THE SICK FAMILY*

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EVERY family doctor is aware of groups of families which cause him a lot of trouble though their members are not necessarily suffering greatly from organic disease. When the subject is mentioned to any family doctor he immediately knows which families are meant. It is the nature of their complaints and the way they are made which distinguishes this troublesome group of families. Complaints are varied and it is often this variety which draws the doctor's attention to them, recurrent abdominal pain either in children or in adults, chest pain, headache, backache, frequent colds, anxiety and depression, obsessional and hysterical reactions, vaginal discharge, impotence, and the more overt disturbances such as behaviour problems in children and marital difficulties in parents. Sometimes they show an exaggerated response to organic illness. In some families the trouble goes on for years; in others there is a burst of activity which then settles down again, usually without explanation.

It is convenient to call these families 'sick' though they may or may not have organic disease. A precise definition is difficult because it is a subjective diagnosis which will vary from doctor to doctor. The sick doctor, the inexperienced doctor or the busy doctor will think he has more troublesome families than the doctor with plenty of time who is both well adjusted and experienced. Having made this point, however, there is a group of families which most doctors would agree are 'sick' within the description above. Though there is difficulty in defining these troubled families precisely, a study of the more obvious ones might show which factors are important in causing family 'sickness'.

The normal family

Before going further it is important to say something about normal families, for it is much easier to define 'sick' families than

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'normal' families. Apley (1963) thought it a daunting task to find a normal family. Different concepts of normality have been described by Bott (1957) but the general practitioner's assessment is essentially one of function. How much pathology, either physical or mental, can he accept as normal? About 20 per cent of families have chronic disease and could hardly be labelled 'abnormal'. The absence of contact between the doctor and family cannot be an index of normality for it is well known that many families in need of help do not go to their doctors. Some families, including those which most observers would call 'abnormal', continue to function despite serious problems. Yet a definition in terms of function has most to commend it. A normal family could be said to be one which over a period of years is able to adjust to its various problems and situations, if necessary with help from outside. A normal family can be 'sick' from time to time. Family illness can be analogous to physical illness in an individual; everyone is ill from time to time and so it is with families. The longer one knows families the closer does this analogy become.

In many respects this is an unsatisfactory definition but it helps to solve the dilemma facing anyone working with families for long periods. What appear to be well adjusted, happy families frequently turn out to have serious problems with which they have difficulty in coping. It is better to think of how a family is functioning rather than as normal or abnormal.

The study

One hundred 'sick' families were chosen and an attempt made to assess the significance of 18 factors in causing 'family sickness'. The number of possible factors could be multiplied indefinitely but those chosen were reasonably common or they seemed important and were easily defined.

The study was made in private practice on Teeside in which 85 per cent of families were from the adjacent towns of Stockton-on-Tees and Thornaby. The remaining 15 per cent lived in neighbouring towns and villages. Patient's records are kept in family folders in the practice and from these were selected a group of 100 families which were considered to show 'family sickness' of the kind described. The collection of data began in 1958. Patient's records were examined and family illness charts prepared. All the information about the family was recorded and in some cases it went back 20 years. Descriptions of the families were written and brought up to date to 1960, some a little later. The families were having fresh illnesses and problems all the time; some disintegrated through death or separation. Though no special interviews were made, obvious gaps in knowledge of a family were filled in when the family was seen

at subsequent consultations.

Family illness charts

These charts give a clear summary of the medical features of a family. The total pressure of illness can be seen and the illnesses of one member thrown into relief by those of the others. Though simple relationships are commonly known to exist between the illnesses of one member and those of another they were not at all clear on most of the charts. It is possible that the many contributing factors influencing the presentation of illness mask and confuse the simplicity of 'cause and effect'. Occasionally the pressure of family 'sickness' was shown to be persisting year after year unknown to the family doctor and in other families the weak link was found to be someone previously unsuspected.

An example of a family illness chart is shown (figure 1). Although it gives a good picture of family illness it in no way reflects its emotional content, especially the fact that in 1959 the family was very 'sick' and functioning badly. The mother with mild Ménière's syndrome rose late every day and was unwilling to go out; her husband was off work severely depressed for three months; grannie took to her bed coughing and depressed; a daughter was admitted to hospital following a nose injury and later had plastic repair. The family was upset for many months until equilibrium was regained. Curiously, it was not known to the family doctor that the mother's brother was living in the same house until the chart came to be prepared and the family was asked for details.

