, when he was learning to drive. “He swerved the car, to avoid a porcupine, and drove straight into a large tree” (p. 95).

At the end of the play when George directs the death of their fantasy son he adds with a chuckle that he was killed “on a country road, with his learner’s permit in his pocket, he swerved, to avoid a porcupine, and drove straight into a [...] large tree” (p. 231). In having a fantasied child, George has spared himself the actualization of his fear of a repetition of the death of the father (himself) at the hands of the son. It is relevant here that he finally does away with their son just as Nick, the surrogate son, has gone off to hump Martha.

In the family diagnostic evaluation form mentioned earlier space is left to outline the genealogy of the family, a procedure pioneered by Bowen. For George and Martha it would look like this.



The Imaginary Child

In addition to George's and Martha's fighting for control of one another, the control of the parent-child relationship was the grounds for many of Martha's and George's battles as each felt the other was the more destructive parent of their child.

George [describes Martha]: [. . .] climbing all over the poor bastard, trying to break the bathroom door down to wash him in the tub when he's sixteen, dragging strangers into the house at all hours. . . . [p. 215]

Martha: And as he grew . . . and as he grew . . . oh! so wise! . . . he walked evenly between us [. . .] and these hands, still, to hold us off a bit, for mutual protection, to protect us all from George's . . . weakness . . . and my . . . necessary greater strength . . . to protect himself . . . and us. [pp. 221-222]

George [after mockingly describing how Martha had had a disappointing husband, a father who cared little for her]: [. . .] has a son who fought her every inch of the way, [. . .] who didn't want to be used as a goddamn club whenever Martha didn't get things like she wanted them! [p. 225]

Martha: [. . .] A son who was so ashamed of his father he asked me once if [. . .] he was not our child; who could not tolerate the shabby failure his father had become [. . .] Who writes letters only to me! [pp. 225-226]

George: Oh, so you think! To me! At my office!

They go on and on projecting onto the son each of their narcissistic concerns. The defense of projective identification in family interrelations has been most fully studied and described by Zinner and Shapiro (1972) in studies at the NIMH of borderline adolescents and their families. The defense allows a person to ward off painful affects, impulses, and memories by externalizing and reenacting them with

significant others. The projective defense is, of course, central to the development of phobias. The play's title is, in fact, a condensation of the childhood counterphobic limerick, "Who's afraid of the big bad wolf?" and Virginia Woolf, the noted writer, who committed suicide in her later years and was herself childless.

Just as keeping the son's existence secret protected the projective defense by denying any corrective reality, the killing of the son stripped the defense and turned Martha and George back upon themselves.

George: It will be better. [. . .]

Martha: Just . . . us?

George: Yes. [. . .]

(Puts his hand gently on her shoulder; she puts her head back and he sings to her, very softly)

Who's afraid of Virginia Woolf?

Virginia Woolf

Virginia Woolf,

Martha: I . . . am . . . George [pp. 240-241]

When such externalizing defenses are given up in either individual or family therapy, patients come to acknowledge the depression and vulnerability they had been warding off.

Nick and Honey

We learn little of Nick's and Honey's earlier histories, other than that they were childhood playmates, apparently also without siblings, who played at the game of doctor when they were eight and six. Their later courtship is dramatically recounted and serves as further graphic indication of the play's focus on the inability to conceive. Their wedding was precipitated by an hysterical pregnancy and followed by subsequent abortions or miscarriages. Their young marriage thus parallels George's and Martha's. Honey's imaginary pregnancy forced a marriage, while George and Martha created an imaginary child to keep their marriage going. Honey's wish for a child is later reiterated four times while George and Martha reminisce about the raising of their son. The theme of aberrant reproduction is further developed and interwoven in the generational bantering between George and Nick early in the play. Nick, a biologist, is seen by George as part of the threatening younger generation in the academic world. George fears the eclipse of his discipline, history, by the new army of scientists whom he imagines

will replace the traditional reproductive process with the extrauterine procedure of cloning. This experimental method of genetically reproducing offspring identical with the (one) parent is metaphorically equitable with George's and Martha's self-centered projections "out of their heads" and onto their imaginary child.

New Carthage

Albee's choice of New Carthage as the setting for Martha's and George's warring suggests parallels to old Carthage. According to legend, Carthage, a major ancient warring city and rival to Rome, was founded by Dido, who had been driven from her own home. Her later childless, tragic romance with the Trojan prince Aeneas is celebrated in Virgil's *Aeneid*. Aeneas, the son of Venus, also a homeless wanderer after the defeat of Troy, ended up in Carthage, where he and Dido became lovers. When Aeneas was reminded by Jupiter of his mission to found the kingdom that was to become Rome, Aeneas left Carthage and Dido killed herself upon a funeral pyre.

