

The Journal of Orgonomy



Orgonomic Sociology (II)

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USSN/ISSN 0022-3298
Published by Orgonomic Publications

**volume 30
number 2
fall/winter 1996**

Couples and Families: Satisfactions and Problems

Peter A. Crist, M.D.

Editorial Note: *This article's relevance to sociology is defined by the family functioning not only as the milieu in which the individual grows and develops but also as the social unit of society. Within this environment the individual forms his or her character and personality which in large measure determine the manner in which the individual functions in society. From this perspective we see that the treatment of families is often a way of effecting positive social change.*

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The following are edited excerpts from a transcript of a discussion group, "Couples and Families: Satisfactions and Problems" held on March 9, 1996 at the American College of Orgonomy in Princeton, N.J. A number of readings were sent to the participants in advance in preparation for the discussion.¹

Dr. Crist: So far we've focused mostly on couples relationships. We haven't yet expanded our discussion to the family with children. The dynamic of interactions changes tremendously when there are children in the family. Earlier this afternoon someone made a comment that orgonomy's understanding and approach to problems is different from many other therapies. We differ in that we focus on energy movement and its excitation. In individual therapy we focus on

¹Crist, P.A. "The Biosocial Basis of Family and Couples Therapy," *Journal of Orgonomy*, 27(2): 166-189, 1993. Reich, W. "The Lasting Sexual Relationship," Chapter VII Section 1, pp. 119-129 from *The Sexual Revolution*, trans. Wolfe, T.P., New York: Farrar, Straus and Giroux, 1972, and Reich, W. "The Genital Embrace," Chapter 3, pp.26-32, from *The Murder of Christ*, New York: Touchstone Books, 1953.

whether the energy of the individual person is blocked or free; in couples therapy the focus is on the energy movement and excitement between the individuals in the relationship. If energy movement and excitation isn't tolerated, it leads to anxiety or other symptoms—both in individuals and in their relationships. Other approaches to therapy, both traditional and non-traditional, usually intentionally or inadvertently reduce excitation in their attempts to eliminate anxiety, conflict and tension. In traditional therapy, a psychiatrist might give a drug to stop anxiety, whereas in medical orgone therapy we encourage the individual to tolerate their anxiety. When they are able to do so and feel and express their deeper emotions, they can expand more and experience greater pleasurable excitement.

Satisfying relationships must also tolerate and handle tension and excitement in healthy ways rather than merely trying to reduce whatever causes anxiety between the partners. For example, in one couple I treated, the man was slow to react to things and the woman was the exact opposite. When communication broke down the tension caused by these differences became a significant factor that drove the couple apart. His slowness was frustrating for her and she reacted by “getting busy” doing one thing after another. This made him anxious and his response was to slow things down further which only increased her frustration causing her to try to do even more. When their relationship was going well her quickness helped move him to try out new experiences and his slowness helped her to calm down and feel a greater depth in what she experienced. Their differences were not only complementary but also played a major part in their attraction to each other from the very beginning of the relationship. Together they experienced greater satisfaction than they were able to have on their own.

A satisfying, lasting relationship is characterized by a deep connection and at the same time a mutual attraction and pleasurable excitement that can be fully expressed. The natural differences between partners can heighten the attraction and excitement. The orgonomic basis of treating relationships is therefore to overcome the obstacles to a genuine connection and pleasurable excitement so that the relationship can be mutually satisfying. This is accomplished by having each partner make contact with and take responsibility for the part

he or she plays in deadening the excitement and blocking the connection between them. In many cases the typical reactions of one or both of the partners is or becomes so problematic that further progress cannot be made in the couple's therapy without addressing these character problems in individual treatment.

A relationship can founder by gravitating toward one of two extremes: either it lacks tension and becomes less exciting or it has tension and excitement but is not satisfying. I believe these represent two basic types of relationships. In the more low-key inhibited type the tendency is for it to become dull. The other type tends to have ongoing battles and conflicts that fail to resolve differences. Both types have problems in tolerating the excitement in a *satisfying* way. In the first there is not enough excitement for satisfying interactions. In the second there is excitement and tension as well as discharges of emotion but insufficient resolution to allow satisfaction and enjoyment with one another. As ergonomists, we're interested in whether the individual, the relationship, or the family can tolerate excitement in a satisfying way.

Participant A:² It seems to me that there's another dimension when children are involved. Just raising children can consume all of your energy. I raised five children, and you can dedicate yourself so much to them that you deny the relationship between husband and wife.