Results

The 18 factors which were assessed in this study of 'sickness' in 100 families were distributed as follows:

Families without children	14
Families with one child	32
Families with five or more children	2
Families with adopted child(ren)	2
Families with marital disharmony	38
Families of old people living on their own	2
Families with anxiety states in one or both parents	91
Families with depressive illness in one or both parents	63
Families with a handicapped child	5
Families with chronic illness in one or more members (including psychiatric illness)	41
Families in which husband was economically dependent on wife	8
Families with an unemployed father	1
Families with a schizophrenic member	4+?2
Families with a homosexual father or husband	2+?2
Families with an alcoholic member	2
Problem families	0
Families with suspected problems	8+?1
Families supported by a widowed parent	3

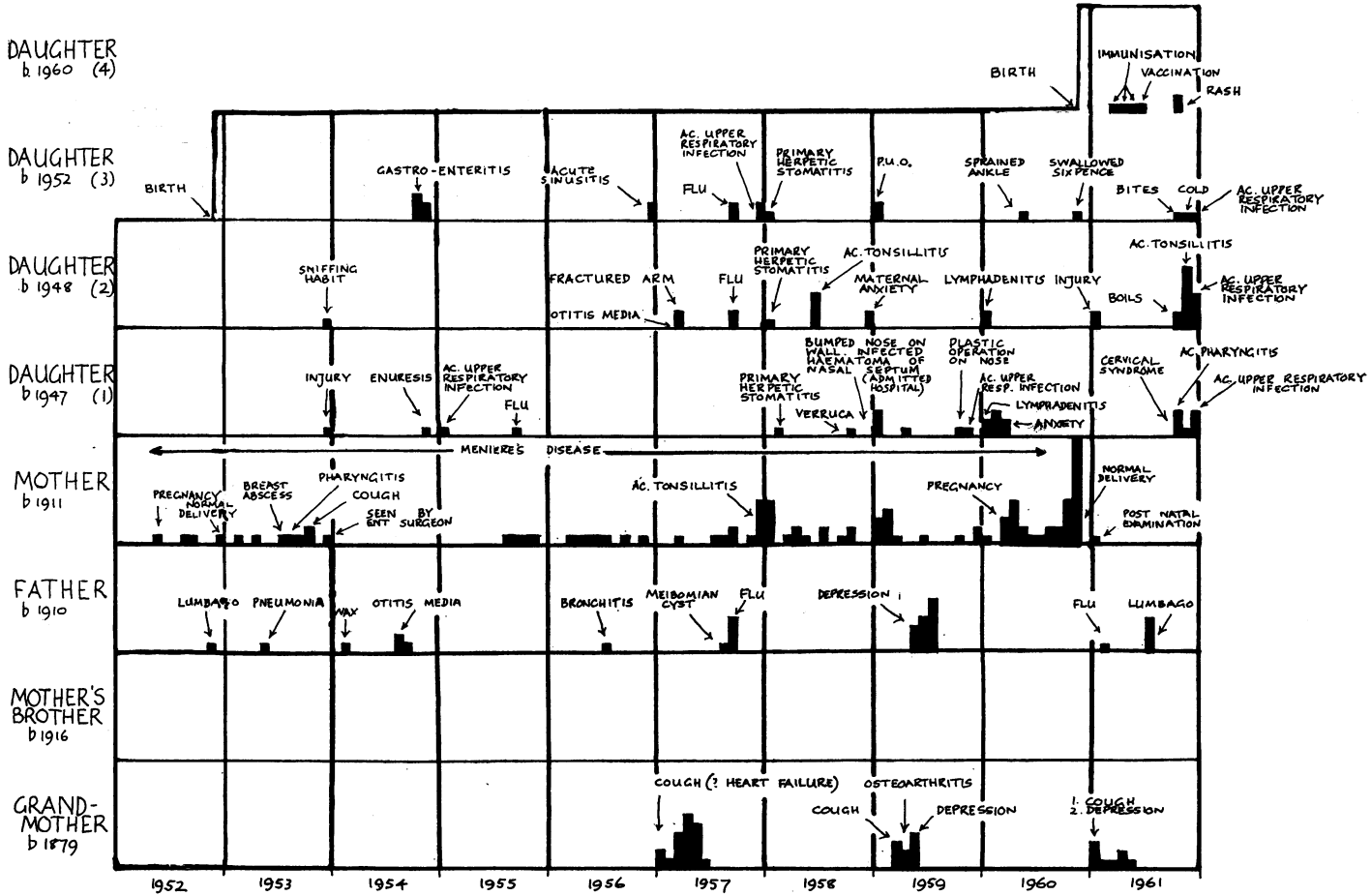

Figure 1. Family illness chart

Most families had more than one factor and some as many as six. An attempt was made to assess the relevant factor(s) in each family that was causing 'sickness'. It could not be done statistically and only a general assessment of the families was made, as seen and understood by the family doctor. The presence of a factor in a family was not necessarily considered to be causing family 'sickness'. After examining all the factors in each family the following groups emerged.

Factors which appeared to the family doctor to have a great effect in causing family 'sickness'

Families with anxiety states in one or more members.
Families with depressive illness in one or more members.
Families with marital disharmony.
Families in which husband was economically dependent on wife.
Families with an alcoholic member.
Families with a handicapped child.
Families with a schizophrenic member.
Families with suspected problems. (These were families which were recognized as being 'sick' without any explanation. In some of the families the problems were revealed during the course of the study.)

Factors which appeared to have some effect in causing family 'sickness'

Families with five or more children.
Families with a homosexual father or husband.

Factors which appeared to have no effect in causing family 'sickness'

Families without children.
Families with adopted child(ren).
Families of old people living on their own.
Families with chronic illness in one or more members (including psychiatric illness).

Factors in which the effect could not be assessed

Families supported by a widowed parent.
Problem families.
Families with an unemployed father.

Discussion

This study has only scratched the surface of the study of families in general practice but it has been as extensive as a part-time, single-handed investigation could be. It was essentially descriptive and subjective and demonstrated how much, and often how little, the family doctor knew about families. Though the general practitioner is frequently said to possess great knowledge of families it was surprising to find the serious gaps which appeared when this information came to be recorded. The selection of families was not very satisfactory and the results can only be considered as suspicions, useful in planning further studies.