Some centuries later, after Carthage was finally destroyed in a war with Rome in 146 B.C., the Romans are said to have salted the earth so that nothing would grow there. The theme of homelessness, childlessness, and sterility is thus reinforced by Albee's choice of New Carthage.

THE SUCCESS OF *WHO'S AFRAID OF VIRGINIA WOOLF?*: SOCIOLOGICAL AND PSYCHOANALYTIC CONSIDERATIONS.

In chapter 2, on T.S. Eliot's *The Cocktail Party*, we discussed the emergence of the family therapy movement as a response to the increasing isolation and instability of the modern family.⁶ In creating, in 1949, the first family therapist in literature, Eliot anticipated the arrival of this particular healer onto the therapeutic stage.

During the three decades since then, when the instability of the family has become even more manifest, the United States's most successful playwright wrote his most celebrated play. Albee's *Who's Afraid of Virginia Woolf?* portrays a husband and wife, themselves products of traumatic childhoods, clawing at one another and unable to create a viable next generation. This play portraying two destructive and sterile marriages has become a milestone in American drama comparable to Miller's

Death of a Salesman. Its popularity reflects our culture's preoccupation with the troubled institution of the family and concerns about its survival.

While one can argue that all great literature and drama beginning with the Bible elaborates the perennial conflicts of individual and family life, the particular theme of childlessness/parentlessness that pervades Albee's play taps an underlying cultural anxiety about the survival of the family unit no longer able to effectively raise the next generation. In Albee's play this is dramatized in the inability to have children at all. For all the conflict in the biblical family of Adam and Eve the subsequent generations were swollen with offspring. Oedipus, despite his tragic fate, nonetheless fathered a further generation, troubled though it was.

While the play manifestly reflects contemporary concerns about the family, its power to grip audiences as it has done requires a more psychological exploration. Unconscious/preconscious fantasies and conflicts must help to explain its popular appeal.

Two psychoanalytically oriented papers about Albee's play have appeared in the literature. Avery (1973) chose to emphasize the dynamics of the sadomasochistic relationship, utilizing the object relations theory of Guntrip. Avery views the inseparability and perseverance of George and Martha as serving "one of man's deepest conflicts — his need for loving attachment and his dread of loss" (p. 347). The sadomasochistic coloring of the attachment is summarized by Avery as the need to "retain an object relationship with the internalized primitive parental objects" (p. 359). In Avery's study, which emphasizes the need to ward off feelings of loss and abandonment, he adds the biographical detail of Albee's own adoption as probably contributing to the artistic working out of this conflict.

Blum (1969), while making no such inference and not mentioning Albee's adoption, develops the point of view drawn directly from the play that an adoption fantasy, as an elaboration of the universal family romance, "is the hidden underlying theme which gives cohesive unity to the play" (p. 902). Blum's detailed and convincing analysis in terms of the family romance from an intrapsychic and ILC point of view reflects the FLC view put forth in this paper. The family romance fantasy stems from the child's inevitable disappointment with his parents. Preoedipal and oedipal ambivalent feelings toward the parents seek resolution by the fantasy of adoption. The real biological parents are fantasied to be of

royalty or nobility. So, for Blum, the structure of the play with its two sets of parental couples represented by history and biology resonates with the child's uncertainty as to who its "real" biological vs. experienced historical parents are.

Viewed from the family life cycle perspective, the conflict is manifested not by the wish of the child to reject its parents, but by the parents' need to reject the child by remaining childless. The creation and later destruction of a mythic child is here viewed as a pathological resolution of the generativity vs. stagnation polarity in the individual life cycle with a corresponding impasse at the pregnancy stage of the family life cycle. The tendency for marital couples to create pathological triangles to reduce their dyadic tensions was noted and related to their own earlier family life experiences.

Blum's discussion of the play as a variation of the family romance points to a frequent misunderstanding or ambiguity within psychoanalytic theory. That ambiguity relates to the relative importance of reality vs. fantasy in the development of emotional disturbances. While psychoanalysis has always recognized the importance of the environment, there has been a tendency to place greater emphasis upon the role of internal drives, fantasies, and wishes. This is due, in part, to psychoanalytic methodology that generates such data (see chapter 6). It is also due to the fact that the patients treated by psychoanalysis tend to be those on the healthier end of the continuum of patients. Psychopathology in these patients is determined less by external traumatization than by internal unconscious conflicts.⁷ Weighing such internal and external determinants, difficult as that is, would be facilitated by more direct observation of children and their families.