Dr. Crist: Right. Why do you think that happens?

Participant A: I don't know. Maybe there's a problem in the relationship they haven't resolved, because they put all of their energy into the children, so that's one way of avoiding the problem and, I guess, dealing with it.

Dr. Crist: That's an extremely common occurrence. The parents can often have difficulties relating in a satisfying way. The mother and the father may be relieved to avoid contact with each other by putting energy into the child.³ If there's more satisfaction with the child than with the spouse, family relationships become distorted. If the

²In the transcript each letter such as "A", "B", etc. refers to a specific individual participant.

³Energy is consumed raising children. This of course means less energy is available for the relationship between the parents.

marriage is such that the mother cannot express her deepest love feelings with her spouse, then her relationship with the son will tend to become unnaturally intensified. She seeks contact with her son because the contact with her husband is not satisfying for whatever reason: he's overworked; he's overtired; he's emotionally not available. Sometimes, in some situations where the husband is out of the house for significant periods of time, let's say traveling on business, the son may come and sleep with the mother. In one case I know of this went on consistently from age six to eight. We all might say, "Well, that's screwy," but you can understand why it might happen. It is a means to achieve contact. We are all social animals. Perhaps you've seen Jane Goodall's films of chimpanzees grooming each other; there's a lot of physical contact. I think it is very much part of our nature and we seek it out in whatever form we can get it, even if it's neurotic as with this mother and son. But what is the solution to the problem with the son? What has to happen?

Participant B: I think you repair or change the adult relationship.

Dr. Crist: That's right. It's also important for the parents to become aware of the effect that their behavior has on the child. What are the effects of the mother putting her son in the role of being her little man?

Participant C: He might grow up too fast.

Participant D: Both parents are putting him in a position he shouldn't be in.

Participant E: The child could experience role confusion when it comes to his father.

Dr. Crist: But what do you say when, in many of these cases, it is the boy himself who initiates coming into the mother's bed?

Participant F: It will keep him from reaching out to somebody of his own age. He gets stuck on his parent.

Dr. Crist: Right, so that's one of the effects. But why would he keep getting into his mother's bed?

Participant F: It feels good.

Dr. Crist: It feels good. The feeling good may be because a genuine need is satisfied or because he wants the immediate gratification of a "good feeling" to avoid some disturbing feeling such as anxiety which

would, in fact, be better for him to face. It's important to try to determine if the need for contact is healthy or neurotic.⁴

Participant G: What might you say to such a child to help him tolerate the anxiety of being alone when he wants to sleep in the parents' bed?

Dr. Crist: What would a parent say? It's individual from case to case. The underlying principle is to help the child experience and tolerate his feelings. Again, it's important to understand what makes the child do what he does. In one situation the child may simply need to be comforted, while in another there may be an unresolved anxiety, manifesting in such behavior as a neurotic clinginess, that it would be better for him to confront and resolve. The bottom line is for the parents to find ways to help him experience and tolerate the anxiety without his either toughening up or avoiding it by seeking and obtaining immediate gratification of some impulse. Helping the child may require the parent to hold and comfort the child at times or encourage him to stay by himself at others.

It can be a difficult decision and it's essential to be modest about what we know because, although there is a substantial theoretical understanding that can help us, that doesn't mean we always know at first or second glance the practical steps necessary to successfully resolve specific situations. Sometimes parents, even when uncertain, have to just do the best they can and see what works.

These problems are very real in people's lives and in their families. It may simply be that the child is so anxious he can't stand to be by himself. So he just wants to have contact with someone. It may not be because the parents have a problem. Sometimes cruel things are recommended by professionals, such as, "Lock your door, don't let the child in." That's not the answer. People work out compromises. It may mean using intermediate steps. "For now, you can have a bed on the floor by our bed. Tomorrow, you need to just spend some time in your bed before you come into our room," and so forth. Gradually, you can increase the child's capacity to stand their anxiety. It is destructive to try to force the child to do more than he or she can do.

⁴A neurotic interaction would not occur if both mother and son had appropriate outlets for emotional and sexual contact.

Participant H: But maybe the child has intolerable anxiety. They're no better at handling it than we are. In the middle of the night my daughter may come in and say, "Mommy, I'm lonely." I have to make a judgment call there. Sometimes it's fine for me to say to her, "I want to be in my room with Daddy. I'll walk you back to your room." Other times if I said that to her she would become hysterical or feel terribly betrayed and abandoned, and feel that I'm not responding when she's really in distress. She needs to know that I care enough about her, and hopefully, eventually, whatever that anxiety is it will get worked out. But I can't treat her as if she doesn't have that intolerable anxiety.