It was not surprising to find that emotional factors were important in causing these families to appear to be troublesome. The 'mild' depression must be stressed as a cause of family sickness because it is

seen by the family as a behaviour problem rather than an illness and is badly tolerated.

An important group was that in which families were suspected of having serious problems without anything being admitted. Thirteen families were in this group at the beginning of the study but by the end the problem had been revealed in five. Their seriousness indicated that the family doctor's suspicions had been justified and raised the question of how much a general practitioner should interfere in family problems. With present knowledge doctors could interpret the facts in different ways. Yet family doctors cannot remain strict clinicians for they are working in a field where medicine and social factors are interwoven and the problems of one are frequently the problems of the other.

A study must be made of the many factors influencing the presentation and manifestation of illness if the nature of general practice and its place in society are to be understood. More detailed and accurate studies are needed of families in general practice but the family doctor cannot carry them out unaided. A line must be drawn somewhere in the pursuit of completeness but the approach is so one sided in the kind of study described that interpretation of the facts is difficult. He needs help from people trained in the social sciences, from school teachers, health visitors, nurses and employers. He is in a favoured position and could be the cornerstone of such a long-term investigation. While it is easy to criticize his lack of training in this field and the bias of his approach, no one in the community has the same opportunity for prolonged contact and for study of the family.

Summary

A study of 100 'sick' families made in general practice is described; these were families which caused the general practitioner a lot of trouble though they were not necessarily suffering from organic disease.

Eighteen possible factors were assessed in an attempt to find which were important in causing this 'sickness'. The study was essentially descriptive and subjective, based on the family doctor's point of view. Only general impressions could be stated.

Some factors appeared to the family doctor to be important in causing family 'sickness', others appeared to have some effect and others no effect.

The limitations of this kind of study are stated and a plea made for a more detailed, long-term community study in which general practitioners would be part of a team co-operating with school teachers, health visitors, nurses and social workers.

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