The family romance and its relation to adoption illustrates this difficulty, for in adoption the family romance is *actualized*. It is one thing to deny one's parentage by a fantasy of noble ancestry and quite another to be given up for adoption. The same point is made in chapter 1, on Hamlet, whose oedipal wishes have received greater emphasis than the fact that his mother and uncle *realized* his incestuous and murderous wishes. No doubt the more reality conforms with the unconscious fantasy the more we speak of traumatization. No longer does an unpleasant fantasy need to be repressed or otherwise defended against, a painful reality must be integrated by the ego. One method of dealing with such a "trauma" is through the reelaboration or distortion by further fantasies and by often-repeated action. Unacceptable reality is thus reshaped into a structure of fantasy and illusion. This tension between

illusion and reality, so central to the artistic endeavor generally, is especially pronounced in Albee's play as we wonder, for example, if the child is real or not. The reworking of traumata in the life of the artist is given a slightly different emphasis by Phyllis Greenacre (1957), who has emphasized the constitutional component of the artist's "greater than average sensitivity to sensory stimulation." In this context she (1958), also demonstrated the important role of the family romance in the development of the artist.

When the artist successfully transcends his personal experience in the artistic product he expresses for the reader or audience powerful preconscious or unconscious fantasies or conflicts. In Albee's play the rejection by parents of children reverses the ubiquitous family romance fantasy of adoption giving the play its power. In portraying two childless marital couples so turned in upon themselves and an imaginary child, the play also portrays the family at a quasi dead end at a time when the family as an institution has come under great strain and criticism.

REFERENCES

- Abelin, E.L. (1971). The role of the father in the separation-individuation process. In *Essays in Honor of Margaret S. Mahler*, ed. J.B. McDevitt and C.F. Settlege. New York: International Universities Press.
- Albee, E. (1969). *Who's Afraid of Virginia Woolf?* New York: Atheneum.
- Anthony, E.J., and Benedek, T. (1970). *Parenthood: Its Psychology and Psychopathology*. Boston: Little, Brown.
- Aries, P. (1962). *Centuries of Childhood: A Social History of Family Life*. New York: Vintage Books.
- Asch, S.S., and Rubin, L.J. (1974). Post-partum reactions: some unrecognized variations. *American Journal of Psychiatry* 131:870-874.
- Avery, N.C. (1973). The exorcism of a tabooed wish: an analysis of *Who's Afraid of Virginia Woolf?* *Seminars in Psychiatry* vol. 5:347-357.
- Blum, H.P. (1969). A psychoanalytic view of *Who's Afraid of Virginia Woolf?* *Journal of the American Psychoanalytic Association* vol. 17: 888-903.
- Boszormenyi-Nagy, I., and Spark, G. (1973). *Invisible Loyalties: Reciprocity in Inter generational Family Therapy*. New York: Harper and Row.
- Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.
- Duvall, F. (1962). *Family Development*. New York: J.B. Lippincott.
- Erikson, E. (1950). *Childhood and Society*. New York: W.W. Norton.

- Framo, J. (1976). Family of origin as a therapeutic resource for adults in marital and family therapy: You can and should go home again. *Family Process* 15: 193-210.
- Freud, S. (1905). A case of hysteria. *Standard Edition* 7.
- Gould, R. (1972). The phases of adult life: a study in developmental psychology. *American Journal of Psychiatry* 129:521 - 531.
- Greenacre, P. (1957). The childhood of the artist: libidinal phase development and giftedness. *Psychoanalytic Study of the Child* 12:47-72.
- _____(1958). The family romance of the artist. *Psychoanalytic Study of the Child* 13: 9-43.
- Haley, J. (1973). *Uncommon Therapy*. New York: W.W. Norton.
- Howells, J.G. (1971). *Theory and Practice of Family Psychiatry*. New York: Brunner-Mazel.
- Laslett, B. (1973). The family as a public and private institution: an historical perspective. *Journal of Marriage and the Family*. 35:480-492.
- Laslett, P., ed. (1972). *Household and Family in Past Time*. New York: Cambridge University Press.
- Levinson, D. (1978). *The Seasons of a Man's Life*. New York: Knopf.
- Lewis, J. et al. (1976). *No Single Thread, Psychological Health in Family Systems*. New York: Brunner-Mazel.
- Lomas, P., ed (1967). In *The Predicament of the Family: The significance of post-partum breakdown*. London: Hogarth Press.
- Napier, A., and Whitaker, C. (1978). *The Family Crucible*. New York: Harper and Row.
- Pine, F. (1977). On therapeutic change: perspectives from a parent-child model. In *Psychoanalysis and Contemporary Science*, vol. 5. New York: International Universities Press.
- Quitt, M.H. (1976). The contemporary "crisis" of the American family: the perspective of a family historian and psychohistorian. *Journal of Psychohistory*, vol. 4, no. 1.
- Reiss, D. (1971). Varieties of consensual experience: III contrast between families of normals, delinquents and schizophrenics. *Journal of Nervous and Mental Diseases* 152:73-95.
- Rhodes, S. (1977). A developmental approach to the life cycle of the family. *Social Casework* 57:301-310.
- Shorter, E. (1975). *The Making of the Modern Family*. New York: Basic Books.
- Speck, R., and Attneave, C. (1973). *Family Networks*. New York: Pantheon.
- Steinglass, P. (1976). Experimenting with family treatment approaches to alcoholism 1950-1975, a review. *Family Process*, vol. 15: 97-123.
- Valliant, G. (1977). *Adaptation to Life*. Boston: Little, Brown.