Dr. Crist: That's right.

Participant H: I can't just say, "Let her go cold turkey, let her act like a healthy kid."

Dr. Crist: Emotions aren't under conscious control. Have any of you noticed that? (General laughter) These can be long-term problems with no easy, simple solution. Once you start looking, you start to appreciate Reich's statements about the depth of the human problem. How the incapacity to tolerate our emotions and our confusion about emotional matters has been around for centuries, for millennia. If the parent could clearly sense, "Well, this is how much my child can tolerate; beyond that, they can't," you would know what to do in the situation. Because of our own neurotic problems and armoring we have varying degrees of ability to sense whether a desire is genuine and needs to be satisfied, or if it is a neurotic expression that should not be indulged, instead helping the child to face the underlying feelings. We often enough have trouble telling the difference. And the hope for all of us is to improve our capacity to make that distinction when we are with our children, and to sense in ourselves, to feel what needs to be done.

Knowing what to do is not going to come from a talk by me telling everybody what to do. The only long-term solution is for parents to improve their capacity to sense what their child needs and to be able to handle problems as they occur. That's the direction we need to go. If as therapists we can help parents face what prevents them from knowing what is going on with their child and what to do, they will be better able to handle situations when they happen. It's often crucial for parents to be in their own therapy to make better contact with themselves.

But the solution, as Reich concluded in the last years of his life, is not individual therapy. It's doing what we can to prevent the development of armor in our children. We're not going to do that in one generation. My hope is that my daughter will have capacities that I don't have, that her children will have ones that she doesn't have. It is a long-term, generational view. It's often discouraging to look at the current state of society which has been crumbling in so many ways. At the same time there are other encouraging signs.

I've treated many children and families where the parents are familiar with organomy and have the idea, "I want to raise a healthy child." When this is idealized and neurotically promoted by the parents it places a terrible burden on their child. It is terribly unfair to expect the child to be someone other than who he or she is. It's not about the child, it's about the parent's ideal of passing on this great knowledge and having the idealized "healthy child." I hope we don't end up with a book for "Adult Children of Organomically Informed Parents," but we could. (General laughter)

I think there is a healthy motivation in wanting our children to have things that we didn't have, to have a fuller life than we had. But to try to *impose* that is a mistake. We need to see their healthy nature and allow that to flourish and develop, as opposed to trying to impose our view of health on it. If we do the latter, our children will hate us, and with good reason.

Earlier this afternoon I described the oedipal family which traditionally was patriarchal and authoritarian, with the father ruling the roost. Malinowski, in the 1920s, looked at some of the South Sea Island cultures, particularly the mother-centered Trobriand Island culture and noted the absence of the violence and neurosis typical of Western cultures. His observations of the healthier, happier Trobrianders confirmed many of Reich's ideas including his description of the patriarchal-authoritarian structure of the typical neurotic family. Since the 1920s there has been a reaction against the authoritarian family and we now see an increase in permissiveness in the raising of children. This is not only *not* healthier, but it is usually, if anything, more destructive than the patriarchal-authoritarian family. Neither the authoritarian nor the permissive family permit the open, rational expression of love.

Participant I: Can you give some examples of permissive attitudes in the family.

Dr. Crist: Anybody?

Participant J: Always asking the child what he thinks he should do. It's always putting the child at the center of things, and never giving them any clarity about what's expected of them or how they should act.

Dr. Crist: Right. You mentioned asking the child "What do *you* think?" Can you give some specific examples?

Participant J: Letting an eight year old decide whether or not he can watch an R-rated horror movie. I think permissive parents tend to take their own confusion and then project it onto the child in a way that creates anxiety.

Dr. Crist: Well, let's look at the example I gave before, of the family with the teenage son. The father was saying, "My mother didn't let me have my girlfriend over to my house, and it really messed me up. I ended up with all these sexual inhibitions and anxieties about sex." He grew up in an authoritarian-patriarchal family. When we talk about patriarchy, the father is the head of the family at least on the surface, but the emotional rule is generally by the mother, regardless of the family appearing old-fashioned and authoritarian. The mother is the primary emotional influence in most families. In this father's family, his own father laid down the rule: no girlfriends in the bedroom—and his mother enforced it. As a child his anxiety was focused on his mother who was the enforcer of the rule. When he grew up he wanted his own family to be different, and said, "Well, we should allow our son to do that." But his wife wasn't comfortable with the idea—in fact, she was anxious about it. If she had just said without genuinely feeling it, "O.K., we should go along with that and let him do it," that would be permissive because it's not dealing with the emotional reality. Her uneasiness is the reality, not what would be ideal. *She* needs to determine whether her discomfort is neurotic or healthy. But regardless, it won't work for her to decide not to be uncomfortable or to try to act as if she were not. Her feelings are still there and they are real.

Participant I: So, where's the resolution?

Dr. Crist: That's a good question. With this situation, where is the resolution?

Participant I: You said that underlying their disagreement was a feeling, “We both want our son to have pleasure in relationships and in life.” Does that mean he takes his sexuality out of the house, because his mother can’t tolerate what her son might be doing with his girlfriend in his bedroom?

Dr. Crist: I would say it would be much better to do that and have it be explicit. For her to say, “I’m not comfortable with it. You need to do whatever you do somewhere else,” at least that’s helping differentiate her feelings from his. It’s not saying you’re wrong for having those feelings. It’s saying, “I’m not comfortable with it. I don’t want that here.” Now, will that still create some anxiety and uncomfortable feelings? Yes. But it is much better for her to be explicit than to go against her own feelings and say, “It’s O.K.,” when it’s not. Then he would feel her uneasiness and wonder, “She’s saying it’s all right, but she’s not acting like it’s all right. What’s going on? What is the truth?” That creates confusion and more anxiety than if he could just say, “O.K., I know where the problem is. I may have my own anxiety about sex, but I know my mother does too.” This is why in the authoritarian family it’s often easier for children to know what they feel. They know where the problem is: “Dad’s a stiff-necked, old bastard.” (General laughter) And you learn to live with it.

Participant J: But in that situation isn’t it also possible that the man was making too much of his own problems, as if they all originated from not being allowed to sleep with his girlfriend in the family house when he was a teenager. I don’t see it as being terribly inhibiting in the development of your teenager to say, “No,” when you’re not comfortable with that. So, you could say, “It’s your life. You do it responsibly, but not here.” And to be so dogmatic about it in reaction to his wife’s discomfort seems “off,” as if the salvation of the human race depends on this particular boy having a girlfriend in his room.

Dr. Crist: That’s right. When the father does this he is in effect saying, “I want my son’s life to undo all the bad things that happened to me.” As a result the son is burdened with a role in the family that is not appropriately his.

The permissive family often mixes up the roles of children and adults. In the authoritarian family the roles are usually very clearly defined. The father is in charge, the mother may be passive and quiet,

the enforcer or the comforter, but the parents are clearly in charge. The child should be seen and not heard. "Shut-up, don't give us any trouble. Do what you're supposed to do. These are the expectations; you follow them. When you're an adult, you can do whatever you want." In a permissive family the roles are confused. And what about emotions? Are the emotional needs of the child given attention in the authoritarian family? Usually they are dealt with neurotically, largely by denial and repression. What about in the permissive family? How are the emotional needs handled?

Participant K: I always associate whining children with overly permissive parents. That's always the big issue with permissive parents, "What do we do about whining?"

Dr. Crist: In the permissive family the parents appear to pay attention to the emotional needs, but because they are largely out of touch with the child's genuine needs, the immediate, most superficial, neurotic, emotional expressions of the child are made paramount. The child says, "I don't want to do it." "O.K., you don't have to do it." "I want to do this." "O.K., you can do it."

Participant H: Don't both the permissive and authoritarian reactions come out of the parent's inability to tolerate a real back and forth with the child and its needs? So, as an authoritarian you're rigid and it's "What I say goes," or if you're permissive you give in because you can't handle the child's anger or frustration. You can't tolerate whatever you're going to get from your child if you say "No." It reminds me of myself to some extent, and also some of my daughter's friends' parents. The kids will start hitting the parents and the parents say, "I know you're very angry." If they were to say, "Stop it," they'd have to deal with the kid's reaction. They just have to go with whatever the kid dishes out at them because they can't tolerate the actual face-to-face conflict. I think it's very hard for adults because kids have such strong feelings, and as adults we're all relatively uptight emotionally.

Dr. Crist: Yes, but there is an important difference between authoritarian and permissive parents. Authoritarian parents are typically harsh and aggressive with the child while permissive parents are inhibited by their own guilt which prevents them from asserting what rationally needs to be done as a parent. So either attitude, the authoritarian or the permissive, undermines the natural function of the

family. The authoritarian avoids conflict by not allowing emotional expression. The permissive avoids conflict by indulging the child's emotional expressions.