Wertheim, E. (1973). Family unit therapy, the science and typology of family systems. *Family Process*, 12:361-376.

Zilbach, J. (1968). Family Developments. In *Modern Psychoanalysis*, ed. J. Marmor. New York: Basic Books.

Zinner, J., and Shapiro, R. (1972). Projective identification as a mode of perception and behavior in family of adolescents. *International Journal of Psychoanalysis*, vol. 53:523-529.

Notes

- 1 A note on family typology: While no satisfactory typology of families exists Howells (1971) has reviewed various typologies that have appeared in the literature. Wertheim (1973) has more recently constructed a typology deductively, but there have been as yet no attempts to apply it clinically or in research. Reiss (1971), on the other hand, has inductively derived a typology of families that corresponds in some respects to Wertheim's.
- 2 For an extended discussion of the life cycle at different periods of history see Aries' *Centuries of Childhood*, Chapter 1, "The Ages of Life" (1962). Interestingly, there has been a greater interest recently in adult development which views that previously neglected stage as now crisis ridden (e.g., Gould 1972, Levinson 1978; see also Vaillant 1977 whose follow-up study of pre- World War II Harvard students demonstrated a less crisis-ridden but nonetheless variable unfolding of personality development in the third, fourth and fifth decades of life).
- 3 There has been a great deal of controversy recently around the question of the alleged newness of the nuclear family (see Laslett 1972) and its recent brittleness (see Quitt 1976). While acknowledging that the evolution of the so-called extended family to the nuclear family is more complex than previously appreciated, that the family has changed markedly in its functioning, largely in response to wider economic and technological changes, is undeniable. These changes have profound effects on personality formation in children and later personality stabilization of adults. Barbara Laslett, to take but one dimension, has demonstrated the movement of families toward an increasingly private rather than public structure (see Laslett 1973). Such a change she argues has the effect of decreasing the wider social control of behavior while conversely increasing its variability. I would argue that her hypothesis also helps explain the recent rise to prominence of the mental health professions. For it is the mental health professions' task to treat the ever-increasing variability (i.e., pathology, abnormality) resulting from the family's altered relation to the wider social system. Edward Shorter's recent book *The Making of the Modern Family* (1975) is the most thorough review of these changes.
- 4 This shift toward seeing the family first was noted in chapter 2, on *The Cocktail Party*, where Dr. Harcourt-Reilly proceeded to break with conventional psychiatric practice by interviewing husband and wife together. And we shall see subsequently, in chapter 5, on Freud's writings on marriage and the family, that in the Dora case he also asserted the critical role of the patient's family. It took fifty years for this awareness to be translated into the change in therapeutic intervention reflected by family therapy.
- 5 A couple consulting me for marital dissatisfaction described their never having fought in thirteen years of marriage. They feared that expression of their negative feelings might turn into battling "like that in *Who's Afraid of Virginia Woolf?*" They each came from families where parents fought considerably. Their fear of repeating their parents' difficulties was reinforced by rather marked obsessive-compulsive character structures. When the wife ever so gently revealed some of her emotional vulnerability, her husband in the next session expressed the feeling that she had taken quite a beating the last time, and he feared it was now his turn to "take a beating," as it were. They were thus in their emotional isolation warding off an overt sadomasochistic interaction that is the stamp of Albee's play.
- 6 Another impetus to the family therapy movement stemmed from psychiatry's attempt to unravel the still-baffling mystery of schizophrenia. In the fifties the study of families with a schizophrenic member led researchers and clinicians to begin to recognize the "system properties" of the family unit. But the energy of the family therapy movement comes from the almost epidemiclike instability of the family and the mental health professions' inability to treat all the individual casualties of that

instability.

7 F. Pine (1977) has most recently stated this differently in stressing the importance, for patients undergoing psychoanalytic treatment, of “a reasonable stability of their core attachments from infancy and early childhood.”