Participant L: Maybe there's something else in between. If you are firm, let's say, and the child goes to his room and cries, to be authoritarian doesn't necessarily mean you're not meeting their emotional needs, as long as you let them cry.

Dr. Crist: Are you saying there's nothing wrong with being authoritarian?

Participant L: As long as you let the natural reaction occur.

Dr. Crist: I would not describe that as authoritarian. That's being firm and being clear. Let me be clear that I am using the terms "permissive" and "authoritarian" to describe two different types of *neurotic* family structure. By "authoritarian" I mean a family in which authority is asserted merely by virtue of having a position of power as a parent in the family. This is different than a healthy assertion of natural authority. A healthy family has roles defined by the genuine emotional needs of parents and children. The roles must be flexible to adjust to the changing emotional needs as children grow and the family evolves. The parents and children must also be personally flexible enough to make the needed changes. The authoritarian family has clearly defined roles which fail to fully take into account the emotional needs of its members. The permissive family, on the other hand, has poorly defined roles. Emotional needs are merely talked about and not genuinely met or neurotic emotions and impulses are indulged. You could look at this mechanically, like the hard, soft and firm mattresses of Goldilocks and the three bears. "This bed is too hard, this bed is too soft, but this bed is just right." But a more natural approach is not "in between" the authoritarian and the permissive. Instead, it comes from contact with the biological basis of emotional needs and is therefore deeper and more comprehensive than either of the other two which are both neurotic distortions that derive from it. Unlike the child, parents have more experience and the possibility of seeing the bigger picture. If in our role as parents we use this to accurately perceive and meet our children's genuine, deepest emotional needs, not just their superficial ones, we are using our authority functionally. If we fail to use this authority wisely we shortchange our children.

Participant I: Getting back to the teenager having his girlfriend in his room, I can see where it's the natural tendency of the father to say, "I was never allowed to do this. I want my child to have the choice."

Dr. Crist: He'll be different about his *daughter* though.

Participant M: That's true. (Cross conversations with agreement from numerous participants.)

Dr. Crist: In a rational, healthy society it would be natural for him to be equally supportive of the healthy sexuality of both sons and daughters. For parents in the world as it exists, however, it is difficult to discern a rational approach to the expression of our children's sexuality. First, we ourselves are not free of the nearly universal, neurotic anxiety and attitudes toward sexuality. Second, armor distorts natural, sweet, loving sexuality into harsh secondary expressions which are often acted out destructively. In this setting our children need our help to see the world in a realistic, age-appropriate perspective in order to protect themselves and their natural sexuality. Because boys and girls are not identical their needs for our help will be different.⁵

Participant I: My tendency with my daughter is to allow her a little bit more room or choice than I felt I had growing up under an authoritarian rule: the father setting the rules and the mother as enforcer. My six and a half year old was invited to a sleep-over party. My mother blew a gasket and said, "Oh, it's too much too soon, and what else is she going to have in life if she's having an overnight party at six and a half." So my reaction was, "It's only a sleep-over. If my daughter wants to do it, it shows her ability to make an independent choice to spend a night away from both me and her father, and besides what's one night? If she wants to do it, I'm going to let her." I can feel that emotionally my answer to that sleep-over was coming from two places:

⁵Throughout this discussion group there was minimal discussion of the factors of sexual repression, sexual anxiety, and sex-negative attitudes involved in each of the situations raised. It should be noted that their presence in both parents and children is an essential aspect of the problems discussed. Widespread sexual anxiety in adults, the behavioral effects of armoring in children, and the failure to distinguish neurotic, secondary destructive drives from primary healthy ones make these problems difficult to address satisfactorily. They also interfere with determining what are healthy, age-appropriate sexual behaviors in children. In our modern society these issues are further complicated by the fact that sexual anxiety and sex-negativity are often masked by sexual permissiveness and a mechanical, emotionless approach to sexuality.

my rebellion against my mother's rigid, "You're not doing that until you're 14 or 15," and my pleasure at seeing my daughter's ability to spend a night away with her friends. So, I guess what I'm saying is that having grown up under the authoritarian rule, I want to allow her to have a broader choice than I had but I also don't want to be permissive. So for me the question is how do I keep the tendency to be permissive in check, because I may be overcompensating for the authoritarian attitude of my mother which I grew up with.

Dr. Crist: One of our natural roles as parents is to protect our children from the neurotic sickness in the culture. It would be unhealthy to isolate them from society altogether so we cannot remove them from *all* negative aspects, but we must protect them as best we can from neurotic attitudes in society, and that includes from their grandparents, if necessary. (General laughter) I say it humorously, but it's really true. It is also important in an age-appropriate way to help them see the difference between healthy and sick attitudes in society so that they can learn how to protect themselves.

Participant I: Already she's saying, "Well, don't tell Grammy that..."

Dr. Crist: She's smart. You tried to explain it all to your mother?

Participant I: Well, no. In that case I got beyond the point of having to explain it all to her. But it's interesting; my daughter will say, "Well, let's not tell Grammy we went out to dinner on such a cold night." I mean, it's really that...

Participant N: That's rational.

Dr. Crist: I agree, that's rational.

Participant I: It is?

Dr. Crist: Absolutely. Because when you talk about protecting children from neurotic influences in the culture, one of the ways is to support their impulse to separate themselves from things that are destructive to them. Will you have a tendency to be permissive? Maybe. But if you're aware of it, you're way ahead of your mother. She's probably unaware of her tendencies or doesn't see herself for who she is. She probably doesn't realize that she automatically reacts with, "Is it proper?" or "Is it customary?" But again, rebellion against the authoritarian is not the answer. So often I see people deciding, "I'm going to raise my children differently than I was raised." A father I know read all of Reich's books and decided he wanted his

child to be “self-regulating.” The result was a child running roughshod over both parents in an apparently permissive family structure but with the father exerting emotional control of the family by his intimidating attitudes and his emotional rigidity. He wasn’t outwardly authoritarian, but boy was he the biggest *emotional* authoritarian I’ve ever seen. He was going to make his child “self-regulating” whether the child wanted it or not. So, we can’t just decide to change our emotional reactions. We have to face the truth of our own limitations and face our emotions that prevent us from acting differently. By doing that we have a chance to make genuine emotional changes that are far more significant than just conscious changes in the superficial structure of the family and our outward behavior. At this point I want to stop for a wrap-up to pull things together and see where we go from here.

Participant O: You talked about two neurotic family structures. But what about the alternatives to those?

Dr. Crist: We’ve discussed two extremes of neurotic family structure and neurotic family reactions. Perhaps I didn’t emphasize enough that there is a healthy family structure. Doctors usually tend to focus on pathology, it’s an occupational hazard. One of the things I’ve always appreciated about Reich, however, in his development of functional thinking and the science of orgonomy, was his focus on health and a clear definition of what health is. So, again, let me just touch on that.

The healthy family structure is not an “alternative” to these other two structures, let me be clear about that. Health is not an alternative to neurosis in an individual or in a family. It is *qualitatively* different. So to say there’s this possible way and that possible way and then the healthy way makes it sound as if all are on the same level, but they’re not. Healthy tendencies are always present in every family, just as healthy tendencies are always there and expressed in partial or distorted form in every individual. Neurosis is a distorted expression of health. It’s not that we have to make over a new individual in individual therapy, or make over a new couple in couples therapy, or make over a new family in family therapy. What we do is identify and address the defenses. This results in the separation of healthy core expression from neurotic reactions which brings clarity and allows the individual (or social system) to function more rationally.

As parents we must be able to sense a child's essential nature and find ways to overcome whatever interferes with his development and the expression of his health. This involves finding the natural role of each individual in the family. For a parent that includes rationally asserting authority about the direction of the family and making decisions about what is best for the child. Obviously, if we are neurotic our own limitations will interfere with our ability to exercise the responsibilities of the parental role.

Again, health is not just an alternative. Restoring it to family functioning involves removing the authoritarian tendencies that constrict and inhibit the expression of natural qualities that are already there and/or removing the permissive tendencies so that authority is rationally based on a genuine, natural authority and permission is rationally given to the genuine expression of healthy impulses in the child. That's the basic principle, and as I said, how to do that is the difficult task ahead of all of us.

What we can best offer from a seminar of this kind is some education about healthy and neurotic family relationships, not answers about what to go home and do. This is because each of you has your own nature, and your own neurotic character that deals with it, and your own personality—how you express yourselves. We each have to find our own way to help our families and our relationships function the best they can.

I want to say in closing that your interest in these subjects is exciting to me. I greatly appreciate the opportunity to offer some perspective, but I hope you don't take what I say as gospel. I hope, through discussion and feeling things out like we have, that each of us here can be part of a process that will really make a difference in our families, and in the world. Thank you.